

**Mental Health Services Act (MHSA) Performance Contract Review Report**  
**Alpine County Program Review**  
**March 14-15, 2019**

**FINDING #1:** Alpine County submitted the FY 2017-18 Annual Revenue and Expenditure Report (ARER) past the due date. (California Code of Regulations, Title 9, § 3510(b)).

**Recommendation #1:** The County shall submit the FY 2018-19 ARER no later than December 31, following the end of the fiscal year; and each subsequent year thereafter.

**FINDING #2:** Alpine County did not submit the adopted FY 2017-20 Three-Year Program and Expenditure Plan (Plan) and FY 2018-19 Annual Update (Update) to the Department of Health Care Services (DHCS) within 30 days after adoption. (Welfare and Institution (W&I) Code, Section 5847(a)).

**Recommendation #2:** The County shall submit the adopted FY 2020-23 Plan and FY 2019-20 Update to DHCS at [MHSA@dhcs.ca.gov](mailto:MHSA@dhcs.ca.gov) and the Mental Health Oversight and Accountability Commission (MHSOAC) within 30 days after adoption by the County Board of Supervisors; and each subsequent Plan and Update thereafter.

**FINDING #3:** Alpine County lacked evidence that it ensures Full Service Partnership (FSP) Personal Service Coordinators (PSC)/Case Managers are culturally and linguistically competent or, at a minimum, educated and trained in linguistic and cultural competence. (Cal. Code Regs., tit. 9, § 3620(h)(2)).

**Recommendation #3:** The County must develop and implement internal processes and procedures to ensure FSP PSC/Case Managers are culturally and linguistically competent or, at a minimum, educated and trained in linguistic and cultural competence.

**Recommendation #3a:** The County must develop methods to ensure and track individual FSP PSC/Case Managers completion of cultural competency training and activities.

**FINDING #4:** Alpine County's adopted FY 2017-20 Plan and FY 2018-19 Update did not include reports on achievement of performance outcomes for MHSA services. (W&I Section 5848(c); County Performance Contract (6)(A)(5)(d)).

**Recommendation #4:** The County must develop and implement policies and procedures to ensure data is collected and analyzed to report on its achievement of performance outcomes for services provided. The approved FY 2020-23 Plan and FY 2019-20 Update shall include reports of achievement of performance outcomes for MHSA services and for each subsequent Plan and Update thereafter.

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Recommendation #4a: The County Performance Contract states that County contracts with providers shall include the performance goals stated in the County's Plan and Update, for each provider's program(s) and service(s). It was noted that some of the service provider contracts stated deliverables (i.e., client satisfaction surveys, demographics, accomplishments/challenges, and how the program improved services to clients) were reported and provided to the County. These reports provided achievements in performance outcomes. Information gleaned through reports on the achievement of performance outcomes should be included in the approved Plan and Update.

**FINDING #5:** Alpine County lacked evidence of a validated method used to measure changes in attitudes, knowledge, and/or behavior related to mental illness or 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 Update. (Cal. Code of Regs., tit. 9, §§ 3750(d), 3755(f)(3)).

Recommendation #5: 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 FY 2019-20 Update and each subsequent Plan and Update thereafter.

**FINDING #6:** Alpine County did not dedicate at least 51% of Prevention and Early Intervention (PEI) funds to serve individuals 25 years or younger in FY 2017-18. (Cal. Code of Regs., tit.9, § 3706(b)).

Recommendation #6: The County must 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.

**FINDING #7:** Alpine County's adopted FY 2017-20 Plan and FY 2018-19 Update did not clearly identify which Prevention and Early Intervention (PEI) programs fall under each PEI program category. (Cal. Code Regs., tit. 9, § 3755(L)(2)).

Recommendation #7: The County shall identify each Program funded with PEI funds as a Prevention Program, an Early Intervention Program, Outreach for Increasing Recognition of Early Signs of Mental Illness Program, Stigma and Discrimination Reduction Program, Suicide Prevention Program (if applicable), or Access and Linkage to Treatment Program, in the FY 2020-23 Plan and FY 2019-20 Update and each subsequent Plan and Update thereafter.

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**SUGGESTED IMPROVEMENTS**

**Item #1:** MHSA Transparency and Consistency

Suggested Improvement #1: DHCS recommends the County post the full ARER on the County's website.

Suggested Improvement #1a: DHCS recommends programs identified in the adopted Plan and Update (e.g. has distinct program descriptions) match program names and services consistently within the approved Plan, Update, budget and ARER.

Suggested Improvement #1b: The ARER should be consistent with the budget in the adopted Plan and Update. If the program or service did not occur, report the program or service on the ARER and indicate zero expenditures.

Suggested Improvement #1c: DHCS recommends the County clearly identify in the beginning of all Annual Updates what changes will/did occur and whether these changes went through the Community Program Planning Process (CPPP). For example, the FY 2018-19 Annual Update budget (pg. 43) does not list the program 'Financial Incentives' under the Workforce Education and Training (WET) Component Worksheet. However when reading the program description (pg. 37) it explains why the program will no longer be provided. There was no reference to such a change under the CPPP portion of the Annual Update or description of whether there was community involvement in that decision. The change should be noted under the CPPP portion of the approved Update and any community involvement in that decision should be detailed.

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

Suggested Improvement #2: DHCS recommends the County develop formalized policies and procedures for their CPPP that outline the designated position(s) responsible for the overall CPPP and CPPP training of County staff and stakeholders.

Suggested Improvement #2a: DHCS recommends the County design a template for sign-in sheets that specify date, time, location, purpose of the meeting and identify the constituent group stakeholders represent, as well as record meeting minutes for all stakeholder meetings. Additionally, DHCS recommends all CPPP training materials include date trainings occur, corresponding sign-in sheets and that any CPPP related timelines identify when stakeholder trainings occur.

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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 reflect the diversity of the demographics of the County, including but not limited to geographic location, age, gender, and race. DHCS recommends the County include this comparison of both stakeholder demographics and overall County demographics within the adopted Plan and Updates.

**Item #3:** Individual Service and Support Plans (ISSP)

Suggested Improvement #3: DHCS found that not all Individual Service and Support Plans (ISSP), sometimes known as Treatment Plans, clearly indicated the client driven nature of stated goals. DHCS recommends that goals listed within the ISSP, should be client driven. The ISSP corresponding notes should clearly indicate the client driven nature of the stated goals.

**Item #4:** Contracts

Suggested Improvement #4: DHCS found that of the ten contracts provided, three contracts had signatures missing and one of the contracts was signed by the service provider only. DHCS recommends that contracts be reviewed annually for signatures and dates, terms of agreement dates, scope of work consistent with Plan and Update, stated performance goals are consistent with the Plan and Update that apply to each providers' programs/services, and contract deliverables are received.

**CONCLUSION**

The Department of Health Care Services (DHCS) MHSA Oversight Unit conducted an onsite review of the Alpine County Behavioral Health Services MHSA Program on May 14-15, 2019. Alpine County strengths include great collaboration among strong staff, service providers, and County partners. County challenges include transportation, small population, and the need to incorporate unwritten processes into formal written policies and procedures and align program reporting with MHSA requirements.