

**Mental Health Services Act (MHSA) Performance Contract Review Report
Mendocino County Program Review
August 27 – 29, 2018**

Finding #1: Mendocino County FY 2016-17 Annual MHSA Revenue and Expenditure Report (ARER) was submitted later than December 31 following the end of the fiscal year. (California Code of Regulations., tit. 9, § 3510(b)).

Recommendation #1: The County shall submit its FY 2017-18 ARER no later than December 31, 2018 following the end of the fiscal year and all subsequent FY ARER's by December 31st following the close of the fiscal year thereafter.

Finding #2: Mendocino County FY 2016-17 ARER was not posted on the County website prior to the program site review. (Cal. Code Regs., tit. 9, § 3510.010(b)(1)).

Recommendation #2: The County shall within 30 days of submitting the MHSA ARER report to Department of Health Care Services (DHCS), post a copy of the ARER to the County's website. The County will post on their website the FY 2017-18 ARER within 30 days of submitting to the state and thereafter.

Finding #3: Mendocino County could not ensure that General Service Development (GSD) funds were used in accordance with regulation. Specifically, the approved FY 2017-20 Three-Year Program and Expenditure Plan (Plan), FY 2016-17 Annual Update (Update) and FY 2016-17 ARER categorize programs as Full Service Partnership (FSP) and non-FSP for Programs Across the Lifespan. However, it cannot be distinguished which programs are FSP, GSD, and Outreach and Engagement (OE). The Lifespan Program description in the FY 2016-17 Update and FY 2016-17 ARER is unclear. (Cal. Code of Regs., tit. 9, § 3630).

Recommendation #3: The County needs to demonstrate that programs/services providing mental health services to clients is consistent with GSD funds in accordance with regulation. The approved Plan, Update and ARER should match with program names for each GSD programs under Community Services and Supports (CSS) component. All GSD programs/services should be described and reported in the correct service category under Non-FSP Programs with an expenditure budget in

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the FY 2020-23 Plan, FY 2017-18 Update and the FY 2017-18 ARER and thereafter.

Finding #4: Mendocino County Community Services and Supports (CSS) program/services implementation is not consistent with the approved FY 2017-20 Plan, FY 2016-17 Update and FY 2016-17 ARER.(Welfare and Institution (WIC) Code, Section 5892(g)).

Recommendation #4: 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 2020-23 Plan, FY 2017-18 Update and the FY 2017-18 ARER and thereafter.

Finding #5: Mendocino County's Prevention and Early Intervention (PEI) component in the FY 2017-18 Plan and FY 2016-17 Update lacked documentation as required by regulations (i.e., identification of target population, type of program offered (Stigma & Discrimination Reduction, Early Intervention, Access and Linkage to Treatment, etc) . (Cal. Code Regs., tit. 9, § 3755).

Recommendation #5 : 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 2020-2023 Plan and FY 2017-18 Update and thereafter.

Finding #6: Mendocino 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 2017-20 Plan and FY 16-17 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

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and/or behavior related to mental illness or seeking mental health services. (Cal. Code of Regs., tit. 9, §§ 3750(d), 3755(f)).

Recommendation #6: 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 2020-23 Plan and FY 17-18 Update and thereafter.

Finding #7: The County does not dedicate at least 51% of their PEI funds to serve individuals 25 years or younger. (Cal. Code of Regs., tit 9, § 3706(b)).

Recommendation #7: 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 allow the County to allocate a majority of PEI funds to serve individuals 25 years or younger.

Finding #8: Mendocino County PEI programs/services implementation is not consistent with the approved FY 2017-19 Plan, FY 2016-17 AU and FY 2016-17 ARER. There is inconsistency in program name, target population and budgets. (W&I) Code, Section 5892(g)).

Recommendation #8: 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.

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SUGGESTED IMPROVEMENTS

Item #1:	MHSA Contract Development and Monitoring
Suggested Improvement #1:	<p>Contract Review</p> <p>Department of Health Care Service (DHCS) recommends the county evaluate their service provider contract deliverables at least quarterly to confirm the scope of work has been performed and that the measureable outcomes are consistent with the goals and objectives of the services/program of the currently approved Plan and Update.</p>
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Item #2:	Consistency between the approved FY Plan, Update and ARER.
Suggested Improvement #2:	<p>DHCS recommends the County's MHSA program names and service categories detailed in the Plan, AU and ARER must match; and placed in correct service component based on regulations.</p> <p>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.</p>
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Item #3:	MHSA Policies, Procedures, Evaluation and Training
Suggested Improvement #3:	<ol style="list-style-type: none">1. DHCS recommends the county develop and implement a defined MHSA program. Such program should identify processes and supports including:<ol style="list-style-type: none">a. Policies and procedures that incorporate MHSA general principles and requirements and components (CPPP, CSS, PEI, INN, WET and CFTN)b. Funding and reporting requirementsc. Plans and updatesd. Other needs such as staffing, performance objectives and outcomes.2. The program should also address how the county will evaluate the effectiveness of services/programs they

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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.

CONCLUSION

The Department of Health Care Services (DHCS) MHSA Oversight Unit conducted an onsite protocol review of Mendocino County Behavioral Health and Recovery Services MHSA Program on August 27-29, 2018. Mendocino County has strong leadership and dedicated employees with a passion for their MHSA programs. Their strengths include the Community Program Planning Process (CPPP), program development, and their established collaboration with other departments. Some of the challenging issues for the county is lack of MHSA staffing and hard to recruit/retrain qualified staff, collaboration with the Native American community (11 tribes), and lengthy distances between the communities within the county.