

Alpine County Plan of Correction
Per the County Performance Contract Review Report for Review Dates March 14-15, 2019

Finding # or Suggested Improvement #	Finding or Suggested Improvement	Recommendation # (State Corrective Action Step / Identify Timeline / and Evidence of Corrections / Mechanisms for Monitoring Effectiveness)		Score – Comments/Notes
Finding #1	Alpine County submitted the FY 2017-18 Annual Revenue and Expenditure Report (ARER) past the due date. (California Code of Regulations, Title 9, § 3510(b)).	Recommendation #1: The County shall submit the FY 2018-19 ARER no later than December 31, following the end of the fiscal year; and each subsequent year thereafter.	<ul style="list-style-type: none"> a. As a small county we wear many hats and utilize off-site consultants for fiscal support. (e.g. cost reports and RERs). Collecting data by our staff to be provided to our consultant takes time, scheduled between other duties. Currently working on completing 2018-19 RER, once complete it will be posted. b. Working to have 2019-20 RER submitted by December 31, 2020, and each subsequent year thereafter. 	The submitted plan is accepted.
Finding #2	Alpine County did not submit the adopted FY 2017-20 Three-Year Program and Expenditure Plan (Plan) and FY 2018-19 Annual Update (Update) to the Department of Health Care Services (DHCS) within 30 days after adoption. (Welfare and Institution (W&I)	Recommendation #2: The County shall submit the adopted FY 2020-23 Plan and FY 2019-20 Update to DHCS at MHSA@dhcs.ca.gov and the Mental Health Oversight and Accountability Commission (MHSOAC) within 30 days after adoption by the County Board of Supervisors; and each subsequent Plan and	<ul style="list-style-type: none"> a. Staff is currently writing the FY 20-21 Annual Update to the 2020-23 Three-Year Program and Expenditure Plan, which will be submitted to DHCS within 30 days of adoption by Alpine County Board of Supervisors, and for each subsequent year thereafter. b. Scheduled to present to Board of Supervisors for approval in May 2021, and each subsequent year thereafter. 	The submitted plan is accepted.

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	Code, Section 5847(a)).	Update thereafter.		
Finding #3	Alpine County lacked evidence that it ensures Full Service Partnership (FSP) Personal Service Coordinators (PSC)/Case Managers are culturally and linguistically competent or, at a minimum, educated and trained in linguistic and cultural competence. (Cal. Code Regs., tit. 9, § 3620(h)(2)).	<p>Recommendation #3: The County must develop and implement internal processes and procedures to ensure FSP PSC/Case Managers are culturally and linguistically competent or, at a minimum, educated and trained in linguistic and cultural competence.</p> <p>Recommendation #3a: The County must develop methods to ensure and track individual FSP PSC/Case Managers completion of cultural competency training and activities.</p>	<p>a. Alpine County Behavioral Health Services (ACBHS) has Policy & Procedure AC-3002 Cultural and Linguistic Competence Program. (P & P attached)</p> <p>a. ACBHS has an internal procedure (#26): Training Verifications to detail the process for verification of trainings attended/completed by staff within one week of completing training. (internal procedure and sample form attached)</p> <p>b. Department has designated an Administrative Assistant who consistently updates log of all staff trainings. At the time of Audit (May 2019) we included the log of all Cultural Competency Trainings for Clinicians who acting as FSP/PSC Case Managers. (log attached)</p>	<p>The submitted plan is accepted.</p> <p>The submitted plan is accepted.</p>

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		<ul style="list-style-type: none"> c. All ACBHS staff completed on-line Cultural Competence training from Relias in March 2019. d. All ACBHS staff received in-person Language Line training in April 2019. e. ACBHS staff attended Cultural Competency Training hosted by Inter Tribal Council of California, in October 2019. f. March 2020 all ACBHS staff trained in person on the Language Line. g. All staff will be required to complete Cultural Competence Training on-line training thru Relias by June 2020. h. In an effort to increase training for ACBHS staff in Alpine, we connected with Amador County who have invited us to attend some of their upcoming trainings. ACBHS Director and MHSA Coordinator took on-line (in person cancelled due to COVID 19) Cultural Competency Training March 2020. The ACBHS Clinical 	

