

**Mental Health Services Act (MHSA) Performance Contract Review Report**  
**Sierra County Program Review**  
**May 21–22, 2019**

**FINDING #1:** Sierra 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:** Sierra County lacked a narrative analysis that assesses mental health needs of unserved, underserved/inappropriately served and fully served County residents who qualify for MHSA services; and an assessment of its capacity to implement the proposed programs/services in their adopted FY 2017-20 Three-Year Program and Expenditure Plan (Plan). (Cal. Code Regs., tit. 9, § 3650(a)(5)).

**Recommendation #2:** The County shall include a narrative analysis of its assessment of the County's mental health needs, its capacity to implement proposed programs/services 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 #3:** Sierra County did not report the estimated number of clients the County plans to serve in each Full Service Partnership (FSP) targeted age group in the FY 2017-20 Plan. (Cal. Code of 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 (0-15), transitional age youth (16-25), adult (26-59) and older adult (60 and older) for each fiscal year of the adopted FY 2020-23 Plan and thereafter.

**FINDING #4:** Sierra County did not have a MHSA Issue Resolution Log (IRL) to record issues submitted as part of the Issue Resolution Process. (County Performance Contract (6.)(A.)(2)).

**Recommendation #4:** The County must develop and maintain an MHSA Issue Resolution Log that contains the date the issue or complaint was received, brief synopsis of the issue, final issue resolution outcome and date the final resolution was reached. The County policy and procedure (revised 1-4-19) and algorithm flowchart (dated 10-1-15) requires updating with inclusion of the IRL.

**Recommendation #4a:** The County will provide training on the MHSA Issue Resolution Process to all Sierra County Behavioral Health Service employees and those individuals and/or service providers who are the point of contact for MHSA programs/services.

**Recommendation #4b:** The County MHSA Issue Resolution Policy and Procedure will identify the process for service providers to notify the Sierra County Behavioral Health Services of MHSA issues.

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**FINDING #5:** Sierra County’s adopted FY 2017-20 Plan and FY 2018-19 Update did not include reports on achievement of performance outcomes for MHSA services. (Welfare and Institution (W&I) Code, Section 5848(c); County 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 adopted FY 2020-23 Plan and FY 2019-20 Annual Update (Update), shall include reports of achievement of performance outcomes for MHSA services provided; and for each subsequent Plan and Update thereafter.

**FINDING #6:** Sierra County lacked evidence of the use of a validated method to measure changes in attitudes, knowledge, and/or behavior related to mental illness or seeking mental health services for each Prevention and Early Intervention (PEI) Stigma and Discrimination Reduction Program in the FY 2017-20 Plan and FY 2018-19 Update. (Cal. Code Regs., tit. 9, §§ 3750(d), 3755(f)(3)).

**Recommendation #6:** The County shall select and include documentation of the validated measure(s) used for each PEI Stigma and Discrimination Program and address all components of Cal. Code of Regs., tit. 9, §§ 3750(d), 3755(f) in their adopted FY 2020-23 Plan and FY 19-20 Update; and each subsequent Plan and Update thereafter.

**FINDING #7:** Sierra County did not dedicate at least 51% of Prevention and Early Intervention (PEI) funds to serve individuals 25 years or younger in FY 2017-18. (Cal. Code Regs., tit. 9, § 3706(b)).

**Recommendation #7:** 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.

**SUGGESTED IMPROVEMENTS**

**Item #1:** CPPP Training and Oversight

**Suggested Improvement #1:** The Department of Health Care Services (DHCS) recommends the County incorporate all aspects of the current CPPP into formalized written policies, procedures and duty statements. This includes CPPP designated positions, staff training, stakeholder training, client and stakeholder outreach and involvement.

**Suggested Improvement #1a:** DHCS recommends the County provide training of MHSA program Policies and Procedures to all behavioral health employees and service providers involved in the complete delivery of services to recipients of MHSA programs.

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Suggested Improvement #1b: DHCS recommends the County ensure it consistently receives and retains training materials, sign-in sheets (dated), surveys, feedback, and other participation documentation.

Suggested Improvement #1c: DHCS recommends the County design a meeting minute template that indicates the dates the meeting held, stakeholders present (organization, agency, consumer, etc.), agenda items discussed with actions taken, completion dates, any resolutions and items to be placed on the next meeting agenda.

Suggested Improvement #1d: DHCS recommends the County identify stakeholders with limited participation and strategize how to increase participation.

**Item #2**: MHSA Transparency and Consistency

Suggested Improvement #2: DHCS recommends the County's MHSA program names detailed in the approved Plan and Update match the program names in the budget and ARER.

Suggested Improvement #2a: DHCS recommends the ARER be consistent with the budget in the approved Plan and Update. If the program or service did not occur, still report the program or service on the ARER and indicate zero expenditures.

Suggested Improvement #2b: 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.

**Item #3**: Individual Services and Supports Plan (ISSPs)

Suggested Improvement #3: DHCS recommends the County provide training to all staff involved in the development and documentation of clients' ISSP and/or Treatment Plan. The County will ensure that all MHSA client services delivered will be documented in the Electronic Health Record (EHR) or by hard copy. The EHR for FY 2016-17 lacked MHSA progress notes for the randomized selection of FSP clients surveyed.

**Item #4**: Contract Oversight

Suggested Improvement #4: DHCS recommends that service provider contracts include the performance goals from the County's approved Plan and Updates that apply to each provider's programs and services per County Performance Contract (6)(A)(5)(d).

Suggested Improvement #4a: DHCS recommends the County improve tracking of contract deliverables: a) stated deliverables are received by due date, b) review service provider deliverables to confirm scope of work has been performed, c) assess measureable outcomes are consistent with the goals and objectives of the programs/services of the currently adopted Plan and Update, and d) review of contract deliverables is documented and evaluated on a regular basis.

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**CONCLUSION**

The Department of Health Care Services (DHCS) MHSA Oversight Unit conducted an onsite review of the Sierra County Behavioral Health MHSA Program on May 21- May 22, 2019. Sierra County is the second smallest County in California and the two largest pocket areas are Downieville (approximately 400 residents) and Loyalton (approximately 700-800 residents). The distance between the two areas is about one hour.

Transportation is a barrier and especially challenging in the winter with the main road being closed for weeks. The County utilizes Caltrans and the fire department for medication transport to snow bound residents. There is no public transportation, stop lights, hospitals or jails in Sierra County. Residents typically grocery shop, attend doctor's appointments, pick-up pharmacy medication and run other errands in Truckee or Reno, Nevada, which can be 1-2 hours of travel time.

Recruitment of behavioral health staff is difficult due to its rural location. Housing within the County is extremely limited. The County contracts out many of their services such as therapy, psychiatry, crisis stabilization, outpatient care in a locked facility, inpatient care and respite care.

County staff report a high degree of stigma associated with behavioral health, which is magnified by distrust of the government and fear of self-identify within their small population. In FY 2015-16 and FY 16-17 there were a total of 11 FSP clients (no child or adult FSP's served). The Department of Health Care Services Data Collection Report (DCR) showed 12 FSP's served on 2/2019. The County is apprehensive about publishing demographic data and performance outcomes due to Health Insurance Portability and Accountability Act (HIPAA) concerns and the ability to identify individuals in the Plan and Update due to their small population size.

A successful Bridges Out of Poverty workshop was presented and well attended with 50 attendees; the norm for training/workshops averages 15-20 attendees. Attendees stated an interest in following-up with a workshop that provided more strategies to address poverty.

Despite these barriers and challenges, behavioral staff are extremely passionate about providing individualized services to clients and working collaboratively within their local community to provide services.