

**Mental Health Services Act (MHSA) Performance Contract Review Report
Del Norte County Program Review
August 24, 2021**

Finding #1: Del Norte County did not include a description of training provided to participants in the Community Program Planning Process (CPPP) in the adopted FY 2019-20 Annual Update (Update). (California Code of Regulations, title 9, Section 3300(c); Mental Health Services Oversight & Accountability Commission (MHSOAC) FY 2015-16 MHSA Annual Update Instructions (page 3)).

Recommendation #1: The County must include a description of training provided to participants in CPPP in the adopted FY 2020-23 Plan, FY 2021-22 Update and each subsequent Plan and Update thereafter.

Finding #2: Del Norte County did not have a description of how stakeholder involvement demonstrates a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on: mental health policy, monitoring, quality improvement, evaluation, and budget allocations in the adopted FY 2019-20 Update. (Welfare and Institutions Code section 5848).

Recommendation #2: The County must provide a description of how stakeholder involvement demonstrates a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on: mental health policy, program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations in the adopted FY 2020-23 Plan, FY 2021-22 Update and each subsequent Plan and Update thereafter.

Finding #3: Del Norte County's adopted FY 2019-20 Update was not submitted to Department of Health Care Services (DHCS) within 30 days of adoption by the County Board of Supervisors (BOS). The County BOS adopted the FY 2019-20 Update on June 25, 2019 and the County submitted the adopted FY 2019-20 Update to DHCS on April 3, 2020. (W&I Code section 5847(a)).

Recommendation #3: The County must submit the adopted FY 2020-23 Plan, FY 2021-22 Update and each subsequent Plan and Update thereafter to DHCS within 30 days of adoption by the County BOS.

Finding #4: Del Norte County did not include documentation of achievement of performance outcomes in the adopted FY 2019-20 Update for Community Services and Supports (CSS), Prevention and Early Intervention (PEI), and Innovation (INN) programs. (County Performance Contract (6.)(A.)(5)(d.); W&I Code section 5848)).

Recommendation #4: The County must include documentation of achievement of performance outcomes for CSS, PEI, and INN programs in the adopted FY 2020-23 Plan, FY 2021-22 Update and each subsequent Plan and Update thereafter.

Finding #5: Del Norte County did not provide an estimate of the number of clients, in each age group, to be served in the Full Service Partnership (FSP) service category in the adopted FY 2019-20 Update. (Cal. Code Regs., tit. 9, § 5847, Mental Health

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Services Oversight and Accountability Commission (MHSOAC) FY 2015-16 MHSA Update Instructions (pg4)).

Recommendation #5: The County must provide an estimate of the number of FSP clients to be served in each age group: children (0-15 years old), transitional age youth (16-25 years old), adult (26-59 year old), and older adult (60 and older) for each fiscal year in the adopted FY 2020-23 Plan, FY 2021-22 Update and each subsequent Plan and Update thereafter.

Finding #6: Del Norte County did not report the cost per person for CSS, PEI and INN programs in the adopted FY 2019-20 Update. (W&I Code section 5847(e)).

Recommendation #6: The County must report cost per person for CSS, PEI, and INN programs in the adopted FY 2020-23 Plan, FY 2021-22 Update and each subsequent Plan and Update thereafter.

Finding #7: Del Norte County did not have at least one each of these programs listed in the adopted FY 2019-20 Plan: Early Intervention Program, Outreach for Increasing Recognition of Early Signs of Mental Illness Program, Prevention Program, Stigma and Discrimination Reduction program, and Access and Linkage to Treatment Program. Specifically, the County did not indicate if any program was listed as an Early Intervention program. (Cal. Code Regs., tit. 9, § 3705; W&I Code section 5840)

Recommendation #7: The County must have at least one each of these programs: Early Intervention Program, Outreach for Increasing Recognition of Early Signs of Mental Illness Program, Prevention Program, Stigma and Discrimination Reduction program, and Access and Linkage to Treatment Program listed in the adopted FY 2020-23 Plan, FY 2020-21 Update and each subsequent Plan and Update thereafter.

