

**Mental Health Services Act (MHSA) Performance Contract Review Report
Tulare County Program Review
May 25, 2021**

Finding #1: Tulare 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 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: Tulare County did not include a description of the dates(s) of the meeting(s) and other planning activities conducted during the Community Program Planning Process (CPPP) in the adopted FY 2019-20 Update. (Cal. Code Regs., tit. 9, §§ 3300, 3315).

Recommendation #2: The County must include a description of the local stakeholder process including date(s) of the meeting(s) and any other planning activities conducted during the CPPP for the adopted FY 2020-23 Plan, FY 2021-22 Update and each subsequent Plan and Update thereafter.

Finding #3: Tulare County did not include a description of the training provided to participants in the CPPP in the adopted FY 2019-20 Update. (Cal. Code Regs., tit. 9, § 3300).

Recommendation #3: The County must include a description of 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 #4: Tulare County lacked public comments received during the 30-day draft circulation and public review period in the adopted FY 2019-20 Update. (W&I Code Section 5848(b)), 3310(f), 3315)); (Mental Health Services Oversight and Accountability Commission (MHSOAC) FY 2014-2015 Through FY 2016-2017 MHSA Plan Instructions (pg 3) and MHSOAC FY 2015-2016 MHSA Update Instructions (pg 3)).

Recommendation #4: The County must include a description of the public comments received during the 30-day draft circulation and public review period with a summary and analysis of any substantive recommendations received, including the County's resulting actions. Any substantive changes made to the Update in response to public comments must be included in the adopted FY 2020-23 Plan, FY 2021-22 Update and each subsequent Plan and Update thereafter.

Finding #5 Tulare County did not provide an estimate number of clients, in each age group, to be served in each Full Service Partnership (FSP) category for each fiscal year in the adopted FY 2019-20 Update. (Cal. Code of Regs., tit. 9, § 3650(a)(3)).

Recommendation #5: The County must provide an estimate of the number of FSP clients to be served in each age group: children (0-15 years), transitional age youth

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(16-25 years), adult (26-59 years), and older adult (60 and older years) for each fiscal year of the adopted FY 2020-23 Plan, FY 2021-22 Update and each subsequent Plan and Update thereafter.

Finding #6: Tulare 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 Update. However, there were achievement of performance outcomes for the Prevention and Early Intervention PEI Programs. (County Performance Contract (6.)(A.)(5)(d.); W&I Code Section 5848)).

Recommendation #6: The County must ensure data is collected and analyzed to report on its achievement of performance outcomes for services provided. The adopted FY 2020-23 Plan, FY 2021-22 Update must include reports of achievement of performance outcomes for MHSA programs/services and for each subsequent Plan and Update thereafter.

Finding #7: Tulare 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 #7: 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 and collected data 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.

TECHNICAL ASSISTANCE

The Findings 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 25, 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.

1. The County must include a description of the county demographics in the Update, including, but not limited to:
 - a. size of the county
 - b. threshold languages
 - c. unique characteristics

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- d. age
 - e. gender
 - f. race/ethnicity
(Cal. Code of Regs., tit. 9, § 3300(b)(4); MHSOAC FY 2015-2016 MHSA Annual Update Instructions (pg 5); MHOAC FY 2014-2015 Through FY 2016-2017 MHSA Plan Instructions)).
2. Program descriptions in the adopted FY 2019-20 Update did not include examples of notable community impact. (MHSOAC FY 2015-2016 MHSA Update Instructions).
 3. Program descriptions in the adopted FY 2019-20 Update did not identify challenges or barriers with each of the programs, and strategies to mitigate those challenges or barriers. (MHSOAC FY 2015-2016 MHSA Update Instructions).
 4. The adopted FY 2017-20 Plan did not include an assessment of the County's capacity to implement the proposed programs/services. The assessment must include:
 - 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. (Cal. Code of Regs., tit. 9, § 3650 (a)(5)(A)),
 - b. bilingual proficiency in threshold languages. (Cal. Code of Regs., tit. 9, § 3650(a)(5)(A)), and
 - c. percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to the percentage of the total population needing services and the total population being served. (Cal. Code of Regs., tit. 9, § 3650(a)(5)(B)).

SUMMARY

The Department of Health Care Services' MHSA Program Monitoring Unit conducted a review of Tulare County Health and Human Services Agency, Mental Health Branch's adopted FY 2017-20 Plan and FY 2019-20 Update on May 25, 2021.

Tulare has recognized the need for performance outcomes and has been revisiting MHSA contracts to ensure the programs and services are addressing the needs of the community, and the participants intended are being served. The County continues working with several committees including, the Adult Systems Improvement Committee, Children's Systems Improvement Committee, Wellness and Recovery Committee, and the Mental Health Board. The primary purpose of these committees is reviewing programs for quality improvement, and documenting the needs and successes of the programs.

Tulare reports the move to telehealth during the pandemic, has had its positives and negatives. Telehealth has assisted in providing resolution for the lack of transportation for clients to attend scheduled appointments. Clinicians were also able to provide

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services by Zoom or telephone. For many clients, telehealth was convenient and well received. There are some clients, however, who had not had positive experiences. There were limitations with lack of access to a phone, tablet, computer, or internet service; along with the lack of understanding of Information Technology (IT). As a solution for some, Case Managers made house visits and worked with clients to gain access and educate the clients on IT. Staff has worked diligently with clients to stay connected and to provide services to participants in their wellness journey. Being an effective tool, the County will continue to provide services through telehealth and zoom meetings.