Finding # or Suggested Improvement #	Finding or Suggested Improvement	(State Corrective Actio	Recommendation # n Step / Identify Timeline / and Evidence nanisms for Monitoring Effectiveness)	Score – Comments/ Notes
Finding # 1	Doesn't submit timely ARER by December 31	Recommendation # 1: Submit RER for 17-18 and subsequent years by December 31	PCBH is working with Kingsview for dept. cost reporting and RER completion to be submitted by deadline in subsequent fiscal years starting FY18-19. MHSA and Fiscal will draft P&P concerning RER and submission	The submitted plan is accepted.
Finding # 2	Submitted FY 16-17 Update not approved by BOS	Recommendation # 2: Submit Annual Updates that have been approved by BOS	PCBH did submit FY16-17 Annual Update that was approved by BOS. PCBH MHSA Program will send documentation of BOS approval to DHCS for Annual Update, 2017-18	The submitted plan is accepted.
Finding # 3	Didn't assess own capacity to implement programs and services	Recommendation # 3: Must incorporate an assessment of its own capacity to implement programs and services in CSS component of 3- Yr and Annual Update	PCBH will include in 20-23 3-Yr Plan and FY19-20 Annual Update own assessment of capacity to implement programs and services. PCBH will identify means to incorporate assessment of capacity to implement CSS programs into its 3-Year Plan and Annual Update planning matrix	The submitted plan is accepted.
Finding # 4	Didn't report achievement of performance outcomes in CSS component of FY17-18 Annual Update draft	Recommendation # 4: a. Must identify performance outcomes and measures County plans to achieve with each CSS program in 3- Yr Plan, Year 3 (FY19- 20)	 a. PCBH will identify performance objectives and measures County plans to achieve with each CSS program, in next 3-Yr Plan and Annual Update, 2019-20 b. PCBH will report on achievements of performance objectives and measures of each CSS program in Annual 	The submitted plan is accepted.

Finding # or Suggested Improvement #	Finding or Suggested Improvement	(State Corrective Actio	Recommendation # n Step / Identify Timeline / and Evidence hanisms for Monitoring Effectiveness)	Score – Comments/ Notes
		b. Must report on achievement of CSS performance objectives and measures in FY20- 23 3-Yr Plan (Annual Update FY20-21)	Update, 2020-21 As part of 3-Year Plan development for 2020-23, PCBH will identify performance outcomes and measures for each new and continuing CSS program and make this an ongoing feature of its program review and quality assurance. Due Date : 06/30/2021	
Finding # 5	Didn't report on achievement of performance outcomes for PEI programs	Recommendation # 5: a. Must identify performance objectives and measures County plans to achieve with each PEI program in 3- Yr Plan, Year 3 (FY19- 20) b. Must report on achievement of PEI performance objectives and measures in FY20- 23 3-Yr Plan (Annual Update FY20-21)	 a. PCBH will identify performance objectives and measures County plans to achieve with each PEI program, in next 3-Yr Plan and Annual Update, 2019-20 b. PCBH will report on achievements of performance objectives and measures of each CSS program in Annual Update, 2020-21 As part of 3-Year Plan development for 2020-23, PCBH will identify performance outcomes and measures for each new and continuing PEI program and make this an ongoing feature of its program review and quality assurance. 	The submitted plan is accepted.

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
			Due Date : 06/30/2021	
Finding # 6	Doesn't designate a PSC or CM to be single point of responsibility for each FSP	Recommendation # 6: Must develop P&Ps and/or other documents that demonstrate assigning PSC/CM to each FSP client and or family to be single point of responsibility	PCBH will develop P&Ps and other documents that demonstrate assigning PSC or CM to each FSP client or family as single point of responsibility. Due Date: 12/31/2022	The submitted plan is accepted.
Finding # 7	Doesn't ensure that PSC or CM known to client is available to respond 24/7 for after-hours interventions	Recommendation #7: Must develop P&Ps and other documents that demonstrate this individual is available to respond 24/7 to provide after-hours interventions	PCBH will develop P&Ps and other documents that demonstrate this individual is available to respond 24/7 to provide after-hours interventions Due Date: 12/31/2022	The submitted plan is accepted.
Finding # 8	Does not ensure that the PSC/Case Managers are responsible for developing an Individualized Services and Supports Plan	Recommendation #8: Must develop policies and procedure and/or other documents that demonstrate the PSC and Case Managers assigned to Full Service Partners are responsible for developing an ISSP with the client and, when	 a) Plumas County will develop policies & procedure that demonstrate the PSC and Case Managers assigned to Full-Service Partners for developing an ISSP with the client and, when appropriate with the client's family. Plumas County will submit P&P to DHCS by 12/31/2022. b) Plumas County will develop training for case managers on ISSP P&P and case managers will be required to read and 	The submitted plan is accepted.

