

**Kings County Plan of Correction**  
**Per the Performance Contract Review Report for Review Dates August 6-7, 2019**

<b>Finding # or Suggested Improvement #</b>	<b>Finding or Suggested Improvement</b>	<b>Recommendation # (State Corrective Action Step / Identify Timeline / and Evidence of Corrections / Mechanisms for Monitoring Effectiveness)</b>		<b>Score – Comments/Notes</b>
Finding #1	Kings 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.	The County shall submit the FY 2018-19 ARER no later than December 31, following the end of the fiscal year.  a) Develop a strategy/policy and procedure to ensure ARER's are submitted to DHCS no later than December 31, following the end of each fiscal year. b) Develop an implemented strategy by July 2020. c) See Attachment (A) Finding #1 Recommendation#1 d) County will utilize an internal calendar-tracking system to ensure ARER's are ready for submittal.	The submitted plan is accepted.
Finding #2	Kings County lacked documentation of outreach efforts to engage clients in the Community Program Planning Process (CPPP). (Cal. Code Regs., tit. 9, § 3300(c)(1)(2)).	Recommendation #2: The County must retain all documentation (e.g. flyers, email blasts, newspaper articles, meeting minutes, sign-in sheets, etc.) of outreach activities used to engage clients in the CPPP. These outreach efforts must clearly be	The County must retain all documentation (e.g. flyers, email blasts, newspaper articles, meeting minutes, sign-in sheets, etc.) of outreach activities used to engage clients in the CPPP. These outreach efforts must clearly be indicated in the approved FY 2020-23 Three-Year Program and Expenditure Plan (Plan) and each subsequent approved Plan	The submitted plan is accepted.

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		indicated in the approved FY 2020-23 Three-Year Program and Expenditure Plan (Plan) and each subsequent approved Plan and Annual Update (Update) thereafter.	and Annual Update (Update) thereafter.  a) The County will create an electronic shared drive folder to capture all CPPP efforts. b) A MHSA CPPP shared drive folder has been created on 02.11.20 for the MHSA 2020-2023 Three Year Program & Expenditure Plan. c) Refer to Attachment (A). Finding #2 Recommendation #2 d) The mechanism for monitoring effectiveness of corrective actions over time will include specific language in the Scope of Work for contractors assisting Kings County with drafting MHSA required reports (e.g. Evalcorp). The language will include documentation of the CPPP.	
Finding #3	Kings County did not submit the adopted FY 2017-20 Plan to the Department of Health Care Services (DHCS) within 30 days after adoption. (Welfare and Institution (W&I) Code, Section 5847(a)).	Recommendation #3: The County shall submit the adopted FY 2020-23 Plan and FY 2019-20 Update to DHCS at <a href="mailto:MHSA@dhcs.ca.gov">MHSA@dhcs.ca.gov</a> and the Mental Health Oversight and Accountability Commission	The County shall submit the adopted FY 2020-23 Plan and FY 2019-20 Update to DHCS at <a href="mailto:MHSA@dhcs.ca.gov">MHSA@dhcs.ca.gov</a> and the Mental Health Oversight and Accountability Commission (MHSOAC) within 30 days of adoption by the County Board of Supervisors; and each	The submitted plan is accepted.

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		(MHSOAC) within 30 days of adoption by the County Board of Supervisors; and each subsequent Plan and Update thereafter.	subsequent Plan and Update thereafter.  a) The County will develop an Internal Timeline policy and protocol to ensure submittal of Three Year Program & Expenditure Plans in accordance with (W&I) Code, Section 5847(a)). b) June 2020. c) Policy and Procedure pending, refer to Attachment (A) Finding #3 Recommendation #3 d) The Internal Timeline will be reviewed and documented at each monthly County Leadership Meeting to ensure accountability and fidelity in the Plan timeline submittal process.	
Finding #4	Kings County did not update the adopted FY 2014-17 Plan at least annually. The County did not have a FY 2015-16 or FY 2016-17 Update to the adopted FY 2014-17 Plan. (Cal. Code Regs., tit. 9, § 3310(c)).	Recommendation #4: The County must annually update and report any changes made to the approved Plans (e.g. program name changes, discontinuation of programs, expansion of programs, updates to program data, changes in program funding, etc.)	The County must annually update and report any changes made to the approved Plans (e.g. program name changes, discontinuation of programs, expansion of programs, updates to program data, changes in program funding, etc.) beginning with the adopted FY 2019-20 Update to the FY 2017-20 Plan and each subsequent Update to the Plan thereafter.	The submitted plan is accepted.

