Tri-City Mental Health Plan of Correction
Per the County Performance Contract Review Report for Review Dates 09/21/2021

Finding #, Suggested Improvement # or Technical Assistance #	Finding, Suggested Improvement or Technical Assistance	Recommendation # (State Corrective Action Step/Identify Timeline/and Evidence of Corrections/Mechanisms for Monitoring Effectiveness)		Score – Comments/Notes
Finding #1:	Tri-City's adopted FY 2019-20 Annual Update (Update) did not include a description of how stakeholder involvement demonstrates a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on: mental health policy, monitoring, quality improvement, evaluation, and budget allocations. (Welfare and Institutions Code (W&I) section 5848).	Recommendation #1: Tri-City must include a description of how stakeholder involvement demonstrates a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on: mental health policy, program planning and implementation, monitoring, quality improvement, evaluation, and	Corrective Action: Tri-City Mental Health Authority has a solid policy and process for how we engage and involve constituents and stakeholders in our planning process. This description was inadvertently not included in our annual reports. Our correction moving forward will be to include a clear description of our stakeholder involvement in these areas in future reports. The information to be provided will include examples of how stakeholders contribute in each of the areas mentioned. Highlights from this narrative include: 1) Mental Health Policy – public comments during Mental Health Commission meetings, Governing Board meetings and other stakeholder events	The submitted plan is accepted.

Finding #, Suggested Improveme nt # or Technical Assistance #	Finding, Suggested Improvement or Technical Assistance	Recommendation # (State Corrective Action Step/Identify Timeline/and Evidence of Corrections/Mechanisms for Monitoring Effectiveness)	Score – Comments/Not es
		budget allocations in the adopted FY 2020-23 Three-Year Program and Expenditure Plan (Plan), FY 2021-22 Update and each subsequent Plan and Update thereafter.	2) Program Planning and Implementation: Stakeholder/Orientation Meetings, MHSA workgroups, Community Planning Survey, and Cultural Wellness Advisory committees 3) Monitoring: Stakeholder/Orientation Meetings: opportunity for questions MHSA Workgroups: review outcomes for programs;30-Day Postings-comments Public Hearing: public comments 4) Quality Improvement: Annual Community Planning Survey, surveys completed following trainings, webinars, and presentations, Cultural Wellness Committees 5) Evaluation: Stakeholder/Orientation Meetings, opportunity for questions, MHSA workgroups, review outcomes for programs, 30-day postings-comments, Public Hearing-public comments 6) Budget Allocations: Stakeholder/Orientation Meetings, MHSA	

Finding #, Suggested Improvement # or Technical Assistance #	Finding, Suggested Improvement or Technical Assistance	Recommendation # (State Corrective Action Step/Identify Timeline/and Evidence of Corrections/Mechanisms for Monitoring Effectiveness)	Score – Comments/Notes
		workgroups, 30-day plan postings and Public Hearing Evidence of Correction: Annual Update for FY 2022-23 is currently in process. (Submit annual update to DHCS 30 days after Gov Bd approval or no later than June 30, 2022). Mechanisms for Monitoring: Tri-City will prepare a checklist which will list the components for MHSA Three Year plans and Annual Updates and use this tool as a guide when preparing these plans. Checklist attached. Contracted Service Providers: N/A	
Finding #2:	Tri-City did not provide an estimate of the number of clients, in each age group, to be served in the Full Service Partnership (FSP) service category in the adopted FY	Recommendation #2: Tri-City must provide an estimate of the number of FSP clients to be served in each age	Corrective Action: Tri-City Mental Health Authority included the actual number served but did not project an estimate for 19/20. Our correction moving forward will be to provide the data for our estimated FSP project slots for 19/20 and then every year, moving forward.	The submitted plan is accepted.

Finding #, Suggested Improvement # or Technical Assistance #	Finding, Suggested Improvement or Technical Assistance	Recommendation # (State Corrective Action Step/Identify Timeline/and Evidence of Corrections/Mechanisms for Monitoring Effectiveness)		Score – Comments/Notes
	2019-20 Update. Tri-City provided an estimate of the number of clients to be served for FY 2018-19 in the adopted FY 2019-20 Update, but not an estimate for FY 2019-20. (California Code of Regulations, title 9, section 3650(a)(3)).	group: children (0-15 years), transitional age youth (16-25 years), adult (26-59 years), and older adult (60 and older) for each fiscal year in the adopted FY 2020-23 Plan, FY 2021-22 Update and each subsequent Plan and Update thereafter.	Timeline: By June 30, 2022

Evidence of Correction:
Annual Update for FY 2022-23 is currently in process. (Submit annual update to DHCS 30 days after Gov Bd approval or no later than June 30, 2022).