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			and MHSA team (5 total) will attend a LGBTQ+ Affirming Principles in April 2020. Information from both trainings will be presented to staff and Cultural Humility Committee.	
Finding #4	Alpine County's adopted FY 2017-20 Plan and FY 2018-19 Update did not include reports on achievement of performance outcomes for MHSA services. (W&I Section 5848(c); County Performance Contract (6)(A)(5)(d)).	Recommendation #4: The County must develop and implement policies and procedures to ensure data is collected and analyzed to report on its achievement of performance outcomes for services provided. The approved FY 2020-23 Plan and FY 2019-20 Update shall include reports of achievement of performance outcomes for MHSA services and for each subsequent Plan and Update thereafter.	<ul style="list-style-type: none"> a. Alpine County Behavioral Health Services has Policy & Procedure AC-6006 MHSA Funding Components and Reporting Required. (attached) b. All Contractors provided end of year FY 2018-19 reports, and mid-year FY 2019-20. "Contractor's Invoice Checklist" must be included with monthly invoices. (attached) c. The 2020-21 Annual Update will include performance outcomes by end of June 2021, and each subsequent plan and update thereafter. d. November 2019 ACBHS decided to use Quality of Life Assessments for all PEI Programs. We have chosen four different assessments which include: Quality of Life, Sense of Community, Family Quality of 	The submitted plan is accepted.

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		<p>Recommendation #4a: The County Performance Contract states that County contracts with providers shall include the performance goals stated in the County’s Plan and Update, for each provider’s program(s) and service(s). It was noted that some of the service provider contracts stated deliverables (i.e., client satisfaction surveys, demographics, accomplishments/ challenges, and how the program improved services to clients) were reported and provided to the County. These reports provided achievements in performance outcomes. Information gleaned through reports on the achievement of performance outcomes should be included in the approved Plan and Update.</p>	<p>Life and Self-Rated Abilities for Healthy Practice.</p> <p>We are writing contracts for the FY 2020-2021, it will be written in what is required by Contractors:</p> <ul style="list-style-type: none"> • Contracts will be 12 months July-June 2021 • They will specify what is required with monthly Invoice. • Written to pay for hours providing service. • Specify Activity, Program, time and location within County • Outcome Assessments to be used • Demographic Information to include SOGI for individuals over the age of 16. • Quarterly progress report regarding accomplishments/ challenges, SOGI demographics and client satisfaction surveys will be included in the approved Plan and Update. 	<p>The submitted plan is accepted.</p>

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Finding #5	Alpine County lacked evidence of a validated method used to measure changes in attitudes, knowledge, and/or behavior related to mental illness or seeking mental health services for each Prevention and Early Intervention (PEI) Stigma and Discrimination Reduction Program in the approved FY 2017-20 Plan and FY 2018-19 Update. (Cal. Code of Regs., tit. 9, §§ 3750(d), 3755(f)(3)).	Recommendation #5: The County shall select and include documentation of the validated measure(s) used for each PEI Stigma and Discrimination Reduction Program and address all components of Cal. Code of Regs., tit. 9 §§ 3750(d), 3755(f) in their approved FY 2020-23 Plan and FY 2019-20 Update and each subsequent Plan and Update thereafter.	a. While writing our MHSA 3 Year Program and Expenditure Plan 2020-23 (approved July 2020) we addressed this finding by identifying Time to Change Attitudes Questionnaire (attached) as our validated method to measure changes in attitudes, knowledge, and/or behavior related to mental illness or seeking mental health services for our (PEI) Stigma and Discrimination Reduction Program; <i>Create the Good</i> . For Mental Health First Aid we use the program specific evaluation measures for each of the adult and youth trainings (attached). This will submitted for each subsequent plan and annual update thereafter.	The submitted plan is accepted.
Finding #6	Alpine County did not dedicate at least 51% of Prevention and Early Intervention (PEI) funds to serve individuals 25 years or younger in FY	Recommendation #6: 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 individuals	a. Alpine County Behavioral Health Services has Policy & Procedure AC-6006 MHSA Funding Components and Reporting Required. (attached, noted in finding #4) b. Alpine county's population of	The submitted plan is accepted.