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		beginning with the adopted FY 2019-20 Update to the FY 2017-20 Plan and each subsequent Update to the Plan thereafter.	a) The County will develop an Internal Timeline policy and protocol to ensure submittal of MHSA Annual Updates to DHCS and MHSOAC in accordance with Cal. Code Regs, Title 9, section 3310 (c). b) June 30, 2020. c) Policy and Procedure draft pending executive leadership approval; refer to Attachment (A) Finding #4 Recommendation #4 d) The Internal Timeline will be reviewed at each monthly County Leadership Meeting to ensure accountability and fidelity in the process of submitting Annual Updates and Plans.	
Finding #5	Kings County assessment of its capacity to implement proposed programs/services did not include the bilingual proficiency of staff in the County's threshold language (Spanish) or provide the capacity of service providers to	Recommendation #5: The County must provide an assessment of bilingual proficiency of County staff and service providers in the County's threshold language (Spanish), evaluate the capacity of service providers to meet the needs of diverse, cultural, racial/ethnic and	The County must provide an assessment of bilingual proficiency of County staff and service providers in the County's threshold language (Spanish), evaluate the capacity of service providers to meet the needs of diverse, cultural, racial/ethnic and linguistic groups, and address all components of Cal. Code Regs., title 9, § 3650(a) in the adopted FY 2020-	The submitted plan is accepted.

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	meet the needs of diverse, cultural, racial/ethnic, and linguistic groups. (Cal. Code Regs., tit. 9, § 3650(a)(5)(A)(B)).	linguistic groups, and address all components of Cal. Code Regs., tit 9, § 3650(a) in the adopted FY 2020-23 Plan and each subsequent Plan thereafter.	23 Plan and each subsequent Plan thereafter.  a) The County is currently in the process of completing the 2020-2023 MHSa Plan and working with a contracted provided for facilitation of the planning process and writing of the plan. The County will ensure in its review of the 2020-2023 Plan that all requirements in Cal. Code Regs. title 9, § 3650(a) are included. b) August 2020. c) June 30, 2020, the County will submit evidence of compliance by providing a copy of the County's 2020-2023 plan and adherence to title 9, § 3650(a). d) The County Executive Leadership team will review each plan prior to completion to ensure compliance with Cal. Code Regs., title 9, § 3650(a).	
Finding #6	Kings County lacked evidence that it ensures Full Service Partnership	Recommendation #6: The County must develop and implement internal	The County must develop and implement internal processes and procedures to ensure FSP PSC/Case	The submitted plan is accepted..

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	<p>(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>	<p>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>Managers are culturally and linguistically competent or, at a minimum, educated and trained in linguistic and cultural competence. The County must develop methods to ensure and track individual FSP PSC/Case Managers completion of cultural competency training and activities.</p> <p>a) The County’s agreements with its FSP providers require that all FSP staff must receive (4) hours of training annually related to Culturally and Linguistically Appropriate Services.</p> <p>b) Complete and currently in FSP service provider contracts.</p> <p>c) The County will submit evidence of compliance by providing a copy of its agreements with it’s FSP service providers. See Attachment (A). Finding #6 Recommendation #6</p> <p>d) The County has cultural competency standards within the contracts of the FSP program contracted providers (all FSP services are through contracted</p>	

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			<p>providers) related to services and staff which stipulate:</p> <ul style="list-style-type: none"> <li>• Services are culturally competent, culturally appropriate and respectful of the culture of children and their families and meet the minimum culturally and Linguistically Appropriate Services (CLAS) standards</li> <li>• Contractor shall provide trainings to their staff to enhance and enrich their contribution to the intent, values and principles of the FSP/WRAP program. Trainings shall include Four ( 4) hours of training must be in Confidentiality/Health Information Portability and Accountability Act (HIPAA) and four (4) hours of training must be related to Culturally and Linguistically Appropriate Services (CLAS) standards.</li> </ul> <p>Therefore, the FSP programs are aware of the standard. However, the County will:</p>	

