

**Mental Health Services Act (MHSA) Performance Contract Review Report**  
**Yolo County Program Review**  
**June 8, 2021**

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

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

**Finding #2:** Yolo County lacked documentation of achievement of performance outcomes for Community Services and Support (CSS) and Innovation (INN) programs/services in the adopted FY 2019-20 Annual Update (Update). However, there were achievement of performance outcomes for the Prevention and Early Intervention (PEI) programs/services. (County Performance Contract (6.)(A.)(5)(d.); W&I Code section 5848(c)).

**Recommendation #2:** The County must ensure program goals are established and data is collected and analyzed to report on its achievement of performance outcomes for CSS, INN and PEI programs/services provided in the adopted FY 2020-23 Three Year Program and Expenditure Plan (Plan), FY 2021-22 Update and each subsequent Plan and Update thereafter.

**Finding #3:** Yolo County did not report the cost per person for CSS, PEI and INN programs in the adopted FY 2019-20 Update. (W&I Code section 5847(e)).

**Recommendation #3:** The County must report the cost per person for CSS, PEI, and INN programs in the adopted FY 2020-23 Plan, FY 2021-22 Update and each subsequent Plan and Update thereafter.

**Finding #4:** Yolo 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 and collected data in the adopted FY 2019-20 Update. (Cal. Code of Regs., tit. 9., §§ 3750(d); 3755(f)(3); W&I Code section 5840).

**Recommendation #4:** The County must include a description specifying 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 for each PEI Stigma and Discrimination Reduction Program in the adopted FY 2020-23 Plan, FY 2021-22 Update and each subsequent Plan and Update thereafter.

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**SUGGESTED IMPROVEMENTS**

**Item #1:** MHSA Plans and Updates

Suggested Improvement #1a: DHCS recommends the County include in the adopted Plans and Updates a description of County demographics, including, but not limited to:

- Size of the County
- Threshold languages
- Unique characteristics
- Age
- Gender
- Race/ethnicity

Suggested Improvement #1b: DHCS recommends the County present the MHSA components in the following order: Community Program Planning Process (CPPP), CSS, PEI, INN, Workforce Education and Training (WET), and Capital Facilities and Technological Needs (CFTN) in the adopted Plans and Updates.

**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 June 8, 2021 and pertain specifically to inconsistencies and clarity issues identified in the adopted FY 2017-20 Plan. All Findings, Suggested Improvement and Technical Assistance items on this Performance Contract Review (PCR) report must be addressed by the County in all future Plans and Updates.

1. The County must provide an assessment of its capacity to implement mental health programs and services in the adopted FY 2020-23 Plan and each subsequent Plan thereafter, which includes:
  - a. The strengths and limitations of the county and service providers that impact their ability to meet the needs of racially and ethnically diverse populations. The evaluation should include an assessment of bilingual proficiency in threshold languages.
  - b. Percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to percentage of the total population needing services and the total population being served.
  - c. Identification of possible barriers to implementing the proposed programs/services and methods of addressing these barriers. (Cal. Code Regs., tit. 9, § 3650(a)(5)).

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2. The County must provide 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 in the adopted FY 2020-23 Plan and for each subsequent Plan thereafter. (Cal. Code Regs., tit. 9, § 3650(a)(3)).

**SUMMARY**

The Department of Health Care Services' MHSA Program Monitoring Unit conducted a review of Yolo County Health and Human Services Agency's adopted FY 2017-20 Plan and FY 2019-20 Update on June 8, 2021.

Yolo County has faced significant challenges as a result of the COVID-19 pandemic. A portion of the County's already limited staff were put on special detail to support pandemic related activities, which put a strain on the County's ability to provide services. The County also did not have the technology necessary to transition to telehealth and therefore struggled to meet the needs of their clients virtually. In response to this, the County is shifting to providing more technological resources to staff, such as iPhones, iPads and laptops, to ensure staff and providers are able to provide adequate care for clients.

Yolo County did have successes related to the Community Program Planning Process (CPPP) during the pandemic. Prior to the pandemic, community members were unable to attend planning meetings due to various reasons, including work and being unable to attend meetings held in different cities. By switching to virtual meetings in response to the pandemic, the County saw a 400% increase in attendance at planning meetings. Additionally, there was an increase in the diversity of those attending the meetings and the County was able to engage populations they had previously been unable to participate. After the COVID-19 pandemic, the County will gather feedback from stakeholders to gauge whether they should continue to hold planning meetings virtually. In particular, the children, youth and family system of care saw great success during the pandemic as contracted providers were able to quickly shift to providing telehealth services and were prepared to provide hybrid services by seeing clients at their homes when needed.

Prior to the pandemic, the County had success leveraging funds from various streams to bolster programs. For example, the County partnered with Woodland Community College to maximize MHSA funds by using student health fees to match MHSA funds to get programs on campus for students. These types of partnerships helped create and expand MHSA programs for community members.