

**Mental Health Services Act (MHSA) Performance Contract Review Report
Monterey County Program Review
March 3-5, 2020**

FINDING #1: Monterey County did not identify the strengths of the County or service providers in the assessment of its capacity to implement the proposed programs and services in their approved FY 2017-20 Three-Year Program and Expenditure Plan (Plan). (California Code of Regulations, Title 9, section 3650(a)(5)(A)).

Recommendation #1: The County's assessment must include strengths and limitations of the County and service providers that impact their ability to meet the needs of racially and ethnically diverse populations and address all components of Cal. Code Regs., tit 9, § 3650(a)(5) in the approved FY 2020-23 Plan and each subsequent Plan thereafter.

FINDING #2: Monterey County did not provide an estimate of the number of clients, in each age group, to be served in the Full Service Partnership Service (FSP) Category for each fiscal year in the approved FY 2017-20 Plan. (Cal. Code of Regs., tit. 9, § 3650(a)(3)).

Recommendation #2: The County must provide an estimate of the number of FSP clients to serve 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 and each subsequent Plan thereafter.

FINDING #3: Monterey County lacked evidence of a validated method used to measure changes in attitudes, knowledge, and/or behavior related to mental illness or seeking mental health services for each Prevention and Early Intervention (PEI) Stigma and Discrimination Reduction Program in the approved FY 2017-20 Plan and FY 2018-19 Annual Update (Update). (Cal. Code of Regs. tit. 9, §§ 3750(d); 3755(f)(3)).

Recommendation #3: The County must select and include documentation of the validated measure(s) used for each PEI Stigma and Discrimination Reduction Program and address all components of Cal. Code of Regs. tit. 9, §§ 3750(d), 3755(f)(3) in the approved FY 2020-23 Plan and FY 2019 Update and each subsequent Plan and Update thereafter.

SUGGESTED IMPROVEMENTS

Item #1: MHSA Transparency and Consistency

Suggested Improvement #1: The Department of Health Care Services (DHCS) recommends program names and service categories detailed in the approved Plan and Update match the program names and service categories in the Annual Revenue and Expenditure Report (ARER). The ARER should be consistent with the budget in the approved Plan and Update. If the program or service did not occur, report the program or service on the ARER and indicate zero expenditures.

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

Suggested Improvement #2: DHCS recommends the County finalize their CPPP policy and procedure to include the designated position(s) responsible for the overall CPPP and CPPP training of County staff and stakeholders.

Suggested Improvement #2a: DHCS recommends the County compare stakeholder and County demographics to ensure desired participation of target populations in the CPPP and to determine whether stakeholders reflect the diversity of the demographics of the County, including but not limited to geographic location, age, gender, race, and unserved and/or underserved populations. DHCS recommends the County include this comparison of both stakeholder demographics and overall County demographics within the approved Plans and Updates.

Item #3: MHSA Policies and Procedures

Suggested Improvement #3: DHCS recommends the County develop FSP specific policies and procedures that include, but are not limited to identification of FSP eligibility criteria, position(s) that serve as the Personal Service Coordinator (PSC)/single point of contact for FSP clients, process for ensuring that a PSC or other qualified individual known to the client/family is available to respond to the client/family 24 hours a day, 7 days a week to provide after-hours interventions, cultural competency requirements for PSCs and requirements for Individual Services and Support Plans (ISSP)/Client Plans/Treatment Plans.

Suggested Improvement #3a: DHCS recommends the County develop specific policies and procedures and training for the MHSA Issue Resolution process for all behavioral health employees and service providers involved in the complete delivery of services to recipients of MHSA programs. Additionally, DHCS recommends the County maintain documentation to substantiate that training was provided to staff.

CONCLUSION

The Department of Health Care Services' MHSA Monitoring Unit conducted an onsite review of Monterey County Behavioral Health's MHSA Program on March 3-5, 2020. Monterey County's strengths include: being the first County to implement all MHSA components and having knowledgeable, dedicated MHSA staff. The Monterey County Behavioral Health team and program administrators have a strong collaborative working relationship with schools, probation, the courts and the Department of Social Services. Due to MHSA funding, Monterey County now has 300 housing units to help serve clients in the community. County challenges include: budget-cuts, difficulty hiring healthcare professionals due to the cost of living in Monterey County, service provider capacity, the impact of homelessness on the community, and lack of transportation options, especially in the southern region of the County.