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			<p>monitor the contractors adherence to this standard through the a tracking log that the County will develop and implement June 30, 2020.</p> <p>Each contractor will log and report all staff cultural and linguistic trainings and/or educational programs as well as date and length (hours), and be required to submit to the County on a quarterly basis.</p> <p>Currently, the County tracks the number of training hours a provider completes for cultural competency through the State NACT excel template, but this is just a report of total hours for that quarterly report with no detail related to the training(s) nor does it capture non-direct service providers. Therefore, this new tracking mechanism will aid in a greater monitoring and reporting ability for NACT as well.</p>	
Finding #6		Recommendation #6a: The County must develop methods to ensure and track individual FSP PSC/Case Managers	The County must develop methods to ensure and track individual FSP PSC/Case Managers completion of cultural competency training and activities.	The submitted plan is accepted.

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		<p>completion of cultural competency training and activities.</p>	<p>a) The County maintains a log to track the cultural competency training for its Mental Health Plan Provider Network. The County will amend the log to identify provider staff who serve as PSC/Case Managers.  b) August 2020.  c) The County will submit a copy of the updated tracking log to demonstrate compliance.  d) The County's Ethnic Services Manager and Quality Assurance Unit will review the log annually to ensure that all PSC/Case Manager staff have completed their mandatory training.</p>	
<p>Finding #7</p>	<p>Kings County does not have in place an Issue Resolution Process to handle client disputes related to provision of their MHSAs funded mental health services. (County Performance Contract (A)(6)(A)(2)).</p>	<p>Recommendation #7a:  The County must develop a Policy and Procedure addressing the MHSAs Issue Resolution process and issues related to: the Community Program Planning Process (CPPP), provision of MHSAs funded mental health services, inconsistency between approved MHSAs plan and</p>	<p>Kings County does not have in place an Issue Resolution Process (IRP). The County must develop a Policy and Procedure addressing the MHSAs Issue Resolution Process and issues related to: the Community Program Planning Process (CPPP), provision of MHSAs funded mental health services, inconsistency between approved MHSAs plan and program implementation and appropriate use of funds.</p>	<p>The submitted plan is accepted.</p>

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		<p>program implementation and appropriate use of funds.</p>	<p>a) The County created an MHSA IRP Policy &amp; Procedure (P&amp;P) with associated form and log which was submitted during the DHCS MHSA Site Review in draft form. The goals for finalizing and implementation are: Finalize the MHSA IRP P&amp;P and Form in April 2020</p> <p>b) Release P&amp;P to all MHSA programs and staff in May 2020 for which an acknowledgments form will accompany the P&amp;P for all to sign upon completion of reading P&amp;P (this form is submitted and maintained at the County's Quality Assurance Team). All MHSA programs will be offered an on-site All Staff training associated with use of P&amp;P and Form.</p> <p>c) See Attachment (A) Finding #7 Recommendation #7a</p> <p>d) The mechanism for monitoring effectiveness includes tracking read and receipt signatures and acknowledgment of policy and procedures by County providers.</p>	

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Finding #7	Kings County does not have in place an Issue Resolution Process to handle client disputes related to provision of their MHSA funded mental health services. (County Performance Contract (A)(6)(A)(2)).	<p>Recommendation #7b:            The County must develop and maintain an MHSA Issue Resolution Log that contains the date the issue was received, brief synopsis of issue, final resolution outcome and date of final resolution outcome.</p>	<p>The County must develop and maintain an MHSA Issue Resolution Log that contains the date the issue was received, brief synopsis of issue, final resolution outcome and date of final resolution outcome.</p> <p>a) The County created an MHSA IRP Log which was submitted during the DHCS MHSA Site Review.            b) The MHSA IRP log is currently being tracked yet will be formally introduced to contracted providers in May 2020.            c) See Attachment (A) Finding #7b Recommendation #7b            d) Upon release of the final MHSA IRP P&amp;P and Form to MHSA Programs in May 2020, the Patient Right’s Advocate (PRA), contact for MHSA IRP calls, emails, and forms, will begin to track all issues via the Log.</p>	The submitted plan is accepted.
Finding #7	Kings County does not have in place an Issue Resolution Process to handle client disputes	<p>Recommendation #7c:            The County will provide training on the MHSA Issue Resolution Process to all</p>	<p>The County will provide training on the MHSA Issue Resolution Process to all Kings County Behavioral Health Service employees and those</p>	The submitted plan is pending.

