

**Mental Health Services Act (MHSA) Performance Contract Review Report**  
**Tuolumne County Program Review**  
**June 23, 2020**

**FINDING #1:** Tuolumne County's FY 2018-19 Annual Revenue and Expenditure Report (ARER) was not posted on the County's website. (California Code of Regulations, title 9, section 3510.010(b)(1); Welfare and Institutions Code section 5899).

**Recommendation #1:** The County must post their current ARER on their website for the approved FY 2019-20 Annual Update (Update) and all subsequent Updates thereafter.

**FINDING #2:** Tuolumne County did not submit the approved FY 2018-19 Update to the Department of Health Care Services (DHCS) within 30 days of adoption by the County Board of Supervisors. (W&I Code section 5847(a)).

**Recommendation #2:** The County must ensure the approved FY 2020-23 Three-Year Program and Expenditure Plan (Plan), FY 2019-20 Update and all Plans and Updates thereafter, are submitted to the DHCS within 30 days of adoption by the County Board of Supervisors.

**FINDING #3:** Tuolumne County did not conduct an assessment of its capacity to implement the proposed MHSA programs/services. The assessment must include: the strengths and limitations of the County and service providers that impact their ability to meet the needs of racially and ethnically diverse populations; bilingual proficiency in threshold languages; and, percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to the percentage of the total population needing services and the total population being served. Furthermore, since the County did not conduct an assessment, the results of the assessment were not used to develop the Plan. (Cal. Code Regs., tit. 9, §§ 3650(a)(5), 3650(a)(5)(A), 3650(a)(5)(B)).

**Recommendation #3:** The County must conduct an assessment of its capacity to implement the proposed programs/services and include all aspects of Cal. Code Regs., tit. 9, §§ 3650(a)(5)(A), 3650(a)(5)(B). The County must also use the results of the assessment to develop the FY 2020-23 Plan and all subsequent Plans thereafter.

**FINDING #4:** Tuolumne County did not ensure all Behavioral Health Worker II staff or otherwise known as the Personal Services Coordinator (PSC), specifically two positions in FY 2018-19, were culturally and linguistically competent or, at a minimum, were educated and trained in linguistic and cultural competence and had knowledge of available resources within the client/family's racial/ethnic community. (Cal. Code Regs., tit. 9, § 3620(h)(2); W&I Section 5600.2)

**Recommendation #4:** The County must ensure all Behavioral Health Worker II staff are educated and trained in linguistic and cultural competence and has knowledge of available resources within the client/family's racial/ethnic community.

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**FINDING #5:** Tuolumne County did not provide an estimate of the number of clients, in each age group, to be served in the Full Service Partnership (FSP) category for each fiscal year in the approved FY 2018-19 Update. (Cal. Code Regs., tit. 9, § 3650(a)(3); W&I Section 5847(e)).

**Recommendation #5:** The County must provide an estimate of the number of FSP clients to be served 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 in the approved FY 2020-23 Plan, FY 2019-20 Update and all subsequent Plans and Updates thereafter.

**FINDING #6:** Tuolumne County's Community Services and Supports (CSS) programs/services were inconsistent between the approved FY 2018-19 Update and the FY 2018-19 ARER, specifically for the Mobile Crisis Outreach Program, Benefits Development Program, and for Promotion and Community Education Activities. (W&I Section 5892(g); Cal. Code Regs., tit. 9, § 3320(a)).

**Recommendation #6:** 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 all subsequent Plans and Updates 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 #7:** Tuolumne County did not provide the Annual Prevention and Early Intervention (PEI) Report in the approved FY 2017-20 Plan and FY 2018-19 Update. (Cal. Code Regs., tit. 9, §§ 3560.010, 3560.020).

**Recommendation #7:** The County must include the Annual PEI Report in the approved FY 2020-23 Plan and FY 2019-20 Update and all subsequent Plans and Updates thereafter.

**FINDING #8:** Tuolumne County did not have at least one of the following PEI programs: Outreach for Increasing Recognition of Early Signs of Mental Illness Program and Access and Linkage to Treatment Program. (Cal. Code Regs., tit. 9, §§ 3705(a), 3705(b); W&I Section 5840).

**Recommendation #8:** The County must have at least one Outreach for Increasing Recognition of Early Signs of Mental Illness Program and Access and Linkage to Treatment Program in the approved FY 2020-23 Plan and FY 2019-20 Update and all subsequent Plans and Updates thereafter.

**FINDING #9:** Tuolumne County did not dedicate at least 51% of their PEI funds to serve individuals who are 25 years old or younger. (Cal. Code Regs., tit. 9, § 3706(b); W&I Section 5846).

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Recommendation #9: The County must demonstrate that at least 51% of PEI funds are used to serve individuals 25 years old or younger on the FY 2019-20 ARER and each subsequent ARER thereafter. 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 #10**: Tuolumne County’s Capital Facilities (CF) budget was inconsistent between the approved FY 2018-19 Update and the FY 2018-19 ARER. The County did not list any expenditures in the ARER. (W&I Section 5892(g); Cal. Code Regs., tit. 9, § 3320(a)).

Recommendation #10: The County must ensure the proposed budget listed in the CF component of the approved FY 2020-23 Plan, FY 2019-20 Update, and all subsequent Plans and Updates 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.

**SUGGESTED IMPROVEMENTS**

**ITEM #1**: Training on the Community Program Planning Process (CPPP)

Suggested Improvement #1: DHCS recommends the County specify in the CPPP Policy and Procedure (P&P) titled “MHSA Community Program Planning Process” what “as needed” training on the CPPP is for County staff, stakeholders, clients and when appropriate the clients family.

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

Suggested Improvement #2: DHCS recommends the County develop a Workforce Education and Training (WET) P&P and include the job title of the staff who act as the WET Coordinator and meet the job specifications set regarding coordinating WET programs, acting as liaison to the department and incorporating MHSA General Standards.

**CONCLUSION**

The Department of Health Care Services (DHCS) Mental Health Services Act (MHSA) Program Monitoring Unit conducted a review of the Tuolumne County Behavioral Health Department’s MHSA programs and services on June 23, 2020. As a rural County, the Behavioral Health Department faces challenges when it comes to recruitment and retention of staff, which puts a strain on the County’s existing staff. Additionally, access to care for clients is difficult due to limited transportation options. However, being a small County also has its advantages. The Behavioral Health Department is able to

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develop strong coalitions with contractors and community organizations within the County to meet the needs of clients. The County also participated in a Tri-County Cultural Collaborative, which is the first of its' kind in California. The Collaborative featured a nationally renowned speaker on implicit bias and 317 people were in attendance for the training from three small rural counties.