

**Mental Health Services Act (MHSA) Performance Contract Review Report
Inyo County Program Review
August 3, 2021**

Finding #1: Inyo County did not submit the FY 2019-20 Annual MHSA Revenue and Expenditure Report (ARER) to the Department of Health Care Services (DHCS) by January 31, following the end of the reporting fiscal year. As of June 9, 2021 the ARER had not been submitted to DHCS. (California Code of Regulations, title 9, § section 3510(a)).

Recommendation #1: The County must submit the FY 2020-21 ARER by January 31st following the end of the fiscal year to DHCS and for each subsequent ARER thereafter. Failure to submit the ARER in a timely manner may result in a withholding of twenty-five (25) percent of each monthly distribution to the County. (Cal. Code Regs., tit. 9, § 3510.005(d)).

Finding #2: Inyo County's FY 2019-20 ARER, or any previous fiscal year ARER's, was not posted to the county's website. (Cal. Code Regs., tit. 9, § 3510.010(b)(1); Welfare and Institutions Code (W&I) section 5899)).

Recommendation #2: The County must post a copy of the FY 2020-21 ARER to the county's website within 30 days of submitting to DHCS and for each subsequent ARER thereafter.

Finding #3: Inyo County did not submit the adopted FY 2019-20 Annual Update (Update) to DHCS within 30 days of adoption by the County Board of Supervisors (BOS). The FY 2019-20 Update was adopted by the BOS on May 28, 2019 and there was no record of submission to DHCS. On page nine of the adopted FY 2019-20 Update the county indicates the adopted Update was sent to the Mental Health Services Oversight and Accountability Commission (MHSOAC) only; unaware the adopted Update needed to be submitted to DHCS. (W&I Code section 5847(a)).

Recommendation #3: The County must submit to DHCS and MHSOAC within 30 days of adoption by the county Board of Supervisors the adopted FY 2020-23 Three-Year Program and Expenditure Plan (Plan), FY 2021-22 Update and each subsequent Plan and Update thereafter.

Finding #4: Inyo County did not include a description of County demographics, including, but not limited to: size of the County, threshold languages, unique characteristics, age, gender, and race/ethnicity in the adopted FY 2019-20 Update. Although the County did include county demographics in the adopted FY 2017-20 Plan, there was not a description in the adopted FY 2019-20 Update. (Cal. Code of Regs., tit. 9, § 3300, MHSOAC FY 2015-2016 MHSA Annual Update Instructions (pg 5)).

Recommendation #4: The County must include a description of County demographics, including, but not limited to: size of the County, threshold languages, unique characteristics, age, gender, and race/ethnicity in the adopted FY 2020-23 Plan, FY 2021-22 Update and each subsequent Plan and Update thereafter.

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Finding #5: Inyo County lacked documentation of achievement of performance outcomes for Community Services and Support (CSS) and Innovation (INN) programs/services in the adopted FY 2019-20 Update. (County Performance Contract (6.)(A.)(5)(d.); W&I Code section 5848(c)).

Recommendation #5: The County must ensure program goals are established and data is collected and analyzed to report on its achievement of performance outcomes for CSS, INN and Prevention and Early Intervention (PEI) programs/services provided in the adopted FY 2020-23 Plan, FY 2021-22 Update and each subsequent Plan and Update thereafter.

Finding #6: Inyo County's adopted FY 2019-20 Update did not include 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. Although the County indicates in the adopted FY 2019-20 Update that basic education regarding mental health policy, program planning and implementation, monitoring and quality improvement, evaluation, and fiscal and budget components is provided, there is not a description of how stakeholder involvement demonstrates a partnership with constituents and stakeholders throughout the process. (W&I Code section 5848; MHSOAC FY 2015-16 MHSA Annual Update Instructions (pg 3)).

Recommendation #6: The County must include 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 #7 Inyo County did not consistently report cost per person for CSS programs for adults and seniors, PEI programs and services for children, and INN programs in the adopted FY 2019-20 Update. Specifically, the County did not indicate cost per person for the Wellness Center, CSS Outreach and Engagement Activities, General System Development Program (GSD), School-Based Early Intervention – North Star Counseling, Latinx Outreach Program or the Community Care Collaboration Project. (W&I Code section 5847(e)).

Recommendation #7: The County must report the 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.

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Finding #8: Inyo County did not provide an estimate of the number of clients, in each age group, to be served in the Full Service Partnership (FSP) category in the adopted FY 2019-20 Update. (Cal. Code Regs., tit. 9, § 3650(a)(3); W&I Code section 5847(e)).

Recommendation #8: 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 years old), and older adult (60 years 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 #9: Inyo County did not have an Access and Linkage to Treatment Program in the PEI component of the adopted FY 2019-20 Update. (Cal. Code Regs., tit. 9, § 3705(a)(4); W&I Code section 5840).

Recommendation #9a: The County must have at least one of 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 2021-22 Update and each subsequent Plan and Update thereafter.

Recommendation #9b: A Small county may opt out of the requirement to have at least one Prevention Program if the small county obtains a declaration from the Board of Supervisors that the county cannot meet this requirement. A small county that opts out of the requirement must include in their Plan and Update, documentation describing the rationale for the county's decision and how the county ensured meaningful stakeholder involvement in the decision to opt out. (Cal. Code Regs., tit. 9, § 3705).

