

Mental Health Services Act (MHSA) Performance Contract Review Report
San Diego County Program Review
May 20, 2021

Finding #1: San Diego County did not provide the dates of the public hearing held by the local mental health board or commission in the adopted FY 2019-20 Annual Update (Update). (California Code of Regulations, title 9, section 3315(a)(2)). Mental Health Services Oversight and Accountability Commission (MHSOAC) FY 2015-16 MHSA Update Instructions (pg 3).

Recommendation #1: The County must provide the dates of the public hearing held by the local mental health board or commission in the adopted FY 2020-23 Three-Year Program and Expenditure Plan (Plan), FY 2021-22 Annual Update (Update) and each subsequent Plan and Update thereafter.

Finding #2: San Diego County did not include a description of the training provided to participants in the Community Program Planning Process (CPPP) in the adopted FY 2019-20 Annual Update (Update). (Cal. Code Regs., tit. 9, § 3300). (FY 2015-16 Mental Health Services Oversight & Accountability Commission (MHSOAC) MHSA Annual Update Instructions (pg 3)).

Recommendation #2: The County must include a description of the training provided to participants in the CPPP in the adopted FY 2020-23 Plan, FY 2021-22 Update and each subsequent Plan and Update thereafter.

Finding #3: San Diego County did not specify the methods to be used to reach out and engage potential responders or the methods to be used for potential responders and public mental health service providers to learn together about how to identify and respond supportively to signs and symptoms of potentially serious mental illness for each Outreach for Increasing Recognition of Early Signs of Mental Illness Program (RE-01 Independent Living Association) in the adopted FY 2019-20 Update. (Cal. Code Regs., tit. 9, § 3755(e)(3)).

Recommendation #3: The County shall specify the methods to be used to reach out and engage potential responders and the methods to be used for potential responders and public mental health service providers to learn together about how to identify and respond supportively to signs and symptoms of potentially serious mental illness for each Outreach for Increasing Recognition of Early Signs of Mental Illness Program in the adopted FY 2020-23 Plan, FY 2021-22 Update and each subsequent Plan and Update thereafter.

Finding #4: San Diego County did not explain how individuals, and, as applicable, their parents, caregivers, or other family members, will be linked to county mental health services, a primary care provider, or other mental health treatment for each Access and Linkage to Treatment Program (VF-01 Veterans & Family Outreach Education/Courage to Call) or how each Access and Linkage to Treatment Program will follow up with the

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referral to support engagement in treatment in the adopted FY 2019-20 Update. (Cal. Code Regs., tit. 9, §§ 3755(h)(4), 3755(h)(5)).

Recommendation #4: The County shall explain how individuals, and, as applicable, their parents, caregivers, or other family members, will be linked to county mental health services, a primary care provider, or other mental health treatment and how the program will follow up with the referral to support engagement in treatment for each Access and Linkage to Treatment Program in the adopted FY 2020-23 Plan, FY 2021-22 Update and each subsequent Plan and Update thereafter.

Finding #5: San Diego County's FY 2019-20 Annual Revenue and Expenditure Report (ARER) was inconsistent with the budget in the adopted FY 2019-20 Update. Specifically, the adopted FY 2019-20 Update included a budget for Children's Full Service Partnership (FSP) Housing and Emergency Medical Technician (EMT) Mental Health Clinician Team, however, these programs were not included in the FY 2019-20 ARER to reflect expenditures spent. (Welfare and Institutions Code (W&I) section 5892(g)).

Recommendation #5: The County must ensure that the program names listed in the adopted FY 2020-23 Plan, FY 2021-22 Update and each subsequent Plan and Update thereafter, are consistent with the names in the approved ARER. The budget in the adopted 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 adopted Plan and Update.

SUGGESTED IMPROVEMENT

Item #1: MHSA Plans and Updates

Suggested Improvement #1: The Department of Health Care Services (DHCS) recommends the County expand community group representation categories used in the CPPP to collect stakeholder demographic data (i.e. registration forms, surveys, etc.) to adults and seniors with severe mental illness; families of children, adults, and seniors with severe mental illness; providers of services; law enforcement agencies; education; social services agencies; veterans; providers of alcohol and drug services; health care organizations; other specified important interests; and specific unserved and/or underserved populations as referenced in W&I Code section 5848(a) in the adopted Plans and Updates. Specifically, social services agencies, providers of alcohol and drug services and health care organizations are not included in the adopted FY 2019-20 Update.

Suggested Improvement #1a: DHCS recommends the County include a description of challenges or barriers with each program and strategies to mitigate those challenges or barriers in the adopted Plans and Updates.

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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 May 20, 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 must include an estimate of the number of clients, in each age group, to be served in the Full Service Partnership (FSP) category for each fiscal year. (Cal. Code Regs., tit. 9, § 5847; Mental Health Services Oversight and Accountability Commission (MHSOAC) FY 2015-2016 MHSA Update Instructions (pg4)).
- The adopted FY 2020-23 Plan must include a narrative analysis of its assessment of its capacity to implement proposed programs of mental health needs of unserved, underserved and residents who qualify for MHSA services. (Cal. Code Regs., tit. 9, § 3650(a)(5)).

SUMMARY

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

The County's adopted FY 2017-20 Plan and FY 2019-20 Update are well organized by MHSA components, easy to read, and clear to understand. DHCS noted improvement in reporting of the CPPP (Community Engagement Report) from the adopted FY 2017-20 Plan to the adopted FY 2019-20 Update including extensive details of planning activities including description of date(s) of the meeting(s), methods of promotion and participation results. The County contracts with a service provider to provide a robust CPPP that includes community forums, special population focus groups/interviews and community surveys. Additionally, the County's MHSA Issue Resolution Process is included in the adopted FY 2017-20 Plan, FY 2019-20 Update and accessible on the County's website.

The County's strengths included the County being able to adapt to telehealth services to continue the much needed MHSA services during the pandemic. The County has focused an importance on non-law enforcement intervention and building on the mobile crisis response team— as it has been a huge emphasis in the area. The County has faced challenges with implementation of new approved INN projects. The County's top

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priority is the continuation of regular MHSA services via telehealth which has resulted in set-backs with implementation of many new INN projects.