

**Mental Health Services Act (MHSA) Performance Review Report
Tulare County Program Review
July 08, 2024**

FINDINGS

Finding #1:

Tulare 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) and the FY 2022-23 Annual Update (Update). (County Performance Contract (6.) (A.) (5) (d.)); (Welfare and Institution Code (W&I Code) section 5848(c)).

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:

Tulare 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 FY 2020-23 Plan. (California Code of Regulations (Cal. Code Regs.), tit. 9, § 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 each subsequent adopted Plan thereafter.

Finding# 2a:

Tulare County did not identify the number of children, transitional age youth (TAY), adult, and older adults by gender, race/ethnicity, and primary language in the narrative analysis in the FY 2020-23 Plan (see Finding #2 above). (Cal. Code Regs., tit. 9, § 3650(a)(1)(A)).

Recommendation# 2a:

The County must identify the number of children, TAY, adult, and older adults by gender, race/ethnicity, and primary language in the narrative analysis in each subsequent adopted Plan thereafter.

Finding #3:

Tulare 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 adopted Plan did include the total served and total cost per person for FY 2018-19. However, it did not include the estimated number to be served for FY 2020-21, FY 2021-22, and FY 2022-23. (Cal. Code Regs., title 9, § 3550 (a)(3)).

**Mental Health Services Act (MHSA) Performance Review Report
Tulare County Program Review
July 08, 2024**

Recommendation #3:

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 #4:

Tulare 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 the adopted FY 2020-23 Plan and FY 2022-23 Update. The adopted Plan did include the total served and total cost per person for FY 2018-19; and the adopted Update did include the total served and total cost per person for FY 2019-20. However, the adopted Plan did not include the estimated number to be served and cost per person for FY 2020-21, FY 2021-22, and FY 2022-23, and the adopted Update did not include the estimated number to be served and cost per person for FY 2022-23 (W&I Code § 5847(e)).

Recommendation #4:

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

Finding #5:

Tulare County did not include a description for each new approved INN project, in the adopted FY 2020-23 Plan and FY 2022-23 Update including involvement by community stakeholders in the evaluation of the project, decision making and all meaningful phases of each new INN project. (Cal. Code Regs., tit. 9, § 3930(b)(2)).

Recommendation #5:

The County must ensure a description for each new approved INN project including involvement by community stakeholders in the evaluation of the project, decision making and all meaningful phases of each new INN project for each subsequent adopted Plan and Update thereafter.

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.

Mental Health Services Act (MHSA) Performance Review Report
Tulare County Program Review
July 08, 2024

Suggested Improvement #2:

DHCS suggests the county clearly identify for each program the age groups to be served by child, TAY, adult, and older adult for stakeholder clarity. For example, The FSP program was available to all age groups however it was not clearly identified under each age category.

Suggested Improvement #3:

DHCS recommends the county include the Annual Prevention and Early Intervention (PEI) report and the Three-Year PEI Evaluation Report as a distinct part of each adopted Plan and/or Update which includes clearly labeled with the title, years and attached as part of the report or as an addendum so it can easily be identified and located for stakeholder clarity.

NOTE: The Annual PEI Report is not due in years in which a Three-Year Prevention and Early Intervention Evaluation Report is due.

Suggested Improvement #4:

DHCS recommends the county's capacity assessment include strengths and limitations of the county and service providers that impact their ability to meet the needs of racially and ethnically diverse populations and identified possible barriers to implementing the proposed programs/services and methods of addressing these barriers in the adopted Plan's capacity assessment.