

Mental Health Services Act (MHSA) Performance Contract Review Report
Lake County Program Review
May 11, 2021

Finding #1: Lake County submitted the FY 2019-20 MHSA Annual Revenue and Expenditure Report (ARER) after the January 31st deadline following the end of the fiscal year. (California Code of Regulations, title 9, section 3510(a)).

Recommendation #1: The County must submit the FY 2019-20 ARER by January 31 following the end of the fiscal year to the Department of Health Care Services (DHCS) and for each subsequent ARER thereafter. Failure to submit the ARER in a timely manner may result in a withholding of twenty-five (25) percent of each monthly distribution to the County (Cal. Code Regs., tit. 9, § 3510.005(d)).

Finding #2: Lake County did not submit the adopted FY 2019-20 Annual Update (Update) to DHCS within 30 days of adoption by the County Board of Supervisors. (Welfare and Institutions Code section 5847(a)).

Recommendation #2: The County must submit to DHCS within 30 days of adoption by the county Board of Supervisors the adopted FY 2020-23 Three-Year Program and Expenditure Plan (Plan), FY 2021-22 Update and each subsequent Plan and Update thereafter.

Finding #3: Lake County did not include a description of stakeholders that reflect the diversity of the demographics of the county by gender in the adopted FY 2019-20 Update. However, geographic location, age, and race/ethnicity were reported in the adopted FY 2019-20 Update. (Cal. Code Regs., tit. 9, § 3300).

Recommendation #3: The County must include a description of stakeholders that reflect the diversity of the demographics of the county, including but not limited to, geographic location, age, gender, and race/ethnicity in the adopted FY 2020-23 Plan and FY 2021-22 Update, and each subsequent Update thereafter.

Finding #4: Lake County did not specify the methods and activities to be used in each of their Stigma and Discrimination Reduction Programs, to change attitudes, knowledge, and/or behavior regarding being diagnosed with mental illness, having mental illness and/or seeking mental health services including timeframes for measurement in the adopted FY 2019-20 Update.(Cal. Code Regs., tit. 9, §§ 3750(d), 3755(f)(3)).

Recommendation #4: The County must specify the methods and activities to be used in each of their Stigma and Discrimination Reduction Programs, to change attitudes, knowledge, and/or behavior regarding being diagnosed with mental illness, having mental illness and/or seeking mental health services including timeframes for measurement in the adopted FY 2020-23 Plan and FY 2021-22 Update, and each subsequent Plan and Update thereafter.

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Finding #5: Lake County's MHSA Prevention and Early Intervention (PEI) component is inconsistent with the adopted FY 2019-20 Update and the FY 2019-20 ARER. Specifically, the programs, *Critical Incident Stress Management* and *Statewide, Regional and Local Projects* are listed in the Update, but not on the ARER. (W&I Code § 5892(g)).

Recommendation #5: The County must ensure that the program names listed in the adopted FY 2020-23 Plan, FY 2021-22 Update and each subsequent Plan and Update thereafter, are consistent with the names in the approved ARER. The budget in the adopted Plan and Update should be consistent with the approved ARER. If the program or service did not occur, report the program or service on the approved ARER and indicate zero expenditures. Any discrepancies or name changes must be explained in the adopted Plan and Update.

Finding #6: Lake County does not dedicate at least 51% of the Prevention and Early Intervention (PEI) funds to serve individuals 25 years or younger per the FY 2019-20 ARER. (Cal. Code Regs., tit. 9, § 3706(b)).

Recommendation #6: The County must demonstrate that at least 51% of the PEI funds used shall be to serve individuals 25 years or younger and reflected in the FY 2020-21 ARER. The county should develop and implement accounting and cost allocation policies and procedures that will allow the County to allocate a majority of PEI funds to serve individuals who are 25 years or younger.

TECHNICAL ASSISTANCE

The Findings and Suggested Improvements outlined above pertain to the adopted FY 2019-20 Update. The following items represent a list of technical assistance provided to the County during the review call on May 11, 2021 and pertain specifically to inconsistencies and clarity issues identified in the adopted FY 2017-20 Plan. All Findings, Suggested Improvements and Technical Assistance items on this Performance Contract Review report must be addressed by the County in all future Plans and Updates.

#1. In the Appendices of the adopted FY 2017-20 Plan and FY 2019-20 Update, are copies of PowerPoint® presentations that are presented at the stakeholder meetings. DHCS recommends updating the verbiage to specify this is training the County provides to stakeholders at the community planning meetings. Although DHCS is able to infer this is training, the purpose of the adopted Plan and Annual Update is to ensure county constituents are clearly able to identify training that is provided to stakeholders for the purposes of community planning. (W&I Code section 5848).

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#2. DHCS recommends the description of stakeholders participating in the CPPP reflects the diversity of the county. For example, the organization named Tribal Health. In the narrative, describe and list the tribes, their interactions, challenges, and successful engagement strategies and examples. Include this type of information about children, transitional age youth, LGBTQ, and other stakeholder groups. This information should be included in the adopted FY 2020-23 Plan and FY 2021-22 Update and indicate how these groups are identified and engaged. (W&I Code section 5848; Cal. Code Regs., tit. 9, §§ 3315, 3300).

SUMMARY

The Department of Health Care Services' MHSA Program Monitoring Unit conducted a review of Lake County Behavioral Health Services' adopted FY 2017-20 Plan and FY 2019-20 Update on May 11, 2021.

Lake County's adopted FY 2017-20 Plan and FY 2019-20 Update were well-laid out which made it generally easy for stakeholders to find information. The table of contents and page numbers matched so the reader could readily follow along and find specific information. The FY 2019-20 ARER was posted on the county website and there were no issues with the links or placement.

While COVID-19 presented significant challenges, the County was able to easily adapt to telephone/telehealth services, expand virtual services to consumers and utilize peers in ways which the County had not utilized in the past, such as staffing several wellness centers. Although unexpected, this greatly assisted in the ability to continue to provide services to consumers across the uniquely-shaped county. The County has a large central lake around which many diverse communities are situated. Due to this, the County needs more wellness centers than other similarly sized counties to ensure coverage for all areas. The number of wellness centers combined with increased staffing through expanded peer programs, afforded the County an ability to ensure coverage throughout the COVID-19 Pandemic.

While the county supports its population with a variety of services, of particular note is the Forensic Mental Health Program which provides a multi-disciplinary team to assist in discharge planning and linkage to services within the community after incarceration at county facilities. The County is planning to streamline data analysis to provide outcome measures for this program in upcoming Plans and Updates to highlight the successful reduction in incarceration and recidivism the program has demonstrated.