

Marin County Plan of Correction
Per the County Performance Contract Review Report for Review Dates April 23, 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	Marin 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 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: The County shall provide an estimate of the number of FSP clients 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 in the approved FY 2020-23 Plan and each subsequent Plan thereafter.</p>	<p>The County will provide an estimate of the number of FSP clients 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 in the approved FY 2020-23 Plan and each subsequent Plan thereafter.</p> <p>a) Marin has incorporated this feedback and included an estimate of the number of FSP clients to be served 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 on page 82 of the FY 2020-23 Plan and will continue to do so in each subsequent Plan. Previously Marin had submitted the estimated number to be served by FSP program and the target age group for each FSP but did not provide estimates broken down by age group.</p>	The submitted plan is accepted.
Finding #2	Marin County did not use at least 51% of Prevention and Early Intervention (PEI) funds to serve individuals 25 years or younger in FY 2018-19. (Cal. Code Regs., tit. 9, § 3706(b)).	<p>Recommendation #2: The County shall demonstrate that at least 51% of PEI funds are used to serve individuals 25 years or younger on the FY 2019-20 Annual Revenue and Expenditure Report (ARER) and each</p>	<p>The County will demonstrate that at least 51% of PEI funds are used to serve individuals 25 years or younger on the FY 2019-20 Annual Revenue and Expenditure Report (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 individuals who are 25 years or younger.</p>	The submitted plan is accepted.

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		<p>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 individuals who are 25 years or younger.</p>	<p>a) Marin’s FY 2018-19 ARER reported 49.26% spent on youth. At the time the ARER was submitted BHRS did not have a % of services spent on youth reported from the Joint Powers Authority (JPA) so that was left blank and reported at 0% when in fact a significant portion of those services were also spent on youth. This will be corrected with the FY 2019-20 ARER.</p> <p>b) BHRS is dedicated to ensuring at least 51% of PEI funds are used to serve individuals 25 years or younger. In order to do so, BHRS has included the estimated cost allocation percentage that is dedicated to serving individuals 25 years of age or younger for each line item of the PEI Budget. This breakdown was included in the FY 2019-20 Annual Update on page 79 and can also be found on FY 2020-23 Plan on page 114.</p> <p>c) Marin’s FY 2019-20 Annual Revenue and Expenditure Report (ARER) and each subsequent ARER thereafter will demonstrate that at least 51% of expenditures were spent on individuals 25 years or younger.</p>	

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Finding #3	Marin County's Workforce, Education and Training (WET) programs/services were inconsistent with the approved FY 2017-20 Plan, FY 2018-19 Annual Update (Update), budget and FY 2018-19 ARER. (W&I Code section 5892(g)).	<p>Recommendation #3: The County must ensure that the programs listed in the WET component section of the approved FY 2020-23 Plan and FY 2019-20 Update, and each subsequent year thereafter, are consistent with the budget pages and ARER. If the program or service did not occur, report the program or service on the ARER and indicate zero expenditures. Any discrepancies or name changes must be explained in the approved Update.</p>	<p>The County will ensure that the programs listed in the WET component section of the approved FY 2020-23 Plan and FY 2019-20 Update, and each subsequent year thereafter, are consistent with the budget pages and ARER. If the program or service did not occur, report the program or service on the ARER and indicate zero expenditures. Any discrepancies or name changes will be explained in the approved Update.</p> <p>a) In the FY 2020-23 Plan, the WET section and budget has been reorganized and each section renamed to align with the official WET category options on the ARER. The WET section and budget of the FY 2020-23 Plan will be in alignment with the naming convention for the FY 2020-21 ARER. Please see pages 85-89 of the FY 2020-23 Plan.</p> <p>b) Any programs or services that did not occur will be reported on the ARER with an indication of zero expenditures. Any discrepancies or name changes will be explained in the approved Update.</p> <p>Note: The FY 2019-20 Update had been submitted prior to the Program Review and does not reflect these updates.</p>	The submitted plan is accepted.

