

Amador County Plan of Correction
Per the County Performance Contract Review Report for Review Dates April 22, 2020

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	Amador County did not report the estimated number of clients the County plans to serve in each Full Service Partnership (FSP) targeted age group in the approved FY 2017-20 Three-Year Program and Expenditure Plan (Plan). (California Code of Regulations, title 9, section 3650(a)(3)).	<p>Recommendation # 1</p> <p>The County must report the number of FSP clients the County plans to serve in each age group: children (0-15), transitional age youth (16-25), adult (26-59), and older adult (60 and older) for each fiscal year of the approved FY 2020-23 Plan and each subsequent Plan thereafter.</p>	<p>Amador County has included the number of FSP clients the County plans to serve in each age group: children (0-15), transitional age youth (16-25), adult (26-59), and older adult (60 and older) for each fiscal year of the approved FY 2020-23 Plan and will continue to include the number of FSP clients by age group in each subsequent Plan thereafter. The MHSA Three-Year Plan and Expenditure Report is currently being reviewed for public comment and is attached to this Plan of Correction for your reference.</p> <p>The Three-Year Plan and Expenditure Report for FY2020-23 is scheduled for public hearing on September 16, 2020 and will be agendized for Board of Supervisors approval shortly thereafter.</p> <p>The following steps have been initiated in order to ensure that the number of FSP clients the county plans to serve in each age group is reflective of the client’s needs:</p> <p>a) Weekly review of FSP clients at provider team meeting to monitor any new FSP referrals and discuss FSP closures/graduations. These referrals and closures/graduations are logged and monitored for annual evaluation to ensure that appropriate age groups were served.</p> <p>b) Quarterly DCR and FSP reviews occur with the FSP team (PSC and Clinician) to discuss FSP service needs. These reviews are logged,</p>	The submitted plan is accepted.

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			<p>scanned into the clients chart and then reviewed to ensure that appropriate age groups are being served.</p> <p>c) Annual review of EHR and FSP tracking data to provide accurate reports on age groups served. The findings of the annual review will be evaluated and included in future MHSA Three-Year Plans and/or Annual Updates. Any changes to numbers of FSP clients served by age group will be reflected in future MHSA Three-Year Plans and/or Annual Updates.</p>	
Finding # 2	<p>Amador County did not include their Annual Prevention and Early Intervention Report in the approved FY 2017-20 Plan and FY 2018-19 Annual Update (Update). (Cal. Code Regs., tit. 9, § 3560.010).</p>	<p>Recommendation #2: The County must report all Prevention and Early Intervention (PEI) required information of the Cal. Code of Regs., tit. 9, § 3560.010 in the approved FY 2020-23 Plan and FY 2019-20 Update and each subsequent Plan and Update thereafter.</p>	<p>Amador County Behavioral Health Services (ACBHS) is working towards compliance in reporting PEI required information of the Cal. Code of Regs., tit. 9, § 3560.010:</p> <p>a) FY 19/20 MHSA Annual Update included ACBHS Three-Year Evaluation Report for FY16/17 and FY17/18, along with detailed explanations on data collection challenges and plans to comply with the requirements in the future.</p> <p>b) FY 19/20 MHSA Annual Update also included the PEI required data, to the best of ACBHS's ability to collect it, within the Annual Update.</p> <p>c) The draft MHSA Three-Year Plan and Expenditure Report for FY20-23 has included all PEI required information for FY19/20, along with detailed explanations of data collection challenges and the solutions to those challenges.</p>	<p>The submitted plan is accepted.</p>

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		<p>d) In order to become fully compliant with the PEI requirements, under Cal. Code of Regs., tit. 9, § 3560.010, ACBHS has contracted with ONTRACK Program Resources to provide training and technical assistance around the expanded demographic and Sexual Orientation and Gender Identity (SO/GI) data collection practices. Two trainings for providers and staff took place in August 2020 and technical assistance is scheduled to develop materials for successful implementation. ACBHS is on track to implement expanded demographic and SO/GI data collection by October 1, 2020 and will report this required information in subsequent Updates and Plans thereafter.</p> <p>e) In order to effectively report, 'Duration of Untreated Mental Illness (DUMI)' and 'Average interval between referral and participation in services to which they were referred', PEI providers and staff need to be engaged to determine the best approach for collecting and reporting this data. In November 2019, stakeholders had an annual meeting and it was determined that a second meeting to specifically discuss the PEI requirements would be scheduled in Spring 2020 with the goal of DUMI and Average Interval data collection processes beginning July 1, 2020. Due to COVID-19, this process was delayed. Once SO/GI is implemented (as mentioned above), stakeholders will be engaged</p>	

