

Mental Health Services Act (MHSA) Performance Contract Review Report
Alameda County Abridged Program Review
March 24, 2020

FINDING #1: Alameda County did not include a statement explaining how the Community Program Planning Process (CPPP) requirements were met in the approved FY 2018-19 Annual Update (Update). (California Code of Regulation, title 9, section 3310(e)).

Recommendation #1: The County must include a statement explaining how the CPPP requirements were met in the approved FY 2020-23 Three-Year Program and Expenditure Plan (Plan) and FY 2019-20 Update and each subsequent Plan and Update thereafter.

FINDING #2 Alameda County did not submit the approved FY 2018-19 Update to the Department of Health Care Services (DHCS) within 30 days of adoption. (Welfare and Institutions Code (W&I Code), section 5847(a)).

Recommendation #2: The County must 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 Supervisor and each subsequent Plan and Update thereafter.

FINDING #3: Alameda County did not provide an estimate of the number of clients, in each age group, to be served in the Full Service Partnership Service (FSP) Category for each fiscal year in the approved FY 2017-20 Plan. (Cal. Code of Regs., tit. 9, § 3650(a)(3)).

Recommendation #3: The County must provide an estimate of the number of FSP clients to serve in each age group: children (0-15), transitional age youth (16-25), adult (26-59) and older adult (60 and older) for each fiscal year in the approved FY 2020-23 Plan and each subsequent Plan thereafter.

FINDING #4: Alameda County lacked evidence of a validated method used to measure changes in attitudes, knowledge, and or behavior related to mental illness or seeking mental health services for each Prevention and Early Intervention (PEI) Stigma and Discrimination Reduction Program in the approved FY 2017-20 Plan and FY 2018-19 Update. (Cal. Code Regs., tit. 9, §§ 3750(d); 3755(f)(3)).

Recommendation #4: The County must select and include documentation of the validated measure(s) used for each PEI Stigma and Discrimination Reduction Program and address all components of Cal. Code of Regs., tit. 9 §§ 3750(d), 3755(f) in the approved FY 2020-23 Plan and FY 2019-20 Update and each subsequent Plan and Update thereafter.

FINDING #5: Alameda County did not use at least 51% of PEI funds to serve individuals 25 years or younger in FY 2018-19. (Cal. Code Regs., tit. 9, § 3706(b)).

Mental Health Services Act (MHSA) Performance Contract Review Report
Alameda County Abridged Program Review
March 24, 2020

Recommendation #5: 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 or younger.

SUGGESTED IMPROVEMENTS

Item #1: MHSA Transparency and Consistency

Suggested Improvement #1: DHCS recommends that the Annual Revenue and Expenditure Report (ARER) be consistent with the budget in the approved Plan and Update. If the program or service did not occur, report the program or service on the ARER and indicate zero expenditures. Provide an update of that program or service in the following approved Plan or Update.

Item #2: Community Program Planning Process (CPPP) Development

Suggested Improvement #2: DHCS recommends the County compare stakeholder and County demographics to ensure desired participation of target populations in the CPPP and to determine whether stakeholders reflect the diversity of the demographics of the County, including but not limited to geographic location, age, gender, race, and unserved and/or underserved populations. DHCS recommends the County include this comparison of both stakeholder demographics and overall County demographics within the approved Plans and Updates.

Suggested Improvement #2a: DHCS recommends the County incorporate details on how staff and stakeholder training on MHSA and CPPP is determined “as needed” in the MHSA Plan Approval Process policy and procedure.

Suggested Improvement #2b: DHCS recommends the County update the MHSA Plan Approval Process policy and procedure to include the approved Plans and Updates will be submitted to the Mental Health Services Oversight and Accountability Commission and DHCS within 30 days of adoption.

Item #3: Local Review Process

Suggested Improvement #3: DHCS recommends the County include a description of the methods used to circulate the draft Plans and Updates in the approved Plans and Updates.

Item #4: FSP Policies and Procedures

Suggested Improvement #4: DHCS recommends the County develop FSP specific policies and procedures that include, but are not limited to identification of FSP eligibility criteria, position(s) that serve as the Personal Service Coordinator (PSC)/single point of contact for FSP clients, process for ensuring that a PSC or other qualified individual

Mental Health Services Act (MHSA) Performance Contract Review Report
Alameda County Abridged Program Review
March 24, 2020

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, cultural competency requirements for PSCs and requirements for Individual Services and Support Plans (ISSP)/Client Plans/Treatment Plans.

CONCLUSION

The Department of Health Care Services' (DHCS) MHSA Monitoring Unit conducted an abridged review of the Alameda County Behavioral Health Services MHSA Program on March 24, 2020. Alameda County's strengths include the expansion of FSP program capacity to provide coordination and community based care services, and a multitude of diverse Prevention and Early Intervention (PEI) programs specifically focused on underserved ethnic and linguistic populations. The County has also shown strength in the Workforce Education and Training (WET) component offering internships, educational pathways and loan repayment programs. Alameda County challenges include a severe lack of housing and resources to meet the needs of homeless populations within the community, merging diverse PEI programming into one system, leadership changes within behavioral health and other public agencies, and lengthy procurement and contracting processes.