

**Mental Health Services Act (MHSA) Performance Contract Review Report
Colusa County Program Review
June 29, 2021**

Finding #1: Colusa County's complete and accurate FY 2019-20 Annual Revenue and Expenditure Report (ARER) was not submitted to the Department of Healthcare Services (DHCS) by January 31st following the end of the fiscal year. (California Code of Regulations, title 9, Section 3510 (a)).

Recommendation #1: The County must submit the complete and accurate FY 2020-21 ARER by January 31st following the end of the fiscal year to DHCS and for each subsequent ARER thereafter. Failure to submit the ARER in a timely manner may result in a withholding of twenty-five (25) percent of each monthly distribution to the County. (Cal. Code Regs., tit. 9, § 3510.005(d)).

Finding #2: Colusa County's FY 2019-20 ARER was not posted to the County's website. (Cal. Code Regs., tit. 9, § 3510.010(b)(1); Welfare and Institutions Code section 5899).

Recommendation #2: The County must post a copy of the FY 2020-21 ARER, and each subsequent ARER thereafter, to the county's website within 30 days of submitting to DHCS.

Finding #3: Colusa County's adopted FY 2019-20 Annual Update (Update) did not include a description of the county demographics, including, but not limited to: age, gender, and race/ethnicity. However, the county did acknowledge threshold language and unique characteristics. (Cal. Code Regs, tit 9, § 3300(b)(4), FY 2015-16 Mental Health Services Oversight & Accountability Commission (MHSOAC) MHSA Annual Update (AU) Instructions (pg 5)).

Recommendation #3: The County must include a description of its' 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 2021-22 Update and each subsequent Plan and Update thereafter.

Finding #4: Colusa County's adopted FY 2019-20 Update did not include a description of the Community Program Planning Process (CPPP). (Cal. Code Regs, tit. 9, §§ 3315, 3300).

Recommendation #4: The County must include a description of the CPPP in the adopted FY 2020-23 Plan, FY 2021-22 Update and each subsequent Plan and Update thereafter.

Finding #5: Colusa 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).

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Recommendation #5: 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 budget allocations in the adopted FY 2020-23 Plan, FY 2021-22 Update and each subsequent Plan and Update thereafter.

Finding #6: Colusa County's adopted FY 2019-20 Update did not include the date of the public hearing held by the local mental health board or commission. (W&I Code section 5848; MHSOAC AU FY 2015-16 (pg 3))

Recommendation #6: The County must include the date of the public hearing held by the local mental health board or commission in the adopted FY 2020-23 Plan, FY 2021-22 Update and each subsequent Plan and Update thereafter.

Finding #7: Colusa County did not submit the adopted FY 2019-20 Update to DHCS within 30 days of adoption by the County Board of Supervisors. The Update was adopted on June 25, 2019 and submitted to DHCS on April, 3rd, 2020. (W&I Code section 5847(a)).

Recommendation #7: The County must submit the adopted FY 2020-23 Plan, FY 2021-22 Update and each subsequent Plan and Update thereafter to DHCS within 30 days of adoption by the County Board of Supervisors.

Finding #8: Colusa County's adopted FY 2019-20 Update did not include any summary and analysis of any substantive written recommendations received during the 30 day public comment period and the County's resulting actions, including any substantive changes made to the Update in response to public comments. (W&I Code section 5848(b); Cal. Code Regs., § 3315, MHSOAC FY 2014-17 MHSA Plan Instructions (Plan) (pg 3) and MHSOAC FY 2015-16 MHSA AU Instructions (pg 3)).

Recommendation #8: The County must include a summary and analysis of any substantive written recommendations received during the 30 day public comment period and the County's resulting actions, including any substantive changes made to the Plan or Update in response to public comments in the adopted FY 2020-23 Plan, FY 2021-22 Update and each subsequent Plan and Update thereafter.

Finding #9: Colusa County did not include documentation of achievement of performance outcomes in the adopted FY 2019-20 Update for Community Services and Supports (CSS), Prevention and Early Intervention (PEI), and Innovation (INN). (County Performance Contract (6.)(A.)(5)(d.); W&I Code Section 5848(c)).

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Recommendation #9: The County must include documentation of achievement of performance outcomes for CSS, PEI and INN in the adopted FY 2020-23 Plan, FY 2021-22 Update and each subsequent Plan and Update thereafter.

Finding #10: Colusa County's adopted FY 2019-20 Update did not contain a budget summary, including the total budgeted for each funding category of CSS, PEI, Workforce Education and Training (WET), Capital Facilities (CF), and Technological Needs (TN). (Cal. Code Regs., tit. 9, § 5847(e))

Recommendation #10: The County must include a budget summary for each fiscal year, including the total budgeted for each funding category of CSS, PEI, WET, CF, and TN in the adopted FY 2020-23 Plan, FY 2020-21 Update and each subsequent Plan and Update thereafter.