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			to develop effective practices that will allow ACBHS to be fully compliant with DUMI and Average Interval reporting by January 1, 2021. The data will be reported in subsequent Updates and Plans thereafter.	
Finding # 3	Amador 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 two PEI Stigma and Discrimination Reduction Programs in the approved FY 2017-20 Plan and FY 2018-19 Update. Specifically, two of Amador County’s five Stigma and Discrimination Reduction Programs (Wellness Days and Community Awareness Campaign) did not	Recommendation #3: The County must 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 should include documentation of the validated measure(s) used for each PEI Stigma and Discrimination Reduction Program within the approved FY 2020-23 Plan and FY 2019-20 Update and each subsequent Plan and Update thereafter.	ACBHS no longer has five Stigma and Discrimination Reduction programs. It now has one Stigma and Discrimination Reduction Program and two programs that use Non-Stigmatizing and Non-Discriminatory Strategies. ACBHS has selected and is using validated methods to measure changes in attitudes, knowledge and or behavior related to mental illness or seeking mental health services for the three Stigma and Discrimination Reduction programs. These tools are identified and outcomes are included in the FY2020-23 Three-Year Plan and Expenditure Report, which is attached to this Plan of Correction. The data will be reported in subsequent Updates and Plans thereafter.	The submitted plan is accepted.

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	use a validated method to measure changes in attitudes, knowledge, and/or behavior related to mental illness or seeking mental health services. (Cal. Code of Regs., tit. 9. §§ 3750(d), 3755(f)(3)).			
Finding # 4	Amador County did not dedicate at least 51% of their PEI funds to serve individuals who are 25 years old or younger. (Cal. Code of Regs., tit. 9, § 3706(b)).	Recommendation #4: 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 who are 25 years old or younger.	ACBHS follows State and Federal accounting and cost allocation requirements as well as fiscal policies and procedures in accordance with generally accepted account principles and County Auditor Controllers Office standard practice policies. The FY 19/20 RER will show ACBHS dedicated 51% of PEI funds to serve individuals who are 25 years old or younger. Future ARER's will reflect ACBHS dedication to regulatory compliance by allocating 51% of PEI funds to serve individuals who are 25 years or younger.	The submitted plan is accepted.
Finding # 5	Amador County PEI programs/services implementation is not consistent with the approved FY 2017-20 Plan, FY 2018-19 Update and FY 2018-	Recommendation #5: All expenditures for the County's mental health programs must be consistent with a currently approved Plan, Update and	ACBHS acknowledges the discrepancies among the County's PEI programs/services for FY 2017-20, FY 2018-19 Update and FY 2018-19 ARER. ACBHS has taken necessary action to ensure the following:	The submitted plan is accepted.