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Suggested Improvement Item #1	MHSA Transparency and Consistency	Suggested Improvement #1: Department of Health Care Services (DHCS) recommends program names and service categories detailed in the approved FY 2020-23 Plan and approved FY 2019-20 Update, and each subsequent year thereafter, to match the program names and service categories in the ARER. 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. Provide an update of that program or service in the following approved Plan or Update.	<p>Department of Health Care Services (DHCS) recommends program names and service categories detailed in the approved FY 2020-23 Plan and approved FY 2019-20 Update, and each subsequent year thereafter, to match the program names and service categories in the ARER. 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. Provide an update of that program or service in the following approved Plan or Update.</p> <p>a) BHRS will ensure program names and service categories detailed in the FY 2020-23 Plan and FY 2019-20 Update, including the budget section, match the program names and services categories in the ARER.</p> <p>If the program or service did not occur, BHRS will report the program or service on the ARER and indicate zero expenditures and will provide an update of that program or service in the following approved Plan or Update.</p>	The submitted plan is accepted.

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Suggested Improvement Item #1	MHSA Transparency and Consistency	Suggested Improvement #1a: DHCS recommends the County clearly identify in the beginning of all Annual Update what changes will/did occur and whether these changes went through the Community Program Planning Process (CPPP); and provide program descriptions for new programs in the Annual Updates. For example: Integrated Multi-Service Partnership Assertive Community Treatment (IMPACT) was indicated as a new program but there is no program description in the FY 2018-19 Annual Update. There is a program description in the FY 2017-20 Plan on pages 91-92.	BHRS will ensure any changes made to programs being created or eliminated is described in all approved Updates and that the community involvement in that decision will be detailed. In this case these were not changes made, rather BHRS used the FY 2018-19 Annual Update to report on the outcomes of the programs that had funding allocated to them in FY 2016-17, and therefore mistakenly did not include the new programs that had been created in the FY 2017-20 Plan as they were not in existence for the outcome reporting year. In future Annual Updates BHRS will ensure that all programs that have funding allocated to them for the upcoming fiscal year of the Update are included.	The submitted plan is accepted.

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		<p>First Episode Psychosis (FEP) was indicated as a new program but there is no program description in the FY 2018-19 Annual Update. There is a program description in the FY 2017-20 Plan on pages 107-108.</p> <p>Consumer Operated Wellness Center was indicated as a new program but there is no program description in the FY 2018-19 Annual Update. There is a program description in the FY 2017-20 Plan on pages 109-111.</p> <p>There was no reference to such changes under the CPPP portion of the Annual Update or description of whether there was community involvement in these decisions. The changes should be</p>		

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		noted under the CPPP portion of the approved Update and any community involvement in that decision should be detailed.		
Suggested Improvement Item #1	MHSA Transparency and Consistency	Suggested Improvement #1b: DHCS recommends the County provide a budget for each fiscal year in the approved Plan and Update and in each subsequent Plan and Update thereafter with an explanation of any significant changes.	DHCS recommends the County provide a budget for each fiscal year in the approved Plan and Update and in each subsequent Plan and Update thereafter with an explanation of any significant changes. a) A comprehensive budget reflecting the totals from each component budget was added to the FY 2020-23 Plan on page 115 . A comprehensive budget will be included in each Update and Plan going forward in addition to the budgets for each component. This will include an explanation of any significant changes.	The submitted plan is accepted.
Suggested Improvement Item #2	Community Program Planning Process (CPPP) Development	Suggested Improvement #2: DHCS recommends the County incorporate details on how staff and stakeholder training on MHSA and CPPP is determined “as needed” in the draft	DHCS recommends the County incorporate details on how staff and stakeholder training on MHSA and CPPP is determined “as needed” in the draft MHSA Community Program Planning Process policy and procedure. a) BHRS expanded on the Training section of the Community Program Planning Process (CPPP) policy and procedure to detail the	The submitted plan is accepted.

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		MHSA Community Program Planning Process policy and procedure.	training frequency and methods rather than indicating “as needed.” Please see attached CPPP Policy and Procedure.	
Suggested Improvement Item #2	Community Program Planning Process (CPPP) Development	Suggested Improvement #2a: DHCS recommends the County finalize the draft MHSA Community Program Planning Process policy and procedure.	DHCS recommends the County finalize the draft MHSA Community Program Planning Process policy and procedure. The BHRS Community Program Planning Process Policy and Procedure was finalized and approved on October 14, 2020. Please see the attached finalized CPPP Policy and Procedure.	The submitted plan is accepted.