Recommendation #9c: The County may combine and or integrate Early Intervention Program(s), Outreach for Increasing Recognition of Early Signs of Mental Illness Program(s), Prevention Program(s), Access and Linkage to Treatment Program(s), and Stigma and Discrimination Reduction Program(s) per Cal. Code of Regs., tit. 9, § 3705(c). If the County does combine and or integrate PEI programs, the Plan and Update requirements pursuant to Cal. Code of Regs., tit. 9, § 3755(o) must be met.

Finding #10: Inyo County did not specify 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 in the adopted FY 2019-20 Update.(Cal. Code Regs., tit. 9, §§ 3750(d), 3755(f)(3)).

Recommendation #10: The County must include a description specifying the methods and activities to be used to measure changes in attitudes, knowledge and or behavior regarding the diagnosed mental illness, having mental illness and or seeking mental health needs for each standalone PEI Stigma and Discrimination Reduction Program in

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the adopted FY 2020-23 Plan, FY 2021-22 Update and each subsequent Plan and Update thereafter.

SUGGESTED IMPROVEMENTS

Item #1: MHSA Plans and Updates

Suggested Improvement #1a: DHCS recommends the County post the adopted Plans and Updates on the County's website after submission to DHCS and MHSOAC. The FY 2017-20 Plan and FY 2019-20 Update located on the County's website were both drafts at the time of the review.

Suggested Improvement #1b: DHCS recommends the County collect stakeholder demographic data utilizing Community Program Planning Process (CPPP) related surveys and report this information in the adopted Plans and Updates to ensure the required stakeholders are included and reflect the diversity of the County. The County may redact demographic information that may be considered identifiable.

Item #2: MHSA Transparency and Consistency

Suggested Improvement #2a: DHCS recommends programs identified in the adopted Plan and Update (e.g. has distinct program descriptions) match program names and services consistently within the adopted Plan, Update, budget and ARER. 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.

Item #3: Staffing

Suggested Improvement 3a: DHCS recommends the County appoint a full-time and distinct MHSA Coordinator to sufficiently perform the tasks necessary to ensure compliance with MHSA statutes, regulations and the Performance Contract.

TECHNICAL ASSISTANCE

The Findings and Suggested Improvements outlined above pertain to the adopted FY 2017-20 Plan and FY 2019-20 Update. The following items represent a list of technical assistance provided to the County during the review call on August 3, 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 PCR 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 contain a budget summary for each fiscal year, including the total budgeted for each funding category. The adopted FY 2017-20 Plan

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did not include the budget summary. (Cal. Code Regs., tit. 9, §§ 3650(a)(6)(C), 3755(l), 3820(e), 3930(d); W&I Code Section 5847(e)).

#2. The adopted FY 2020-23 Plan must include an assessment of its capacity to implement the proposed programs/services. (Cal. Code Regs. tit. 9, § 3650(a)(5)).

- a. 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.
- b. 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.
- c. Identification of possible barriers to implementing the proposed programs/services and methods of addressing these barriers.

SUMMARY

The Department of Health Care Services' MHSA Program Monitoring Unit conducted a review of Inyo County Behavioral Health Services' adopted FY 2017-20 Plan and FY 2019-20 Update on August 3, 2021.

At the time of the review, Inyo County's Behavioral Health Director (BHD) serves as the MHSA Coordinator, which has impacted timely submission of adopted Plans, Updates, and the ARER. The current BHD is retiring and it is recommended that the County recruit and fill these positions separately to ensure compliance with MHSA statutes, regulations and the Performance Contract.

Inyo County is a rural County with the one of the smallest population densities in the State. Prior to the COVID-19 public health emergency, the County struggled with building the capacity to provide best practices of services, specifically within the workforce and technological needs. As the County is in greatest need of licensed therapists and registered nurses, participation in a 24/7 delivery system presents challenges of burnout amongst staff. Furthermore, the County would benefit from Electronic Health Record (EHR) advances and the accessibility of tablets to utilize in the field for treatment plan development and client signatures.

The County has had significant challenges due to the COVID-19 pandemic. The County did not have all the equipment they needed to begin providing telehealth services immediately which resulted in a drop in services while they were getting the required equipment to continue services. Another major program was impacted because clients didn't have the necessary technological resources such as computers and tablets to continue with services, and many of the clients were hesitant to continue their current services because of a fear of contracting COVID-19. Children services were also

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impacted due the school closures during this time which made it difficult to provide services to this population.

Prior to the COVID-19 pandemic, due to the size of the County and the landscape, many parts of the County did not have internet access or cell service which made it difficult to gauge which community members in those areas needed services and to provide the needed services to those clients. Another challenge the County faced was finding the necessary private spaces to provide services in schools. Without these spaces, students were uncomfortable engaging in services. The county also noted they need more staff; specifically, nurses, therapists, and licensed individuals. Inyo has had a hard time retaining staff once they were licensed to higher paying jobs.

Though the county has had challenges during the pandemic, there has been a lot of success as well. With the school closures, Inyo transitioned into more in home programs for students, which provided more privacy and the providers were also able to engage the entire family. By providing telehealth services, the County was also able to reach more people they could not engage before due to geographic isolation and clients not being comfortable meeting face to face. Inyo was able to take advantage of the landscape the county has to offer by doing more programs outdoor such as hiking, walks, journaling in nature, and artwork while still social distancing.