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	related to provision of their MHSA funded mental health services. (County Performance Contract (A)(6)(A)(2)).	Napa County Behavioral Health Service employees and those individuals and/or service providers who are the point of contact for MHSA programs/services.	<p>individuals and/or service providers who are the point of contact for MHSA programs/services. The County MHSA Issue Resolution Policy and Procedure will identify the process for service providers to notify the Kings County Behavioral Health Services of MHSA issues</p> <p>a)_As noted in Recommendation #7a above, the County created an MHSA IRP Policy &amp; Procedure (P&amp;P) with associated form and log which was submitted during the DHCS MHSA Site Review in draft form. The goals for finalizing and implementation are:</p> <p>b) Finalize the MHSA IRP P&amp;P and Form in April 2020</p> <p>c) Pending approval of draft</p> <p>d) Release P&amp;P to all MHSA programs and staff in May 2020 for which an acknowledgments form will accompany the P&amp;P for all to sign upon completion of reading P&amp;P (this form is submitted and maintained at the County's Quality Assurance Team). All MHSA programs will be offered an on-site All Staff training</p>	

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			<p>associated with use of P&amp;P and Form.</p> <p>In addition to the program and staff, the County will:            Ensure there is a community IRP Notice posted and available forms, in English and Spanish, at all MHSA activities such as, but not limited to, community planning focus groups, town halls, support groups, etc., and The IRP Notice and form are posted on the County’s website under the MHSA page.</p>	
Finding #7	Kings County does not have in place an Issue Resolution Process to handle client disputes related to provision of their MHSA funded mental health services. (County Performance Contract (A)(6)(A)(2)).	Recommendation #7d: The County MHSA Issue Resolution Policy and Procedure will identify the process for service providers to notify the Napa County Behavioral Health Services of MHSA issues	<p>The County MHSA issue Resolution Policy and Procedure will identify the process for service partners to notify the Kings County Department of Behavioral Health services of MHSA issues.</p> <p>a) The County will provide training on the MHSA Issue Resolution Process to all Kings County Behavioral Health service providers who are the point of contact for MHSA programs/services. The County MHSA Issue Resolution Policy and Procedure will identify the process for service providers to notify</p>	The submitted plan is pending.

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			<p>the Kings County Behavioral Health Services of MHSAs issues</p> <p>b) Finalize the MHSAs IRP P&amp;P and Form in April 2020 and implement in May 2020.</p> <p>c) Pending approval of draft</p> <p>d) Release P&amp;P to all MHSAs programs and staff in May 2020 for which an acknowledgment form will accompany the P&amp;P for all to sign upon completion of reading P&amp;P (this form is submitted and maintained at the County's Quality Assurance Team). All MHSAs programs will be offered an on-site All Staff training associated with use of P&amp;P and Form. In addition to the program and staff, the County will:</p> <p>Ensure there is a community IRP Notice posted and available forms, in English and Spanish, at all MHSAs activities such as, but not limited to, community planning focus groups, town halls, support groups, etc., and The IRP Notice and form are posted on the County's website under the MHSAs page.</p>	

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Suggested Improvement #1	MHSA Transparency and Consistency	DHCS recommends the County post the full ARER on the County's website.	DHCS recommends the County post the full ARER on the County's website.  a) The County will post the most recent ARER report to the County website. b) The most recent ARER report will be uploaded to the County website by July 2020. c) Pending (link to County website) demonstrating ARER posting. d) The mechanism for monitoring effectiveness of correction is the ARER posting being a documented and standing agenda item on the monthly leadership meeting to ensure the most current ARER is posted on the County web site.	The submitted plan is accepted.
Suggested Improvement #1a	MHSA Transparency and Consistency	DHCS recommends program names and service categories detailed in the adopted Plan and Update match the program names and service categories in the	The ARER should be consistent with the budget in the Plan and Update. If the program or service did not occur, report the program or service on the ARER and indicate zero expenditures.	The submitted plan is accepted.

