Finding # or Suggested Improvement #	Finding or Suggested Improvement	•	Recommendation # ction Step / Identify Timeline / and Evidence of Identify Timeline / and Evidence of Identify Effectiveness)	Score – Comments/ Notes
Finding #1	San Mateo County did not submit the approved FY 2017-20 Three-Year Program and Expenditure Plan (Plan) to the Department of Health Care Services (DHCS) within 30 days of adoption by the County Board of Supervisors. (W&I Code section 5847(a)).	Recommendation #1: The County must ensure the approved FY 2020-23 Plan, FY 2019-20 Update and all Plans and Updates thereafter are submitted to the DHCS within 30 days of adoption by the County Board of Supervisors.	As instructed, BHRS submitted to <a href="mailto:mhsa@dhcs.ca.gov">mhsa@dhcs.ca.gov</a> a disagreement to Finding #1 on December 22, 2020.  During our Performance Review this past August, it was brought to our attention that the FY 18/19 Annual Update was not submitted within 30 days of adoption. In follow up communication to <a href="mailto:mhsa@dhcs.ca.gov">mhsa@dhcs.ca.gov</a> , dated August 6, 2020, we provided evidence that FY 18/19 Annual Update was approved by our Board of Supervisors (BoS) on September 17, 2019 and submitted to DHCS on October 18, 2019.  For the FY 2017-20 Three-Year Plan now also in question, attached evidence was submitted to mhsa@dhcs.ca.gov along with the disagreement to Finding #1 on December 22, 2020.  • The Plan was approved by our BoS on August 7, 2018  • The Plan was submitted on August 23, 2018.  Info Notice 19-039 established the MHSA Reports are to be submitted to both the MHSOAC and DHCS. At BHRS, we have the appropriate processes in place to submit Plans and Updates to DHCS within 30 days of	The submitted plan is accepted.

Finding # or Suggested Improvement #	Finding or Suggested Improvement		Recommendation # stion Step / Identify Timeline / and Evidence of lechanisms for Monitoring Effectiveness)	Score – Comments/ Notes
			adoption by our BoS as follows:  a) The BHRS Contracting Unit follows up with County management and administration to receive the signed BoS Resolution of approval and submits to the MHSA Manager.  b) (b) Upon immediate receipt of the signed Resolution, the MHSA Manager submits the County Compliance Certification for signature by our BHRS Director.  c) (c) Upon immediate receipt of the signed Resolution, the MHSA Manager and Fiscal Manager submit an MHSA Trust Fund transaction report for the respective FY, the signed BoS Resolution and BoS Memo, and the County Fiscal Accountability Certification for signature by the County Auditor Controller.  d) (d) Upon receipt of both the signed County Compliance Certification and the County Fiscal Accountability Certification, the MHSA Manager attaches them to the Plan or Update and submits to both the MHSOAC and DHCS via email.	
Finding #2	San Mateo County lacked evidence of a	Recommendation #2: The County must	In San Mateo County, the Stigma Free San Mateo County Program has since been	The submitted

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	validated method used to measure changes in attitudes, knowledge, and/or behavior related to mental illness or seeking mental health services for one Prevention and Early Intervention (PEI) Stigma and Discrimination Reduction Program in the approved FY 2017-20 Plan and FY 2018-19 Update. Specifically, the Stigma Free San Mateo County Program did not use a validated method to measure changes in attitudes, knowledge, and/or behavior related to mental illness or seeking mental health services.	select and use a validated method to measure changes in attitudes, knowledge, and/or behavior related to mental illness or seeking mental health services. The County must include documentation of the validated measure(s) used for each PEI Stigma and Discrimination Reduction Program within the approved FY 2020-23 Plan, FY 2019-20 Update and each subsequent Plan and Update thereafter.	replaced. Stigma and Discrimination Reduction Programs, as submitted in the FY 2020-23 Three-Year Plan, include 1) Digital Storytelling & Photovoice and 2) Mental Health Awareness. The Three-Year Plan FY 2020-23 also included our first PEI Evaluation Report covering FY 2016-17 and FY 2017-18. The PEI Evaluation Report identified recommendations, which we continue to implement as follows: a) Contract an external evaluator given staffing challenges. A limited-term position was brought on board for MHSA PEI Evaluation in FY 2018-19. This staff person worked with all 19 PEI programs to support PEI Evaluation. Recently, Resource Development Associates (RDA) has been brought on board as of February 1, 2021 to complete the work and support the identification of data collection tools and indicators for 9 remaining PEI programs. This effort has led to changes in the Request for Proposals and contracting language to include evaluation metrics and tools. b) Hold regular meetings with contract monitors and contracted agencies. A PEI Reporting and Evaluation Info Session for clinical contract monitors	plan is accepted.	

