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Sonoma County Behavioral Health

Little Hoover Commission Responses

Briefly describe annual process for allocation of MHSa funds. How have these funds benefitted your county? Please briefly describe the types of programs that receive MHSa funds in Sonoma County.

Annual Process to Allocate MHSa Funds

Sonoma County Behavioral Health Division (SC-BHD) partners with the community to ensure develop the annual process for allocation of MHSa funds. SC-BHD meets with local stakeholders in order to gather meaningful input and involvement on mental health policy, program planning, implementation, monitoring, quality improvement, evaluation, and budget. SC-BHD takes special care to ensure to include stakeholders described in MHSa Community Planning Process requirements.

BHD uses a variety of opportunities and processes to seek stakeholder input to ensure full community participation. BHD continues to use traditional (meetings, forums, etc.) and non-traditional (radio, one-on-one, newsletters, emails, and small group discussion) approaches for engaging the community about the planning process and seeking input from the community about the Update. BHD takes special care to meet with and receive input from historically underserved communities in ways identified by community members as appropriate for these groups and individuals. BHD seeks input used the following methods to educate and seek input from the public about the MHSa plan and fund allocation. These methods include: using existing on-going meetings for update of accomplishments, opportunity for community input and discussion with the public; provide updates to key representative stakeholders with specific populations or services focus; maintain availability to have informal stakeholder meetings with individuals or groups with mental health consumers, family members, and other stakeholders.

BHD Director and MHSa Coordinator present relevant information using methods appropriate to the setting, interest area, and the stakeholders that reflect MHSa guidelines, current initiatives and programs, MHSa community planning processes and allowed for clarification, feedback and input.

In 2014, SC-BHD implemented a countywide survey of stakeholders to receive community input in the following areas:

- Understand the community perspective on existing services offered through MHSa funding
- To identify underserved populations living with mental health challenges and their greatest needs (e.g. by ethnicity, age, and special populations – foster youth, transition age youth, veterans, geographically isolated individuals with mental health issues)
- Input about how to expanded and enhanced services previously identified that put MHSa principles into practice

Respondents participating in the survey appropriate represented Sonoma County demographic makeup, population spread, and stakeholder representation identified in the MHSA Community Planning Process. Sonoma County MHSA Funded Programs

CalMHSA Funded Programs

North Bay Suicide Prevention Project	ReachOut
Each Mind Matters/SanaMente	My3
Know the Signs	Directing Change

Prevention and Early Intervention Funded Programs

Early Childhood Collaborative for children	Reducing Disparities in access by Increasing Awareness and
Birth to age Five and their Families	Decreasing Stigma in Un and Underserved Communities
School Based Services for Children and Youth	Reducing Depression and Suicide in Seniors
Early Intervention for Transition Age Youth	

System of Care Funded Programs (formerly CSS, INN, and WET)

Full Service Partnerships focusing on:	Outreach and Engagement services focusing on increasing access to treatment to underserved community defined populations in need:
<ul style="list-style-type: none"> ▪ Children and Youth at risk for out of home placement ▪ Adults with Co-Occurring Substance Abuse and Mental Health Disorders ▪ Mentally Ill Adult Offenders referred through Mental Health Court ▪ Seniors at Risk for out of home placement ▪ Mentally ill transition age youth 	<ul style="list-style-type: none"> ▪ People who are homeless ▪ People with substance use disorders ▪ Veterans ▪ People who have been recently psychiatrically hospitalized ▪ Ethnic and cultural groups (especially Latinos and LGBTQQI groups) ▪ People who are geographically isolated

Improving the Health of People with serious Mental Health Disorders (INN)

General Systems Development	Crisis Intervention Services
<ul style="list-style-type: none"> ▪ Consumer Operated Programs ▪ Family Support Services 	<ul style="list-style-type: none"> ▪ Crisis services to school age youth ▪ Mobile crisis with law enforcement (INN)

Addressing shortages of Qualified Individuals to provide mental health services: (WET)

- Intern programs to increase diversity of the workforce
- Increase mental health consumer and family involvement in providing mental health services

Benefits to Sonoma County

Sonoma County residents have benefited in numerous and some untold ways by MHSA funding. A small sample of benefits include:

- MHSA PEI Early Childhood Collaborative achieved key goals at both the community and program level:
 - Parents report a decrease in difficult behavior in their children: Over 80% of parents who rated their children as having a high frequency of problem behaviors, and/or indicated that they see their child’s behavior as a substantial problem, rated their children as substantially improved after participation in Triple P – Positive Parenting Program

