<u>FINDING #1:</u> Mariposa County FY 2017-18 Annual Revenue and Expenditure Report (ARER) was not posted on the County website prior to the program site review (California Code of Regulations, Title 9, § 3510.010(b)(1)).

Recommendation #1: The County shall within 30 days of submitting the MHSA ARER to the Department of Health Care Services (DHCS), post a copy of the ARER to the County's website. The County will post on their website the FY 2018-19 ARER within 30 days of submitting to the state and each subsequent ARER thereafter.

FINDING #2: Mariposa County did not submit the FY 2017-20 Three-Year Program and Expenditure Plan (Plan) and FY 2018-19 Annual Update (Update) to DHCS within 30 days after adoption. (Welfare and Institution (W&I) Code, Section 5847(a)).

Recommendation #2: 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 Services Oversight and Accountability Commission (MHSOAC) within 30 days after adoption by the County board of supervisors; and each subsequent Plan and Update thereafter.

FINDING #3: Mariposa County did not include an estimate of the number of Full Service Partnership (FSP) clients to be served according to age group in the approved FY 2017-20 Plan and FY 2018-19 Update. (Cal. Code of Regs., tit. 9, § 3650(a)(3)).

Recommendation #3: The County shall provide an estimate of the number of FSP clients in each age group: children (0-15), transitional age youth (16-25), adult (26-59) and older adult (60 and older) in the approved FY 2020-23 Plan and FY 2019-20 Update, and each subsequent Plan and Update, thereafter.

FINDING #4: The expenditures reported in Mariposa County's FY 2017-18 ARER for Community Services and Supports (CSS) mental health programs are not consistent with the approved FY 2017-20 Plan and/or FY 2018-19 Update. (W&I Section 5892(g)).

Recommendation #4: The County must ensure that the programs listed in the CSS component section of the approved FY 2020-23 Plan and FY 2019-20 Update, and each subsequent year thereafter; are consistent with the ARER. Any discrepancies or name changes must be explained in the approved Plan and Update.

<u>FINDING #5:</u> Mariposa County's approved FY 2017-20 Plan and FY 2018-19 Update did not include reports on the achievement of performance outcomes for MHSA programs/services. (W&I Section 5848(c), Performance Contract (6)(A)(5)(d)).

Recommendation #5: The County must develop and implement policies and procedures to ensure data is collected and analyzed to report on its achievement of performance outcomes for services provided. The approved FY 2020-23 Plan and FY 2019-20

Update, and each subsequent Plan/Update thereafter; shall include reports on the achievement of performance outcomes for services provided.

<u>Recommendation #5a</u>: The County contracts with service providers shall include achievement goals from the County's Plan and Updates that apply to each provider's programs and services.

FINDING #6: Mariposa County did not dedicate at least 51% of their Prevention and Early Intervention (PEI) funds to serve individuals who are 25 years old or younger. (Cal. Code of Regs.,tit. 9, § 3706(b)).

Recommendation #6: 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.

FINDING #7: Mariposa County did not use a validated method to measure the changes in attitudes, knowledge and/or behavior related to mental illness or seeking mental health services in each Stigma and Discrimination Reduction programs. (W&I Section 5840; Cal. Code of Regs., tit. 9, §§ 3750(d), 3755(f)(3).

Recommendation #7: The County shall include the requirements of each Stigma and Discrimination Program and address all components of Cal. Code of Regs., tit. 9 §§ 3750(d), 3755(f) in their FY 2020-23 Plan and FY 2019-20 Update, and each subsequent Plan/Update thereafter.

<u>FINDING #8:</u> Mariposa County's Innovative Project has lasted longer than 5 years. (Cal. Code of Regs.,tit. 9, § 3910.010(a)).

Recommendation #8: The County shall adhere to the MHSOAC Innovative Project Regulations dated July 1, 2018, Section 3910.010(a) that an Innovative Project shall have an end date that is not more than five years from the start of the Innovative Project.