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	2017-18. (Cal. Code of Regs., tit.9, § 3706(b)).	who are 25 years or younger.	<p>1,175 (2010 census) reflects 28% under the age of 25 and 44% over the age of 50 has led us to use PEI dollars on Senior Socialization & Exercise. As we work thru budget in our Three Year MHSA FY 2020-2023 we will endeavor to create programs that may engage youth and TAY, or will benefit youth and TAY.</p> <p>c. In May 2018 ACBHS experienced complete turnover of the MHSA fiscal staff. At the time that this position was vacated, the Alpine County Finance Department had already begun the 2019-20 budget process. Staff was assigned to step in and begin reorganizing the MHSA fiscal requirements. The budget in 2019-20 MHSA Annual Update was based on past practice and what had been assigned to programs by the MHSA Coordinator.</p> <p>d. For each ARER each year, the PEI funds to serve or benefit</p>	

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			individuals 25 years or younger will be greater than 51%.	
Finding #7	Alpine County's adopted FY 2017-20 Plan and FY 2018-19 Update did not clearly identify which Prevention and Early Intervention (PEI) programs fall under each PEI program category. (Cal. Code Regs., tit. 9, § 3755(L)(2)).	Recommendation #7: The County shall identify each Program funded with PEI funds as a Prevention Program, an Early Intervention Program, Outreach for Increasing Recognition of Early Signs of Mental Illness Program, Stigma and Discrimination Reduction Program, Suicide Prevention Program (if applicable), or Access and Linkage to Treatment Program, in the FY 2020-23 Plan and FY 2019-20 Update and each subsequent Plan and Update thereafter.	The County will incorporate their PEI programs into the following categories in the Plan and Update: a) Prevention, b) Early Intervention, c) Outreach for Increasing Recognition and Early Signs of Mental Illness, d) Access and Linkage to Treatment, Stigma Discrimination and Reduction and Suicide Prevention (optional) for the FY 2020-23 Plan and FY 2020-21 Update and each subsequent Plan and Update thereafter.	The submitted plan is accepted.
Suggested Improvement Item #1:	MHSA Transparency and Consistency	Recommendation #1: DHCS recommends the County post the full ARER on the County's website.	a. Currently the 2017-2018 RER is updated to the Alpine County website, and will be updated for each subsequent year thereafter; https://www.alpinecountyca.gov/Docume	The submitted plan is accepted.

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		<p>Recommendation #1a: DHCS recommends programs identified in the adopted Plan and Update (e.g. has distinct program descriptions) match program names and services consistently within the approved Plan, Update, budget and ARER.</p> <p>Recommendation #1b: The ARER should be consistent with the budget in the adopted Plan and Update. If the program or service did not occur, report the program or service on the ARER and indicate zero expenditure.</p>	<p>ntCenter/View/2896</p> <p>b. As soon as 2018-19 RER is completed, it will be posted.</p> <p>1a: This was done in the 2019 Annual Update and will be done in the Three Year 2020-2023 MHSA Plan, and each subsequent Plan and Update thereafter.</p> <p>1b: The County will ensure the ARER will be consistent with the budget in the adopted Plan and Update and for each subsequent Plan, Update and ARER.</p>	<p>The submitted plan is accepted.</p> <p>The submitted plan is accepted.</p>