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		Plan/Update budgets and ARER.	a) The ARER information will be consistent with the budget in the Plan and Update. If the program or service did not occur, the ARER will report the program or service as zero expenditures. b) The accurate and cross referenced ARER will be posted on the County web site by July 2020. c) Pending (link to County Website) demonstrating ARER posting. d) The mechanism for monitoring effectiveness of correction is the ARER posting being a documented and standing agenda item in the monthly leadership meeting, which will address the accuracy of the ARER in relation to the Annual Update and Three Year Plan, and ensure that programs that have zero expenditures are accurately indicated.	
Suggested Improvement #1b	MHSA Transparency and Consistency	The ARER should be consistent with the budget in the Plan and Update. If the program or service did not occur, report the program or service on the	The ARER should be consistent with the budget in the Plan and Update. If the program or service did not occur, report the program or service on the ARER and indicate zero expenditures.	The submitted plan is accepted.

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		ARER and indicate zero expenditures.	a) The ARER information will be consistent with the budget in the Plan and Update. If the program or service did not occur, the ARER will report the program or service as zero expenditures. b) The accurate and cross referenced ARER will be posted on the County web site by July 2020. c) Pending (link to County Website) demonstrating ARER posting. d) The mechanism for monitoring effectiveness of correction is the ARER posting being a documented and standing agenda item in the monthly leadership meeting, which will address the accuracy of the ARER in relation to the Annual Update and Three Year Plan, and ensure that programs that have zero expenditures are accurately indicated.	
Suggested Improvement #1c	MHSA Transparency and Consistency	DHCS recommends the County present the MHSA components of the Plans and Updates in the following order: CPPP,	DHCS recommends the County present the MHSA components of the Plans and Updates in the following order: CPPP, Community Services and Support (CSS), Prevention and	The submitted plan is accepted.

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		Community Services and Support (CSS), Prevention and Early Intervention (PEI), Innovation, Workforce Education and Training (WET), Capital Facilities and Technological Needs (CFTN) and MHPA budgets.	Early Intervention (PEI), Innovation, Workforce Education and Training (WET), Capital Facilities and Technological Needs (CFTN) and MHPA budgets.  a) County will direct Contracted provider(s) to draft MHPA reports in the DHCS recommended order. b) June 2020. c) See Attachment (A) Suggested Improvement #1c. d) Mechanism for monitoring will include language within contractor’s scope of work specifically directing contractor to draft MHPA reports in the DHCS recommended order: CPPP, Community Services and Support (CSS), Prevention and Early Intervention (PEI), Innovation, Workforce Education and Training (WET), Capital Facilities and Technological Needs (CFTN) and MHPA budgets.	
Suggested Improvement #2a	Community Program Planning Process (CPPP)	DHCS recommends the County transition to a year-around CPPP to improve collaboration with	DHCS recommends the County transition to a year round CPPP to improve collaboration with stakeholders and obtain consistent	The submitted plan is accepted.

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		<p>stakeholders and obtain consistent stakeholder feedback regarding mental health policy, program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations.</p>	<p>stakeholder feedback regarding mental health policy, program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations.</p> <p>a) The County will transition to a year Round CPPP to improve collaboration with stakeholders and obtain consistent stakeholder feedback regarding mental health policy, program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations.</p> <p>b) July 2020</p> <p>c) Pending draft.</p> <p>d) The CPPP Internal Timeline will be reviewed at each monthly County Leadership Meeting and documented to ensure accountability and fidelity in the process of ensuring the year round CPPP is adhered to.</p>	
Suggested Improvement #2b	Community Program Planning Process (CPPP)	DHCS recommends the County develop formalized policies and procedures for	DHCS recommends the County develop formalized policies and procedures for their CPPP that	The submitted plan is accepted.

