

**Mental Health Services Act (MHSA) Performance Contract Review Report**  
**San Mateo County Program Review**  
**August 4, 2020**

**Finding #1:** San Mateo County did not submit the approved FY 2017-20 Three-Year Program and Expenditure Plan (Plan) to the Department of Health Care Services (DHCS) within 30 days of adoption by the County Board of Supervisors. (W&I Code section 5847(a)).

**Recommendation #1:** The County must ensure the approved FY 2020-23 Plan, FY 2019-20 Update and all Plans and Updates thereafter are submitted to the DHCS within 30 days of adoption by the County Board of Supervisors.

**Finding #2:** San Mateo 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 one Prevention and Early Intervention (PEI) Stigma and Discrimination Reduction Program in the approved FY 2017-20 Plan and FY 2018-19 Update. Specifically, the Stigma Free San Mateo County Program did not use a validated method to measure changes in attitudes, knowledge, and/or behavior related to mental illness or seeking mental health services. (Cal. Code of Regs., tit. 9, §§ 3750(d), 3755(f)(3)).

**Recommendation #2:** The County must select and use a validated method to measure changes in attitudes, knowledge, and/or behavior related to mental illness or seeking mental health services. The County must include documentation of the validated measure(s) used for each PEI Stigma and Discrimination Reduction Program within the approved FY 2020-23 Plan, FY 2019-20 Update and each subsequent Plan and Update thereafter.

**Finding #3:** San Mateo County did not use 51% of the PEI funds to serve individuals 25 years and younger. (Cal. Code Regs., tit. 9, § 3706(b); W&I Section 5846).

**Recommendation #3:** The County must demonstrate that at least 51% of PEI funds are used to serve individuals 25 years old or younger on the FY 2019-20 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.

**FINDING #4:** San Mateo County's MHSA components of CSS, PEI, Innovation (INN), and Technological Needs (TN) programs/services and budget were inconsistent between the approved FY 2018-19 Update and the FY 2018-19 Annual Revenue and Expenditure Report (ARER). (W&I Section 5892(g); Cal. Code Regs., tit. 9, § 3320(a)).

Specifically, the following programs/services and budget components were inconsistent:

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- The following CSS programs were listed in the approved FY 2018-19 Update, but not in the FY 2018-19 ARER: Expansion – AOT FSPs, Expansion – Augmented Board and Care (FSP), Expansion – Supports for Older Adults (non-FSP), and Coastside Wellness Center (non-FSP). Additionally, the proposed budget for Adults and Older Adults FSP in the approved FY 2018-19 Update was significantly lower than the expenditure listed in the FY 2018-19 ARER.
- The following PEI programs were listed in the approved FY 2018-19 Update, but not in the FY 2018-19 ARER: Youth Crisis Response and Prevention, Expansion – Early Onset of Psych Disorders After Care, Expansion – Crisis Interventions, Expansion – TIS Ages 0-25. Additionally, Suicide Prevention was listed in the FY 2018-19 ARER with an expenditure, but not in the approved FY 2018-19 Update.
- The following INN program was listed in the approved FY 2018-19 Update, but not in the FY 2018-19 ARER: Evaluation. Additionally, the proposed budget for the Technology Collaborative in the approved FY 2018-19 Update was significantly higher than the expenditure in the FY 2018-19 ARER.
- The County did not provide a TN proposed budget summary in the approved FY 2018-19 Update or list any expenditures in the FY 2018-19 ARER.

Recommendation #4: The County must ensure that the program names listed in the CSS, PEI, INN and TN components of the approved FY 2020-23 Plan and FY 2019-20 Update, and all subsequent Plans and Updates thereafter, are consistent with the names in the currently approved ARER. The budget in the approved Plan and Update should be consistent with the approved ARER. If the program or service did not occur, report the program or service on the approved ARER and indicate zero expenditures. Any discrepancies or name changes must be explained in the approved Plan and Update.

**SUGGESTED IMPROVEMENT**

Suggested Improvement #1: DHCS recommends the County compare stakeholder and County demographics to ensure desired participation of target populations in the CPPP and to determine whether stakeholders reflect the diversity of the demographics of the County, including but not limited to geographic location, age, gender, race, and unserved and/or underserved populations. DHCS recommends the County include this comparison of both stakeholder demographics and overall County demographics within the approved Plans and Updates.

**CONCLUSION**

The Department of Health Care Services' MHSA Program Monitoring Unit conducted a program review of San Mateo County's Department of Behavioral Health and Recovery Services' MHSA programs and services on August 4, 2020. San Mateo County has

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faced budgetary challenges that have escalated after the COVID-19 pandemic. Budget restrictions had been in effect in the County prior to COVID-19, which made it difficult for the County to initiate new programs. Additionally, after the pandemic started, the County continued to face staffing shortages, which has been worsened with the implementation of a hiring freeze. Additionally, a lack of MHSA housing and high housing costs have continued to be challenges for the County.

Although the COVID-19 pandemic has created many challenges, the County has seen a major benefit. With the switch to virtual resources and with the help of technology, the County has been able to connect with individuals they had not been able to connect with previously, such as those who lived in rural areas and those who did not have adequate transportation. The County also noted the amount of client and family member participation in various projects has increased, with the help of programs such as Lived Experience Academy and the Health Ambassador program.