FINDING #9: Mariposa County's approved FY 2017-20 Plan or FY 2018-19 Update did not include meaningful involvement of stakeholders in the Community Program Planning Process (CPPP) of the new Innovation component, about whether and how to continue a successful Innovative Project or parts of the project; and communication of the results and lessons learned with a focus of dissemination of successful Innovative Projects. (Cal. Code of Regs.,tit. 9, § 3930(b)(c)(8)(B)).

Recommendation #9: The County's Plan or Update shall include a Community Program Planning Process (CPPP) for each new Innovative project, shall include the requirements for each Innovative Project and address all components of Cal. Code of Regs., tit. 9, § 3930(b).

Recommendation #9a: The County's Plan or Update shall include the requirements of each Innovative Project and address all components of Cal. Code of Regs., tit. 9, § 3930(c).

<u>FINDING #10:</u> Mariposa County's approved FY 2017-20 Plan and FY 2018-19 Update did not include description of how the County plans to protect and provide continuity for individuals with serious mental illness who are receiving services from the Innovative Project after the end of implementation with Innovation Funds. (Cal. Code of Regs., tit. 9, § 3930(c)(7)).

Recommendation #10: The County shall include in its Plan or Annual Update a description of how the County plans to protect and provide continuity for individuals with serious mental illness who are receiving services from the Innovative Project after the end of implementation with Innovation Funds.

SUGGESTED IMPROVEMENTS

Item #1: MHSA Policies, Procedures, Evaluation and Training

<u>Suggested Improvement #1</u>: DHCS recommends the County develop and implement a MHSA training program and identify processes and supports including:

- a) Policies and procedures that incorporate MHSA general principles.
- b) Requirements and components (CPPP, CSS (FSP/GSD/O&E), PEI, INN, WET, CFTN).
- c) Funding and reporting requirements.
- d) Plans and Updates.
- e) Other needs such as staffing, performance objectives and outcomes.

<u>Suggested Improvement #1a</u>: The training should also address how the county will evaluate the effectiveness of programs/services they deliver and their on-going quality improvement strategies.

<u>Suggested Improvement #1b</u>: DHCS recommends MHSA training for all mental health employees and service providers involved in complete delivery of services to recipients of MHSA programs; and documentation of annual training.

<u>Suggested Improvement #1c</u>: DHCS recommends MHSA training to all new employees; and documentation of annual training.

Item #2: Data

<u>Suggested Improvement #2:</u> DHCS recommends using DCR data to analyze and evaluate the effectiveness of the FSP programs and report on reduction in homelessness, incarceration, unemployment and hospitalizations.

Item #3: MHSA Transparency and Consistency

<u>Suggested Improvement #3</u>: DHCS recommends the County's MHSA program names detailed in the approved Plan, Update and ARER must match; and programs placed in the correct component based on regulations.

<u>Suggested Improvement #3a</u>: The ARER should be consistent with the budget in the Plan and Update. If the program or service did not occur, still report the program or service on the ARER and indicate zero expenditures.

CONCLUSION

The Department of Health Care Services MHSA Oversight Unit conducted an onsite review of the Mariposa County's Behavioral Health and Recovery Services MHSA Program on February 12-13, 2019. Mariposa County has recently undergone a reorganization in which all of their health and human services and supports are under one department and are located in the same building. This reorganization has allowed Mariposa County to improve accessibility of support and services, consolidate resources and coordinate behavioral health services more easily with other types of services.

Overall, Mariposa County has developed strong partnerships with community based organizations and other departments such as: Probation, the Sheriff's Office, the School District, and neighboring counties. Additionally, Mariposa County has started coordinating more efficiently with their local hospital. Mariposa County's Crisis/Triage Team (TRAC), which is partially MHSA funded, allows Mariposa County to outreach to individuals in geographically isolated and rural areas and provide crisis stabilization services 24/7.

However, there are some challenging issues regarding the lack of community based organizations that have the capacity to provide specific behavioral health services to the community, housing, large poverty rate and no psychiatric facilities or major transit. Mariposa County has three ambulances and the recent fires and floods have had a severe impact on the residents and community resources.