

Mental Health Services Act (MHSA) Performance Contract Review Report
Riverside County Program Review
June 11-13, 2019

FINDING #1: Riverside 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.

FINDING #2: Riverside County FY 2017-18 ARER was partially posted on the County website prior to the program site review. (Cal. Code Regs., tit. 9, § 3510.010(b)(1)).

Recommendation #2: The County shall, within 30 days of submitting the MHSA ARER to Department of Health Care Services (DHCS), post a copy of the ARER that includes each component worksheet to the County's website. The County will post on their website the FY 2018-19 ARER within 30 days of submission to the state, and each subsequent ARER thereafter.

FINDING #3: Riverside County's assessment of its capacity to implement proposed programs/services did not include an assessment of the strengths and limitations of the County and service providers that impact their ability to meet the needs of racially and ethnically diverse populations; including identification of possible barriers to program implementation and methods to overcome these barriers. (Cal. Code Regs., tit. 9, § 3650(a)(5)(A)(C)).

Recommendation #3: The County must provide an assessment of their capacity to implement proposed programs/services and evaluate the capacity of service providers to meet the needs of diverse, cultural, racial/ethnic, and linguistic groups and address all components of Cal. Code Regs., tit 9, § 3650(a) in the approved FY 2020-23 Plan and each subsequent Plan thereafter.

FINDING #4: Riverside County did not dedicate at least 51% of Prevention and Early Intervention (PEI) funds to serve individuals 25 years or younger. (Cal. Code Regs., tit. 9, § 3706(b)).

Recommendation #4: The County shall demonstrate that at least 51% of PEI funds are used to serve individuals 25 years or younger on the FY 2018-19 ARER and thereafter. 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 25 years or younger.

SUGGESTED IMPROVEMENTS

Item #1: MHSA Consistency & Transparency

Suggested Improvement #1: DHCS recommends the adopted Plan and Update components be presented in the following order:

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- CPPP – Community Program Planning Process
- CSS – Community Services and Supports
- FSP – Full Service Partnership
- GSD – General Service Development
- O&E – Outreach and Engagement, Housing
- PEI – Prevention and Early Intervention
- INN – Innovation
- WET – Workforce Education and Training
- CFTN – Capital Facility and Technological Needs
- MHSA Budget by year

Suggested Improvement #1a: DHCS recommends the County categorize each MHSA funded program under one of the above components. For example, if Mental Health Court is funded through CSS, the program description should be found in the CSS section under FSP, GSD, or O&E in the adopted Plan and Update. The program's expenditure (e.g. for Mental Health Court) should also be reported in the budget section of the adopted Plan and Update.

Suggested Improvement #1b: DHCS recommends the County list out individual CSS and PEI programs in the adopted Plan budget, Update budget, and ARER. For example, PEI-02 Parent Education and Support should be reported in the Plan budget, Update budget, and ARER as line items: Positive Parenting Program (Triple P), Mobile Mental Health Clinics, and Strengthening Families Program.

Suggested Improvement #1c: DHCS recommends program names and service categories detailed in the adopted Plan and Update match the program names and service categories in the ARER.

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

Item #2: MHSA Policies, Procedures, Evaluation and Training

Suggested Improvement #2: DHCS recommends the County develop and implement a MHSA training program and identify processes and supports including:

- a) Policies and procedures that incorporate MHSA general principles.
- b) Requirements and components (CPPP, CSS (FSP/GSD/O&E), PEI, INN, WET, CFTN).
- c) Funding and reporting requirements.
- d) Plans and Updates.
- e) Other needs such as staffing, performance objectives and outcomes.

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Suggested Improvement #2a: The training should also address how the county will evaluate the effectiveness of programs/services they deliver and their on-going quality improvement strategies.

Suggested Improvement #2b: DHCS recommends MHSA training for all mental health employees and service providers involved in complete delivery of services to recipients of MHSA programs; and documentation of annual training.

Suggested Improvement #2c: DHCS recommends MHSA training to all new employees; and documentation of annual training.

Item #3: Improved Documentation

Suggested Improvement #3: DHCS recommends the County document when training of stakeholders occurs in their Community Program Planning Process (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.

Suggested Improvement #3b: DHCS recommends the County date information on any MHSA related distribution log (e.g. the distribution log used for the local review process that demonstrate circulation methods of the draft Plan and/or Update).

Item #4: Contract Monitoring

Suggested Improvement #4: DHCS recommends the County ensure CSS related contract deliverables are received and monitored by the County, as well as easily accessible to the MHSA Coordinator.

CONCLUSION

DHCS MHSA Oversight Unit conducted an onsite review of the Riverside University Health System (RUHS) – Behavioral Health MHSA Program on June 11-13, 2019. Riverside County’s integrated health care system incorporates peer support functions throughout its behavioral health and substance use service delivery. It provides career pathway opportunities for individuals with distinct lived experience as a consumer peer, family advocate and parent partner, and training that is specific to each peer support discipline. Their strengths include a developed peer program, a system of care that allows for enhanced collaboration between public departments and integration of physical and behavioral health, PEI performance outcomes, Transitional Age Youth (TAY) Drop-In-Centers, and residency and internship programs.

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Some challenges of the County include limited affordable housing, increased population growth, and a large and diverse geographic area that contains frontier, rural and metropolitan population densities.