SUGGESTED IMPROVEMENTS

Item #1: MHSA Plans and Updates

Suggested Improvement #1a: DHCS recommends the County clearly identify the County's underserved/unserved populations in the County demographics section of the adopted Plans and Updates.

Suggested Improvement #1b: DHCS recommends the County clearly identify the County's threshold language in the County demographics section of adopted Plans and Updates.

Suggested Improvement #1c: DHCS recommends the County include a description of the challenges and barriers for each program and the strategies used to mitigate those challenges and barriers in the program descriptions of the adopted Plans and Updates.

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Item #2: Consistency

Suggested Improvement #2a: DHCS recommends the CSS and PEI program names listed in the budget be consistent with the names in the current Annual Revenue and Expenditure Report (ARER). The budget in the adopted Plan and Update must be consistent with the current ARER. If the program or service did not occur, report the program or service on the current ARER and indicate zero expenditures. Any discrepancies or name changes must be explained in the adopted Plans and Updates.

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 August 24, 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. The adopted FY 2020-23 Plan, FY 2021-22 Update and each subsequent Plan and Update thereafter must include a completed compliance certification page that is signed and dated by the County mental health director. (W&I Code section 5847(b)(8)).
2. The adopted FY 2020-23 Plan, FY 2021-22 Update and each subsequent Plan and Update thereafter must include the date of the public hearing held by the mental health board. (W&I Code section 5848; Cal. Code Regs., tit. 9, §§ 3300, 3315(a)(2), MHSOAC FY 2014-17 Plan Instructions (Page 3)).
3. The County must include an assessment of its capacity to implement mental health programs and services in the next adopted FY 2020-23 Plan, and each subsequent Plan thereafter which includes:
 - The strengths and limitations of the county and service providers that impact their ability to meet the needs of racially and ethnically diverse populations. The evaluation should include an assessment of bilingual proficiency in threshold languages.
 - Percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to percentage of the total population needing services and the total population being served.
 - Identification of possible barriers to implementing the proposed programs/services and methods of addressing these barriers. (Cal. Code Regs., tit. 9, §§ 3650(a)(5))

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4. The adopted FY 2020-23 Plan, FY 2021-22 Update and each subsequent Plan and Update thereafter must include a description specifying 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 for each PEI Stigma and Discrimination program and data collected. (Cal. Code Regs., tit. 9, § 3755(f)(3)).

SUMMARY

The Department of Health Care Services' MHSA Program Monitoring Unit conducted a review of Del Norte County Behavioral Health Branch's adopted FY 2017-20 Plan and FY 2019-20 Update on August 24, 2021.

The onset of the COVID-19 pandemic initially proved to be a difficult time for the County in providing services. Del Norte County was able to modify their delivery of services by converting to Zoom virtual meetings to ensure clients had access to services and connection with their providers; thereby allowing clients the ability to engage with staff and prevent isolation. Unfortunately, some clients lacked a reliable means of communication and had limited access to the internet. The County checked in with those clients on a regular basis, provided meals to them and stayed connected with them to assure adequate resources were available for them; if needed.

One of the largest programs in the county (school based) was unable to continue to provide the same level of services due to the school closures. During the CPP process the County transitioned to use of Zoom meetings which lacked the successfulness as in-person meetings. Previously, the county was able to engage outlying populations, such as tribal communities; but with the shift to virtual meetings, the county experienced a decrease in attendance. Being a remote, rural county; engaging community members continues to be a challenge.

Crisis services have remained opened and functional during the Pandemic, with a substantial increase in services by 194%. The county's partnership with law enforcement proved to be effective during this time and they were able to create same-day service teams to assist and redirect clients to appropriate levels of care instead of inundating hospitals.

The County was fortunate in being able to transition staff to telework smoothly since staff already had the appropriate resources to work offsite. The County offered staff resources to ensure well-being and a good work life balance during this period. Since Del Norte had already been providing telehealth psychiatric services to clients, switching to telehealth for the rest of the providers went smoothly and the County did not face major challenges with the transition to providing telehealth services.