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	<p>19 Annual Revenue and Expenditure Report (ARER). (Welfare and Institution Code (W&I Code) section 5892(g)). Specifically, the FY 2018-19 ARER shows the following standalone PEI programs:</p> <ol style="list-style-type: none"> 1. Nexus YEP 2. Nexus Promotores de Salud 3. Resources Connection-Grandparents Program 4. Nexus O&E 5. First 5 6. Nexus Building Blocks 7. Labyrinth 8. Senior Peer 9. MHA- LGBTQ <p>The approved FY 2018-19 Update PEI</p>	<p>ARER. If the programs listed on the ARER are actually combined programs, then they should be reported as combined versus standalone. The County must align PEI programs/services implementation with the approved FY 2020-23 Plan, FY 2019-20 Update and FY 2019-20 ARER and each subsequent Plan, Update and ARER thereafter.</p>	<p>a) Since 2016, the County has experienced turnover with fiscal administration to carry out the ARER's which resulted in the ARER's being completed entirely by or with assistance from contracted professionals. As a result, inconsistencies occurred. In August 2019, ACBHS hired a full-time Fiscal Officer who is working closely with the MHSA Programs Coordinator to ensure that the expenditures for MHSA are consistent with the approved Update and FY 2020-23 Three-Year Plan, to be incorporated into future ARER's. This will assist in alleviating any future inconsistencies in future Plans, Updates and ARER's.</p> <p>b) ACBHS has ensured that expenditures for the County's mental health programs are consistent with the FY 19-20 Update and FY 2020-23 Three-Year Plan. This will be reflected in future ARER's reporting.</p> <p>c) ACBHS will ensure that stand alone PEI programs will be listed as such and not as combined programs, in the FY2020-23 Three-Year Plan and ARER.</p> <p>d) ACBHS will ensure that stand alone PEI programs will be listed as such and not combined programs in the FY 19-20 ARER.</p> <p>e) It is clear that ACBHS naming conventions are not consistent across the Plans, Updates and ARER's. ACBHS will ensure that all PEI program names are listed consistently in the FY 19-20</p>	

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	<p>Budget Summary lists 24 programs versus 9 program descriptions listed in the PEI section of the approved FY 2018-19 Update.</p> <p>Additionally, the following 3 PEI programs/services appeared on the FY 2018-19 ARER but did not appear on the PEI budget summary of the approved FY 2018-19 Update:</p> <ol style="list-style-type: none"> 1. Resource Connections- Grandparents Program- Outreach 2. Senior Peer- Outreach 3. Labyrinth- Stigma & Discrimination reduction 		<p>ARER, FY2020-23 Three-Year Plan and future Updates and ARER's.</p>	
Finding # 5a.	<p>Amador County PEI programs/services implementation is not consistent with the</p>	<p>Recommendation #5a The County must ensure that the programs listed in the</p>	<p>ACBHS acknowledges that discrepancies occurred in previous Plans, Updates and ARER's regarding PEI programs.</p>	<p>The submitted plan is accepted.</p>

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	<p>approved FY 2017-20 Plan, FY 2018-19 Update and FY 2018-19 Annual Revenue and Expenditure Report (ARER). (Welfare and Institution Code (W&I Code) section 5892(g)). Specifically, the FY 2018-19 ARER shows the following standalone PEI programs:</p> <ol style="list-style-type: none"> 1. Nexus YEP 2. Nexus Promotores de Salud 3. Resources Connection-Grandparents Program 4. Nexus O&E 5. First 5 6. Nexus Building Blocks 7. Labyrinth 8. Senior Peer 9. MHA- LGBTQ 	<p>PEI Worksheet of the ARER is consistent with the PEI budget summary of the approved Plan and Update. Any discrepancies or name changes must be explained in the approved Plan and Update.</p>	<p>ACBHS has adopted the following actions to correct this finding:</p> <ol style="list-style-type: none"> a) ACBHS will ensure that the PEI Worksheet of the FY 19-20 ARER is consistent with the PEI budget summary of the FY 19-20 Update. b) ACBHS has ensured that PEI programs listed in FY2020-23 Three-Year Plan are consistent in the narrative as well as the budget forms. c) ACBHS will ensure that the PEI programs listed in the FY2020-23 Three-Year Plan will be consistent in the PEI Worksheet of the ARER. d) ACBHS will identify and name changes or discrepancies within future Plans or Updates, should they occur. 	

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	<p>The approved FY 2018-19 Update PEI Budget Summary lists 24 programs versus 9 program descriptions listed in the PEI section of the approved FY 2018-19 Update.</p> <p>Additionally, the following 3 PEI programs/services appeared on the FY 2018-19 ARER but did not appear on the PEI budget summary of the approved FY 2018-19 Update:</p> <ol style="list-style-type: none"> 1. Resource Connections- Grandparents Program- Outreach 2. Senior Peer- Outreach 3. Labyrinth- Stigma & Discrimination reduction 			

