

**Mental Health Services Act (MHSA) Performance Contract Review Report
Merced County Program Review
September 9–11, 2019**

FINDING #1: Merced County did not submit the adopted FY 2017-20 Three-Year Program and Expenditure Plan (Plan) and FY 2018-19 Annual Update (Update) to the Department of Health Care Services (DHCS) within 30 days after adoption. (Welfare and Institutions (W&I) Code, section 5847(a)).

Recommendation #1: The County shall 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 (MHSAOAC) within 30 days of adoption by the County Board of Supervisors, and each subsequent Plan and Update thereafter.

FINDING #2: Merced County's assessment of its capacity to implement proposed programs/services did not include an assessment of the strengths and limitations of the County and service providers that impact their ability to meet the needs of racially and ethnically diverse populations; including identification of possible barriers to program implementation and methods to overcome these barriers. (California Code of Regulations, Title 9, section 3650(a)(5)(A)(C)).

Recommendation #2: The County must provide an assessment of their capacity to implement proposed programs/services and evaluate the capacity of service providers to meet the needs of diverse, cultural, racial/ethnic, and linguistic groups and address all components of Cal. Code Regs., tit 9, § 3650(a) in the approved FY 2020-23 Plan and each subsequent Plan thereafter.

FINDING #3: Merced County did not report the estimated number of clients the County plans to serve in each Full Service Partnership (FSP) targeted age group (Child, Transitional Age Youth, Adult, and Older Adult) in the adopted FY 2017-20 Plan. (Cal. Code Regs., tit. 9, § 3650(a)(3)).

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

FINDING #4: Merced County's approved FY 2017-20 Plan and FY 2018-19 Update did not clearly identify which Prevention and Early Intervention (PEI) programs fall under each PEI program category. (Cal. Code Regs., tit. 9, § 3755(L)(2)).

Recommendation #4: The County shall identify each Program funded with PEI funds as a Prevention Program, an Early Intervention Program, Outreach for Increasing Recognition of Early Signs of Mental Illness Program, Stigma and Discrimination Reduction Program, Suicide Prevention Program (if applicable), or Access and Linkage to Treatment Program, in the FY 2020-23 Plan and FY 2019-20 Update and each subsequent Plan and Update thereafter.

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SUGGESTED IMPROVEMENTS

Item #1: MHSA Transparency and Consistency

Suggested Improvement #1a: DHCS recommends programs indicated in the adopted Plan and Update as stand-alone programs (e.g. has distinct program descriptions, performance outcomes, etc.) be presented as individual line items in the approved Plan/Update budget and Annual Revenue and Expenditure Report (ARER).

Suggested Improvement #1b: DHCS recommends program names and service categories detailed in the approved Plan and Update match the program names and service categories in the ARER.

Suggested Improvement #1c: 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.

Suggested Improvement #1d: DHCS recommends the County include a description of the Innovation (INN) project Community Program Planning Process (CPPP) within the approved Plan and Update. This description should include the INN project evaluation process and decision-making regarding whether to continue the INN project, or elements of the project, without INN funds.

Item #2: Community Program Planning Process (CPPP)

Suggested Improvement #2a: DHCS recommends the County develop policies and procedures on their CPPP.

Suggested Improvement #2b: DHCS recommends the County detail stakeholder demographics (e.g. age, ethnicity, gender, geographic location, etc.) and compare stakeholder demographics to overall County demographics to ensure desired participation of target populations in the CPPP and determine whether stakeholders reflect the diversity of the demographics of the County. DHCS recommends the County include stakeholder demographics, County demographics, and the comparison of both demographics within the approved Plan and Updates.

Suggested Improvement #2c: DHCS recommends the County include a summary of results from CPPP meetings and discussions within the approved Plan and Update, including a summary of public comments and responses. County should address all public comments and responses within the approved Plan and Updates.

Item #3: FSP Policies and Procedures

Suggested Improvement #3: DHCS recommends the County update existing FSP policies and procedures to include the client's role in developing the goals stated in the Individual Services and Support Plans (ISSP)/Client Plan of Care/Treatment Plans.

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CONCLUSION

The Department of Health Care Services' MHSA Oversight Unit conducted an onsite review of the Merced County Behavioral Health MHSA Program on September 9-11, 2019. Merced County strengths include an established MHSA team rich in program knowledge and experience, strong collaboration across MHSA programs, and robust performance outcome measures. County challenges include a high poverty rate among County residents, difficulty retaining healthcare professionals, lack of public transportation, a large geographic area with many rural communities, and a lack of affordable housing.