Finding #11: Colusa County did not provide an estimate of the number of clients, in each age group, to be served in the Full Service Partnership (FSP) service category in the adopted FY 2019-20 Update. (Cal. Code Regs., tit. 9, § 3650(a)(3)).

Recommendation #11: The County must provide an estimate of the number of FSP clients to be served in each age group: children (0-15 years old), transitional age youth (16-25 years old), adult (26-59 years old), and older adult (60 and older) for each fiscal year in the adopted FY 2020-23 Plan, FY 2021-22 Update and each subsequent Plan and Update thereafter.

Finding #12: Colusa County did not report the cost per person for CSS, PEI, and INN Programs. (W&I Code section 5847(e), MHSOAC FY 2015-16 AU Instructions (pg4))

Recommendation #12: The County must include the cost per person for each CSS, PEI, and INN Program in the adopted FY 2020-23 Plan, FY 2021-22 Update and each subsequent Plan and Update thereafter.

Finding #13: Colusa County did not have a Stigma and Discrimination Reduction Program and an Access and Linkage to Treatment Program in the PEI component of the adopted FY 2019-20 Update. (Cal. Code Regs., tit. 9, § 3705(a)(4); W&I Code section 5840).

Recommendation #13a: 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 the adopted FY 2020-23 Plan, FY 2021-22 Update and each subsequent Plan and Update thereafter.

Recommendation #13b: 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

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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. (Cal. Code Regs., tit. 9, § 3705).

Recommendation #13c: 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.

Finding #14: Colusa 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. Specifically, Tri-City included the outcomes but did not include a description of methods and activities used. (Cal. Code Regs., tit. 9, §§ 3750(d), 3755(f)(3)).

Recommendation #14: The County must include a description specifying 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 for each PEI Stigma and Discrimination in the adopted FY 2020-23 Plan, FY 2021-22 Update and each subsequent Plan and Update thereafter.

Finding #15: Colusa County's INN and WET services/program implementation and budget were not consistent between the adopted FY 2019-20 Update and FY 2019-20 ARER.

For INN: The Forensic Program is listed as an Innovation project in the Update. The Update additionally has a program named Social Determinants of Rural Mental Health. However, they were not reported on the FY 2019-20 ARER.

For WET: Adult System of Care – Training/Internship/Student Loan Repayment is described in the FY 2019-20 Update, however, it was not reported on the FY 2019-20 ARER. (Cal. Code Regs., tit. 9, §§ 3820(a), 3930(d); W&I Code section 5847(e))

Recommendation #15: The County must ensure that the program names listed in the adopted FY 2020-23 Plan, FY 2021-22 Update and each subsequent Plan and Update thereafter, are consistent with the names in the adopted ARER. The budget in the

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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.

SUGGESTED IMPROVEMENTS

Item #1: MHSA Plans and Updates

Suggested Improvement #1: DHCS recommends the County include a description of the challenges and barriers for each program and the strategies used to mitigate those challenges and barriers in the program descriptions of 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 a list of technical assistance provided to the County during the review call on June 29, 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 PCR must be addressed by the County in all future Plans and Updates.

#1: The adopted FY 2020-23 Plan must identify each program funded with PEI funds as a Prevention, Early Intervention, Outreach for Increasing Recognition of Early Signs of Mental Illness, Stigma and Discrimination Reduction, Suicide Prevention (optional), Access and Linkage to Treatment, or Improve Timely Access to Services for Underserved Populations program. (Cal. Code Regs., tit. 9, § 3755(l)(2)).

#2: The County must include an assessment of its capacity to implement mental health programs and services in the next adopted FY 2020-23 Plan, and each subsequent Plan thereafter which includes:

- 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.
- 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.
(Cal. Code Regs., tit. 9, §§ 3650(a)(5))

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SUMMARY

The Department of Health Care Services' MHSA Program Monitoring Unit conducted a review of Colusa County Behavioral Health Services' (BHS) adopted FY 2017-20 Plan and FY 2019-20 Update on June 29, 2021.

Colusa County faced several challenges due to the COVID-19 pandemic. Services that are part of the PEI component declined greatly during this time since many facilities were shut down in response to the pandemic. Additionally, due to arson, one of the County's wellness buildings was burned down, which severely limited face to face services that were being offered. The County also faced challenges with internet accessibility and could not connect with community members, which hindered their ability to shift to providing telehealth services. In terms of staffing, the County staff are relatively new to their positions, with the longest term employees being with the County for only one year. The high turnover rate among County staff has further led to a disruption in workflow and communication.

Colusa County has had success in collecting data through the use of Survey Monkey, which is still being implemented. Additionally, the Interim Director has made programming changes, which has received positive feedback from staff and community members. Prior to the COVID-19 pandemic, the County's outreach activities resulted in positive connects with community members and led to a reduction in stigma surrounding mental health. A local tribe also contracted services with the County to provide a program focused around a referral system to provide mental health services for the tribal community.