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		<p>their CPPP that outline the designated position(s) responsible for the overall CPPP and CPPP training of County staff and stakeholders.</p>	<p>outline the designated position(s) responsible for the overall CPPP and CPPP training of County staff and stakeholders.</p> <p>a) The County will develop formalized policies and procedures for the CPPP that outline the designated position(s) responsible for the Overall CPPP and CPPP training of County Staff and stakeholders.</p> <p>b) August 2020.</p> <p>c) Pending draft</p> <p>d) Monitoring mechanisms include documentation of CPPP training for County staff and stakeholders including sign in sheets and stipulated agenda items.</p>	
Suggested Improvement #2c	Community Program Planning Process (CPPP)	<p>DHCS recommends all CPPP training materials include date trainings occur, corresponding sign-in sheets and that any CPPP related timelines (e.g. the CPPP timeline in FY 2017-20 Plan) identify when stakeholder trainings occur.</p>	<p>DHCS recommends all CPPP training materials include date trainings occur, corresponding sign-in sheets and that any CPPP related timelines (e.g. the CPPP timeline in FY 2017-20 Plan) identify when stakeholder trainings occur.</p> <p>a) The County will create and develop CPPP training materials that include: date(s) trainings occurred,</p>	The submitted plan is accepted.

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			<p>corresponding sign in sheets, and identified stakeholder trainings timelines.</p> <p>b) The County will develop CPPP training materials and identify a training timeline by July 2020.</p> <p>c) Drafts pending</p> <p>d) The CPPP Training schedule timeline will be reviewed at each monthly County Leadership Meeting and documented to ensure accountability and fidelity in the process and ensure that CPPP training materials include date trainings occur, corresponding sign-in sheets and that any CPPP related timelines.</p>	
Suggested Improvement #2d	Community Program Planning Process (CPPP)	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	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	The submitted plan is accepted.

**Kings County Plan of Correction**  
**Per the Performance Contract Review Report for Review Dates August 6-7, 2019**

<b>Finding # or Suggested Improvement #</b>	<b>Finding or Suggested Improvement</b>	<b>Recommendation # (State Corrective Action Step / Identify Timeline / and Evidence of Corrections / Mechanisms for Monitoring Effectiveness)</b>		<b>Score – Comments/Notes</b>
		<p>location, age, gender, and race. DHCS recommends the County include this comparison of both stakeholder demographics and overall County demographics within the approved Plan and Updates.</p>	<p>overall County demographics within the approved Plan and Updates.</p> <p>a) The County will 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 up to and including: geographic location, age, gender, and race. This comparison will be included within approved plans and updates.</p> <p>b) June 30, 2020 when the 2020-2023 Three year Program and Expenditure Plan is submitted.</p> <p>c) Pending draft</p> <p>d) The mechanism for monitoring effectiveness of corrective action over time includes: Each Plan and Update will be reviewed at each monthly County Leadership Meeting and documented to ensure accountability and fidelity in the process regarding inclusion and comparison of County stakeholder demographics.</p>	

**Kings County Plan of Correction**  
**Per the Performance Contract Review Report for Review Dates August 6-7, 2019**

<b>Finding # or Suggested Improvement #</b>	<b>Finding or Suggested Improvement</b>	<b>Recommendation # (State Corrective Action Step / Identify Timeline / and Evidence of Corrections / Mechanisms for Monitoring Effectiveness)</b>		<b>Score – Comments/Notes</b>
Suggested Improvement #2e	Community Program Planning Process (CPPP)	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.	<p>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.</p> <p>a) The County will 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 minutes for all stakeholder meetings.</p> <p>b) July 2020</p> <p>c) Pending draft</p> <p>d) The mechanism for monitoring effectiveness of corrective actions over time is the MHSA Program Coordinator providing POC actions items status updates to the County Deputy Director on a monthly basis.</p>	The submitted plan is accepted.
Suggested Improvement #3a	MHSA Oversight and Performance Outcomes	DHCS recommends the County develop FSP specific policies and procedures that include,	DHCS recommends the County develop FSP specific policies and procedures that include, but is not limited to the identification of FSP	The submitted plan is accepted.