Mechanisms for Monitoring: Tri-City will prepare all MHSA Three Year Plans and Annual Updates based on guidelines provided by DHCS on their website:

MHSA Three Year Plan and Annual Update (ca.gov)

Contracted Service Providers: N/A | |
| Finding #3: | Tri-City did not specify the methods and activities to be used in each of their Stigma and Discrimination Reduction Programs; to | Recommendation #3:

Tri-City must include a description specifying the | Corrective Action:

While Tri-City Mental Health Authority did include the data outcomes for our Stigma and Discrimination Reduction Program services, Tri-City Mental Health Authority did not include our | The submitted plan is accepted. |

Finding #, Suggested Improvement # or Technical Assistance #	Finding, Suggested Improvement or Technical Assistance	Recommendation # (State Corrective Action Step/Identify Timeline/and Evidence of Corrections/Mechanisms for Monitoring Effectiveness)	Score – Comments/Notes
	change attitudes, knowledge, and/or behavior regarding being diagnosed with mental illness, having mental illness and/or seeking mental health services, including timeframes for measurement and collected data in the adopted FY 2019-20 Update. Specifically, Tri-City included the outcomes but did not include a description of methods and activities used. (Cal. Code Regs., tit. 9, §§ 3750(d), 3755(f)(3)).	methods and activities to be used in each of their Stigma and Discrimination Reduction Programs; to change attitudes, knowledge, and/or behavior regarding being diagnosed with mental illness, having mental illness and/or seeking mental health services, including timeframes for measurement and collected data for each Prevention and Early Intervention (PEI) Stigma and Discrimination Reduction program in the adopted FY 2020-23 Plan, FY	program activities and methodology for how we target & measure 'change attitudes, knowledge, and/or behavior'. Moving forward we will ensure that we clearly describe how our program activities and data methodology demonstrate stigma and discrimination reduction. Examples of activities and data collection methodology include: Activities: 1) Individuals with lived experience share their stories through community presentations 2) Art created by consumers is displayed at the MHSA Admin Building. Art Gallery Events and speaker's panels are hosted simi-annually 3) Presentations are given utilizing posters and green ribbons which are distributed in the community Methodology: 1) Stigma Reduction program measures outcomes via surveys: Example: Stigma Reduction/courageous minds/creative minds surveys	

Finding #, Suggested Improvement # or Technical Assistance #	Finding, Suggested Improvement or Technical Assistance	Recommendation # (State Corrective Action Step/Identify Timeline/and Evidence of Corrections/Mechanisms for Monitoring Effectiveness)		Score – Comments/Notes
		2021-22 Update and each subsequent Plan and Update thereafter.	Survey contains: Measurement, Outcomes, and Quality Assessment (MOQA) specific stigma reduction questions. 2) We also track presentations/attendees using the Stigma Reduction database. Timeline: January 2022 Evidence of Correction: 1) To be included in Three-Year Plans and Annual Updates going forward: written description specifying the methods and activities to be used in each of the Stigma and Discrimination Reduction Programs specific to the change in attitudes, knowledge, and/or behavior regarding being diagnosed with mental illness, having mental illness and/or seeking mental health service, including timeframes for measurement, and collected data. (Submit to DHCS by June 30, 2022) 2) Examples of surveys used to measure outcomes (Submit to DHCS)	

