

**Mental Health Services Act (MHSA) Performance Contract Review Report  
Placer County Program Review  
August 7 – 9, 2018**

**Finding #1:** Placer County lacked a narrative analysis of assessment of mental health needs and its capacity to implement proposed programs/services of mental health needs of unserved, underserved and residents who qualify for MHSA services in their FY 2017-20 Three-Year Program and Expenditure Plan (Plan). (California Code of Regulations., tit. 9, § 3650(a)).

**Recommendation #1:** The County must incorporate an assessment of the County's mental health needs and its capacity to implement proposed programs/services and address all components of Cal. Code Regs., tit. 9, § 3650(a) in the FY 2020-23 Plan and thereafter.

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**Finding #2:** Placer County does not designate a Personal Service Coordinator (PSC)/ Case Manager for each Full Service Partnership (FSP) client, and when appropriate the client's family, to be the single point of responsibility for that client/family. (Cal. Code Regs., tit. 9, § 3620(f)(1)).

**Recommendation #2:** The County shall demonstrate that they have designated a PSC/Case Manager for each FSP client, and when appropriate the client's family, to be the single point of responsibility for that client/family. In addition, the County shall develop FSP policies and procedures and/or other documents that demonstrate Placer County is assigning, to each individual enrolled in a full service partnership, a PSC/Case Manager, and when appropriate the client's family, to be the single point of responsibility.

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**Finding #3:** Placer County does not ensure that a PSC/Case Manager, or other qualified individual known to the client and/or family is available to respond 24 hours a day, 7 days a week to provide after-hour interventions. (Cal. Code of Regs., tit. 9, § 3620(i)).

**Recommendation #3:** Placer County shall demonstrate that a PSC/Case Manager, or other qualified individual known to the client and/or family is available to respond 24 hours a day, 7 days a week to provide after-hour interventions. The County shall develop FSP policies and procedures and/or other documents that demonstrate the PSC/Case Manager, or other qualified individual known to the client

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and/or family is available to respond 24 hours a day, 7 days a week to provide after-hour interventions.

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**Finding #4:** Placer County does not ensure that the PSC/Case Manager is responsible for developing an Individualized Services and Supports Plan (ISSP) with the client and, when appropriate, the client's family. (Cal. Code of Regs., tit. 9, § 3620(h)(1).

**Recommendation #4:** Placer County shall demonstrate that a PSC/Case Manager is responsible for developing an ISSP with the FSP client and when appropriate, the client's family. The County shall develop FSP policies and procedures and/or other documents that demonstrate the PSC/Case Manager assigned to FSP clients are responsible for developing an ISSP with the client and, when appropriate, the client's family.

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**Finding #5:** Placer County did not provide evidence of an Issue Resolution Log. The Issue Resolution process was handled through the County's mental health grievance process and recorded on the Grievance and Appeal Report. However, the date the MHSA issue was received, brief synopsis of issue, final resolution outcome and date of final resolution outcome was not represented in the report. (County Performance Contract (6.)(A.)(2)).

**Recommendation #5:** The County shall have an Issue Resolution process to handle client disputes related to the provision of their mental health services. The County shall develop a log that contains the date the issue was received, a brief synopsis of the issue, the final issue resolution outcome and the date the final issue resolution was reached.

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**Finding #6:** Placer County FY 2017-20 Plan and FY 2016-17 Annual Update (Update) lacked documentation of achievement of performance outcomes. (Welfare and Institution (WIC) Code, Section 5848(c); County Performance Contract (6.)(A.)(5)(d.)).

**Recommendation #6:** The County Plans and Updates shall include reports on the achievement of performance outcomes for services

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provided which are funded by the Mental Health Services Fund. The achievement of performance outcomes shall be in the FY 2020-23 Plan and FY 17-18 Update and thereafter.

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**Finding #7:** Placer County Community Services and Supports (CSS) programs/services implementation was not found to be consistent with the approved FY 2017-20 Plan, FY 2016-17 Update and FY 2016-17 ARER. (WIC Code, Section 5892(g)).

**Recommendation #7:** All expenditures for the County's mental health programs shall be consistent with a currently approved Plan or Update. The County must align CSS programs/services implementation with the approved FY 2020-23 Plan, FY 2017-18 Update and FY 2017-18 ARER and thereafter.

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**Finding #8:** Placer County did not dedicate at least 51% of Prevention and Early Intervention (PEI) funds used to serve individuals 25 years old or younger. (Cal. Code of Regs., tit. 9, § 3706(b)).

**Recommendation #8:** The County shall demonstrate that at least 51% of PEI funds shall be used to serve individuals 25 years old or younger on the FY 2017-18 Annual Revenue and Expenditure Report (ARER) and thereafter.

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**Finding #9:** Placer County PEI programs/services implementation was not found to be consistent with the approved FY 2017-20 Plan, FY 2016-17 Update and FY 2016-17 ARER. (WIC Code, Section 5892(g)).

**Recommendation #9:** All expenditures for the County's mental health programs shall be consistent with a currently approved Plan or Update. The County must align PEI programs/services implementation with the approved FY 2020-23 Plan, FY 2017-18 Update and FY 2017-18 ARER and thereafter.

The County should 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 25 or younger.

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**SUGGESTED IMPROVEMENTS**

**Item #1:** MHA Transparency and Consistency

**Suggested Improvement #1:**

1. Department of Health Care Service (DHCS) recommends program names and service categories detailed in the Plan and Update match the program names and service categories in the ARER. The ARER should be consistent with the budget in the Plan and Update. If the program or service did not occur, still report the program or service on the ARER and indicate zero expenditures.
2. DHCS recommends the County provide a budget for each fiscal year in the Plan and Update and update the budget in each subsequent Annual Update.
3. DHCS recommends the Plan and Update components be presented in the following order:  
CPPP – Community Program Planning Process  
CSS – Community Services and Supports  
FSP – Full Service Partnership  
GSD – General Service Development  
O&E – Outreach and Engagement  
Housing  
PEI – Prevention and Early Intervention  
INN – Innovation  
WET – Workforce Education and Training  
CFTN – Capital Facility and Technological Needs
4. DHCS recommends the County provide detailed MHSA program narratives in the Plan and Update by component with concrete examples of program descriptions, summaries, goals and/or activities, as well as document any changes made to the Plan in subsequent Updates.

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**Item #2:** MHSA Program Development

**Suggested Improvement #2:**

1. DHCS recommends the County develop and implement a defined MHSA program. Such programs should 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.
2. The program should also address how the county will evaluate the effectiveness of programs/services they deliver and their on-going quality improvement strategies.
3. DHCS recommends staff education on MHSA program training for all mental health employees and service providers involved in the complete delivery of services to recipients of MHSA programs; and documentation of annual training.
4. DHCS recommends MHSA program training to all new employees; and documentation of annual training.

**Item #3:** Timeliness in Reporting

**Suggested Improvement #3:**

1. DHCS recommends the Update report the MHSA programs/services and expenditures provided during the previous year (i.e., the FY 2015-16 AU should reflect those programs/services and expenditures for FY 2014-15).
2. The Plan should report the programs/services and expenditures anticipated and budgeted for the upcoming three years the Plan represents (i.e., the FY 2017-20 Plan should reflect those programs/services and budgeted expenditures anticipated for FY 2017-20).
3. The Plan should also report the MHSA programs/services and expenditures provided during the previous year (i.e., the FY 2016-17)