

Mental Health Services Act (MHSA) Performance Contract Review Report
Tri-City Program Review
September 21, 2021

Finding #1: Tri-City's adopted FY 2019-20 Annual Update (Update) did not include a description of how stakeholder involvement demonstrates a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on: mental health policy, monitoring, quality improvement, evaluation, and budget allocations. (Welfare and Institutions Code (W&I) section 5848).

Recommendation #1: Tri-City must include a description of how stakeholder involvement demonstrates a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on: mental health policy, program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations 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 #2: Tri-City did not provide an estimate of the number of clients, in each age group, to be served in the Full Service Partnership (FSP) service category in the adopted FY 2019-20 Update. Tri-City provided an estimate of the number of clients to be served for FY 2018-19 in the adopted FY 2019-20 Update, but not an estimate for FY 2019-20. (California Code of Regulations, title 9, section 3650(a)(3)).

Recommendation #2: Tri-City must provide an estimate of the number of FSP clients to be served in each age group: children (0-15 years), transitional age youth (16-25 years), adult (26-59 years), and older adult (60 and older) for each fiscal year in the adopted FY 2020-23 Plan, FY 2021-22 Update and each subsequent Plan and Update thereafter.

Finding #3: Tri-City 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. Specifically, Tri-City included the outcomes but did not include a description of methods and activities used. (Cal. Code Regs., tit. 9, §§ 3750(d), 3755(f)(3)).

Recommendation #3: Tri-City 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 Prevention and Early Intervention (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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Finding #4: Tri-City did not dedicate at least 51% of the PEI funds to serve individuals 25 years old or younger per the FY 2019-20 Annual Revenue and Expenditure Report (ARER). (Cal. Code Regs., tit. 9, § 3706(b)).

Recommendation #4: Tri-City must demonstrate that at least 51% of PEI funds are used to serve individuals 25 years old or younger and reflected in the FY 2021-22 ARER and each subsequent ARER thereafter. Tri-City must develop and implement accounting and cost allocation policies and procedures that will allow Tri-City to allocate a majority of PEI funds to serve individuals who are 25 years old or younger.

SUGGESTED IMPROVEMENTS

Item #1: MHSA Plans and Updates

Suggested Improvement #1: The Department of Health Care Services (DHCS) recommends Tri-City include references to addendums/attachments in the table of contents for the adopted Plans and Updates. In the adopted FY 2017-20 Plan, there are Attachment A: Sign-In Sheets from Public Hearing, Attachment B: Summary of Outreach and Participation for MHSA Public Hearing, and Attachment C: Public Comments, listed in the table of contents. However, they cannot be found within the Plan. If there is confidential information within the attachments that prevented Tri-City from including the attachments, redact any information deemed confidential.

Item #2: Budget Consistency

Suggested Improvement #2: DHCS recommends that the programs in the PEI budget summaries for the adopted Plans and Updates be categorized as a Prevention, Early Intervention, Outreach for Increasing Recognition of Early Signs of Mental Illness, Stigma and Discrimination Reduction, Access and Linkage to Treatment, and Improve Timely Access to Services for Underserved Populations or Suicide Prevention (optional) program.

Suggested Improvement #2a: DHCS recommends the Innovation (INN) and Capital Facilities (CF) and Technological Needs (TN) program names listed in the budget be consistent with the names in the current ARER. The budget in the adopted Plan and Update must be consistent with the current ARER. If the program or service did not occur, report the program or service on the current ARER and indicate zero expenditures. Any discrepancies or name changes must be explained 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

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provided to Tri-City during the review call on September 21, 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 Performance Contract Review must be addressed by Tri-City in all future adopted Plans and Updates.

1. Tri-City must submit the adopted FY 2020-23 Plan and FY 2021-22 Update to DHCS within 30 days of adoption by the Board of Supervisors. (W&I Code section 5847(a)).
2. Tri-City's adopted FY 2020-23 Plan and FY 2021-22 Update must include substantive written recommendations received during the Community Program Planning Process (CPPP) 30 day comment period and Tri-City's actions, including any changes made to the Update in response to public comments. The Plan and Update must also summarize and analyze the recommended revisions. (Cal. Code Regs., tit. 9, § 3315; W&I Code section 5848(b)).
3. Tri-City's adopted FY 2020-23 Plan must include a description of the assessment of Tri-City's capacity to implement their proposed programs/services. Tri-City must also include in the assessment following: 1. The strengths and limitations of Tri-City and service providers that impact their ability to meet the needs of racially and ethnically diverse populations; 2. Bilingual proficiency in threshold languages and; 3. 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 Regs. tit. 9, § 3650(a)(5)).
4. Tri-City's PEI program names listed in the adopted FY 2020-23 Plan and FY 2021-22 Update budget summaries must be consistent with the names in the current ARER. Any discrepancies or name changes must be explained in the adopted Plans and Updates. (W&I Code Section 5892(g)).

SUMMARY

The Department of Health Care Services' MHSA Program Monitoring Unit conducted a review of Tri-City Mental Health Services' adopted FY 2017-20 Plan and FY 2019-20 Update on September 21, 2021.

As a result of the COVID-19 pandemic, staff were able to quickly transition to telework and provide telehealth services due to previously implemented Information Technology (IT) services. Tri-City was able to maintain stakeholder engagement during the Community Program Planning Process (CPPP) by holding meetings via Zoom and continued to provide programs and services. The Wellness Center remained open with

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reduced services and capacity. The pandemic created an opportunity to promote the importance of mental health and Tri-City was able to engage the community effectively.

Tri-City faced various challenges during COVID-19. Although there was an effective transition using Zoom to hold stakeholder meetings during the CPPP, the City did notice decreased attendance. Attendees noted feelings of burnout from attending virtual meetings and desired to attend in person to feel a sense of community again. Many clients felt uncomfortable with telehealth services in addition to being inexperienced with technology and acquiring the resources they needed. Also providing affordable housing for MHSA partners has been an ongoing challenge for Tri-City.