

**Mental Health Services Act (MHSA) Performance Contract Review Report  
Marin County Program Review  
April 23, 2020**

**FINDING #1:** Marin 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 for each fiscal year 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 shall 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 #2:** Marin County did not use at least 51% of Prevention and Early Intervention (PEI) funds to serve individuals 25 years or younger in FY 2018-19. (Cal. Code Regs., tit. 9, § 3706(b)).

**Recommendation #2:** The County shall demonstrate that at least 51% of PEI funds are used to serve individuals 25 years or younger on the FY 2019-20 Annual Revenue and Expenditure Report (ARER) and each subsequent ARER thereafter. 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.

**FINDING #3:** Marin County's Workforce, Education and Training (WET) programs/services were inconsistent with the approved FY 2017-20 Plan, FY 2018-19 Annual Update (Update), budget and FY 2018-19 ARER. (W&I Code) section 5892(g)).

**Recommendation #3:** The County must ensure that the programs listed in the WET component section of the approved FY 2020-23 Plan and FY 2019-20 Update, and each subsequent year thereafter, are consistent with the budget pages and ARER. If the program or service did not occur, report the program or service on the ARER and indicate zero expenditures. Any discrepancies or name changes must be explained in the approved Update.

**SUGGESTED IMPROVEMENTS**

**Item #1:** MHSA Transparency and Consistency

**Suggested Improvement #1:** Department of Health Care Services (DHCS) recommends program names and service categories detailed in the approved FY 2020-23 Plan and approved FY 2019-20 Update, and each subsequent year thereafter, to match the program names and service categories in the ARER. 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. Provide an update of that program or service in the following approved Plan or Update.

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Suggested Improvement #1a: DHCS recommends the County clearly identify in the beginning of all Annual Updates what changes will/did occur and whether these changes went through the Community Program Planning Process (CPPP); and provide program descriptions for new programs in the Annual Updates.

For example: Integrated Multi-Service Partnership Assertive Community Treatment (IMPACT) was indicated as a new program but there is no program description in the FY 2018-19 Annual Update. There is a program description in the FY 2017-20 Plan on pages 91-92.

First Episode Psychosis (FEP) was indicated as a new program but there is no program description in the FY 2018-19 Annual Update. There is a program description in the FY 2017-20 Plan on pages 107-108.

Consumer Operated Wellness Center was indicated as a new program but there is no program description in the FY 2018-19 Annual Update. There is a program description in the FY 2017-20 Plan on pages 109-111.

There was no reference to such changes under the CPPP portion of the Annual Update or description of whether there was community involvement in these decisions. The changes should be noted under the CPPP portion of the approved Update and any community involvement in that decision should be detailed.

Suggested Improvement #1b: DHCS recommends the County provide a budget for each fiscal year in the approved Plan and Update and in each subsequent Plan and Update thereafter with an explanation of any significant changes.

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

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

Suggested Improvement #2a: DHCS recommends the County finalize the draft MHSA Community Program Planning Process policy and procedure.

**CONCLUSION**

The Department of Health Care Services’ (DHCS) MHSA Program Monitoring Unit conducted a review of Marin County’s Behavioral Health and Recovery Services’ (BHRS) MHSA programs and services on April 23, 2020.

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Marin County's strengths include implementing the intent of MHSA into core programming and decision-making and utilizing PEERS and family members in keeping the spirit of MHSA alive. Connecting with stakeholders, community consumers and family members in being clear with, and the understanding of MHSA principles. The county is also dedicated to fostering an awareness of cultural humility focused on health equity.

Marin County's challenges include hiring and retention of qualified employees due to a lack of applicants, including upper management staff. Marin County has had difficulties filling vacancies due to competition with neighboring bay area county abilities to pay higher incomes, the high cost of living in the County and problematic hiring practices. Another challenge has been the difficult process of access to services being centralized and implementing team based care. Marin County has been fortunate to have the support and buy-in by their Board of Supervisors.