Finding # or Suggested Improvement #	Finding or Suggested Improvement	(State Corrective Actio	Recommendation # n Step / Identify Timeline / and Evidence hanisms for Monitoring Effectiveness)	Score – Comments/ Notes
		appropriate, the client's family	confirm they've done so through a center- based on-line training system. Plumas County will provide DHCS evidence that training has been incorporated in the regular course of business by 12/31/2022.	
Finding # 9	Does not ensure its PSC/Case Managers assigned to FSP clients are culturally and linguistically competent or, at a minimum, educated and trained in linguistic and cultural competence and have knowledge of available resources within the client/family's racial/ethnic community	Recommendation #9: Must develop policies and procedures and/or other documents that demonstrate PSCs and/or case managers are, at a minimum, educated and trained in linguistic and cultural competence and have knowledge of available resources within the client's and/or family's racial/ethnic community	 a) PCBH will ensure all employees complete Cultural Competency trainings annually in Relias Training System. These trainings are tracked by a web-based training system. PCBH will provide DHCS evidence of the last Cultural Competency training such as: training materials, sign in sheets, training agendas, including the last dates the training was provided. PCBH will provide this evidence to DHCS by 12/31/2022. b) PCBH will provide DHCS with P&P for how the county ensures PSCs/CM are, at a minimum, educated and trained in linguistic and cultural competence and have knowledge of available resources within the client's and/or family's racial/ethnic community. PCBH will provide these P&P to DHCS by 12/31/2022. 	The submitted plan is accepted.

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
			 c) PCBH will provide evidence of employees being trained on Pacific Interpreters language support services. PCBH will provide this evidence to DHCS by 12/31/2022. d) PCBH will provide copies of brochures in multiple languages to DHCS by 12/31/2022. 	
Finding # 10	Does not dedicate at least fifty-one percent of funds allocated to the CSS component toward full-service partnerships	Recommendation #10: Must develop and implement policies and procedures to ensure that at least 51% of the money the County anticipates spending on programs and services within the CSS component of the three- year program and expenditure plan and/or annual update is for full service partnerships	 a) PCBH will develop and implement P&P to ensure that 76% of the money the County anticipates spending on programs and services within the CSS component of the three-year program and expenditure plan and/or annual update is for Full-Service Partnerships (FSP). The CSS programs include but are not limited to the Adult Peer Employment Program and the Transitional Age Youth Peer Employment Program. b) PCBH will require all Behavioral Health staff to complete the FSP MHSA P&P training which includes how we will ensure that 51% is dedicated to FSP services. PCBH will provide evidence of the training to DHCS by 12/31/2022. 	The submitted plan is accepted.

Finding # or Suggested Improvement #	Finding or Suggested Improvement	(State Corrective Actio	Recommendation # n Step / Identify Timeline / and Evidence hanisms for Monitoring Effectiveness)	Score – Comments/ Notes
			c) PCBH MHSA Coordinator will communicate annually with Fiscal team to ensure funding percentages continue to be accurate. The evidence will be in the form of reoccurring meeting notes.	
Finding # 11	Did not report the estimated number of clients the County plans to serve in each FSP targeted age group for the Fiscal Year 2017-18 three- year program and expenditure plan or annual update	Recommendation #11: Must report the estimated number of clients the County plans to serve in each FSP targeted age group in its Fiscal Year 2019-20 Three Year Program and Expenditure Plan or Annual Update	 PCBH will provide the FSP target numbers for all age groups for each fiscal year in the FY 19-20 AU and the FY 20-23 Plan and all future plans and AU. a) Develop an Excel Spreadsheet that identifies targeted age group, and expenditures for each client. b) Develop an FSP target numbers for all age groups for each fiscal year that will be included in the FY 2019-2020 Annual Update and the FY 2020-2023 Plan and all future plans. The number of FSP clients served in each targeted age group are as follows: Ages 0-15, 91 clients. Ages 16-25, 45 clients. Ages 26-59, 162 clients. Ages 60+, 40 clients. c) Annual Update was submitted on 9/23/2021 and will continue to be submitted to DHCS annually. 	The submitted plan is accepted.

