Finding #1: Mono County did not post a copy of the FY 2019-20 Annual Revenue and Expenditure Report (ARER) on the County's website within 30 days of submitting to the Department of Health Care Services (DHCS). (California Code of Regulations, title 9, section 3510.010(b)(1); Welfare and Institutions Code section 5899).

<u>Recommendation #1</u>: The County must post a copy of the FY 2020-21 ARER, and each subsequent ARER thereafter, on the County's website within 30 days of submitting to DHCS.

Finding #2: Mono County did not include a signed and dated MHSA County Compliance Certification by the county behavioral health director in the adopted FY 2019-20 Annual Update (Update). (W&I Code section 5847(b)(8)).

Recommendation #2: The County must include a signed and dated MHSA County Compliance Certification in the adopted FY 2020-23 Three-Year Program and Expenditure Plan (Plan), FY 2020-21 Update and each subsequent Plan and Update thereafter.

<u>Finding #3</u>: Mono County 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, monitoring, quality improvement, evaluation, and budget allocations in the adopted FY 2019-20 Update. (W&I Code section 5848).

Recommendation #3: 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 2020-21 Update and each subsequent Plan and Update thereafter.

Finding #4: Mono County did not include a description of the stakeholders who participated in the Community Program Planning Process (CPPP) to ensure they reflect the diversity of the County in the adopted FY 2019-20 Update. Specifically, the County noted the number of stakeholders who attended planning meetings, but did not include a description of stakeholders to compare to County demographics and ensure the participants reflect the diversity of the County. (W&I Code section 5848; Cal Code. Regs., tit. 9, §§ 3300, 3315).

Recommendation #4: The County must include a description of the stakeholders who participated in the CPPP to ensure they reflect the diversity of the County in the adopted FY 2020-23 Plan, FY 2020-21 Update and each subsequent Plan and Update thereafter.

<u>Finding #5</u>: Mono County did not include a corresponding budget summary, including the total budgeted for each funding category, in the adopted FY 2019-20 Update.

Specifically, the adopted FY 2019-20 Update did not include a budget summary for the Workforce Education and Training (WET) component. (Cal. Code Regs., tit. 9, §§ 3820(e); W&I Code section 5847(e)).

<u>Recommendation #5</u>: The County must include a corresponding budget summary for each component in the adopted FY 2020-23 Plan, FY 2020-21 Update and each subsequent Plan and Update thereafter.

<u>Finding #6</u>: Mono County did not report cost per person for Community Services and Supports (CSS), Prevention and Early Intervention (PEI), and Innovation (INN) programs in the adopted FY 2019-20 Update. (W&I Code section 5847(e)).

<u>Recommendation #6</u>: The County must report cost per person for CSS, PEI, and INN programs in the adopted FY 2020-23 Plan, FY 2020-21 Update and each subsequent Plan and Update thereafter.

Finding #7: Mono County did not specify the methods and activities to be used in their Stigma and Discrimination Reduction Program (Community Engagement); 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 in the adopted FY 2019-20 Update.(Cal. Code Regs., tit. 9, §§ 3750(d), 3755(f)(3), WIC Code section 5840).

Recommendation #7: 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 for each PEI Stigma and Discrimination Reduction Program in the adopted FY 2020-23 Plan, FY 2020-21 Update and each subsequent Plan and Update thereafter.

Finding #8: Mono County did not dedicate at least 51% of their PEI funds to serve individuals who are 25 years old or younger. (Cal. Code Regs., tit. 9, § 3706(b); W&I Code section 5846).

Recommendation #8: The County must demonstrate that at least 51% of PEI funds are used to serve individuals 25 years old and younger on the FY 2020-21 ARER and each subsequent ARER thereafter. The County must 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 who are 25 years old or younger.

Recommendation #8a: A Small county may opt out of the requirement to dedicate at least 51% of PEI funds to serve individuals who are 25 years old or younger. The process for opting out includes obtaining a declaration from the Board of Supervisors that the County cannot meet the requirements because of specified local conditions and

including, in the adopted Plans and Updates, documentation describing the rationale for the County's decision and how the County ensured meaningful stakeholder involvement in the decision to opt out. All requirements pursuant to Cal. Code of Regs., tit. 9. § 3706 must be met.

<u>Finding #9</u>: Mono County's MHSA components of INN and WET programs/services implementation is inconsistent between the adopted FY 2019-20 Update and the FY 2019-20 ARER. (W&I Code section 5892(g)).

Specifically, the following programs and components were inconsistent:

- For the INN component, the County listed Technology Suite in the adopted FY 2019-20 Update budget, but an expenditure was not listed in the FY 2019-20 ARER.
- For the WET component, the County did not include a corresponding budget summary in the adopted FY 2019-20 Update.

Recommendation #9: The County must ensure that the program names listed in the adopted FY 2020-23 Plan, FY 2020-21 Update and each subsequent Plan and Update thereafter, are consistent with the names in the adopted ARER. The budget in the 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 IMPROVEMENT

Item #1: MHSA Plans and Updates

<u>Suggested Improvement 1a</u>: DHCS recommends the County clearly identify the County's underserved/unserved populations in the County demographics section of the adopted Plans and Updates.

<u>Suggested Improvement #1b</u>: DHCS recommends the County clearly identify the County's threshold language in the County demographics section of 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 August 11, 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.

- The adopted FY 2020-23 Plan and FY 2020-21 Update must include an estimate of the number of FSP clients to be served in each age group: children (0-15 years), transitional aged youth (16-25 years), adult (26-59 years), and older adult (60 and older) for each fiscal year. (Cal. Code Regs., tit. 9, § 3650(a)(3)).
- 2. The adopted FY 2020-23 Plan and FY 2020-21 Update CSS and PEI program names listed in the budget must be consistent with the names in the adopted ARER. The budget in the adopted Plan and Update must 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. (W&I Code section 5892(g)).

SUMMARY

The Department of Health Care Services' MHSA Program Monitoring Unit conducted a review of Mono County Behavioral Health Services' adopted FY 2017-20 Plan and FY 2019-20 Update on August 11, 2021.

The INN component of the Plan and Update included detailed descriptions of the project and how stakeholders were involved throughout the planning and implementation of the INN project. Additionally, for a small County with limited resources, the County's description of their capacity to implement proposed programs and services provided a great overview of how the County's demographical characteristics and location impact service delivery. The County also delved into describing their economy, job market and how tourism impacts their community in the Plan and Update.

As a small County, Mono continues to faces challenges with having a sufficient number of contractors to provide services. The County has also dealt with an increased number of suicides in a population of community members who weren't originally from the County and did not reside there permanently. Additionally, the geographical characteristics, including the isolation of smaller communities and the harsh winters of the County have proven to be an ongoing challenge. A unique challenge to Mono is community members, particularly the native populations, hesitancy to trust government due to historical conflicts. Lastly, since Mono is a rural and remote County, they also face challenges with hiring qualified individuals who want to permanently reside in the County.

In response to the COVID-19 pandemic, the County focused on transitioning staff and providers to telework and providing telehealth services and used social media to connect with clients and the community. In terms of service delivery, after switching to providing telehealth services, the County learned there was a positive consensus in using this type of model and the County will continue to offer a hybrid telehealth and inperson option once they are able to provide in-person services. Lastly, the County

utilized their time during the COVID-19 pandemic by focusing on having an emphasis on training staff on racial equity and invited a guest lecturer to train staff on health disparities. Providing racially and ethnically equitable services to the community is part of the County's core values and beliefs.