

Mental Health Services Act (MHSA) Performance Contract Review Report
Siskiyou County Program Review
June 25-26, 2019

Finding #1: Siskiyou 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: Siskiyou County did not submit the approved FY 2017-20 Three-Year Program and Expenditure Plan (Plan) 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 approved FY 2020-23 Plan and FY 2019-20 Update to DHCS at MHSA@dhcs.ca.gov and the Mental Health Oversight and Accountability Commission (MHSOAC) within 30 days of adoption by the County Board of Supervisors and each subsequent Plan and Update thereafter.

FINDING #3: Siskiyou County did not update the approved FY 2017-20 Plan at least annually. The County did not complete a FY 2018-19 Update to the FY 2017-20 Plan. (Cal. Code Regs., tit. 9, § 3310(c)).

Recommendation #3: The County must annually update and report any changes made to the Plans in Updates (e.g. program name changes, discontinuation of programs, expansion of programs, updates to program data, changes in program funding, etc.) beginning with the approved FY 2019-20 Update to the FY 2017-20 Plan and each subsequent Update to the Plan thereafter.

Finding #4: Siskiyou County lacked a narrative analysis that assesses mental health needs of unserved, underserved/inappropriately served and fully served County residents who qualify for MHSA services; and its capacity to implement the proposed programs/services in their approved FY 2017-20 Plan. (Cal.Code Regs., tit. 9, § 3650(a)).

Recommendation #4: The County must incorporate a narrative analysis that assesses the County's mental health needs, its capacity to implement proposed programs/services and address all components of Cal. Code Regs., tit 9, § 3650(a) in the approved FY 2020-23 Plan and each subsequent Plan thereafter.

Recommendation #4a: The County should use the results of the assessment to develop the approved Plan.

Finding #5: Siskiyou County's approved FY 2017-20 Plan did not include reports of achievement of performance outcomes for MHSA services. (WIC Section 5848(c); County Performance Contract (6)(A)(5)(d)).

Recommendation #5: 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, and each

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subsequent Plan/Update thereafter; shall include reports of achievement of performance outcomes for services provided.

Recommendation #5a: The County contracts with service providers shall include achievement goals from the County's Plan and Updates that apply to each provider's programs and services.

Finding #6: Siskiyou County did not dedicate at least 51% of their Prevention and Early Intervention (PEI) funds to serve individuals 25 years old or younger. (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 old or younger.

Suggested Improvements

Item #1: MHSA Transparency and Consistency

Suggested Improvement #1: DHCS recommends the County post the full ARER on the County's website; and not just the summary page.

Suggested Improvement #1a: DHCS recommends the County provide detailed MHSA program narratives in the approved Plan and Update by component with concrete examples of program descriptions, summaries, goals and/or activities, as well as document any changes made to the approved Plan in subsequent Updates.

Suggested Improvement #1b: DHCS recommends the County's MHSA program names detailed in the approved Plan, Update and ARER must match; and programs placed in the correct component based on regulations.

Suggested Improvement #1c: The ARER should be consistent with the budget in the 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: Community Program Planning Process (CPPP)

Suggested Improvement #2: DHCS recommends the County incorporate all aspects of the current CPPP into formalized written policies and procedures and duty statements. This includes CPPP designated positions, staff training, stakeholder training, client and stakeholder outreach and involvement.

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.

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Additionally, DHCS recommends all CPPP training materials include date trainings occur and the corresponding sign-in sheet(s).

Item #3: MHSA Policies, Procedures, Evaluation and Training

Suggested Improvement #1: 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.

Suggested Improvement #1a: 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 #1b: 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 #1c: DHCS recommends MHSA training to all new employees; and documentation of annual training.

Conclusion

The Department of Health Care Services (DHCS) MHSA Oversight Unit conducted an onsite review of Siskiyou County Behavioral Health Services MHSA Program on June 25-26, 2019. Siskiyou County has strong leadership and dedicated employees with a passion for their MHSA programs. Their strengths include the Community Services and Support (CSS), program development, and their established collaboration and flexibility with their contractors in providing mental health services to their communities. Some of the challenging issues for the County is lack of MHSA staffing, transportation, and lengthy distances between the communities within the County.