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Suggested	Suggested		Comments/
Improvement #	Improvement		Notes
	(Cal. Code of Regs., tit. 9, §§ 3750(d), 3755(f)(3)).	and local PEI providers was launched on January 29, 2021. RDA will set up regular meetings to identify tools and indicators for ongoing evaluation through June 30, 2021.  c) Develop a PEI database to support consistent data collection year-to-year. BHRS is working with our internal IT department to develop an Avatar-based database for PEI programs that collect individual-level data, which will launch July 1, 2021. A pilot launch will commence in February and March 2021. The Avatar database trainings for the pilot PEI programs is scheduled for February 24 and March 3, 2021.  Additionally, the program coordinator for Stigma and Discrimination Program category of PEI participated in the California Institute for Behavioral Health Solutions (CIBHS) and Department of Health Care Services (DHCS)-sponsored Measurements, Outcomes, and Quality Assessment (MOQA) efforts to improve statewide reporting on outcomes for MHSA PEI programs under Stigma and Discrimination and Suicide Prevention.  Evidence of the tools and data being collected for Stigma and Discrimination Programs are	

Finding # or Suggested Improvement #	Finding or Suggested Improvement		Recommendation # ction Step / Identify Timeline / and Evidence of Identisms for Monitoring Effectiveness)	Score – Comments/ Notes
		Recommendation #3: The County must demonstrate that at least 51% of PEI funds are used to serve individuals 25 years old or younger on the FY 2019-20 ARER and each subsequent ARER thereafter. The County must develop and implement accounting and cost allocation policies and procedures that will allow the County to allocate a majority of PEI funds to serve	attached here. The Digital Storytelling & Photovoice project is currently on hold given staffing challenges.  BHRS has both Community Program Planning (CPP) and fiscal accounting procedures that allow the County to allocate a majority of PEI funds to serve individuals who are 25 years old or younger.  a) During the CPP process stakeholders are asked to brainstorm and prioritize both PEI and CSS strategies to ensure we have PEI programs identified for 0-25 population.  b) BHRS Policy 20-09 "MHSA Administration and Components", Procedures section 2.b.ii. will be updated by June 30, 2021 to include the development of both CSS and PEI strategies for 0-25 population in the Strategy Development Phase of the	
		individuals who are 25 years old or younger.	Community Program Planning (CPP). c) As part of the MHSA budget development process, the Fiscal Manager works closely with the MHSA Manager to ensure appropriate cost allocations.  The Annual Revenue and Expenditure Report that led to this Finding #3 reflects actual	

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			expenditures, which were impacted by PEI staffing vacancies beyond the control of BHRS and delays in start-up for PEI projects, specifically a \$600,000 allocation to Youth Pre-Crisis Response and Prevention in the FY 2017-19 Three-Year Plan was delayed and is finally launching this current FY 2020-21.	
Finding #4	San Mateo County's MHSA components of CSS, PEI, Innovation (INN), and Technological Needs (TN) programs/ services and budget were inconsistent between the approved FY 2018-19 Update and the FY 2018-19 Annual Revenue and Expenditure Report (ARER). (W&I Section 5892(g); Cal. Code Regs., tit. 9, § 3320(a)).	Recommendation #4: The County must ensure that the program names listed in the CSS, PEI, INN and TN components of the approved FY 2020- 23 Plan and FY 2019- 20 Update, and all subsequent Plans and Updates thereafter, are consistent with the names in the currently approved ARER. The budget in the approved Plan and Update should be consistent	Annual Community Program Planning (CPP) processes can lead to changes and/or additions to programs and program names identified in the respective Three-Year Plan. These changes and/or additions will be included in the Annual Updates and take effect immediately on July 1st of the ensuing fiscal year programming. The Annual Revenue and Expenditure Report (ARER) will be consistent with the respective Three-Year Plan and/or Annual Update's program names.  For this upcoming ARER, BHRS will ensure that there are no inconsistent program names in the approved FY 2020-23 Three-Year Plan and the FY 2020-21 ARER. This will also hold true for each subsequent Annual Update,	The submitted plan is approved.
	Specifically, the following programs/services and budget	with the approved ARER. If the program or service did not occur, report the program or service on	Three-Year Plan and the respective ARER thereafter.  As part of the ARER preparation, the BHRS Fiscal Manager and fiscal staff will work	