**Kings County Plan of Correction**  
**Per the Performance Contract Review Report for Review Dates August 6-7, 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
		<p>but is not limited to the identification of FSP eligibility criteria, position(s) that serve as the PSC/single point of contact for FSP clients, cultural competency requirements for PSCs and requirements for Individual Services and Support Plans (ISSP)/Plan of Care/Treatment Plans.</p>	<p>eligibility criteria, position(s) that serve as the PSC/single point of contact for FSP Mental Health Services Act (MHSA) Performance Contract Review Report Kings County Program Review August 6–August 7, 2019 4 clients, cultural competency requirements for PSCs and requirements for Individual Services and Support Plans (ISSP)/Plan of Care/Treatment Plans.</p> <p>a) The County will develop FSP specific policies and procedures that include, but is not limited to the identification of FSP eligibility criteria, position(s) that serve as the PSC/single point of contact for FSP Mental Health Services Act (MHSA) Performance Contract Review Report Kings County Program Review August 6–August 7, 2019 4 clients, cultural competency requirements for PSCs and requirements for Individual Services and Support Plans (ISSP)/Plan of Care/Treatment Plans.</p> <p>b) July 2020</p> <p>c) Pending draft</p>	

**Kings County Plan of Correction**  
**Per the Performance Contract Review Report for Review Dates August 6-7, 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
			d) The mechanism for monitoring effectiveness of corrective actions over time includes the Quality Assurance Department attaining draft approval from the Documentation Committee and sharing monthly POC adherence status updates at monthly committee meetings	
Suggested Improvement #3b	MHSA Oversight and Performance Outcomes	DHCS recommends the County develop a method to ensure contract providers upload client signatures of ISSPs/Plan of Care/Treatment Plans to the Electronic Health Record (EHR).	<p>DHCS recommends the County develop a method to ensure contract providers upload client signatures of ISSPs/Plan of Care/Treatment Plans to the Electronic Health Record (EHR).</p> <p>a) The County will be revising Policy Number: A-068-Plan of Care to include a step to upload the signed hardcopy of a beneficiaries TP/POC/ISSP. The policy currently covers beneficiary hardcopy signatures, but does not specify that these forms must be uploaded to our EHR under “client Attachments”.</p> <p>b) July 2020  c) Pending draft</p>	The submitted plan is accepted..

**Kings County Plan of Correction**  
**Per the Performance Contract Review Report for Review Dates August 6-7, 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
			d) The mechanism for monitoring effectiveness of corrective actions over time includes documented Plan of Care quarterly quality assurance documentation reviews and sharing finding with the County executive team and contracted service providers.	
Suggested Improvement #3c	MHSA Oversight and Performance Outcomes	DHCS recommends the County evaluate their service provider contract deliverables at least quarterly and that the measurable outcomes are consistent with the goals and objectives of the services/program of the current adopted Plan and Update.	<p>DHCS recommends the County evaluate their service provider contract deliverables at least quarterly and that the measurable outcomes are consistent with the goals and objectives of the services/program of the current adopted Plan and Update.</p> <p>a) The County will evaluate their service provider contract deliverables at least quarterly and that the measurable outcomes are consistent with the goals and objectives of the services/program of the current adopted Plan and Update.</p> <p>b) September 2020</p>	The submitted plan is accepted.

**Kings County Plan of Correction**  
**Per the Performance Contract Review Report for Review Dates August 6-7, 2019**

<b>Finding # or Suggested Improvement #</b>	<b>Finding or Suggested Improvement</b>	<b>Recommendation # (State Corrective Action Step / Identify Timeline / and Evidence of Corrections / Mechanisms for Monitoring Effectiveness)</b>		<b>Score – Comments/Notes</b>
			<p>c) See Attachment (A) Suggested Improvement #3c</p> <p>d) ) The mechanism for monitoring effectiveness of corrective actions over time includes documented quarterly service provider contract deliverables that ensure measurable outcomes are consistent with the goals and objectives of the services/program of the current adopted Plan and Update. The quarterly reviews will be kept in a shared electronic file, analog binder and findings shared with the County Contracts Department and Quality Assurance Department</p>	