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Suggested Improvement Item #1	MHSA Transparency and Consistency	Suggested Improvement Recommendation #1: The Department of Health Care Services (DHCS) recommends program names and service categories detailed in the approved Plan and Update match the program names and service categories in the ARER.	ACBHS has adopted procedures to ensure that the MHSA Programs Coordinator and the Fiscal Officer collaborate regularly to monitor, improve and accurately report MHSA Program expenses. Through regularly scheduled MHSA Fiscal Meetings, ACBHS will ensure that the program names and services categories detailed in the approved Plan and Update match the program names and service categories in the ARER.	The submitted plan is accepted.
Suggested Improvement Item #1a.	MHSA Transparency and Consistency	Suggested Improvement Recommendation #1a: The ARER should be consistent with the budget in the approved Plan and Update. If the program or service did not occur, report the program or service on the ARER and indicate zero expenditures.	ACBHS has adopted procedures to ensure that the MHSA Programs Coordinator and the Fiscal Officer collaborate regularly to monitor, improve and accurately report MHSA Program expenses. Through regularly scheduled MHSA Fiscal Meetings, ACBHS will ensure that the budgets in the approved Plan and Update are consistent with the ARER. Additionally, ACBHS will ensure that if a program or service did not occur, to report this on the ARER and indicate zero expenditures.	The submitted plan is accepted.
Suggested Improvement #2	MHSA Policies and Procedures	Suggested Improvement Recommendation #2:	ACBHS acknowledges that its MHSA Issue Resolution process was in need of updating to include specific and detailed information related to MHSA issues. ACBHS has created a policy and	The submitted plan is accepted.

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		DHCS recommends the County update their MHSA Issue Resolution policy and procedure to include detailed information on: <ul style="list-style-type: none"> <input type="checkbox"/> How clients are made aware of the MHSA Issue Resolution policy and procedure <input type="checkbox"/> What is the procedure for filling out the MHSA Issue Resolution Log <input type="checkbox"/> Who is responsible for the MHSA Issue Resolution Log <input type="checkbox"/> A timeline of when a client should receive a response and/or a resolution for the MHSA issue filed <input type="checkbox"/> How behavioral health employees and service providers are trained on the MHSA 	procedure (P&P) specific to the MHSA Issue Resolution Process as well as created new forms and information sheets to address the recommendation in Suggested Improvement #2. The new P&P and related forms are currently in draft form and under review; however, they are attached to this Plan of Correction for reference.	

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		Issue Resolution policy and procedure		
Suggested Improvement #2a.	MHSA Policies and Procedures	Suggested Improvement Recommendation #2a: DHCS recommends the County provide training on MHSA Issue Resolution policies and procedures to all behavioral health employees and service providers involved in the complete delivery of services to recipients of MHSA programs. Additionally, DHCS recommends the County maintain documentation of training to staff and service providers.	<p>On November 15, 2019, the first annual MHSA Stakeholder Meeting was held. Representatives from all but one MHSA service provider organizations attended. For your reference, the emails documenting who was there, along with the summary of what was discussed, including the MHSA Issue Resolution process is attached to this Plan of Correction. The power point presentation is also attached.</p> <p>On January 15, 2020 the first annual MHSA Workshop was held for all behavioral health employees/staff. The MHSA Issue Resolution Process was discussed. Please see the power point presentation and the sign-in sheet attached to this Plan of Correction. Also attached is a follow up email after the workshop which includes the MHSA Issue Resolution Process.</p> <p>Please note that this evidence was provided prior to the MHSA Program Review on April 22, 2020 as it was uploaded to the Movelt System. During our review on April 22, 2020 we discussed this training and evidence was sent a second time to DHCS staff after the review showing that the training had been provided to ACBHS</p>	The submitted plan is accepted.

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		<p>employees/staff. A copy of this email is attached to this Plan of Correction for your reference.</p> <p>It is of utmost importance to ACBHS that the MHSA Issue Resolution Process be utilized. Annual workshops will be held to ensure that MHSA service providers and ACBHS employees/staff continue to receive vital information regarding the MHSA Issue Resolution Process. Additional training and education is scheduled to be provided to stakeholder groups and clients in Fall 2020. Additional outreach to ensure clients, employees and MHSA service providers are aware of changes made to the MHSA Issue Resolution Process is also being scheduled and planned once the new P&P is finalized and approved.</p>	