Finding # or Suggested Improvement #	Finding or Suggested Improvement		Recommendation # stion Step / Identify Timeline / and Evidence of lechanisms for Monitoring Effectiveness)	Score – Comments/ Notes
	components were inconsistent:  • The following CSS programs were listed in the approved FY 2018-19 Update, but not in the FY 2018-19 ARER: Expansion – AOT FSPs, Expansion – Augmented Board and Care (FSP), Expansion – Supports for Older Adults (non-FSP), and Coastside Wellness Center (non-FSP). Additionally, the proposed budget for Adults and Older Adults FSP in the approved FY 2018-19 Update was significantly lower than the expenditure listed in the FY 2018-19 ARER.	the approved ARER and indicate zero expenditures. Any discrepancies or name changes must be explained in the approved Plan and Update.	closely with the MHSA Manager to ensure consistent program names are reported in the ARER.  BHRS will update policy #20-09 MHSA Administration and Components, to include the policy, procedures and responsibilities that ensure the program/project names are consistent in the Three-Year Plan, Annual Update, and ARER. Training will be provided to any new MHSA program and/or fiscal staff that supports the development of the Three-Year Plan, Annual Update, and ARER. Evidence of the new policy and trainings will be submitted to DHCS.	

Finding # or Suggested	Finding or Suggested	Recommendation # (State Corrective Action Step / Identify Timeline / and Evidence of	Score – Comments/
Improvement #	Improvement	Corrections / Mechanisms for Monitoring Effectiveness)	Notes
	<ul> <li>The following</li> </ul>		
	PEI programs		
	were listed in		
	the approved		
	FY 2018-19		
	Update, but not		
	in the FY 2018-		
	19 ARER:		
	Youth Crisis		
	Response and		
	Prevention,		
	Expansion –		
	Early Onset of		
	Psych		
	Disorders After		
	Care,		
	Expansion –		
	Crisis		
	Interventions,		
	Expansion –		
	TIS Ages 0-25.		
	Additionally,		
	Suicide		
	Prevention was		
	listed in the FY		
	2018-19 ARER		
	with an		
	expenditure,		
	but not in the		
	approved FY		

Finding # or Suggested	Finding or Suggested	Recommendation # (State Corrective Action Step / Identify Timeline / and Evidence of	Score – Comments/
Improvement #	Improvement	Corrections / Mechanisms for Monitoring Effectiveness)	Notes
•	2018-19	,	
	Update.		
	<ul> <li>The following</li> </ul>		
	INN program		
	was listed in		
	the approved		
	FY 2018-19		
	Update, but not		
	in the FY 2018-		
	19 ARER:		
	Evaluation.		
	Additionally,		
	the proposed		
	budget for the		
	Technology		
	Collaborative in		
	the approved FY 2018-19		
	Update was		
	significantly		
	higher than the		
	expenditure in		
	the FY 2018-19		
	ARER.		
	The County did		
	not provide a		
	TN proposed		
	budget		
	summary in the		
	approved FY		

Finding # or Suggested	Finding or Suggested		Recommendation # tion Step / Identify Timeline / and Evidence of	Score – Comments/
Improvement #	Improvement	Corrections / M	echanisms for Monitoring Effectiveness)	Notes
	2018-19 Update or list any			
	expenditures in the FY 2018-19 ARER.			
	/ UNLIN	Suggested Improvement #1: DHCS recommends the County compare stakeholder and County demographics to ensure desired participation of target populations in the CPPP and to determine whether stakeholders reflect the diversity of the demographics of the County, including but not limited to geographic location, age, gender, race, and unserved and/or underserved populations. DHCS recommends the County include this comparison of both	BHRS will include a comparison of stakeholder and County demographics to ensure desired participation of target populations in the CPP process in the upcoming FY 2020-21 Annual Update, due June 30, 2021.	The submitted plan is accepted.

Finding # or Suggested Improvement #	Finding or Suggested Improvement		Recommendation # tion Step / Identify Timeline / and Evidence of echanisms for Monitoring Effectiveness)	Score – Comments/ Notes
		stakeholder demographics and overall County demographics within the approved Plans and Updates.		