

Mental Health Services Act (MHSA) Performance Review Report
Santa Clara County Program Review
April 15, 2024

FINDINGS

Finding #1:

Santa Clara County did not include documentation of achievement in performance outcomes for Community Services and Support (CSS), Prevention, and Early Intervention (PEI) and Innovation (INN) programs in the adopted Fiscal Year (FY) 2020-23 Three-Year Program and Expenditure Plan (Plan). The County included documentation of achievement in performance outcomes for CSS and INN in the FY 2022-23 Annual Update (Update). (County Performance Contract (6.)(A.)(5)(d.); Welfare and Institution Code (W&I Code) section 5848).

Recommendation #1:

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

Finding #2:

Santa Clara County did not summarize and analyze the recommended revisions received during the 30-day public comment period in either the adopted FY 2020-23 Plan or FY 2022-23 Update. (W&I Code section 5848(b); California Code of Regulations (Cal. Code Regs.), title 9, section 3315(a)(3); Mental Health Services Oversight & Accountability Commission (MHSAOAC) FY 2015-2016 MHSA Annual Update Instructions (pg. 3)).

Recommendation #2:

The County must summarize and analyze the recommended revisions received during the 30-day public comment period in each subsequent adopted Plan and Update thereafter.

Finding #2a:

Santa Clara County did not include any substantive written recommendations for revisions received during the 30 day comment period in either the adopted FY 2020-23 Plan or FY 2022-23 Update. (W&I Code section 5848(b)).

Recommendation #2a:

The County must include a description of any substantive changes made to each subsequent adopted Plan and Update thereafter that was circulated. If no changes made, identify no changes made in the adopted Plan or Update.

Finding #3:

Santa Clara County included 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 FY 2020-23 Plan. However, the analysis did not identify the number of children (age 0-17 yrs), transition-aged youth (TAY) (16-25 yrs), adult (18-59 yrs), and older adults (60+ yrs) by gender, race/ethnicity, and primary

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language in the narrative analysis in the adopted FY 2020-23 Plan. (Cal. Code Regs., tit. 9, § 3650(a)(1)(A)).

Recommendation #3:

The County must identify the number of children (age 0-17 yrs), TAY (16-25 yrs), adult (18-59 yrs), and older adults (60+ yrs) by gender, race/ethnicity, and primary language in the narrative analysis in each subsequent adopted Plan thereafter.

Finding #4:

Santa Clara 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., tit. 9, § 3650(a)(5)).

Recommendation #4:

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

- 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 #5:

Santa Clara 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 the adopted FY 2020-23 Plan. The County did include the estimated number of clients, in each age group, to be served in the FSP category for FY 2021; however, not for FY 2022 and FY 2023. (Cal. Code Regs., tit. 9, § 3650(a)(3)).

Recommendation #5:

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 adopted Plan, in each subsequent adopted Plan thereafter.

Finding #6:

Santa Clara County did not indicate the number of children, TAY, adults, and older adults to be served, and did not provide the cost per person for CSS, PEI, and INN, in

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the adopted FY 2020-23 Plan. The County did include the number of children, TAY, adults, older adults to be served and cost per person for FY 2021 in the adopted Plan; however, not for FY 2022 and FY 2023.
(W&I Code section 5847(e)).

Recommendation #6:

The County must indicate the number of children, transition-aged youth, adults, and older adults to be served, and indicate the cost per person for CSS, PEI, and INN for each FY, in each subsequent adopted Plan and Update thereafter.

Finding #7:

Santa Clara County did not include a description of each PEI program in the PEI component of the adopted FY 2020-23 Plan and FY 2022-23 Update:

- Early Intervention Program
- Outreach for Increasing Recognition of Early Signs of Mental Illness Program
- Prevention Program
- Stigma and Discrimination Reduction Program
- Access and Linkage to Treatment Program
- Suicide Prevention Program (optional)

(W&I Code section 5840; Cal. Code Regs., tit. 9, §§ 3705(a-b), 3755).

Recommendation #7:

The County must include a description of each PEI program in the PEI component: Early Intervention program, Outreach for Increasing, Recognition of Early Signs of Mental Illness program, Prevention program, Stigma and Discrimination Reduction program and Access to Linkage to Treatment program in each subsequent adopted Plan and Update thereafter.

