

MHSA PERFORMANCE CONTRACT REVIEW

Presented by Kerri Schuette, MHSA Coordinator,
to the Mental Health, Alcohol and Drug Advisory Board

January 6, 2021

THE REVIEW

- The Department of Health Care Services (DHCS) is required to conduct performance reviews to verify that MHSA programs/services were provided in compliance with state laws and regulations and/or the terms of the performance contract
- DHCS conducted its review of Shasta County's Mental Health Services Act program on August 12, 2020
- On December 9, we received DHCS's findings with recommendations and suggested improvements
 - Two findings that we are disputing, and three that we will address in the POC
- The County had 15 calendar days to dispute any findings, and 60 days to submit its Plan of Correction (POC)

FIRST, THE DISPUTED FINDINGS

- **Finding #2:** Shasta County lacked evidence that it ensures Full Service Partnership (FSP) Personal Service Coordinators (PSC)/Case Managers are culturally and linguistically competent or, at a minimum, educated and trained in linguistic and cultural competence.
- **Response:** We shared our cultural competency plan, a sample of our cultural competency committee's meeting agenda/notes, samples of annual cultural awareness trainings and sign-in sheets, and flyers that show the diversity of trainings provided in the past several years. We also shared our interpreter training. All staff who are funded with mental health dollars, including FSP PSC/Case Managers, are required to attend these trainings.

FIRST, THE DISPUTED FINDINGS

- **Finding #4:** Shasta 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).
- **Response:** We use a pre- and post-survey at our destigmatization program presentations to measure attitudes and knowledge. We attached a blank survey, as well as reports and demographics from recent presentations.

FINDINGS THAT WE WILL ADDRESS IN THE PLAN OF CORRECTION

- **Finding #1:** Shasta County lacked a narrative analysis that assesses the mental health needs of unserved, underserved/inappropriately served, and fully served County residents who qualify for MHSA services, and an assessment of its capacity to implement proposed programs/services in their approved FY 2017-20 Three-Year Program and Expenditure Plan (Plan).
- **Recommendation #1:** The County must include a narrative analysis of its assessment of the County's mental health needs, its capacity to implement proposed programs/services and address all components of Cal. Code Regs., tit. 9, § 3650(a) in the approved FY 2020-23 Plan and each subsequent Plan thereafter.
- **Response:** We will include this narrative analysis in our next Three-Year Program and Expenditure Plan.

FINDINGS THAT WE WILL ADDRESS IN THE PLAN OF CORRECTION

- **Finding #3:** Shasta County did not report the estimated number of clients the County plans to serve in each FSP targeted age group in the approved FY 2017-20 Plan.
- **Recommendation #3:** The County must report the number of FSP clients the County plans 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 of the approved FY 2020-23 Plan and thereafter.
- **Response:** We will include this estimate in our next Three-Year Program and Expenditure Plan.

FINDINGS THAT WE WILL ADDRESS IN THE PLAN OF CORRECTION

- **Finding #5:** Shasta County did not use at least 51% of PEI funds to serve individuals 25 years or younger in FY 2018-19.
- **Recommendation #5:** 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 or younger.
- **Response:** Our fiscal team will create these policies and procedures.

SUGGESTED IMPROVEMENTS

- **Suggested Improvement #1:** The Department of Health Care Services (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 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 #1a:** DHCS recommends the County incorporate all aspects of the current Community Program Planning Process (CPPP) into County written policies and procedures. This includes CPPP designated positions, staff & stakeholder training, client, client's family, peer and stakeholder outreach and involvement.

DHCS CONCLUSIONS

- Due to the COVID pandemic, Shasta County has adjusted their services by providing telehealth, virtual activities, and more video phone calls to clients. Their residential programs have incorporated strict monitoring and online groups for both adults and children are struggling the most.
- Shasta County's has a strong housing project: The Woodlands, which is a 75-unit housing development with 29 units dedicated to MHSA clients. The housing development is staffed with on-site case managers and mental health workers, and is dedicated to meeting the needs of mental health clients by providing a variety of services. However, Shasta County still faces the challenge of housing and placements for children with severe emotional disturbance. The demand for housing and placement of clients, compared to the availability, causes difficulty for the County to place clients in a timely fashion.

ANY QUESTIONS?