

**Mental Health Services Act (MHSA) Performance Contract Review Report
Amador County Abridged Program Review
April 22, 2020**

FINDING #1: Amador County did not report the estimated number of clients the County plans to serve in each Full Service Partnership (FSP) targeted age group in the approved FY 2017-20 Three-Year Program and Expenditure Plan (Plan). (California Code of Regulations, title 9, section 3650(a)(3)).

Recommendation #1: The County must report the number of FSP clients the County plans 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 of the approved FY 2020-23 Plan and each subsequent Plan thereafter.

FINDING #2: Amador County did not include their Annual Prevention and Early Intervention Report in the approved FY 2017-20 Plan and FY 2018-19 Annual Update (Update). (Cal. Code Regs., tit. 9, § 3560.010).

Recommendation #2: The County must report all Prevention and Early Intervention (PEI) required information of the Cal. Code of Regs., tit. 9, § 3560.010 in the approved FY 2020-23 Plan and FY 2019-20 Update and each subsequent Plan and Update thereafter.

FINDING #3: Amador 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 two PEI Stigma and Discrimination Reduction Programs in the approved FY 2017-20 Plan and FY 2018-19 Update. Specifically, two of Amador County's five Stigma and Discrimination Reduction Programs (Wellness Days and Community Awareness Campaign) did not use a validated method to measure changes in attitudes, knowledge, and/or behavior related to mental illness or seeking mental health services. (Cal. Code of Regs., tit. 9, §§ 3750(d), 3755(f)(3)).

Recommendation #3: The County must select and use a validated method to measure changes in attitudes, knowledge, and or behavior related to mental illness or seeking mental health services. The County should include documentation of the validated measure(s) used for each PEI Stigma and Discrimination Reduction Program within the approved FY 2020-23 Plan and FY 2019-20 Update and each subsequent Plan and Update thereafter.

FINDING #4: Amador County did not dedicate at least 51% of their PEI funds to serve individuals who are 25 years old or younger. (Cal. Code of Regs., tit. 9, § 3706(b)).

Recommendation #4: 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.

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FINDING #5: Amador County PEI programs/services implementation is not consistent with the approved FY 2017-20 Plan, FY 2018-19 Update and FY 2018-19 Annual Revenue and Expenditure Report (ARER). (Welfare and Institution Code (W&I Code) section 5892(g)).

Specifically, the FY 2018-19 ARER shows the following standalone PEI programs:

1. Nexus YEP
2. Nexus Promotores de Salud
3. Resources Connection- Grandparents Program
4. Nexus O&E
5. First 5
6. Nexus Building Blocks
7. Labyrinth
8. Senior Peer
9. MHA- LGBTQ

The approved FY 2018-19 Update PEI Budget Summary lists 24 programs versus 9 program descriptions listed in the PEI section of the approved FY 2018-19 Update.

Additionally, the following 3 PEI programs/services appeared on the FY 2018-19 ARER but did not appear on the PEI budget summary of the approved FY 2018-19 Update:

1. Resource Connections- Grandparents Program- Outreach
2. Senior Peer- Outreach
3. Labyrinth- Stigma & Discrimination reduction

Recommendation #5: All expenditures for the County's mental health programs must be consistent with a currently approved Plan, Update and ARER. If the programs listed on the ARER are actually combined programs, then they should be reported as combined versus standalone. The County must align PEI programs/services implementation with the approved FY 2020-23 Plan, FY 2019-20 Update and FY 2019-20 ARER and each subsequent Plan, Update and ARER thereafter.

Recommendation #5a: The County must ensure that the programs listed in the PEI Worksheet of the ARER is consistent with the PEI budget summary of the approved Plan and Update. Any discrepancies or name changes must be explained in the approved Plan and Update.

SUGGESTED IMPROVEMENTS

Item #1: MHSA Transparency and Consistency

Suggested Improvement #1: The Department of Health Care Services (DHCS) recommends program names and service categories detailed in the approved Plan and Update match the program names and service categories in the ARER.

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Suggested Improvement #1a: The ARER should 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.

Item #2: MHSA Policies and Procedures

Suggested Improvement #2: DHCS recommends the County update their MHSA Issue Resolution policy and procedure to include detailed information on:

- how clients are made aware of the MHSA Issue Resolution policy and procedure,
- what is the procedure for filling out the MHSA Issue Resolution Log,
- who is responsible for the MHSA Issue Resolution Log,
- a timeline of when a client should receive a response and/or a resolution for the MHSA issue filed,
- how behavioral health employees and service providers are trained on the MHSA Issue Resolution policy and procedure.

Suggested Improvement #2a: DHCS recommends the County provide training on MHSA Issue Resolution policies and procedures to all behavioral health employees and service providers involved in the complete delivery of services to recipients of MHSA programs. Additionally, DHCS recommends the County maintain documentation of training to staff and service providers.

CONCLUSION

The Department of Health Care Services' MHSA Monitoring Unit conducted an abridged review of Amador County Behavioral Health Services MHSA Program on April 22, 2020. Amador County's strengths includes their resource centers that have been instrumental in providing access to services in isolated communities. Amador County has also improved their Mobile Support team and programs within school districts with their MHSA reversion funds. An additional strength is being a small county and ability to work closely with multiple community partners. Amador County's challenges include lack of transportation and lack of services for individuals that may not meet the criteria for MHSA.