

Mental Health Services Act (MHSA) Performance Review Report
AMENDED Santa Cruz Program Review
July 8, 2024

FINDINGS

Finding #1:

Santa Cruz 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 service in the adopted Fiscal Year (FY) 2020-23 Three Year Program and Expenditure Plan (Plan). (California Code of Regulations (Cal. Code Regs.), Title (tit.) 9, Section (§) 3650(a)(1)(A)).

Recommendation #1:

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 each subsequent adopted Plan thereafter.

Finding #2:

Santa Cruz County did not identify the number of Child, Transition Aged Youth (TAY), Adult and Older Adults by: gender, race/ethnicity, and primary language in the adopted FY 2020-23 Plan. (Cal. Code Regs., tit. 9, § 3650(a)(1)(A)).

Recommendation #2:

The County must include identification on the number of Child, TAY, Adult, and Older Adults by gender, race/ethnicity, and primary language in each subsequent adopted Plan thereafter.

Finding #3:

Santa Cruz County did not address all off the components in their assessment of the county's capacity to implement proposed mental health programs and services in the adopted FY 2020-23 Plan. (Cal. Code Regs., tit. 9, § § 3650(a)(5) (A-B); 3650(a)(6)(C)).

Recommendation #3:

The County must include an assessment of its capacity to implement mental health programs and services which addresses and includes all the following required components in the Plan and each subsequent adopted Plan, hereafter.:

- 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. 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, and
- d. Identification of possible barriers to implementing the proposed programs/services and methods of addressing these barriers.

Finding #4:

Santa Cruz County did not 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 of FY 2020-23 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:

Santa Cruz County did not indicate the number of Child, TAY, Adults, and Older Adults to be served, and did not provide the cost per person for Community Services and Support (CSS), Prevention and Early Intervention (PEI), and Innovation (INN) in the FY 2020-23 Plan and FY 2022-23 Annual Update (Update). (Welfare and Institution Code (W&I Code) section 5847(e)).

Recommendation #5:

The County must indicate the number of Child, TAY, Adults, and Older Adults to be served, and indicate the cost per person for CSS, in each subsequent adopted Plan and Update thereafter.

Finding #6:

Santa Cruz County indicated an Innovation (INN) project titled 'Healing the Streets' as a new project as of October 2021, however the county did not provide evidence that the Community Program Planning Process (CPPP) for this project occurred in the adopted FY 2022-23 Update. (W&I Code section 5830; Cal. Code Regs., tit. 9, § 3910(a); 3930(b) (1-2); Performance Contract (5)(a)(iv)).

Recommendation #6:

The County must have an approved INN project plan for each INN project. The project plan shall include a description of the project, a description of how the county ensured that staff and stakeholders involved in the CPPP were informed and understood the purpose and requirements of the INN component and a description of the county's plan

to involve community stakeholders in all phases of the INN project, including evaluation of the project and decision making regarding whether to continue the INN project or elements of the project without INN funds in each subsequent adopted Plan and Update thereafter.

Finding #7:

Santa Cruz County did not include documentation of achievement in performance outcomes INN programs in the adopted FY 2022-23 Update. (County Performance Contract (6.) (A.) (5) (d.); W&I Code section 5848).

Recommendation #7:

The County must include documentation of achievement in performance outcomes for CSS, PEI, INN programs in each subsequent adopted Plan and Update thereafter.

Finding #8:

Santa Cruz County did not include the Annual PEI report as a part of the adopted FY 2020-23 Plan and/or FY 2022-23 Update. (Cal. Code Regs tit. 9, § 3560.010).

Recommendation #8:

The County must 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 of 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*

Note: The Annual PEI Report is not due in years in which a Three-Year Prevention and Early Intervention Evaluation Report is due. There was no Annual PEI Report included as part of the adopted FY 2020-23 Plan and/or FY 2022-23 Update.

Finding #9:

Santa Cruz County did not include the Three-Year PEI Evaluation report as part of the adopted FY 2020-23 Plan and/or FY 2022-23 Update. (Cal. Code of Reg., tit. 9 § 3560.020(a)(1)).

