

**Mental Health Services Act (MHSA) Performance Review Report
Lassen County Program Review
February 15, 2024**

FINDINGS

Finding #1: Lassen County did not submit the MHSA Three-year Program and Expenditure Plan or Annual Update Extension Form 5510 for Fiscal Year (FY) 2020-21, to the Department of Health Care Services (DHCS) by August 31, 2021.

Under W&I Code section 5847(h), a county that is unable to complete and submit a three-year program and expenditure plan (Plan) or annual update (Update) for fiscal years (FYs) 2020-21 and 2021-22 due to the COVID-19 Public Health Emergency (PHE), may extend the effective timeframe of its currently approved Plan or Update to include FY 2020-21 and 2021-22 and submit a Plan or Update to the Mental Health Services Oversight and Accountability Commission and the State Department of Health Care Services (DHCS) by July 1, 2022. Each county seeking to extend the timeframe of its currently approved Plan or Update must complete the MHSA Three-year Program and Expenditure Plan or Annual Update Extension FY 2021-22 Form 5510 and submit the form to DHCS. The Form must include a brief narrative describing why the COVID-19 PHE prevented the county from completing and submitting the Plan or Update prior to July 1, 2021. Forms must be submitted to MHSA@dhcs.ca.gov by August 31, 2021. (Welfare and Institution Code (W&I Code) section 5847(h-i); W&I Code section 5892(b)(3), (BHIN 20-040)).

Recommendation #1: The County must submit a MHSA Extension Form 5510 for FY 2020-21 to DHCS due to the COVID-19 PUBLIC HEALTH EMERGENCY to MHSA@dhcs.ca.gov . The signed and dated form must be completed and clearly identify the FY 2020-23 Plan and the extension justification.

Finding #2: Lassen County did not prepare and submit a FY 2022-23 Update to DHCS that was approved by the county BOS. (W&I Code Section 5847(a)).

Recommendation #2: The County must submit a FY 2022-23 Update to DHCS within 30 days after BOS adoption; and for each subsequent Update thereafter.

Finding #3: Lassen County did not prepare and submit a FY 2023-24 Update to DHCS that was approved by the county BOS. (W&I Code Section 5847(a)).

Recommendation #3: The County must submit a FY 2023-24 Update to DHCS within 30 days after BOS adoption; and for each subsequent Update thereafter.

Finding #4: Lassen County did not include documentation of achievement in performance outcomes for Community Services and Support (CSS) and Prevention and Early Intervention (PEI) programs in the adopted FY 2021-24 Plan. There were no Innovation (INN) programs identified in the FY 2021-24 Plan. (County Performance Contract (6.)(A.)(5)(d.);(W&I Code section 5848(c)).

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

Finding #5: Lassen County did not include a narrative analysis of the mental health needs of unserved, underserved/ inappropriately served, and fully served county residents who qualify for MHSA services in the adopted FY 2021-24 Plan. (California Code of Regulations, title 9, section 3650(a)(1)(A)).

Recommendation #5: The County must include a narrative analysis of the mental health needs of unserved, underserved, inappropriately served, and fully served county residents who qualify for MHSA services in each subsequent adopted Plan thereafter.

Finding #6: Lassen County did not include an assessment of the county's capacity to implement mental health programs and services in the adopted FY 2021-24 Plan. (Cal. Code of Regs., tit. 9, § 3650(a)(5)).

Recommendation #6: The County must include an assessment of its capacity to implement mental health programs and services in each subsequent adopted Plan thereafter. Specifically:

- 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.
- b. The evaluation should include an assessment of bilingual proficiency in threshold languages.
- c. 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.
- d. Identification of possible barriers to implementing the proposed programs/services and methods of addressing these barriers.

Finding #7: Lassen County did not provide an estimated number of clients in the Transitional Age Youth (TAY) & Older Adult age group to be served in the Full-Service Partnership (FSP) category for each fiscal year of the adopted FY 2021-24 Plan. However, the Plan did provide the estimated number of clients to be served in the Child and Adult age group for each fiscal year of the Plan. (Cal. Code Regs., tit. 9, § 3650(a)(3)).

Recommendation #7: The County must provide an estimate of the number of clients, in each age group, to be served in the FSP service category for each fiscal year of the Plan, in each subsequent adopted Plan thereafter.

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Finding #8: Lassen County did not indicate the number of TAY, Adults, and Older Adults to be served or cost per person in the adopted FY 2021-24 Plan. However, the Plan did indicate the number of Children to be served and cost per person for PEI and did indicate the number of Children, TAY, Adults, and Older Adults to be served and cost per person for CSS. There were no INN programs during FY 2021-24. (W&I Code section 5847(e)).

Recommendation #8: The County must indicate the number of Child, TAY, Adults, and Older Adults to be served, and cost per person for CSS, PEI, and INN, in each subsequent adopted Plan and Update thereafter.

