

Mental Health Services Act (MHSA) Performance Contract Review Report
Kings County Program Review
August 6–August 7, 2019

FINDING #1: Kings County submitted the FY 2017-18 Annual Revenue and Expenditure Report (ARER) past the due date. (California Code of Regulations, Title 9, § 3510(b)).

Recommendation #1: The County shall submit the FY 2018-19 ARER no later than December 31, following the end of the fiscal year.

FINDING #2: Kings County lacked documentation of outreach efforts to engage clients in the Community Program Planning Process (CPPP). (Cal. Code Regs., tit. 9, § 3300(c)(1)(2)).

Recommendation #2: The County must retain all documentation (e.g. flyers, email blasts, newspaper articles, meeting minutes, sign-in sheets, etc.) of outreach activities used to engage clients in the CPPP. These outreach efforts must clearly be indicated in the approved FY 2020-23 Three-Year Program and Expenditure Plan (Plan) and each subsequent approved Plan and Annual Update (Update) thereafter.

FINDING #3: Kings County did not submit the adopted FY 2017-20 Plan to the Department of Health Care Services (DHCS) within 30 days after adoption. (Welfare and Institution (W&I) Code, Section 5847(a)).

Recommendation #3: The County shall submit the adopted 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 Supervisors; and each subsequent Plan and Update thereafter.

FINDING #4: Kings County did not update the adopted FY 2014-17 Plan at least annually. The County did not have a FY 2015-16 or FY 2016-17 Update to the adopted FY 2014-17 Plan. (Cal. Code Regs., tit. 9, § 3310(c)).

Recommendation #4: The County must annually update and report any changes made to the approved Plans (e.g. program name changes, discontinuation of programs, expansion of programs, updates to program data, changes in program funding, etc.) beginning with the adopted FY 2019-20 Update to the FY 2017-20 Plan and each subsequent Update to the Plan thereafter.

FINDING #5: Kings County assessment of its capacity to implement proposed programs/services did not include the bilingual proficiency of staff in the County's threshold language (Spanish) or provide the capacity of service providers to meet the needs of diverse, cultural, racial/ethnic, and linguistic groups. (Cal. Code Regs., tit. 9, § 3650(a)(5)(A)(B)).

Recommendation #5: The County must provide an assessment of bilingual proficiency of County staff and service providers in the County's threshold language (Spanish), evaluate the capacity of service providers to meet the needs of diverse, cultural,

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racial/ethnic and linguistic groups, and address all components of Cal. Code Regs., tit 9, § 3650(a) in the adopted FY 2020-23 Plan and each subsequent Plan thereafter.

FINDING #6: Kings County lacked evidence that it ensures Full Service Partnership (FSP) Personal Service Coordinators (PSC)/Case Managers are culturally and linguistically competent or, at a minimum, educated and trained in linguistic and cultural competence. (Cal. Code Regs., tit. 9, § 3620(h)(2)).

Recommendation #6: The County must develop and implement internal processes and procedures to ensure FSP PSC/Case Managers are culturally and linguistically competent or, at a minimum, educated and trained in linguistic and cultural competence.

Recommendation #6a: The County must develop methods to ensure and track individual FSP PSC/Case Managers completion of cultural competency training and activities.

FINDING #7: Kings County does not have in place an Issue Resolution Process to handle client disputes related to provision of their MHSA funded mental health services. (County Performance Contract (A)(6)(A)(2)).

Recommendation #7a: The County must develop a Policy and Procedure addressing the MHSA Issue Resolution process and issues related to: the Community Program Planning Process (CPPP), provision of MHSA funded mental health services, inconsistency between approved MHSA plan and program implementation and appropriate use of funds.

Recommendation #7b: The County must develop and maintain an MHSA Issue Resolution Log that contains the date the issue was received, brief synopsis of issue, final resolution outcome and date of final resolution outcome.

Recommendation #7c: The County will provide training on the MHSA Issue Resolution Process to all Napa County Behavioral Health Service employees and those individuals and/or service providers who are the point of contact for MHSA programs/services.

Recommendation #7d: The County MHSA Issue Resolution Policy and Procedure will identify the process for service providers to notify the Napa County Behavioral Health Services of MHSA issues

SUGGESTED IMPROVEMENTS

Item #1: MHSA Transparency and Consistency

Suggested Improvement #1: DHCS recommends the County post the full ARER on the County's website.

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Suggested Improvement #1a: DHCS recommends program names and service categories detailed in the adopted Plan and Update match the program names and service categories in the Plan/Update budgets and ARER.

Suggest Improvement #1b: The ARER should be consistent with the budget in the Plan and Update. If the program or service did not occur, report the program or service on the ARER and indicate zero expenditures.

Suggested Improvement #1c: DHCS recommends the County present the MHSA components of the Plans and Updates in the following order: CPPP, Community Services and Support (CSS), Prevention and Early Intervention (PEI), Innovation, Workforce Education and Training (WET), Capital Facilities and Technological Needs (CFTN) and MHSA budgets.

Item #2: Community Program Planning Process (CPPP)

Suggested Improvement #2a: DHCS recommends the County transition to a year-around CPPP to improve collaboration with stakeholders and obtain consistent stakeholder feedback regarding mental health policy, program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations.

Suggested Improvement #2b: DHCS recommends the County develop formalized policies and procedures for their CPPP that outline the designated position(s) responsible for the overall CPPP and CPPP training of County staff and stakeholders.

Suggested Improvement #2c: DHCS recommends all CPPP training materials include date trainings occur, corresponding sign-in sheets and that any CPPP related timelines (e.g. the CPPP timeline in FY 2017-20 Plan) identify when stakeholder trainings occur.

Suggested Improvement #2d: 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, and race. DHCS recommends the County include this comparison of both stakeholder demographics and overall County demographics within the approved Plan and Updates.

Suggested Improvement #2e: DHCS recommends the County design a template for sign-in sheets that specify date, time, location, purpose of the meeting and identify the constituent group stakeholders represent, as well as record meeting minutes for all stakeholder meetings.

Item #3: MHSA Oversight and Performance Outcomes

Suggested Improvement #3a: DHCS recommends the County develop FSP specific policies and procedures that include, but is not limited to the identification of FSP eligibility criteria, position(s) that serve as the PSC/single point of contact for FSP

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clients, cultural competency requirements for PSCs and requirements for Individual Services and Support Plans (ISSP)/Plan of Care/Treatment Plans.

Suggested Improvement #3b: DHCS recommends the County develop a method to ensure contract providers upload client signatures of ISSPs/Plan of Care/Treatment Plans to the Electronic Health Record (EHR).

Suggested Improvement #3c: DHCS recommends the County evaluate their service provider contract deliverables at least quarterly and that the measurable outcomes are consistent with the goals and objectives of the services/program of the current adopted Plan and Update.

CONCLUSION

The Department of Health Care Services' MHSA Oversight Unit conducted an onsite review of the Kings County Behavioral Health MHSA Program on August 6-7, 2019. Kings County strengths include well-rounded prevention school-based services for children and collaboration with local schools, linkage to health and human services (KARELink program), and hiring the first County employed Peer Support Specialist. County challenges include development of new FSP services, meeting the needs of clients needing a higher level of care, engagement with the Transitional Age Youth population and limited resources, such as transportation for rural communities, affordable housing, psychiatric services, and PEI funding. At the time of this MHSA Program Review, Kings County identified many of the findings outlined in this report as outstanding issues and initiated process improvements.