

**Mental Health Services Act (MHSA) Performance Contract Review Report
Orange County Program Review
August 20-22, 2019**

FINDING #1: Orange 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 post on their website the FY 2018-19 ARER within 30 days of submitting to the Department of Health Care Services (DHCS) and each subsequent ARER thereafter.

FINDING #2: Orange County did not identify unserved or underserved populations within the approved FY 2017-20 Three-Year Program and Expenditure Plan (Plan). (Cal. Code of Regs., tit. 9, § 3650(a)(1)).

Recommendation #2: The County shall clearly identify underserved and unserved populations within the adopted FY 2020-23 Plan, and each subsequent Plan thereafter.

FINDING #3: Orange County lacked a narrative analysis of assessment of mental health needs of unserved, underserved/inappropriately served and fully served county residents who qualify for MHSA services; and its capacity to implement the proposed programs/services in their approved FY 2017-20 Plan. (Cal. Code of Regs., tit. 9, § 3650(a)).

Recommendation #3: The County must incorporate a narrative analysis of its assessment of the County's mental health needs and its capacity to implement proposed programs/services and address all components of Cal. Code of Regs., tit 9, § 3650(a) in the adopted FY 2020-23 Plan and thereafter.

SUGGESTED IMPROVEMENTS

Item #1: MHSA Transparency and Consistency

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

Suggested Improvement #1a: 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 #1b: 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.

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Item #2: Community Program Planning Process (CPPP) Policies and Procedures

Suggested Improvement #2: DHCS recommends the County incorporate all aspects of the CPPP process into current County written policies and procedures and/or duty statements, per Cal. Code of Regs., tit. 9, §3300. This includes CPPP designated positions, staff training, stakeholder training, client, client's family, peer and stakeholder outreach and involvement.

Item #3: Full Service Partnership (FSP) Policies and Procedures

Suggested Improvement #3: DHCS recommends the County develop FSP policies and procedures that incorporate all aspects of the FSP Service Category, per Cal. Code of Regs., title 9, §§ 3620, 3620.05, including but not limited to FSP eligibility criteria, position(s) that serve as the Personal Services Coordinator (PSC)/single point of contact for FSP clients, cultural competency requirements for PSCs, requirements for Individual Services and Support Plans (ISSP)/Plan of Care/Treatment Plan and step-down processes.

Item #4: Contract Performance Outcomes

Suggested Improvement #4: DHCS recommends that service provider contracts include performance goals from the County's adopted Plan and Update that apply to each provider's programs and services.

CONCLUSION

The Department of Health Care Services (DHCS) MHSA Oversight Unit conducted an onsite review of Orange County Health Care Agency Behavioral Health Services MHSA Program on August 20–August 22, 2019. Orange County MHSA program strengths include a CPPP with strong stakeholder involvement, collaboration internally among MHSA programs and externally with community partners, and a well-developed MHSA steering committee that helps to drive training and program development. County challenges include limited affordable housing, diverse geographic areas with differing service needs, and hiring and retaining threshold language-speaking workforce.