Finding #9: Lassen County did not have at least one of each PEI program in the PEI component of the FY 2021-24 Plan. Specifically, there was no Outreach for Increasing Recognition of Early Signs of Mental Illness Program, Stigma and Discrimination Reduction Program, Access to Linkage to Treatment Program. (W&I Code section 5840; Cal. Code Regs., tit. 9, §§ 3705(a)(b)(1), 3755).

Recommendation #9: The County must have at least one of each PEI program type in the PEI component in each subsequent adopted Plan and Update thereafter:

- Early Intervention Program
- Outreach for Increasing Recognition of Early Signs of Mental Illness Program
- Prevention Program
- Stigma and Discrimination Reduction Program
- Access and Linkage to Treatment Program
- Suicide Prevention Program (optional)

Finding #10: Lassen County's adopted FY 2021-24 Plan does not contain a budget summary for each fiscal year, including the total budgeted for each funding category of CSS, PEI, INN, WET, Capitol Facilities (CF) or Technological Needs (TN). (Cal. Code Regs., tit. 9, § 3820(e)); (W&I Code section 5847(e), 3650(a)(6)(C), 3755(I), 3930(d), 3820(e); (IN 08-09 Enclosure 1 & 2 (MHSA Proposed Guidelines by DMH 3/18/2008)), (IN 08-09 Enclosure 1 & 3 (MHSA Proposed Guidelines by DMH 3/18/2008))).

Recommendation #10: The County must include a budget summary each fiscal year, including the total budgeted for each funding category of CSS, PEI, INN, WET, CF, and TN in each subsequent adopted Plan and Update thereafter.

Finding #11: Lassen County did not include the Annual PEI report as a part of the adopted FY 2021-24 Plan. (Cal. Code Regs., tit. 9, § 3560.010).

Recommendation #11: The County must include the Annual PEI report as a distinct part of each subsequent adopted Plan and/or Update hereafter to ensure that future Annual PEI reports are easily located and identified. It should be clearly labeled, indicating what years are being reported and the location of the report within the Plan or Update. The Annual PEI report is not to be used in lieu of Cal. Code of Regs., tit. 9, § 3755, which

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are the regulations for the PEI Component of the Plan and Update. DHCS recommends the county submit the report as an addendum or attachment to the Plan or Update and include a cover page for the Annual PEI report with the title:

*Annual PEI Report
FY XXXX to XXXX*

Finding #12: Lassen County did not include the Three-Year PEI Evaluation report as part of the adopted FY 2021-24 Plan. (Cal. Code of Regs., tit. 9, § 3560.020).

Recommendation #12: The County must include the Three-Year PEI Evaluation report as a distinct part of each subsequent adopted Plan and/or Update hereafter. It must be clearly labeled, indicating what years are being reported and the location of the report within the Plan or Update. The Three-Year PEI Evaluation report is not to be used in lieu of Cal. Code of Regs., tit. 9, § 3755, which are the regulations for the PEI Component of the Plan and Update. DHCS recommends the county submit the report as an addendum or attachment to the Plan or Update with a cover page for the Three-Year PEI Evaluation report with the title:

*Three-Year Prevention and Early Intervention Evaluation Report
FY XXXX to FY XXXX*

The Three-Year PEI Evaluation report is due every third year as part of the Plan and/or Update and shall report on the evaluation(s) for the three prior fiscal years. (Cal. Code Regs., tit. 9, § 3560.020).

Finding #13: Lassen County did not include a description of how stakeholder involvement demonstrates a partnership with constituents and stakeholders throughout the Community Program Planning Process (CPPP) that includes meaningful stakeholder involvement on: mental health policy, program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations in the adopted FY 2021-24 Plan. (W&I Code section 5848(a)).

Recommendation #13: The County must include a description of how stakeholder involvement demonstrates a partnership with constituents and stakeholders throughout the CPPP that includes meaningful stakeholder involvement on mental health policy, program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations in each subsequent adopted Plan and Update thereafter.

Finding #14: Lassen County did not submit evidence of compliance that the CPPP is the basis for developing the adopted FY 2021-24 Plan. (Cal. Code Regs., tit. 9, § 3300).

Recommendation #14: The County must provide evidence of compliance for the CPPP as the basis for developing the Plans and Updates, specifically evidence of compliance

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should be demonstrated from Cal. Code Regs., tit. 9, § 3300 (a-c) for each subsequent Plan and Update thereafter.

Finding #15: Lassen County did not provide evidence of conducting a local review process that included: A 30 day public comment period, methods used to circulate for the purpose of public comment, a copy of the Plan and/or Update to representatives of stakeholders and other interested parties who request the draft, evidence that the mental health board conducted a public hearing at the close of the 30-day public comment period, including the date. (Cal. Code Regs., tit. 9, § 3315(a), W&I Code section 5858).