Finding #, Suggested Improvement # or Technical Assistance #	Finding, Suggested Improvement or Technical Assistance	Recommendation # (State Corrective Action Step/Identify Timeline/and Evidence of Corrections/Mechanisms for Monitoring Effectiveness)	Score – Comments/Notes
		Mechanisms for Monitoring: Tri-City will prepare a checklist which will list the components for MHSA Three Year plans and Annual Updates and use this tool as a guide when preparing these plans. Checklist attached. Contracted Service Providers: N/A	
Finding #4:	Tri-City did not dedicate at least 51% of the PEI funds to serve individuals 25 years old or younger per the FY 2019-20 Annual Revenue and Expenditure Report (ARER). (Cal. Code Regs., tit. 9, § 3706(b)).	Recommendation #4: Tri-City must demonstrate that at least 51% of PEI funds are used to serve individuals 25 years old or younger and reflected in the FY 2021-22 ARER and each subsequent ARER thereafter. Tri-City must develop and implement	Corrective Action: Tri-City Mental Health Authority was not comprehensively reporting all of our service to individuals 25 and younger due to the following data collection limitations: Historically we have used participant survey data to indicate the number of services to individual. Furthermore, we were not always able to collect survey data for minor participants. (Due to age and needing parent consent). We have modified our data collection system to now count the number of participants served at the time of service or activities and not only using survey data. In the past we had a narrower definition of measuring service to 25 and under. We have re-	The submitted plan is accepted.

Finding #, Suggested Improvement # or Technical Assistance #	Finding, Suggested Improvement or Technical Assistance	Recommendation # (State Corrective Action Step/Identify Timeline/and Evidence of Corrections/Mechanisms for Monitoring Effectiveness)	Score – Comments/Notes
		accounting and cost allocation policies and procedures that will allow Tri-City to allocate a majority of PEI funds to serve individuals who are 25 years old or younger.	defined the measurement to ensure that we are including all of our efforts of services and impact, including both direct and indirect service. Our correction moving forward will be to ensure that all of our services are reported to ensure the demonstration of a minimum of 51% of PEI funds dedicated to individuals 25 and under. Timeline: 1/31/2022 Evidence of Correction: Upcoming FY ARER due to DHCS by January 31, 2022 Mechanisms for Monitoring: Annual ARER Contracted Service Providers: N/A	
Suggested Improvement #1 MHSA Plans and Updates	The Department of Health Care Services (DHCS) recommends Tri-City include references to	Suggested Improvement #1 Corrective Action: When submitting all adopted Plans and Updates to DHCS, Tri-City will include all addendums/attachments listed in the table of	The submitted plan is accepted.

Finding #, Suggested Improvement # or Technical Assistance #	Finding, Suggested Improvement or Technical Assistance	Recommendation # (State Corrective Action Step/Identify Timeline/and Evidence of Corrections/Mechanisms for Monitoring Effectiveness)	Score – Comments/Notes
	addendums/attachments in the table of contents for the adopted Plans and Updates. In the adopted FY 2017-20 Plan, there are Attachment A: Sign-In Sheets from Public Hearing, Attachment B: Summary of Outreach and Participation for MHSA Public Hearing, and Attachment C: Public Comments, listed in the table of contents. However, they cannot be found within the Plan. If there is confidential information within the attachments that prevented Tri-City from including the attachments, redact any information deemed confidential.	contents. In addition, any information deemed to be confidential will be redacted prior to submission. Tri-City will incorporate this suggested improvement in the upcoming FY 22-23 Annual Update to be provided to DHCS by June 30, 2022.	

Finding #, Suggested Improvement # or Technical Assistance #	Finding, Suggested Improvement or Technical Assistance	Recommendation # (State Corrective Action Step/Identify Timeline/and Evidence of Corrections/Mechanisms for Monitoring Effectiveness)		Score – Comments/Notes
Suggested Improvement #2: Budget Consistency	DHCS recommends that the programs in the PEI budget summaries for the adopted Plans and Updates be categorized as a Prevention, Early Intervention, Outreach for Increasing Recognition of Early Signs of Mental Illness, Stigma and Discrimination Reduction, Access and Linkage to Treatment, and Improve Timely Access to Services for Underserved Populations	Suggested Improvement #2:	Corrective Action: All programs listed in the PEI budget summaries for adopted Plans and Updates will be categorized as a Prevention, Early Intervention, Outreach for Increasing Recognition of Early Signs of Mental Illness, Stigma and Discrimination Reduction, Access and Linkage to Treatment, and Improve Timely Access to Services for Underserved Populations or Suicide Prevention (optional) program. Tri-City will incorporate this suggested improvement in the upcoming FY 22-23 Annual Update to be provided to DHCS by June 30, 2022.	The submitted plan is accepted.