Recommendation #9:

The County must include the Three-Year PEI Evaluation report as part of each subsequent adopted Plan and/or Update hereafter. It must be clearly labeled, indicating

what years are being reported and the location of the report within the Plan or Update. The Three-Year PEI Evaluation report is not to be used in lieu of Cal. Code of 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 with a cover page for the Three-Year PEI Evaluation report with the title:

*Three-Year Prevention and Early Intervention Evaluation Report
FY XXXX to FY XXXX*

Note: The Three-Year PEI Evaluation report is due every third year as part of the Plan and/or Update and shall report on the evaluation(s) for the three prior fiscal years. There was Three-Year PEI Evaluation report include as a part of the adopted FY 2020-23 Plan or FY 2022-23 Update.

Finding #10:

Santa Cruz County did not demonstrate 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 in the adopted FY 2020-23 Plan or FY 2022-23 Update. (W&I Code section 5848(a)).

Recommendation #10:

The County 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 each subsequent adopted Plan and Update thereafter.

Finding #11:

Santa Cruz County did not provide evidence of a summary and analysis of any substantive recommendations received during the 30-day public comment period; and a description of any substantive changes made to the Plan that was circulated in the adopted FY 2020-23 Plan. (Cal. Code Regs., tit. 9, § 3315(a), W&I Code 5848(b)).

Recommendation #11:

The County must provide evidence of conducting a local review process that includes: A 30 day public comment period, methods used to circulate for the purpose of public comment, a copy of the Plan and/or Update to representatives of stakeholders and other interested parties who request the draft, evidence that the mental health board conducted a public hearing at the close of the 30-day public comment period, including the date, a summary and analysis of any substantive recommendations; and a description of any substantive changes made to the Plan and/or Update that was circulated in each subsequent adopted Plan and Update thereafter.

Finding #12:

Santa Cruz County did not provide evidence of an Issue Resolution Process to handle client disputes related to provision of their MHSA funded mental health services to DHCS along with a log containing: Date issue was received, synopsis of issue, final resolution outcome, and date of final resolution outcome in the FY 2020-23 Plan and FY 2022-23 Update. (County Performance Contract 6. (A)(2)).

Recommendation #12:

The County must provide evidence the county has an Issue Resolution Process to handle client disputes related to provision of their MHSA funded mental health services to DHCS along with a log containing: Date issue was received, synopsis of issue, final resolution outcome, and date of final resolution outcome in each subsequent Plan and Update thereafter.

Finding #13:

Santa Cruz County did not provide evidence of the county entering a FSP agreement with each client served under the FSP service category, and when appropriate the client's family. (Cal. Code of Regs., tit. 9, § 3620(e)).

Note: The Department of Health Care Services (DHCS) defines an agreement as a signed agreement between the client, and when appropriate the client's family, and the Personal Service Coordinator (PSC)/Case Manager.

Recommendation #13:

The County shall enter a FSP agreement between their client, and when appropriate the client's family, and the PSC/Case Manager for each client served under the FSP service category for each subsequent client and client's family thereafter.

SUGGESTED IMPROVEMENTS

Suggested Improvement #1:

DHCS recommends the County develop FSP specific policies and procedures that include, but are not limited to identification of FSP eligibility criteria, position(s) that serve as the PSC/single point of contact for FSP clients, process for ensuring that a PSC or other qualified individual known to the client/family is available to respond to the client/family 24 hours a day, 7 days a week to provide after-hours interventions, cultural competency requirements for PSC's and requirements for Individual Services and Support Plans (ISSP)/Client Plans/Treatment Plans.

Suggested Improvement #2:

DHCS recommends the County designate a position(s) responsible for the overall CPPP and, when applicable, provide training on the CPPP to county staff, stakeholders, clients, and when appropriate the client's family who participate in the CPPP.

Suggested Improvement #3:

DHCS recommends the County includes any substantive written recommendations for revisions received during the 30-day comment period, if the county does not received recommendations for revisions, identify no recommendations received in the Plan or Update. Recommended revisions received during the 30-day public comment period should be summarized and analyzed and include a description of any substantive changes made to each Plan and Update that was circulated. If no changes made, identify no changes made in the Plan or Update.

Suggested Improvement #4:

DHCS recommends the county place zeros in the appropriate cells of the budget summary pages for program categories which do not have expenditures for those fiscal years, in all future Plans and Updates.