

**Mental Health Services Act (MHSA) Performance Contract Review Report  
Lassen County Program Review  
October 18, 2021**

**FINDINGS**

**Finding #1:** Lassen County's complete and accurate Fiscal Year (FY) 2019-20 Annual Revenue and Expenditure Report (ARER), or any previous fiscal year ARER's, was not posted to the county's website. (California Code of Regulations, title 9, section 3510.010(b)(1); Welfare and Institutions Code (W&I) section 5899).

**Recommendation #1:** The County must post a copy of the complete and accurate FY 2020-21 ARER to the county's website within 30 days of submitting to the Department of Health Care Services (DHCS) and for each subsequent ARER thereafter.

**Finding #2:** Lassen County did not include a description of County demographics, including, but not limited to: size of the County, unique characteristics, age, and gender in the adopted FY 2019-20 Annual Update (Update). However, the County did include County demographics for threshold languages and race/ethnicity in the FY 2019-20 Update. (Cal. Code of Regs., tit. 9, § 3300; Mental Health Services Oversight and Accountability Commission (MHSOAC) FY 2015-2016 MHSA Annual Update Instructions (pg 5)).

**Recommendation #2:** The County must include a description of County demographics, including, but not limited to: size of the County, threshold languages, unique characteristics, age, gender, and race/ethnicity in the adopted FY 2020-23 Three-Year Program and Expenditure Plan (Plan), FY 2020-21 Update and each subsequent Plan and Update thereafter.

**Finding #3:** Lassen County lacked documentation of achievement of performance outcomes for Community Service and Support (CSS), Prevention and Early Intervention (PEI), and Innovation (INN) programs/services in the adopted FY 2019-20 Update. (County Performance Contract (6.)(A.)(5)(d.); W&I Code section 5848(c)).

**Recommendation #3:** The County must ensure program goals are established and data is collected and analyzed to report on its achievement of performance outcomes for CSS, PEI, and INN programs/services provided in the adopted FY 2020-23 Plan, FY 2020-21 Update and each subsequent Plan and Update thereafter.

**Finding #4:** Lassen County's adopted FY 2019-20 Update did not include a description of how stakeholder involvement demonstrates a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on: mental health policy, program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations. (W&I Code section 5848).

**Recommendation #4:** The County must include a description of how stakeholder involvement demonstrates a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning and implementation, monitoring, quality improvement, evaluation, and

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budget allocations in the adopted FY 2020-23 Plan, FY 2020-21 Update and each subsequent Plan and Update thereafter.

**Finding #5:** Lassen County did not submit the adopted FY 2019-20 Update to DHCS within 30 days after adoption by the County Board of Supervisors, which occurred on December 1, 2020. (W&I Code section 5847(a)).

**Recommendation #5:** The County must submit the adopted FY 2020-23 Plan, FY 2020-21 Update and each subsequent Plan and Update thereafter to DHCS within 30 days of adoption by the Board of Supervisors.

**Finding #6:** Lassen County's adopted FY 2019-20 Update did not include corresponding expenditure plans/budget pages, including the total budgeted for each funding category. Specifically, the adopted FY 2019-20 Update did not include a budget for each MHSA component for each fiscal year. (W&I Code section 5847(e)).

**Recommendation #6:** The County must include a corresponding expenditure plan or budget worksheet for each MHSA component that corresponds to the same fiscal year as the adopted FY 2020-23 Plan, FY 2020-21 Update and each subsequent Plan and Update thereafter.

**Finding #7:** Lassen County's MHSA components of CSS and PEI services/program implementation is inconsistent between the adopted FY 2019-20 Update and the FY 2019-20 ARER. (W&I Code section 5892(g)).

