

Mental Health Services Act (MHSA) Performance Contract Review Report
AMENDED Sacramento County Program Review
May 4, 2021

Finding #1: Sacramento County's FY 2019-20 Annual Revenue and Expenditure Report (ARER) was not posted on the County's website. (California Code of Regulations, title 9, section 3510.010(b)(1)); Welfare and Institutions Code (W&I Code) section 5899).

Recommendation #1: The County must post a copy of the FY 2020-21 ARER to the county's website within 30 days of submitting to the Department of Health Care Services (DHCS) and for each subsequent ARER thereafter.

Finding #2: Sacramento County included performance outcomes for Innovation (INN) programs/services in the approved FY 2019-20 Update. However, the county did not include performance outcomes for Community Service and Support (CSS) and Prevention and Early Intervention (PEI) programs/services in the approved FY 2019-20 Update. (County Performance Contract (6)(A)(5)(d); W&I Code section 5848).

Recommendation #2: The County must include reports on the achievement of performance outcomes for CSS, PEI, and INN programs/services in the approved FY 2020-23 Plan and FY 2021-22 Update and each subsequent Plan and Update thereafter.

Finding #3: Sacramento County did not provide a cost per person for CSS, PEI and INN programs in the approved FY 2019-20 Update. (Cal. Code Regs., tit. 9, § 3650(a)(3); W&I Code section 5847(e)).

Recommendation #3: The County must provide an estimate of the number of children (0-15 years), TAY (16-25 yrs), adults (26-59 yrs), and older adults (60+ years) to be served in CSS, PEI and INN programs and the cost per person for each fiscal year in their approved FY 2020-23 Plan and FY 2021-22 Update and each subsequent Plan and Update thereafter.

Finding #4: Sacramento 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 in the approved FY 2019-20 Update. (Cal. Code Regs., tit. 9, §§ 3750(d), 3755(f)(3); W&I Code section 5840).

Recommendation #4: The County must 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 in the approved FY 2020-23 Plan and FY 2021-22 Update, and each subsequent Plan and Update thereafter.

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Finding #5: Sacramento County does not dedicate at least 51% of PEI funds to serve individuals 25 years or younger per the FY 2019-20 ARER (Cal. Code Regs., tit. 9, § 3706(b)).

Recommendation #5: The County must demonstrate that at least 51% of the PEI funds used shall be to serve individuals 25 years or younger and reflected in the FY 2020-21 ARER. The county should develop and implement accounting and cost allocation policies and procedures that will allow the County to allocate the majority of PEI funds to serve individuals who are 25 years or younger.

SUGGESTED IMPROVEMENT

Item #1: Consistency:

Suggested Improvement #1: DHCS recommends the ARER 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.

TECHNICAL ASSISTANCE

The Findings and Suggested Improvements outlined above pertain to the approved FY 2019-20 Update. The following items represent a list of technical assistance provided to the County during the review call on May 4, 2021 and pertain specifically to inconsistencies and clarity issues identified in the approved FY 2017-20 Plan. All Findings, Suggested Improvements and Technical Assistance items on this Performance Contract Review report must be addressed by the County in all future Plans and Updates.

- #1.** The approved FY 2020-23 Plan and FY 2021-22 Update must include a description of county demographics, including but not limited to, size of the county, threshold languages, unique characteristics, age, gender, and race/ethnicity. (Cal. Code Regs., tit. 9, § 3300; MHSOAC FY 2014-2015 Through FY 2016-2017 MHSA Plan Instructions and FY 2015-2016 MHSA Update Instructions).

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- #2.** The approved FY 2020-23 Plan and FY 2021-22 Update must include a description of training provided to participants in community planning process. (Cal. Code Regs., tit. 9, § 3300; W&I Code section 5848).
- #3.** The approved FY 2020-23 Plan and FY 2021-22 Update 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. (W&I Code section 5848).
- #4.** The approved FY 2021-2022 Update must include any challenges or barriers with each of the programs and strategies to mitigate those challenges or barriers in future approved Updates. (MHSOAC FY 2015-2016 MHSA Update Instructions).
- #5.** The County's approved FY 2017-20 Plan and FY 2019-20 Update included the statement, "Sacramento County's community planning processes for previously approved CSS, PEI, WET, INN, CF and TN Component plans and activities have been described in-depth in prior plan updates and documents submitted to the State. Those documents are available on the Reports and Work Plans page of our website". However, the link: Reports and Work Plans was broken and not accessible. DHCS recommends the county correct the linkage and confirm their website links are correct and functioning. (Cal. Code Regs., tit. 9, §§ 3300, 3315; W&I Code section 5848; MHSOAC FY 2014-2015 Through FY 2016-2017 MHSA Plan Instructions and FY 2015-2016 MHSA Update Instructions).

SUMMARY

The Department of Health Care Services' MHSA Program Monitoring Unit conducted a review of Sacramento County Department of Behavioral Health Services' approved FY 2017-20 Plan and FY 2019-20 Update on May 4, 2021.

Sacramento County's approved FY 2017-20 Plan and FY 2019-20 Update were well organized by MHSA components, easy to read, and clear to understand. The County included detailed descriptions of programs, including success stories for each program.

The County's work plan narrative for their Innovation projects detailed the MHSA Steering Committee and community members' strong presence and involvement in the County's Innovation Projects through their robust community program planning process. For example, one of their projects include the Mental Health Crisis/Urgent Care Clinic that offers immediate outpatient mental health crisis services to individuals of any age experiencing a mental health crisis.

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Sacramento County's strengths include:

- At the start of the pandemic, and as the County moved to telephone and telehealth services, the service providers were very resilient in ensuring services were still available to support the needs of the community. Crisis residential, urgent care, and homeless programs were still provided in person with adjustments for safety, distancing, and cleanliness.
- During the initial phases of the pandemic, the County worked with Public Health to make testing available for service providers who worked in the communities. The County advocated at the state level for behavioral health provider eligibility to be vaccinated, which proved successful as the Providers were included at the top of the list and able to get vaccinated.

Although the County's workforce was very flexible, there were challenges with staff opting out of the workforce due to the pandemic and fear of being at risk and/or putting their families at risk of contracting the virus.

The County also experienced a reduction in children services due to the pandemic and families' reluctant to participate. However, participation has since increased due to the change in the way services are now provided.