

**Mental Health Services Act (MHSA) Performance Review Report
AMENDED San Diego County Program Review
May 15, 2024**

FINDINGS

Finding #1:

San Diego County did not submit the Fiscal Year (FY) 2020-23 Three-Year Program and Expenditure Plan (Plan) to Department of Health Care Services (DHCS) within 30 days of Board of Supervisors (BOS) adoption. (Welfare and Institution Code (W&I Code Section 5847(a)).

Recommendation #1: The County must submit the FY 2020-23 Plan and FY 2022-23 Annual Update (Update) to DHCS at MHSA@dhcs.ca.gov within 30 days of BOS adoption and for each subsequent Plan and Update thereafter.

Finding #2:

San Diego County did not include a narrative analysis of the mental health needs of unserved, underserved/ inappropriately served, and fully served county residents who qualify for MHSA services in the adopted FY 2020-23 Plan. (California Code of Regulations, title 9, section 3650(a)(1)(A)).

Recommendation #2: The County must include a narrative analysis of the mental health needs of unserved, underserved, inappropriately served, and fully served county residents who qualify for MHSA services in each subsequent adopted Plan thereafter.

Finding #3:

San Diego County did not include an assessment of the county's capacity to implement mental health programs and services in the adopted FY 2020-23 Plan. (Cal. Code of Regs., tit. 9, § 3650(a)(5)).

Recommendation #3: The County must include an assessment of its capacity to implement mental health programs and services in each subsequent adopted Plan thereafter. Specifically:

- 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.
- b. The evaluation should include an assessment of bilingual proficiency in threshold languages.
- c. 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.
- d. Identification of possible barriers to implementing the proposed programs/services and methods of addressing these barriers.

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Finding #4:

San Diego County did not provide an estimated number of clients in each age group, to be served in the Full-Service Partnership (FSP) category for each fiscal year of the adopted FY 2020-23 Plan. However, the Plan did provide an estimate of the number of clients, in each age group, to be served in the FSP service category for FY 2020-21 of the Plan. (Cal. Code Regs., tit. 9, § 3650(a)(3)).

Recommendation #4: The County must provide an estimate of the number of clients, in each age group, to be served in the FSP service category for each fiscal year of the Plan, in each subsequent adopted Plan thereafter.

Finding #5:

San Diego County did not explain how each Access and Linkage to Treatment Program will follow up with the referral to support engagement in treatment in the adopted FY 2020-23 Plan or FY 2022-23 Update.
(Cal. Code Regs., tit. 9, §§ 3755(h)(4), 3755(h)(5)).

Recommendation #5:

The County must 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 each subsequent adopted Plan and Update thereafter.

SUGGESTED IMPROVEMENTS

Suggested Improvement #1:

DHCS recommends the county utilize the following language below in satisfying the requirements of Cal. Code Regs., tit. 9, § 3620(e), which demonstrates that the county has entered a FSP agreement between their client and when appropriate the client's family, and the Personal Service Coordinator/Case Manager for each client served under the FSP service category for each subsequent client and client's family thereafter. DHCS defines an agreement as a signed agreement between the client, and when appropriate the client's family, and the Personal Service Coordinator/Case Manager.

Example:

As a member of this Mental Health Plan (MHP) your signature below gives your consent to voluntarily receive Full-Service Partnership (FSP) treatment services as provided by (agency):

By signing below, I agree to work with my Personal Service Coordinator (PSC) to develop my individual service plan. This will be a collaborative relationship to enable me to work with staff to accomplish my goals for recovery. I understand the services available to me may include the Full Spectrum of Community Services necessary to

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attain the goals identified in my individual service plan. I understand that an FSP level of care is my treatment team's recommendation, and that I have the right to refuse to participate in treatment and I may withdraw my consent and stop participating in FSP level treatment at any time, at which time I may be referred to less intensive outpatient mental health treatment instead.

Name of Full-Service Partner

Signature of Partner or parent/legal guardian

Date: _____

PSC/Case Manager Signature

Date: _____

Suggested Improvement #2:

DHCS recommends the county include the Annual PEI report as a distinct part of each subsequent adopted Plan and/or Update hereafter to ensure that future Annual PEI reports are easily located and identified. It should be clearly labeled, indicating what years are being reported and the location of the report within the Plan or Update. The Annual PEI report is not to be used in lieu of Cal. Code Regs., tit. 9, § 3755, which are the regulations for the PEI Component of the Plan and Update. DHCS recommends the county submit the report as an addendum or attachment to the Plan or Update and include a cover page for the Annual PEI report with the title:

Annual PEI Report
FY XXXX to XXXX