Specifically, the following programs and components were inconsistent:

- For the CSS component, the County listed After Hour Wellness Center in the adopted FY 2019-20 Update but was not listed on the FY 2019-20 ARER. The County also listed CSS General System Development on the FY 2019-20 ARER, but was not listed on the FY 2019-20 Update.
- For the PEI component, the County listed Crisis Intervention Behavioral Health Training on the FY 2019-20 Update, but was not listed on the FY 2019-20 ARER. The County also listed Crisis Intervention on the FY 2019-20 ARER, but was not listed on the FY 2019-20 Update.

**Recommendation #7:** The County must ensure that the program names listed in the adopted FY 2020-23 Plan, FY 2020-21 Update and each subsequent Plan and Update thereafter, are consistent with the names in the adopted ARER. The budget in the adopted Plan and Update should be consistent with the adopted ARER. If the program or service did not occur, report the program or service on the adopted ARER and indicate zero expenditures. Any discrepancies or name changes must be explained in the adopted Plan and Update.

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**Finding #8:** Lassen County did not have at least one each of these programs listed in the adopted FY 2019-20 Plan: Outreach for Increasing Recognition of Early Signs of Mental Illness Program, a Prevention program, and an Access and Linkage to Treatment Program. (Cal. Code Regs., tit. 9, §§ 3705; W&I Code section 5840).

**Recommendation #8a:** The County must have at least one of each of these programs: Early Intervention Program, Outreach for Increasing Recognition of Early Signs of Mental Illness Program, Prevention Program, Stigma and Discrimination Reduction Program, and Access and Linkage to Treatment Program listed in both the adopted FY 2020-23 Plan, FY 2020-21 Update and each subsequent Plan and Update thereafter.

**Recommendation #8b:** A Small County (with population under 100,000) may opt out of the requirement to have at least one Prevention Program if the small county obtains a declaration from the Board of Supervisors that the county cannot meet this requirement. A small county that opts out of the requirement must include in their adopted Plan and Update, documentation describing the rationale for the county's decision and how the county ensured meaningful stakeholder involvement in the decision to opt out. Requirements pursuant to Cal. Code Regs., tit. 9, § 3705 must be met.

**Recommendation #8c:** A Small County (with population under 100,000) may combine and/or integrate Early Intervention Program(s), Outreach for Increasing Recognition of Early Signs of Mental Illness Program(s), Prevention Program(s), Access and Linkage to Treatment Program(s), and Stigma and Discrimination Reduction Program(s) per Cal. Code of Regs., tit. 9, § 3705(c). If the County does combine and or integrate PEI programs, the adopted Plan and Update requirements pursuant to Cal. Code of Regs., tit. 9, § 3755(o) must be met.

**Recommendation #8d:** A Small County (with population under 100,000) is allowed to opt out of the use of at least 51% of PEI funds for population 25 years and under if the County has a population of under 100,000. However, there must be documentation in both the approved FY 2020-23 Plan and FY 2020-21 Update that describes the rationale for the County's decision to opt out as well as ensuring meaningful stakeholder involvement in the decision to opt out. Requirements pursuant to Cal. Code Regs., tit. 9, § 3706(d) must be met.

**Finding #9:** Lassen County did not specify the methods and activities to be used in each of their Stigma and Discrimination Reduction Programs; to change attitudes, knowledge, and/or behavior regarding being diagnosed with mental illness, having mental illness and/or seeking mental health services, including timeframes for measurement and collected data in the adopted FY 2019-20 Update. (Cal. Code Regs., tit. 9, §§ 3750(d), 3755(f)(3)).

**Recommendation #9:** The County must include a description specifying the methods and activities to be used in each of their Stigma and Discrimination Reduction

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Programs; to change attitudes, knowledge, and/or behavior regarding being diagnosed with mental illness, having mental illness and/or seeking mental health services, including timeframes for measurement and collected data for each PEI Stigma and Discrimination Reduction Program in the adopted FY 2020-23 Plan, FY 2020-21 Update and each subsequent Plan and Update thereafter.

