

**Mental Health Services Act (MHSA) Performance Contract Review Report  
Calaveras County Abridged Program Review  
May 6, 2020**

**Finding #1:** Calaveras County lacked evidence that training in the Community Program Planning Process (CPPP) is provided to stakeholders, clients, and when appropriate the client's family, as needed, who are participating in the CPP process. (California Code of Regulations, title. 9, section 3300 (C)(3)(B)).

**Recommendation #1:** The County must develop or update the current CPP process into County written policies and procedures. This includes CPPP designated positions, staff training, stakeholder training, and clients, and when appropriate the client's family training.

**Recommendation #1a:** The County must provide training for behavioral health staff employees, stakeholders and clients, and when appropriate the client's family, with documentation of annual training.

**Recommendation #1b:** The County must provide training to all new employees, with documentation of annual training.

**FINDING #2:** Calaveras 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 #2:** 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 #2a:** The County must develop methods to ensure and track individual FSP PSC/Case Managers completion of cultural competency training and activities.

**Finding #3:** Calaveras County's Community Services and Supports (CSS) programs/services were not consistent with the approved FY 2017-20 Three-Year Program and Expenditure Plan (Plan), FY 2018-19 Annual Update (Update), and FY 2018-19 Annual Revenue and Expenditure Report (ARER). Specifically, the Older Adult Outreach, Latino Hispanic Outreach, PEER Support Services, Living Room Wellness and Recovery Cabin and NAMI Socialization Programs are listed in the approved FY 2018-19 Update. The approved FY 2018-19 ARER lists programs as CSOC or ASOC programs. (Welfare and Institution Code (W&I Code) section 5892(g)).

**Recommendation #3:** The County must ensure that the program names listed in the CSS component section of the approved FY 2020-23 Plan and FY 2019-20 Update, and each subsequent year thereafter, are consistent with the names in the approved ARER. The budget in the approved Plan and Update should be consistent with the approved

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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 approved Plan and Update.

**Finding #4:** Calaveras County did not include all required information within their Annual Prevention and Early Intervention Report for each Prevention and Early Intervention program in the approved FY 2017-20 Three-Year Program and Expenditure Plan (Plan) and FY 2018-19 Annual Update (Update). Specifically, the report did not include unduplicated numbers of individuals served in the preceding fiscal year by the Artistic Rural Therapy (ART) Program, and the Native American Outreach program. Additionally, there was no data reported for Outreach for Increasing Recognition of Early Signs of Mental Illness programs, and Access and Linkage to Treatment programs. (California Code of Regulations, title 9, § section 3560.10).

**Recommendation #4:** The County must include all Prevention and Early Intervention (PEI) data required by the Cal. Code of Regs., tit. 9, § 3560.010 in the Annual Prevention and Early Intervention Report, and each subsequent Annual Prevention and Early Intervention Report.

**Finding #5:** Calaveras County's approved FY 2017-20 Plan and FY 2018-19 Update did not clearly identify which PEI programs fall under the PEI component. The approved FY 2018-19 ARER reported three of the six PEI programs (Prevention, Early Intervention and Suicide Prevention). (Cal. Code Regs., tit. 9, § 3705 (a)).

**Recommendation #5:** The County must 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, Access and Linkage to Treatment Program, Stigma and Discrimination Reduction Program, and a Suicide Prevention Program (if applicable), in the approved FY 2020-23 Plan and FY 2019-20 Update, ARER each subsequent Plan, Update and ARER thereafter.

**Finding #6:** Calaveras County's PEI programs/services were not consistent with the approved FY 2017-20 Plan, FY 2018-19 Update and FY 2018-19 ARER. (W&I Code) section 5892(g)).

**Recommendation #6:** The County must ensure that the programs listed in the PEI component section of the approved FY 2020-23 Plan and FY 2019-20 Update, and each subsequent year thereafter, are consistent with the ARER. The budget in the approved Plan and Update should be consistent with the ARER. If the program or service did not occur, report the program or service on the ARER and indicate zero expenditures. Any discrepancies or name changes must be explained in the approved Plan and Update.

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**SUGGESTED IMPROVEMENTS**

**Item #1** Issue Resolution Process

Suggested Improvement #1: DHCS recommends the County update their MHSA Issue Resolution policy and procedure to include information on:

- how clients are made aware of the MHSA Issue Resolution policy and procedure;
- what is the procedure for filling out the MHSA Issue Resolution Log;
- a timeline of when a client should receive a response and/or a resolution for the MHSA issue filed; and
- how behavioral health employees and service providers are trained on the MHSA Issue Resolution policy and procedure.

Suggested Improvement #1a: DHCS recommends the County provide training on MHSA Issue Resolution policies and procedures to all behavioral health employees and service providers/contractors involved in the complete delivery of services to recipients of MHSA programs. Additionally, DHCS recommends the County maintain documentation of training.

**Item #2:** MHSA Policies and Procedures

Suggested Improvement #2: The Department of Health Care Services (DHCS) recommends the County identify within their FSP policies and procedures how the Personal Care Coordinator/Case Manager or other qualified individual is known to the client/family and available to respond to the client/family 24 hours a day, 7 days a week to provide after-hours interventions.

**Item #3:** Improved Documentation

Suggested Improvement #3: DHCS recommends the County document when training of stakeholders occurs in their CPPP timeline.

Suggested Improvement #3a: DHCS recommends the County develop and maintain all stakeholder training documentation during the CPPP, including, but not limited to: sign-in sheets (that clearly indicate the training provided), PowerPoint presentations and training evaluation forms.

**CONCLUSION**

The Department of Health Care Services' MHSA Monitoring Unit conducted an abridged review of the Calaveras County Health and Human Services Agency-Behavioral Health Services MHSA Program on May 6, 2020. Calaveras County's strengths include the MHSA Triage program which provides critical crisis stabilization services to individuals

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with mental health illness in the community. Crisis calls received by emergency services are referred to the Triage team for intervention. By redirecting those calls, there has been a reduction in the frequency of repeat 911 crisis calls, the need for psychiatric hospitalizations, and a reduction in incarcerations. As a result, the Triage team has built strong working relationships with law enforcement, hospitals, and Behavioral Health Services. The County's challenges primarily center on the lack of housing resources for mental health clients in the community. The County has received strong community pushback regarding development plans for housing of clients receiving behavioral health services.