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		<p>Recommendation #1c: DHCS recommends the County clearly identify in the beginning of all Annual Updates what changes will/did occur and whether these changes went through the Community Program Planning Process (CPPP). For example, the FY 2018-19 Annual Update budget (pg. 43) does not list the program 'Financial Incentives' under the Workforce Education and Training (WET) Component Worksheet. However when reading the program description (pg. 37) it explains why the program will no longer be provided. There was no reference to such a change under the CPPP portion of the Annual Update or description of whether there was community involvement in that decision. The change should be noted under the CPPP portion of the approved Update and any community</p>	<p>1c: Staff is currently writing the FY 2020-21 Annual Update to the FY 2020-23 Three-Year Program and Expenditure Plan, which will clearly identify what changes will/did occur as included in the CPPP, and for each subsequent update thereafter.</p>	<p>The submitted plan is accepted.</p>

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		involvement in that decision should be detailed.		
Suggested Improvement Item #2:	Community Program Planning Process (CPPP)	<p>Recommendation #2: DHCS recommends the County develop formalized policies and procedures for their CPPP that outline the designated position(s) responsible for the overall CPPP and CPPP training of County staff and stakeholders.</p> <p>Recommendation #2a: DHCS recommends the County design a template for sign-in sheets that specify date, time, location, purpose of the meeting and identify the constituent group stakeholders represent, as well as record meeting minutes for all stakeholder meetings. Additionally, DHCS recommends all CPPP training materials include date trainings occur, corresponding sign-</p>	<p>The County has updated Policy and Procedure AC-6007 identifying trainings for staff, stakeholders, clients and families of clients who are participating in the CPPP and providing background MHSA information throughout the planning process. (attached)</p> <p>a. Meeting Sign in sheet (attached)</p>	<p>The submitted plan is accepted.</p> <p>The submitted plan is accepted.</p>

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		<p>in sheets and that any CPPP related timelines identify when stakeholder trainings occur.</p> <p>Recommendation #2b: 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, and race. DHCS recommends the County include this comparison of both stakeholder demographics and overall County demographics within the adopted Plan and Updates.</p>	<p>b. ACBHS will include breakdown of four distinct regions of Alpine County as percentage of total population and diversity of each region in adopted Plan and Updates, and for each subsequent approved plan and update thereafter.</p>	<p>The submitted plan is accepted.</p>
Suggested Improvement Item #3:	Individual Service and Support Plans (ISSP)	<p>Recommendation #3: DHCS found that not all Individual Service and Support Plans (ISSP), sometimes known as Treatment Plans, clearly indicated the client driven</p>	<p>a. Alpine County Behavioral Health Services has Policy & Procedure AC-303 Client Treatment Plans (attached).</p> <p>b. Clinical Team Training was</p>	<p>The submitted plan is accepted.</p>

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		nature of stated goals. DHCS recommends that goals listed within the ISSP, should be client driven. The ISSP corresponding notes should clearly indicate the client driven nature of the stated goals.	provided based on similar findings by Triennial review. It was noted treatment plans should be individualized, to client's goals. Clinical Team Meeting Agenda and sign in sheets (attached). c. FSP will be discussed in detail in the upcoming Clinical Team meeting (CTM) on September 16, 2020. Agenda, AC-6005 and AC-6006 (attached)	
Suggested Improvement Item #4:	Contracts	Recommendation #4: DHCS found that of the ten contracts provided, three contracts had signatures missing and one of the contracts was signed by the service provider only. DHCS recommends that contracts be reviewed annually for signatures and dates, terms of agreement dates, scope of work consistent with Plan and Update, stated performance goals are consistent with the Plan and Update that apply to each providers'	a. Staff Member assigned to contracts to ensure all signed and proper information such as insurance is included. b. MHSA Coordinator reviews and signs off on all monthly invoices before processed for payment. c. All Contracts scheduled to be complete with signatures by July 1, 2020	The submitted plan is accepted.

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		programs/services, and contract deliverables are received.		