**SUGGESTED IMPROVEMENTS**

**Item #1:** MHSA Plans and Updates

Suggested Improvement #1a: DHCS recommends the County develop, and implement program descriptions in the adopted Plans and Updates that includes:

- Detailed description of programs.
- New programs.
- Programs that have changed from what was described in and/or discontinued from the previous Plan and/or Update.
- The rationale for any and all added, changed, or discontinued programs.

Specifically, the County did include a detailed description of programs in the adopted FY 2017-20 Plan and FY 2019-20 Update. However, the County lacked details of the rationale for new, discontinued, or changes to programs and services.

**Item #2:** Community Program Planning Process (CPPP)

Suggested Improvement #2a: DHCS recommends the County summarize and analyze the recommended revisions received during the CPPP in the adopted Plans and Updates.

**TECHNICAL ASSISTANCE**

The Findings and Suggested Improvements outlined above pertain to the adopted FY 2019-20 Update. The following items represent list of technical assistance provided to the County during the review call on October 18, 2021 and pertain specifically to inconsistencies and clarity issues identified in the adopted FY 2017-20 Plan. All Findings, Suggested Improvements and Technical Assistance items on this Performance Contract Review must be addressed by the County in all future adopted Plans and Updates.

- #1:** The adopted FY 2020-23 Plan must include an assessment of its capacity to implement the proposed programs/services. (Cal. Code Regs. tit. 9, § 3650(a)(5)).
- a. The strengths and limitations of the county and service providers that impact their ability to meet the needs of racially and ethnically diverse populations. The evaluation should include an assessment of bilingual proficiency in threshold languages.

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- b. Percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to percentage of the total population needing services and the total population being served.
- c. Identification of possible barriers to implementing the proposed programs/services and methods of addressing these barriers.

**SUMMARY**

The Department of Health Care Services' MHSA Program Monitoring Unit conducted a review of Lassen County Behavioral Health Services' (BHS) adopted FY 2017-20 Plan and FY 2019-20 Update on October 18, 2021.

This small rural county is quite geographically isolated; has suffered from wildfires over a large percentage of the county during the past four years, and serves a small population. The county has adopted to these unique features in addition to formulating a response to the COVID-19 Global Pandemic which affords them an opportunity to serve their consumers to the best of their ability. These three significant features have impacted the enrollment in, type, and implementation of their programs discussed during the review.

The geographical isolation in a rural setting led to the decision to implement three wellness centers covering North County, South County, and Susanville to give consumers the most access possible to services. These centers serve as a hub for outreach, CPP Process participation, training and education, and Full Service Partnership (FSP) programs. With the outbreak of the Pandemic, these centers became the key for service continuity. Since many consumers do not have internet, wifi, or home telephone service, Grand Care Units—easy to use service platforms—were installed at these centers which provided an access point to the County's telehealth services.

The recent fires, erupting in 2019, becoming complex fires in 2020, and continuing into 2021 caused havoc to all county services, including MHSA. Residents, including staff, were evacuated to shelters. Staff that did not reside within the county were prohibited by law enforcement from entering the County. Staff were pulled away from MHSA duties to run emergency shelters. The county has had long periods of time without power. Social Services resumed services from evacuation sites and emergency shelters using generators. In these fires, staff lost their possessions, structures—including homes and wellness centers. Even working from home proved difficult during the Pandemic because home was often a tent without power or internet access.

The last significant, and relatively unique development in the County, is their size. As a small county of around 30,000 people, outreach and engagement has often been difficult. The chances that consumers know each other and therefore want to remain anonymous is much greater and social stigma reduces participation by the community..

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Ultimately, these features impacted the County's Pandemic response. As schools shut down across the state, County PEI programs and outreach efforts temporarily shut down. MHSA staff employed in both administration and crisis intervention, often found it challenging to provide crisis intervention while living in a shelter or prohibited access to the County as a result of the fires. Despite these challenges, the County transformed their service delivery model using Grand Care Units and modified outreach efforts to maintain a level of care to their residents during these recent issues.