Finding # or Suggested Improvement #	Finding or Suggested Improvement	(State Corrective Actio	Recommendation # on Step / Identify Timeline / and Evidence hanisms for Monitoring Effectiveness)	Score – Comments/ Notes
Finding # 12	Did not furnish evidence showing that 51% of PEI funds were allocated to individuals 25 years or younger	Recommendation #12: Must develop and implement policies and procedures to ensure that at least 51% of PEI funds are used to serve individuals 25 or younger	 PCBH will develop Policy and Procedure 600.1.3 that describe how FSP includes the 51% allocated to individuals 25 years and younger. Trainings will be provided to all staff on the web-based Relias training program as each P&P is updated or on a quarterly basis. MHSA Coordinator will connect with PCBH Fiscal on an annual basis to ensure at least 51% of PEI funds are used to serve individuals 25 years or younger. PCBH will reflect the 51% PEI funds in the 	The submitted plan is accepted.
Finding # 13	Does not have a designated WET Coordinator that meets the job specifications set regarding coordinating WET programs, acting as a liaison to the department and incorporating MHSA General Standards Welfare and Institutions Code, Section 5898 and California Code of Regulations, Title 9, Sections §3320, 3810).	Recommendation #13: The County is required to designate an individual to act as a WET Coordinator and ensure that the individual meets the job specifications set regarding coordinating WET programs, acting as liaison to the department and	FY 19-20 ARERCurrent PCBH MHSA Coordinator will act as the designated WET Coordinator that meets the job specifications set regarding coordinating WET programs, acting as a liaison to the department and incorporating MHSA General Standards Welfare and Institutions Code, Section 5898 and California Code of Regulations, Title 9, Sections §3320, 3810).PCBH will develop a policy & procedure for designating the Workforce Education and Training Coordinator and will provide to DHCS by 12/31/2022.	The submitted plan is accepted.

Finding # or Suggested Improvement #	Finding or Suggested Improvement	(State Corrective Actio	Recommendation # n Step / Identify Timeline / and Evidence hanisms for Monitoring Effectiveness)	Score – Comments/ Notes
		incorporating MHSA General Standards.		
Suggested Improvement Item #1	Reporting	Suggested Improvement #1: DHCS recommends listing out all programs, like CSS and PEI; on the RER Summary Worksheet by component. a. All CSS programs should be listed out individually by program name, not grouped together and listed on the worksheet as 'CSS programs' or left blank. b. The individual listed programs on the RER should match the program names as	PCBH will list out their programs in their Three-Year Program and Expenditure Plan and Annual Updates and those program names will match their ARER's. Evidence of this may be provided in the next Plan/Update and ARER.	The submitted plan is accepted.

Finding # or Suggested Improvement #	Finding or Suggested Improvement	(State Corrective Actio	Recommendation # n Step / Identify Timeline / and Evidence hanisms for Monitoring Effectiveness)	Score – Comments/ Notes
Suggested	Reporting	identified in the Plan, in addition to the program names on the Plan's fiscal budget pages. Suggested Improvement	PCBH will separate out components in	The
Suggested Improvement Item #1a	Reporting	#1a: DHCS recommends identification and separation of funding components; like CSS and PEI programs.	their Three-Year Program and Expenditure Plan and Annual Updates and those program names will match their ARER's. Evidence of this may be provided in the next Plan/Update and ARER.	submitted plan is accepted.
Suggested Improvement Item #1b	Reporting	Suggested Improvement #1b:DHCS recommends establishing a system of tracking expenditures for FSP's and for each MHSA funding componenta, The majority of CSS funds (51%) should be used for FSP's.b. At least 51% of the	PCBH will establish a system of tracking expenditures for FSPs and for each MHSA funding component via an Excel spreadsheet and will provide this by 12/31/2022.	The submitted plan is accepted.

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
Suggested Improvement Item #2	MHSA Programs	 used to serve individuals who are 25 years or younger. Programs that serve parents, caregivers, or family members with the goal of addressing MHSA outcomes for children or youth at risk of, or with early onset of a mental illness can be counted as meeting this requirement. Suggested Improvement #2: DHCS recommends the county develop and implement a defined MHSA program. Such program should identify processes and supports including: a. Policies and procedures that incorporate MHSA general principles 	 PCBH will dedicate two employees within the MHSA Program to ensure that all MHSA regulations are being followed and deadlines met. PCBH will develop the following P&P's: a. Community Services and Supports Capacity Assessment b. CSS Adult Peer Employment Program c. Transitional Age Youth Peer Employment Program d. Wellness Center MHSA Behavioral Health Employee Loan Assumption Program e. MHSA PEI Client Support Services 	The submitted plan is accepted.

Finding # or Suggested Improvement #	Finding or Suggested Improvement	(State Corrective Actio	Recommendation # n Step / Identify Timeline / and Evidence nanisms for Monitoring Effectiveness)	Score – Comments/ Notes
		 b. Requirements and components (CPPP, CSS, PEI, INN, WET and CFTN) c. Funding and reporting requirements d. Plans and updates e. Other needs such as staffing, performance objectives and outcomes 	 f. MHSA CSS, FSP, PSC and ISSP g. Outreach and Engagement h. FSP Transitional Housing i. FSP enrollment j. Community Program Planning Process PCBH will develop P&P to ensure data is entered by the deadlines into the Data Collection Reporting (DCR) System housed by the California Department of Health Care Services. PCBH will require MHSA contracts to report on a quarterly basis. These serve as updates and any possible plan changes. The MHSA Coordinator will set up stakeholder meetings to obtain stakeholder input. Performance evaluation are provided to each MHSA staff person. The MHSA Coordinator and MHSA representative will meet annually to discuss the performance and strategies to improve.	