Finding #8:

Santa Clara County did not include in the adopted FY 2020-23 Plan and FY 2022-23 Update, specify for each Stigma and Discrimination Reduction program, the methods, and activities to be used to change attitudes, knowledge, and/or behavior regarding being diagnosed with mental illness, having mental illness and/or seeking mental health services (see Finding #7 above). (Cal. Code Regs., tit. 9, § 3755(f)(3)).

Recommendation #8:

The County must specify the methods and activities to be used to change attitudes, knowledge, and/or behavior regarding being diagnosed with mental illness, having mental illness and/or seeking mental health services in each subsequent adopted Plan and Update thereafter.

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Finding #9:

Santa Clara County did not include in the adopted FY 2020-23 Plan and FY 2022-23 Update, an explanation for each Access and Linkage to Treatment program, 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 the adopted Plan/Update; and how the program will follow up with the referral to support engagement in treatment in the adopted FY 2020-23 Plan (see Finding #7 above). (Cal. Code Regs., tit. 9, §§ 3755(h)(4), 3755(h)(5)).

Recommendation #9:

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 for each Access and Linkage to Treatment Program; and how the program will follow up with the referral to support engagement in treatment in each subsequent adopted Plan and Update thereafter.

Finding #10:

Santa Clara County did not include a description in the adopted FY 2020-23 Plan and FY 2022-23 Update of involvement by community stakeholders in all phases of each new INN project, including evaluation of the project and decision making regarding whether to continue the INN project or elements of the project without INN. (Cal. Code Regs., tit. 9, § 3930(b)(2)).

Recommendation #10: The County must ensure that it involves community stakeholders meaningfully in all phases of each new 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 #11:

Santa Clara County did not ensure that all Personal Service Coordinator (PSC)/Case Managers were culturally and linguistically competent or, at a minimum, educated and trained in linguistic and cultural competence and had knowledge of available resources within the client/family's racial/ethnic community. The County did not provide sufficient evidence to demonstrate that all PSC/Case Managers were trained in linguistic and cultural competence; only one PSC was confirmed to be trained. (Cal. Code Regs., tit. 9, § 3620(h)(2); W&I Code Section 5600.2).

Recommendation #11:

The County must ensure that all PSC/Case Managers are culturally and linguistically competent or, at a minimum, are educated and trained in linguistic and cultural competence and had knowledge of available resources within the client/family's racial/ethnic community.

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SUGGESTED IMPROVEMENTS

Suggested Improvement #1:

The Department of Health Care Services (DHCS) suggests the County write Specific, Measurable, Achievable, Relevant, and Time-bound (SMART) goals that can be tracked, analyzed, and reported. A suggested goal might be “County will place 60 percent of qualified applicants, or at least 300, into program on an annual basis.” In this example, the goal states what will be measured, provides a measurable quantitative item, is achievable, is relevant to the statement of purpose, and is time-bound because it gives a specific unit of time for data to be collected, measured, and reported.

Suggested Improvement #2:

DHCS suggests the County identify the County’s threshold language(s) in the adopted Plan/Update. If the County does not have a threshold language, identify no threshold language in the adopted Plan or Update.

Suggested Improvement #3:

DHCS suggests the County clearly identify, label, and include in their adopted Plan/Update, the following MHSA Components: CSS, PEI, INN, Workforce, Education and Training (WET), and Capital Facilities and Technological Needs (CFTN). Specifically:

- a) Ensure that the adopted Plan and Update’s Table of Contents match each section of the MHSA Components.

Suggested Improvement #4:

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 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

Suggested Improvement #5:

DHCS recommends the County include the Three-Year PEI Evaluation report as a distinct part of each subsequent adopted Plan and/or Update hereafter to ensure that future Three-Year PEI Evaluation 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 Three-Year PEI Evaluation report is not to be used in lieu

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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 Three-Year PEI report with the title:

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

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. (Cal. Code of Regs., tit. 9, § 3560.020).

Suggested Improvement #6:

DHCS recommends the County include in their adopted Plan/Update, 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. Specifically, DHCS recommends the County include a description of how the virtual meetings held with stakeholder 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.

DHCS also recommends the County submit stakeholder attendance lists for the above Suggested Improvement #6.

Suggested Improvement #7:

DHCS recommends the County provide sufficient evidence such as training roster or evidence of completion to ensure that all County staff are provided training in the CPPP, as needed.

Suggested Improvement #8:

DHCS recommends the County provide sufficient evidence such as training roster or evidence of completion to ensure that all stakeholders, clients, and when appropriate the client's family are offered training in the CPPP, as needed.