

**Mental Health Services Act (MHSA) Performance Contract Review Report
Madera County Program Review
September 17-19, 2018**

Finding #1: Madera County submitted the FY 2016-17 Annual Revenue and Expenditure Report (ARER) per Department of Health Care Service (DHCS) records on March 27, 2018. The County shall submit the ARER no later than December 31 following the end of the fiscal year. (California Code of Regulations., tit. 9, § 3510(b)).

Recommendation #1: The FY 2017-18 ARER must be submitted to DHCS and the Mental Health Services Oversight and Accountability Commission (MHSOAC) no later than December 31 following the end of the fiscal year, and for every year thereafter.

Finding #2: Madera 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 2014-17 Three-Year Program and Expenditure Plan (Plan). (Cal. Code Regs., tit. 9, § 3650(a)).

Recommendation #2: 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 2017-20 Plan and thereafter.

Finding #3: Madera County does not include a breakdown of the number of Full Service Partnership (FSP) clients to be served according to age in the FY 2014-17 Three-Year Program and Expenditure Plan (Plan). (Cal. Code of Regs., tit. 9, §§ 3620(j), 3650(a)(3), 3650(a)(6)(E)).

Recommendation #3: The County must provide a breakdown of the number of FSP clients to be served according to each age group: children (0-15), transitional age youth (16-25), adult (26-59) and older adult (60 and older) in the FY 2017-20 Plan and thereafter.

Finding #4: Madera County's FY 2016-17 Update lacks clarity and sufficient information pertaining to the programs,

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services and activities General Service Development (GSD) funds are supporting. (Cal. Code of Regs., tit. 9, § 3630)).

Recommendation #4: The County needs to demonstrate how the programs/services providing mental health services to clients through the GSD category under CSS is consistent with GSD funds in accordance with regulation in the FY 2017-20 Plan and FY 2017-18 Update and thereafter.

Finding #5: Madera County Community Services and Supports (CSS) programs/services implementation is not consistent with the approved FY 2014-17 Plan, FY 2016-17 Update and FY 2016-17 ARER. Specifically, programs identified in the FY 2016-17 Update do not match programs listed in the FY 2016-17 ARER. (Welfare and Institution Code (W&I), Section 5892(g)).

Recommendation #5: All expenditures for the County's mental health programs shall be consistent with a currently approved Plan or Update. The approved Plan, Update and ARER should match with program names for each CSS component. All CSS programs/services should be described and reported in the correct service category with an expenditure budget in the FY 2017-20 Plan, FY 2017-18 Update and FY 2017-18 ARER and thereafter.

Finding #6: Madera County's Prevention and Early Intervention (PEI) component in the FY 2014-17 Plan and FY 2016-17 Update lacked documentation as required by regulations (i.e, age group, sexual orientation, program names, # of programs, performance outcomes). It is unclear the number and names of PEI programs due to combining of programs.(Cal. Code of Regs., tit. 9, § 3755).

Recommendation #6: The County must incorporate the Prevention and Early Intervention component requirements and address all components of the Cal. Code of Regs., tit. 9, § 3755 in the FY 2017-20 Plan and FY 2017-18 Update and thereafter.

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Finding #7: The FY 2016-17 Update does not demonstrate that the County has at least one of each required PEI program type (Stigma & Discrimination Reduction, Early Intervention, Prevention, etc.).(W&I, Section 5840; Cal. Code of Regs., tit. 9, § 3705).

Recommendation #7: The County must incorporate the Prevention and Early Intervention component requirements and address all components of the Cal. Code of Regs., tit. 9, § 3755 in the FY 2017-20 Plan and FY 2017-18 Update and thereafter.

