Mental Health Services Act
Program Reviews

Changes, Trends and Findings

Program Monitoring

• Purpose
• Background & Implementation
• Program Reviews
• PCR Report & Plan of Corrections
• Findings & Suggested Improvements
• Challenges & Successes

Purpose

• Welfare and Institutions Code Section 5897(d)
• Performance Contract
• WIC & CA Code of Regulations, Title 9
• Drive Policy Change
**What to Expect Before the Review**

- Announcement Email & Phone Call
- MOVEit - Suggested Documentation
- Documentation Submittal
- DHCS Desk Review
- Scheduling

**Onsite Reviews**

- Review of MHSA programs and services
- Contracts
- Individual Services and Supports Plan (ISSP)/chart review
- Site Visits
- Exit Review

**Virtual Reviews**

- Follows the same "what to expect before the review" process.
- Approximately two (2) hour virtual meeting.
- DHCS anticipates resuming onsite MHSA program reviews.
What to Expect After the Review

- Written Performance Contract Review (PCR) report
- Plan of Correction (POC)
  - Due within sixty (60) days from receipt of the PCR report
- The PCR report and POC will be posted on the DHCS website

Findings/Suggested Improvements

- Capacity Assessment CCR § 3650(a)(5)
  - Mental Health Cultural Competence Plans
  - Network Adequacy reports/External Quality Review Organization (EQRO)
  - Workforce Assessments
  - The MHSA Community Program Planning Process/Feedback from community members
  - Penetration rate data reports from the Electronic Health Record
  - Service utilization data
  - DHCS Compliance Reviews

Findings/Suggested Improvements

- Include an estimate of the number of clients, in each age group, to be served in the FSP Category in the Three-Year Program and Expenditure Plans
- CCR § 3650(a)(3)

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<th>FY 2020-21</th>
<th>FY 2021-22</th>
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<td>Children (0-15)</td>
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<td>TAY (16-25)</td>
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<td>Adult (26-59)</td>
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<td>Older Adult (60+)</td>
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Findings/Suggested Improvements

• Inconsistencies with the Three-Year Program and Expenditure Plan, Annual Update and Annual Revenue and Expenditure Report
  – W&I Code section 5892(g)

Findings/Suggested Improvement

Formal Policies and Procedures

• Community Program Planning Process
  – Designated positions responsible
  – County’s unique process
  – Staff and stakeholder training
  – CCR § 3300

Findings/Suggested Improvement

Formal Policies and Procedures

• Full Service Partnership (FSP) CCR § 3620
  – Eligibility criteria
  – Position(s) that serve as the Personal Service Coordinator (PSC)/single point of contact for clients
  – 24/7 availability to respond to the client and client families 24 hours a day, 7 days a week to provide after-hours interventions
  – Cultural competency requirements for PSCs
  – Requirements for Individual Services and Support Plans (ISSP)/Client Plans/Treatment Plans
Findings/Suggested Improvements

Formal Policies and Procedures

• Issue Resolution Process (Performance Contract)
  – Access to mental health services
  – Violation of statute or regulations relating to use of MHSA funds
  – Non-compliance with the General Standards
  – Inconsistency between the approved MHSA Plan and its implementation
  – The local MHSA Community Program Planning Process
  – Supplantation

Findings/Suggested Improvements

Formal Policies and Procedure

• Issue Resolution Log
  – Date issue received
  – A brief synopsis of the issue
  – Final issue resolution outcome
  – Date final issue resolution was reached

Plan of Corrections (POC)

• Corrective action steps
• Timeline
• Proposed or actual evidence
• Mechanism for monitoring effectiveness
POC Example

- DHCS recommends the County provide training on the MHSA Issue Resolution Process to County Behavioral Health Service employees and those individuals and/or service providers who are the point of contact for MHSA programs/services.

POC Example

- The County will provide DHCS a draft copy of a training on the Issue Resolution Process by April 30th 2020.
- The County will make a presentation regarding the MHSA Issues Resolution Process at a Mental Health Division Staff Meeting, a Stakeholder Advisory Committee meeting and a meeting of MHSA Contractors during the Spring of 2020, which will take place before June 2020.
- The county will send sign-in sheets upon completion of the trainings.
- The County updated the IRP Policy and Procedure to ensure training during onboarding and annually.

County Challenges

- Lack of Affordable Housing
- Lack of Psychiatric Facilities
- High Turnover – BHD, Clinicians, Staff
- Lack of Resources – Providers/Funds
- Antiquated technology
- Transportation
- Collecting analyzing and presenting performance outcomes
Challenges: Related to COVID-19

- Transitioning to telehealth and telework
- Lack of technology
- Modifying community based services
- High level anxiety and isolation in the community
- Fear of BH staff contracting COVID
- Potential impact of funding

Successes: Related to COVID-19

- Ensuring the most vulnerable populations are still receiving service
- Telehealth appointments
- Collaboration throughout the county
- Access and crisis services still open
- Group counseling as conference calls
- Implementation of a PEER warm line

Positive Comments

- Clients extremely thankful for services
- Fantastic success stories – passionate employees providing effective programs
- Satisfaction seeing lives transformed
Client Success Stories

“I wouldn't change anything about this program. The only thing that could be better is if there were more. More here and more everywhere!”

Questions?
MHSA@dhcs.ca.gov

Thank you!