Finding # or Suggested Improvement #	Finding or Suggested Improvement	(State Corrective Action	Recommendation # n Step / Identify Timeline / and Evidence nanisms for Monitoring Effectiveness)	Score – Comments/ Notes
Suggested Improvement Item #2a	MHSA Programs	Suggested Improvement #2a: The program should also address how the county will evaluate the effectiveness of services/programs they deliver and their on- going quality improvement strategies.	 The MHSA Coordinator and MHSA Housing and Support Coordinator will meet weekly to evaluate the effectiveness of the MHSA services and programs to strategies on how we can improve PCBH MHSA programs. a) At the beginning of each fiscal year, the MHSA Coordinator and MHSA Housing and Support Coordinator collaborate and evaluate the effectiveness of services and programs for the previous fiscal year from the data collected on the Excel spreadsheet including programs and client costs. b) After the Coordinators evaluate the data, it will be submitted to PCBH's Quality Assurance Team for feedback. c) PCBH will memorialize this in P&P's and submit to DHCS by 12/31/2022. 	The submitted plan is accepted.
Suggested Improvement Item #2b	MHSA Programs	Suggested Improvement #2b: DHCS recommends staff education on MHSA program training for all	 PCBH uses Relias Training program. The following trainings for all employees have been added to this system: 600.1.2 MHSA Full-Service Partnership Enrollment 	The submitted plan is accepted.

Finding # or Suggested Improvement #	Finding or Suggested Improvement	(State Corrective Actio	Recommendation # n Step / Identify Timeline / and Evidence nanisms for Monitoring Effectiveness)	Score – Comments/ Notes
		mental health employees and service providers involved in the complete delivery of services to recipients of MHSA programs; and documentation of annual training.	 1164284 Course 600.1.3 Full-Service Partnership Transitional Housing 1164251 Course 600.2.1 MHSA Outreach and Engagement 1164241 Course 600.2.2 Behavioral Health Client Support Services 1164276 Course 600.2.3 Homeless Management Information System 1164269 Course a) PCBH will meet with service providers annually to reevaluate contracts. b) Service providers will be required to attend the web-based trainings and PCBH files their transcripts in-house. c) PCBH will enroll and assign all staff in trainings and the reviewing of all P&Ps in the Relias Training on-line System. d) All MHSA Relias Trainings will be provided annually. 	

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
			 e) Annual transcripts will be kept in PCBH staff files. Relias Training System tracks all trainings. f) PCBH will memorialize this in P&P's and will submit to DHCS by 12/31/2022. 	
Suggested Improvement Item #2c	MHSA Programs	Suggested Improvement #2c: DHCS recommends MHSA program training to all new employees; and documentation of annual training.	 MHSA Trainings will be provided to all Employees through Relias Training System. Relias will also track and score all completed trainings through tests that are at the end of each training course. a) PCBH will require all new employees to take an in-person training on MHSA programs. b) All new employees will be required to read the employee handbook including MHSA programs. c) All new employees will be required to have a certificate of completion on the MHSA programs and employee handbook. d) The certificates will be filed in each new employee's staff file. 	The submitted plan is accepted.

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
			e) PCBH will memorialize in P&P's and submit to DHCS by 12/31/2022.	
Suggested Improvement Item #2d	MHSA Programs	Suggested Improvement #2d: DHCS recommends MHSA program training to the board of supervisors; and documentation of annual training.	PCBH will incorporate an introductory training on MHSA to the Board of Supervisors when PCBH presents the MHSA annual update as well as the MHSA three-year plans. Each MHSA contract is also presented to the Board of Supervisors yearly. PCBH will provide introductory training to DHCS by 12/31/2022.	The submitted plan is accepted.
Suggested Improvement Item #2e	MHSA Programs	Suggested Improvement #2e: DHCS recommends the county evaluate their service provider contract deliverables at least quarterly to confirm the scope of work has been performed and that the measureable outcomes are consistent with the goals and objectives of the services/program of	 Plumas County requires quarterly reporting from all service providers based on reporting requirement from MHSA contracts. a. PCBH will have quarterly meetings with our service providers to do the following: Review the contract deliverables Review the scope of work has been performed. Ensure that the measurable outcomes are consistent with 	The submitted plan is accepted

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		the currently approved Plan and Update.	 the goals and objectives of the service/program. 4. Update and approve the plans mentioned in the meetings. b. PCBH will submit narratives of quarterly meetings to the DCHS in the 2020-2023 MHSA 3-Year Program and Expenditure Plan. 	