Finding #8: Madera County did not select and use a validated method to measure changes in attitudes, knowledge and/or behavior related to mental illness or changes in attitudes, knowledge, and/or behavior related to seeking mental health services for each Stigma Reduction Program in the FY 2014-17 Plan and FY 2016-17 Update. It is not specified how the proposed method is likely to bring about the selected outcomes and the validated method to measure the changes in attitude, knowledge and/or behavior related to mental illness or seeking mental health services. (Cal. Code of Regs., tit. 9, §§ 3750(d), 3755(f)).

Recommendation #8: The County shall include the requirements of each Stigma and Discrimination Program and address all components of Cal. Code of Regs., tit. 9, § 3755(f) in their FY 2017-20 Plan and FY 2017-18 Update and thereafter.

Finding #9: The County does not dedicate at least 51% of PEI funds to serve individuals 25 years or younger (Cal. Code of Regs., tit. 9, § 3706(b)).

Recommendation #9: The County shall demonstrate that at least 51% of the PEI funds used shall be used to serve individuals 25 years or younger on the FY 2017-18 ARER and thereafter.

The County should develop and implement accounting and cost allocation policies and procedures that will

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allow the County to allocate PEI funds to serve individuals 25 years or younger.

Finding #10: Madera County PEI programs/services implementation is not consistent with the approved FY 2014-17 Plan, FY 2016-17 Update and FY 2016-17 ARER. There is inconsistency in program name, target population and budgets. (WIC Code, Section 5892(g)).

Recommendation #10: 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.

The county must ensure that the programs listed in the PEI Worksheet of the RER is consistent with the PEI budget summary of the Plan and Update. Any discrepancies or name changes must be explained in the Plan and Update.

Finding #11: Madera County's Innovation (INN) program/services implementation is not consistent with the approved FY 2014-17 Plan, FY 2016-17 Update and FY 2016-2017 ARER (W&I Code, Section 5892(g)).

Recommendation #11: All expenditures for the county's mental health programs shall be consistent with a currently approved Plan or Update. The INN program names should match within the approved Plan, Update and ARER. The County must ensure that the programs listed in the INN Worksheet of the ARER are consistent with the INN budget summary of the Plan and/or Update. Any discrepancies or name changes must be explained in the Plan/Update. The INN programs listed in the FY 2017-18 Update must match the FY 2017-18 ARER and thereafter.

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SUGGESTED IMPROVEMENTS

Item #1: Consistency between the approved FY Plan, Update and ARER.

Suggested Improvement #1: . DHCS recommends the County's MHSA programs/services are consistent between the FY Plan, Update and ARER. Programs/services should be placed in the correct service component based on regulations.

a. The program names and service category indicated in the Plan, Update and ARER must match.

. 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

. 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.

Item #2: MHSA Training

Suggested Improvement #2: 1. DHCS recommends the County establish staff education on MHSA program training for all mental health employees and service providers involved in

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the complete delivery of services to recipients of MHSA programs.

Item #3: MHSA Transparency and Consistency

Suggested Improvement #3:

1. 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 and subsequent Updates.
2. The ARER should be consistent with the budget in the Plan and/or Update.
 - a. Program names and service categories detailed in the Plan and/or Update should match the program names and services categories in the ARER.

Item #4: Template Development/Improved Documentation

Suggested Improvement #4:

Develop a meeting minute template that has date meeting held, stakeholders present (organization/customer/other, etc.), agenda items discussed with actions taken, completion date and resolution (resolved/placed on next meeting agenda, etc.

CONCLUSION

The Department of Health Care Services (DHCS) MHSA Oversight Unit conducted an onsite review of the Madera County Behavioral Health Services MHSA Program on September 17-19, 2018. Madera County has a knowledgeable staff and strong service providers. Hope House is an exceptionally strong program with dedicated and friendly staff who are committed to the wellness of the participants. Their strengths include the presentation of performance outcomes, collaboration with other County Departments and community stakeholders, and programs integrated across the County's behavioral health system. Some challenging issues for the County are competition for staff with neighboring counties who pay more, lack of a psychiatric hospital and available housing throughout the County.