

**Mental Health Services Act (MHSA) Performance Contract Review Report**  
**Stanislaus County Program Review**  
**March 3-5, 2020**

**FINDING #1:** Stanislaus County's Community Services and Supports (CSS) programs/services were inconsistent with the approved FY 2017-20 Three-Year Program and Expenditure Plan (Plan), FY 2018-19 Annual Update (Update), and FY 2018-19 Annual Revenue and Expenditure Report (ARER). Welfare and Institutions Code (W&I Code) section 5892(g)).

**Recommendation #1:** The County must ensure that the program names 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 budget pages and names in the 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.

**FINDING #2:** Stanislaus County did not dedicate at least 51% of Prevention and Early Intervention (PEI) funds to serve individuals 25 years or younger in FY 2018-19. (California Code of Regulations, title 9, § 3706(b)).

**Recommendation #2:** The County must develop and implement accounting and cost allocation policies and procedures that will allow at least 51% of the PEI funds to be used to serve individuals who are 25 years old or younger.

**FINDING #3:** Stanislaus County's PEI programs/services were inconsistent with the approved FY 2017-20 Plan, FY 2018-19 Update and FY 2018-19 ARER. For example, the approved FY 2017-20 Plan described 23 programs under the PEI component (Early Intervention – eight programs, Prevention – seven programs, Outreach for Increasing recognition of Early Signs of mental illness – three programs, Stigma and Discrimination Reduction – two programs, and Suicide Prevention – three programs). The FY 2018-19 ARER had a total of 11 programs. (W&I Code) section 5892(g)).

**Recommendation #3:** The County must ensure that the program names listed in the PEI 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 names in the 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.

**FINDING #4:** The approved FY 2017-20 Plan does not identify that there is an Access and Linkage to Treatment Program under the PEI component. The approved FY 2017-20 Plan describes the Aging and Veterans Services Program under the Early Intervention Program component. The FY 2018-19 ARER lists the Aging and Veterans Services Program as an Access and Linkage to Treatment Program. (Cal. Code of Regs., tit. 9, § 3705).

**Recommendation #4:** The County must identify each program funded with PEI funds as a Prevention Program, an Early Intervention Program, Outreach for Increasing

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Recognition of Early Signs of Mental Illness Program, Stigma and Discrimination Reduction Program, Access and Linkage to Treatment Program, or Suicide Prevention Program (if applicable), in the approved FY 2020-23 Plan and FY 2019-20 Update and each subsequent Plan, Update and ARER thereafter.

**FINDING #5:** Stanislaus County's Workforce, Education and Training (WET) programs/services were not consistent with the approved FY 2017-20 Plan, FY 2018-19 Update and FY 2018-19 ARER. (W&I Code) section 5892(g)).

**Recommendation #5:** 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 Policies, Procedures, Evaluation and Training

**Suggested Improvement #1:** 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.

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

**Suggested Improvement #1b:** 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.

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

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**Item #2:** MHSA Documentation

Suggested Improvement #2: DHCS recommends client's signature on the Individual Service and Support Plan (ISSP)/Treatment Plan be accessible for viewing in the Electronic Health Record (EHR) to verify client has signed the agreement as documented in the file.

**Item #3:** MHSA Clarity and Redundancy

Suggested Improvement #3: DHCS recommends the county review and edit their Plans and Updates for clarity and redundancy. There were multiple instances where it was difficult for the reader to comprehend the content due to discrepancies and redundancy throughout the document. An example, in the FY 2018-19 Update:

Clarity

- a. It is stated that the county has five PEI program categories versus the required six. Access and Linkage was not identified as a PEI required category (p 65).
- b. The Aging and Veteran's Services is identified as a program under the PEI Early Intervention category (p 69).
- c. The FY 2018-10 ARER identifies the Aging and Veterans Services as the Access and Linkage PEI category.

Clarity and Redundancy

- a. It is stated that PEI regulations require at least one program is dedicated to Access and Linkage. West Modesto King Kennedy Center has been identified as the program with the focus (p 70).
- b. It is stated that PEI regulations require at least one program be dedicated to Access and Linkage. West Modesto Early Intervention has been identified as the program with the focus (p75).
- c. It is stated that PEI regulations require at least one program is dedicated to Access and Linkage. West Modesto King Kennedy Center has been identified as the program with the focus (p 82)
- d. It is stated that PEI regulations require at least one program be dedicated to Access and Linkage. West Modesto King Kennedy Neighborhood Collaborative County Based – Early Intervention Services (WMKKNCCBEIS) has been identified as the program with the focus (p 86).

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**CONCLUSION**

The Department of Health Care Services' MHSA Program Monitoring Unit conducted an on-site review of Stanislaus County – Behavioral Health and Recovery Services MHSA Program on March 3-5, 2020. An identified success for the County has been the partnership with the Department of Rehab which funds different programs for the program participants. Clients can self-refer to job development, workshops and peer-to-peer support. Many of the FSP partners have graduated out of this program gaining self-employment and achieving the goal of self-sufficiency. Another success has been their Co-occurring treatment program which has been successful in building trusting relationships and focusing on treating the whole person.

One of the County's challenges has been the hiring and retention of full-time bilingual counselors who can provide services in Spanish. The County provides continuing education incentives for new staff seeking to obtain their license. However, after a few months of employment and obtaining their license, the new staff leave for other opportunities. Another challenge for Stanislaus County is technology. Trying to move to client-based services in the community via wireless and mobile technology is very expensive. The desire is to meet the needs of the clients where they are located at; although the lack of resources hinders accomplishing this goal.