Recommendation #15: The County must provide evidence of conducting a local review process that includes: A 30 day public comment period, methods used to circulate for the purpose of public comment, a copy of the Plan and/or Update to representatives of stakeholders and other interested parties who request the draft, evidence that the mental health board conducted a public hearing at the close of the 30-day public comment period, including the date, a summary and analysis of any substantive recommendations; and a description of any substantive changes made to the Plan and/or Update that was circulated. If no comments received or no changes made, identify no comments received and/or no changes made in the adopted Plan or Update.

Finding #16: Lassen County did not provide evidence a Personal Service Coordinator (PSC)/Case Manager for each client, and when appropriate the client's family, to be the single point of responsibility for that client/family. (Cal. Code Regs., tit. 9, § 3620(f)).

Recommendation #16: The County must provide evidence a PSC/Case Manager for each client, and when appropriate the client's family, to be the single point of responsibility for that client/family.

Finding #17: Lassen County did not provide evidence that a PSC/Case Manager or other qualified individual known to the client/family is available to respond to the client/family 24 hours a day, 7 days a week to provide after-hours interventions. (Cal. Code Regs., tit. 9, § 3620(i)).

Recommendation #17: The County must provide evidence that a PSC/Case Manager or other qualified individual known to the client/family is available to respond to the client/family 24 hours a day, 7 days a week to provide after-hours interventions.

Finding #18: Lassen County did not provide evidence that a PSC/Case Manager was responsible for developing an Individual Services and Supports Plan (ISSP) with the client and, when appropriate, the client's family. (Cal. Code Regs., tit. 9, § 3620(h)(1)).

Recommendation #18: The County must provide evidence that a PSC/Case Manager is responsible for developing an ISSP with the client and, when appropriate, the client's family.

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Finding #19: Lassen County did not provide evidence that a PSC/Case Manager was culturally and linguistically competent or, at a minimum, educated and trained in linguistic and cultural competence and had knowledge of available resources within the client/family's racial/ethnic community. (Cal. Code Regs., tit. 9, § 3620(h)(2); W&I Code section 5600.2).

Recommendation #19: The County must provide evidence that a PSC/Case Manager is culturally and linguistically competent or, at a minimum, is educated and trained in linguistic and cultural competence and had knowledge of available resources within the client/family's racial/ethnic community.

Finding #20: Lassen County did not provide evidence the county had an Issue Resolution Process to handle client disputes related to provision of their MHSA funded mental health services and an example of an Issue Resolution log containing: date issue was received, synopsis of issue, final resolution outcome, and date of final resolution outcome. (County Performance Contract 6.(A)(2)).

Recommendation #20: The County must have in place an Issue Resolution Process to handle client disputes related to provision of their MHSA funded mental health services, with a log containing: date issue was received, synopsis of issue, final resolution outcome, and date of final resolution outcome.

SUGGESTED IMPROVEMENTS

Suggested Improvement #1: Due to the COVID-19 PHE, the MHSA Extension Form 5510 for FY 2020-21 allowed the county to extend the effective timeframe of its currently approved Plan or Update. By doing so, the county's subsequent Plans and Updates FY's will change to align and be consistent with all counties FY 2026-29 Plan due date. Therefore, the following guidance is the schedule for the county's subsequent Plans and Updates due to DHCS. DHCS recommends that the county submit a BOS adopted Plan or Update to DHCS per the following schedule:

- FY 2024-26 Plan to DHCS no later than June 30, 2024.
- FY 2025-26 Update is due to DHCS no later than June 30, 2025, allowing the county to remain on schedule for the
- FY 2026-29 Plan due to DHCS no later than June 30, 2026.

Suggested Improvement #2: DHCS recommends that the county submit all pertinent MHSA documents to DHCS prior to the scheduled MHSA program review. Documents must be submitted to the MOVEit system by the due date and per the correct naming convention instructions indicated on the Suggested Documents List to be considered for the review.

Suggested Improvement #3: DHCS recommends the county write Specific, Measurable, Achievable, Relevant, and Time-bound (SMART) goals that can be tracked, analyzed,

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and reported for their documentation of achievement in performance outcomes in the approved Three-Year Program and Expenditure Plan and/or Annual Update for each CSS, PEI and INN program. For example, a goal of “The TAY program intends to improve parent, family, and community education regarding first episode psychosis by assisting with transportation costs to and from appointments.” is not specific. To be more consistent with the provided outcome data, “85.7% of the TAY-FEP Program eligible young people received transportation support via case management services.” A suggested goal might be, “At least 95% of all of the eligible young people referred to the TAY-FEP Program will receive transportation support via case management services for their first three appointments.” In this example, the goal states what will be measured, provides a measurable quantitative item, is achievable because the County controls the engagement attempts, is relevant because outreach and engagement is essential to providing quality mental health services, and is time-bound because it gives a specific unit of time of data to be collected, measured, and reported.