

**Mental Health Services Act (MHSA) Performance Review Report**  
**Lake County Program Review**  
**January 16, 2024**

**FINDINGS**

**Finding #1:** Lake County's adopted Fiscal Year (FY) 2020-23 Three Year Plan (Plan) and FY 2022-23 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, program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations. (Welfare and Institution (W&I) Code Section 5848(a)).

**Recommendation #1:** 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 #2:** Lake County did not provide sufficient evidence to demonstrate that training in the Community Program Planning Process (CPPP) was provided to County staff as needed. (California Code of Regulations (Cal. Code Regs.), tit. 9, § 3300(c)(3)(A)).

**Recommendation #2:** The County must provide sufficient evidence to demonstrate that training in the CPPP requirements is fulfilled as indicated per Cal. Code Regs. tit. 9, § 3300(c)(3)(A-B).

**Finding #3:** Lake County did not include a description of any substantive changes made to the Plan from the written recommendations for revisions received during the 30-day comment period in the adopted FY 2020-23 Plan. (Cal. Code Regs. tit. 9, § 3315(a)(4)).

**Recommendation #3:** The County must include a summary and analysis of any substantive recommendations received during the 30-day public hearing held by the local mental health board or commission, including any substantive changes made to the adopted Plan and/or Update in response to the public comments. If no changes made, identify no changes made in each subsequent adopted Plan and Update thereafter.

**Finding #4:** Lake County did not include a narrative analysis in the adopted FY 2020-23 Plan of the mental health needs of unserved, underserved/ inappropriately served, and fully served County residents who qualify for MHSA service. The narrative analysis was included in the FY 2022-23 Update. (Cal. Code Regs., tit. 9, § 3650(a)(1)(A)).

**Recommendation #4:** 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.

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**Finding 4a:** Lake County did not identify the number of children, transition-aged youth, adults, and older adults by gender, race/ethnicity, and primary language in the narrative analysis (as part of Finding #5 above) in the adopted FY 2020-23 Plan of the mental health needs of unserved, underserved/inappropriately served, and fully serviced County residents who qualify for MHSA service. (Cal. Code Regs., tit. 9, § 3650(a)(1)(A)).

**Recommendation #4a:** The County must include identification on the number of children, transition-aged youth, adult, and older adults by gender, race/ethnicity, and primary language in each subsequent adopted Plan (as part of Finding #5 above) thereafter.

**Finding #5:** Lake 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 Regs., title 9, § 3650(a)(5)).

**Recommendation #5:** 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.

**Finding #6:** Lake County did not provide an estimate of the number of clients, in each age group, to be served in the FSP category for each fiscal year of the adopted FY 2020-23 Plan. The Plan only included an estimate number to be served for FY 2020-21. (Cal. Code Regs., title 9, § 3650(a)(3)).

**Recommendation #6:** 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 #7:** Lake County did not indicate the number of children, transition-aged youth, adults, and older adults to be served for Community Services and Support (CSS), Prevention, and Early Intervention (PEI), and Innovation (INN), in the FY 2020-23 Plan and FY 2022-23 Update. The Plan only included an estimate number to be served for FY 2020-21 (W&I Code section 5847€).

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Recommendation #7: The County must indicate the number of children, transition-aged youth, adults, and older adults to be served for CSS, PEI, and INN, in each subsequent adopted Plan and Update thereafter.

Finding #8: Lake County did not include a description of the Access and Linkage to Treatment Program and Strategy in the adopted FY 2020-23 Plan and 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. (Cal. Code Regs., tit. 9, § 3755(h)(4)).

Recommendation #8: 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 in each subsequent adopted Plan and Update thereafter.

Finding #8a: Lake County did not include how the Access and Linkage to Treatment Program and Strategy in the adopted FY 2020-23 Plan and FY 2022-23 Update will follow up with the referral to support engagement in treatment. (Cal. Code Regs., tit. 9, § 3755(h)(5)).

Recommendation #8a: Lake County must describe how the Access and Linkage to Treatment Program and Strategy will follow up with the referral to support engagement in treatment each subsequent adopted Plan and Update thereafter.

**SUGGESTED IMPROVEMENTS**

Suggested Improvement #1: The Department of Health Care Services (DHCS) recommends that the adopted Plan and Update be submitted to DHCS by June 30<sup>th</sup>, and before July 1<sup>st</sup> of the fiscal year the Plan and Update is due. The FY 2020-23 Plan was adopted on 9/15/2020 and the FY 2022-23 Update was adopted on 8/23/2022; after the fiscal year the Plan and Update was due.

Suggested Improvement #2: DHCS recommends that the County provide sufficient evidence to include completed MHSA Issue Resolution process is in place to handle client disputes related to provision of their MHSA funded mental health services per the County Performance Contract 6. (A)(2). The County did not provide a completed MHSA Issue Resolution log that contains:

- Date issue was received.
- Synopsis of issue.
- Final resolution outcome.
- Date of final resolution outcome.