

**Mental Health Services Act (MHSA) Performance Contract Review Report  
San Francisco County Program Review  
February 10-12, 2020**

**Finding #1:** San Francisco County lacked a narrative analysis that assesses the mental health needs of the unserved, underserved/inappropriately served, and fully served County residents who qualify for MHSA services, and an assessment of its capacity to implement proposed programs and services in their approved FY 2017-20 Three-Year Program and Expenditure Plan (Plan). (California Code of Regulations, title 9, § 3650(a)).

**Recommendation #1:** The County must include a narrative analysis of its assessment of the County's mental health needs, its capacity to implement proposed programs/services and address all components of Cal. Code Regs., tit 9, § 3650(a) in the approved FY 2020-23 Plan, and each subsequent Plan thereafter.

**Finding #2:** San Francisco County's approved FY 2017-20 Plan and FY 2018-19 Annual Update (Update) did not clearly identify which Prevention and Early Intervention (PEI) programs fall under each PEI program category. (Welfare and Institution Code (W&I Code) section 5840; Cal. Code Regs., tit. 9, § 3705(a)(b)).

**Recommendation #2:** The County must identify each program funded with PEI funds as a Prevention Program, an Early Intervention Program, Outreach for Increasing Recognition of Early Signs of Mental Illness Program, Stigma and Discrimination Reduction Program, Suicide Prevention Program (if applicable), or Access and Linkage to Treatment Program, in the approved FY 2020-23 Plan and FY 2019-20 Update and each subsequent Plan and Update thereafter.

**SUGGESTED IMPROVEMENTS**

**Item #1:** MHSA Transparency and Consistency

**Suggested Improvement #1:** The Department of Health Care Services (DHCS) recommends programs identified in the approved Plan and Update (e.g. has distinct program descriptions) match program names and services consistently within the approved Plan, Update, budget and Annual Revenue and Expenditure Report (ARER).

**Suggested Improvement #1a:** The ARER should 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.

**Suggested Improvement #1b:** DHCS recommends the County include a separate section for the Innovation (INN) component within the approved Plan and Update. This section should include information regarding relevant INN projects.

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Suggested Improvement #1c: In the Update, the county has renamed Community Services and Supports (CSS) to Recovery Oriented Services. To provide transparency and clarity to stakeholders and clients, DHCS recommends the County identify in the Plan and Update that the County has renamed the CSS component to Recovery Oriented Services.

Suggested Improvement #1d: DHCS recommends the County present the MHSA components in order in the approved Plan and Update as Community Program Planning Process (CPPP), CSS, PEI, Innovation (INN), Workforce Education and Training (WET), and Capital Facilities and Technological Needs (CFTN ).

**Item #2:** Community Program Planning Process (CPPP)

Suggested Improvement #2: DHCS recommends the County incorporate all aspects of the current CPPP into County written policies and procedures and/or duty statements. This includes CPPP designated positions, staff training, stakeholder training, client, client's family, peer and stakeholder outreach and involvement.

**Item #3:** Issue Resolution Process (IRP)

Suggested Improvement #3: DHCS recommends the County include in their MHSA Issue Resolution Process policy and procedure the issues to file a complaint as related to: the Community Program Planning Process (CPPP), provision of MHSA funded mental health services, inconsistency between approved MHSA plan and program implementation, and appropriate use of funds.

Suggested Improvement #3a: DHCS recommends the County include an MHSA column, or checkbox, on current grievance log used by the County in order to identify MHSA related complaints.

Suggested Improvement #3b: DHCS recommends the County update language on the appeal form to identify that the form can be used to file a MHSA grievance or complaint. The use of the word 'appeal' may be confusing to a stakeholder who wants to file a MHSA complaint which is different than an appeal. On the County's website there is an appeal form, however it does not reference MHSA.

**CONCLUSION**

The Department of Health Care Services (DHCS) MHSA Monitoring Unit conducted an onsite review of the San Francisco Department of Public Health - Behavioral Health Services MHSA Programs on February 10-12, 2020. San Francisco County's strengths include strong Full Service Partnerships outcome measures, and a significant integration of Peers throughout the MHSA programs—noting a remarkable 352 MHSA funded Peer Specialists.

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Over the last 50 years, San Francisco has seen a notable shift in demographics. Challenges for the county included housing affordability for clients and staff. Increased housing costs has been a detriment resulting in staff relocation to outlying areas. Turnover is high and impacts the ability to retain employees. Clients have also been forced to move to more affordable areas, causing interruption of services. Availability of service providers has also proven a challenge for the county.