Finding #, Suggested Improvement # or Technical Assistance #	Finding, Suggested Improvement or Technical Assistance	Recommendation # (State Corrective Action Step/Identify Timeline/and Evidence of Corrections/Mechanisms for Monitoring Effectiveness)		Score – Comments/Notes
Suggested Improvement #2a: Budget Consistency	DHCS recommends the Innovation (INN) and Capital Facilities (CF) and Technological Needs (TN) program names listed in the budget be consistent with the names in the current ARER. The budget in the adopted Plan and Update must be consistent with the current ARER. If the program or service did not occur, report the program or service on the current ARER and indicate zero expenditures. Any discrepancies or name changes must be explained in the adopted Plans and Updates.	Suggested Improvement #2a	Corrective Action: Tri-City will ensure that all INN and CFTN program names shall be consistent in the both the budget and ARER. Any discrepancies or name changes must be explained in the adopted Plans and Updates. Tri-City will incorporate this suggested improvement in the upcoming FY ARER due to be provided to DHCS by January 31, 2022	The submitted plan is accepted.
				The submitted plan is accepted.

Finding #, Suggested Improvement # or Technical Assistance #	Finding, Suggested Improvement or Technical Assistance	Recommendation # (State Corrective Action Step/Identify Timeline/and Evidence of Corrections/Mechanisms for Monitoring Effectiveness)		Score – Comments/Notes
Technical Assistance #1	Tri-City must submit the adopted FY 2020-23 Plan and FY 2021-22 Update to DHCS within 30 days of adoption by the Board of Supervisors. (W&I Code section 5847(a)).	Technical Assistance #1	Corrective Action: Although Tri-City is aware of this requirement and has submitted Plans and Updates within the required timeframe, going forward, additional efforts will be made to ensure this requirement is met with each and every Plan and Update. Timeline: No later than by June 30, 2022. Evidence of Correction: MHSA Annual Update FY 2022-23 due 30 days after Governing Board approval or no later than by June 30, 2022. Mechanisms for Monitoring: Email confirmation of receipt from DHCS Contracted Service Providers: N/A	
Technical Assistance #2	Tri-City's adopted FY 2020-23 Plan and FY 2021-22 Update must include substantive written recommendations	Technical Assistance #2	Corrective Action: Tri-City will include any substantive written recommendations received during the Community Program Planning Process (CPPP)	The submitted plan is accepted.

Finding #, Suggested Improvement # or Technical Assistance #	Finding, Suggested Improvement or Technical Assistance	Recommendation # (State Corrective Action Step/Identify Timeline/and Evidence of Corrections/Mechanisms for Monitoring Effectiveness)		Score – Comments/Notes
	received during the Community Program Planning Process (CPPP) 30-day comment period and Tri-City's actions, including any changes made to the Update in response to public comments. The Plan and Update must also summarize and analyze the recommended revisions. (Cal. Code Regs., tit. 9, § 3315; W&I Code section 5848(b)).		30-day comment period and Tri-City's actions, including any changes made to the Update in response to public comments. The Plan and/or Update will then be summarized and analyzed to address any recommended revisions. Timeline: No later than by June 30, 2022. Evidence of Correction: MHSA Annual Update FY 2022-23 due 30 days after Governing Board approval or no later than by June 30, 2022. Mechanisms for Monitoring: Review checklist for document preparation to ensure this corrective action is included and addressed. Contracted Service Providers: N/A	
Technical Assistance #3	Tri-City's adopted FY 2020-23 Plan must include a description of the assessment of Tri-City's capacity to implement their proposed programs/services. Tri-City must also include	Technical Assistance #3	Corrective Action: This information is tracked and currently provided in Tri-City's Cultural Competence Plan and Annual Updates. However, going forward, and based on the most recent capacity assessment, Tri-City will include in all Three- Year Plans and Annual Updates, the following: 1. The strengths and limitations of Tri-City and service providers	The submitted plan is accepted.