- The rate of substantiated reports for child abuse and neglect in Sonoma County is decreasing: The rate of these reports, per 1,000 has gone down from 10.5 in 2010 to 10.0 in 2011, and most recently in 2012.
- The MHSAs funded School based Services for Children and Youth Project SUCCESS Plus (PS+), a student assistance program implemented in 17 high schools in Sonoma County, found:
 - When surveyed, 100% of English and Spanish speaking parent who received training in alcohol and other drugs and behavioral health issues reported increased knowledge and 94% reported increased confidence in their ability to discuss these issues with their children.
- MHSAs funded Early Intervention Program for Transition Age Youth has trained over 3,000 high school students in QPR – Question, Persuade, Refer. QPR is an evidence based training that teaches any person how to look for signs and symptoms of depression and suicide, how to talk to the person, and how to refer them to care. Pre and post tests show notable increases:
 - The student’s overall understanding about suicide and suicide prevention
 - The student’s attitudes about the likelihood of asking someone if they are thinking about suicide
 - The student’s knowledge how to persuade someone to get help
 - The student’s knowledge of local resources
- MHSAs funded Community Services and Supports Family Services Coordination (FSC) program found upon post service follow up surveys:
 - 79% of survey respondents stated FSC services have given them a sense of more hope and empowerment for their family member’s well being.
 - 83% of survey respondents who answered the question reported a better understanding and ability to cope with their loved one’s illness due to the services and/or referrals received.
 - 83% of survey respondents reported the communication with their loved one’s service provider improved due to FSC services and/or referral to services or support in the community.
- MHSAs funded Older Adult Collaborative screened over 2,500 seniors for signs of depression in fiscal year 2012/13
- MHSAs funded PEI Reducing Disparities in Access by decreasing stigma and increasing awareness in un and underserved populations has provided many benefits for examples:
 - Positive Images is funded to work with LGBTQ youth reports:
 - 84% of Positive Images members are optimistic and live productive lifestyles.
 - 85% of Positive Images members, who have psychological problems, take personal responsibility for their own healing process.
 - 93% of Positive Images member, who experienced rejection from people they know regarding their own sexuality, feel relieved from the anxieties of this rejection by participating in the Positive Images program.

- 95% of people, who have some awareness of LGBTQI issues as presented by the Positive Images program, realize that their own acceptance or rejection of another person's sexual identity does have an effect on those persons.
 - Latino Services Providers funded to strengthen Latino families and children by building healthy communities, and reduces disparities in Sonoma County by offering a variety of mechanisms for networking, collaboration and information exchange. This enables all groups to work together to leverage resources, influence service delivery and promote professional development served 5200 individuals in fiscal year 2012/13
- MHSA funded Consumer Driven Programs reports in fiscal year 2012/13 as having served over 10,000 Sonoma County residents who identify as a mental health consumer.

How does your count measure, track, and evaluate the outcomes of its MHSA investments? How and to whom do you report these outcomes?

Measuring, Tracking, and Evaluating Outcomes

Sonoma County Behavioral Health Division (SC-BHD) is in the process of migrating to electronic health records using AVATAR. AVATAR will allow SC-BHD to input, retrieve, and analyze data that will inform mental health care needs, monitor services, and track and report outcomes. SC-BHD's current system has limitations that prevent robust analysis; SC-BHD has been able to extract information to assess outcomes. Currently, AVATAR is being designed to expressly to assist with measuring outcomes.

Between 2008 to present, service data has been collected from MHSA community funded programs has been through quarterly reports sent to the MHSA coordinator. These reports are reviewed and any questions regarding the data are addressed with the contractor.

Sonoma County MHSA community funded programs use evidence based, promising, and community informed practices. SC-BHD requires those who are using evidence based practices to utilize outcome measures associated with the evidence based practice implemented. Programs using promising practices also are required to use outcome measures associated with the promising practice. For those promising practices that do not have associated outcomes measures and for those programs using community defined practices, SC-BHD works with the contractor to develop measures and instruments to monitor effectiveness. SC-BHD works very closely with an evaluation and research company to assist in this process.

A sample of outcomes can be seen above in the Benefits section of this document.

What if any, challenges does your county have in reporting use of the MHSA funds to the state? What strategies would you recommend to improve the reporting process?

Since 2010, MHSA reporting requirements made it possible for each county to present information to their community in a way that can be readily understood. The Department of Health Services worked closely with the California Behavioral Health Directors Association (formerly CA Mental Health Directors Association) to develop a uniform reporting process that ensured all MHSA

regulatory reporting requirements were met, while allowing for customization that makes MHSA information accessible and attractive to local communities.

Generally, how do you learn about best practice in other counties and localities?

Sonoma County Behavioral Health Division Director, the Mental Health Services Coordinator and senior staff meet regularly with other County behavioral health organizations for a variety of reasons. These meetings support cross pollination of learning between and among Counties. These activities may occur based upon a need to address issues with specific counties, and/or can be because counties may be providing like services, and/or there may be an issue of regional or statewide relevance.

Some existing meeting that assist in the cross-learning include: California Behavioral Health Directors Association and its sub-committees, Ethnic Services Managers meetings, conference and forums, and the like. County's use these opportunities to learn about approaches that are successful in other counties or localities.

Furthermore, Sonoma County has a very involved stakeholder community. Community members representing a varied cross-section of interests are encouraged to share information with Sonoma County's Behavioral Health Division. SC-BHD's 'open door' practice lends itself to individuals, organizations, groups, family members, consumers, providers, etc. to share information with SC-BHD. SC-BHD also has many committees and groups that have wide representation of our stakeholder community and are encouraged to share information, opportunities, and learning.

SC-BHD Mental Health Board is also encourages community comment and participation in order to learn more about community needs, and possible solutions. SC-BHD senior managers also participate in numerous commissions, committees, working groups, and the like that lends itself to learning about best practices.

Lastly, Sonoma County's Upstream Investment Policy sponsored by the County of Sonoma Board of Supervisors and widely supported throughout the community seeks to eliminate poverty in Sonoma County and ensure equal opportunity for quality education and good health in nurturing home and community environments. One strategy is to develop a portfolio of interventions used throughout Sonoma County that ensure interventions have the highest possible likelihood of success by selection those practices backed by sound evidence, be they evidence, base, promising, or community defined practices, including those practices that support mental health and wellness.