Finding #, Suggested Improvement # or Technical Assistance #	Finding, Suggested Improvement or Technical Assistance	Recommendation # (State Corrective Action Step/Identify Timeline/and Evidence of Corrections/Mechanisms for Monitoring Effectiveness)	Score – Comments/Notes
	in the assessment following: 1. The strengths and limitations of Tri-City and service providers that impact their ability to meet the needs of racially and ethnically diverse populations; 2. Bilingual proficiency in threshold languages and 3. Percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to the percentage of the total population needing services and the total population being served. (Cal. Code Regs. tit. 9, § 3650(a)(5)).	that impact their ability to meet the needs of racially and ethnically diverse populations; 2. Bilingual proficiency in threshold languages and; 3. Percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to the percentage of the total population needing services and the total population being served. Examples: 1) | Strength	Limitation	Impact
---	---	---
The most commons languages for our clients are English 87% and Spanish 11%. Approximately 50% of the Tri-City Workforce is bilingual. Approximately	As with many agencies and organizations, Tri-City has struggled with both staff recruitment and retention. Since January 2021, Tri-City has experienced a 17.3% turnover	The people that Tri-City serves do not have appropriate access to the technology needed to accommodate video translation services. So, the agency needs assistance in linking clients to		

Finding #, Suggested Improvement # or Technical Assistance #	Finding, Suggested Improvement or Technical Assistance	Recommendation # (State Corrective Action Step/Identify Timeline/and Evidence of Corrections/Mechanisms for Monitoring Effectiveness)			Score – Comments/Notes
		45% of the Tri City work force is qualified to provide bilingual interpretation services, in the threshold Language Spanish.	of our current workforce with 35 resignations from January through August 2021. In addition, it has become increasing difficult to attract and retain qualified Behavioral health staff.	appropriate technology including good internet service, new computer equipment, and safe storage. Also, the agency would benefit from technical assistance on how to access funding for the clients to pay for the internet, computers, etc.	
		2)			

Finding #, Suggested Improvement # or Technical Assistance #	Finding, Suggested Improvement or Technical Assistance	Recommendation # (State Corrective Action Step/Identify Timeline/and Evidence of Corrections/Mechanisms for Monitoring Effectiveness)		Score – Comments/Notes
			# of Staff Certified/Qualified for Bilingual Interpretation	
			Language / # Bilingual / % Bilin	
			Spanish (Threshold Language) — 83	
			Vietnamese — 3	
			French — 3	
			Khmer — 1	
			Persian — 1	
			Punjabi — 1	
			Russian — 1	
			Mandarin & Chinese — 2	
			Hindi — 1	
			Japanese — 1	
			Tagalog — 2	
			Total Bilingual — 99	
		3)		

Finding #, Suggested Improveme nt # or Technical Assistance #	Finding, Suggested Improvement or Technical Assistance	Recommendation # (State Corrective Action Step/Identify Timeline/and Evidence of Corrections/Mechanisms for Monitoring Effectiveness)	Score – Comments/Not es
		HR Staff Data compared to Tri-City Race Demographics

Demographic for Cities of Claremont, La Verne and Pomona	Percent of Population	Demographics for Tri-City Mental Health Staff	P
White	21.6%	White	
Hispanic/Latinx	58.4%	Hispanic/Latinx	
Asian/Pacific Islander	11.5%	Asian	
Black/African American	4.9%	Black/African American	
Native American/Alaska Native	0.3%	Native American/Alaska Native	
Native Hawaiian/Pacific Islander	--	Native Hawaiian/Pacific Islander	
Other	0.5%	Other	
Two Or More Races	2.8%	Two Or More Races	

(Total may not add up to 100 percent, as individuals may select multiple races/ethnicities).

Timeline: No later than by June 30, 2022.

Evidence of Correction: MHSA Annual Update FY 2022-23 due 30 days after Governing Board approval or no later than by June 30, 2022.

Mechanisms for Monitoring: Review checklist for document preparation to ensure this corrective action is included and addressed. | |

Finding #, Suggested Improvement # or Technical Assistance #	Finding, Suggested Improvement or Technical Assistance	Recommendation # (State Corrective Action Step/Identify Timeline/and Evidence of Corrections/Mechanisms for Monitoring Effectiveness)		Score – Comments/Notes
			Contracted Service Providers: N/A	
Technical Assistance #4	Tri-City's PEI program names listed in the adopted FY 2020-23 Plan and FY 2021-22 Update budget summaries must be consistent with the names in the current ARER. Any discrepancies or name changes must be explained in the adopted Plans and Updates. (W&I Code Section 5892(g).	Technical Assistance #4	Corrective Action: Tri-City has become aware of this recommendation previously and has implemented measures to ensure consistency between the names of MHSA programs listed in all Plans and Annual Updates and the ARERs.	The submitted plan is accepted.