Finding # or Suggested Improvement #	Finding or Suggested Improvement		Recommendation # ction Step / Identify Timeline / and Evidence of lechanisms for Monitoring Effectiveness)	Score – Comments/ Notes
Finding #1	Orange County FY 2017-18 Annual Revenue and Expenditure Report (ARER) was not posted on the County website prior to the program site review. (California Code of Regulations, Title 9, §3510.010(b)(1)).	Recommendation #1	A) Post the FY 2018-19 ARER on the website. This action is already completed. Evidence - See website at: http://www.ochealthinfo.com/bhs/about/pi/mhs and the email sent to the MHB Liaison with the link to the posted ARER.  Add posting of ARER to MHSA annual calendar to ensure future posting. This action is already completed. Evidence - See attached MHSA annual calendar.  C) Post future ARERs within 30 days of submitting to the Department of Health Care Services (DHCS) Evidence – all future ARERs will be screen shot, and emails to DHCS and community stakeholders announcing the	The submitted plan is accepted.
Finding #2	Orange County did not identify unserved or underserved populations within the approved FY 2017-20 Three-Year Program and Expenditure Plan (Plan). (Cal. Code of Regs., tit. 9, § 3650(a)(1)).	Recommendation #2	A) This action has been completed. The unserved and underserved populations are identified in the Three-Year Plan for FYs20-23 and for each subsequent Plan thereafter.  a. Evidence - See attached, approved Plan which has been posted and sent to DHCS. There are multiple examples throughout the MHSA Three-Year Plan where underserved and unserved populations are identified. The community Program Planning Process identified where the greatest needs for under/unserved	The submitted plan is accepted.

Finding # or Suggested Improvement #	Finding or Suggested Improvement		Recommendation # ction Step / Identify Timeline / and Evidence of lechanisms for Monitoring Effectiveness)	Score – Comments/ Notes
			communities were, and the recommendations to address these are described in the Plan. These can be found on pages: 9-19. b. In addition, program descriptions in the Plan discuss the underserved and unserved populations that are being targeted.	
Finding #3	Orange County lacked a narrative analysis of assessment of mental health needs of unserved, underserved/inappropriately served and fully served county residents who qualify for MHSA services; and its capacity to implement the proposed programs/services in their approved FY 2017-20 Plan. (Cal.	Recommendation #3	A) This action has been completed. A narrative analysis of the assessment of mental health needs of unserved, underserved/inappropriately served and fully served is included in the FY 20-23 Plan under the Community Planning Process Section, pages 9-15 and for each subsequent Plan thereafter.  Evidence - See attached, approved Plan which has been posted and sent to DHCS.  B) The County conducted a capacity assessment of all MHSA Programs during the community planning process. Projected individuals to be served by each program, broken down by age, gender, race/ethnicity, and language capacity of direct service providers, is presented in the tables at the beginning of each program description. In	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
	Code of Regs., tit. 9, § 3650(a)).	addition, BHS program managers were asked to identify on-going challenges/barriers to implementing services, which are identified on pages 15-16, and helped inform, in part, the strategic priorities for the FY 20-23 Plan described on pages 17-19.	
Suggested Improvement #1	DHCS recommends programs indicated in the approved Plan and Update as standalone programs (e.g. has distinct program descriptions, goals, performance outcomes, etc.) be presented as line items in the approved Plan/Update budget worksheet and ARER.	HCA worked to consolidate separate but similar programs into single, stand-alone programs in the current FY 20-23 Plan, i.e., single Program for Assertive Community Treatment (PACT) that tailors services to different ages, rather than having 3 distinct PACTs that each serve different age groups. This was achieved by consolidating budgets, outcomes, and program descriptions to reduce redundancy in the MHSA Plan.	The Submitted plan is accepted.
Suggested Improvement #1a	DHCS recommends program names and service categories detailed in the approved Plan and Update match the	HCA is working with Program Managers, Program Support Analysts for Budget, as well as with Contracts/Procurement to make sure each program in the Plan, ARERs and Contracts have the same title/name to prevent confusion. HCA has worked to ensure consistency in programs in	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
	program names and service categories in the ARER.	the FY 20-23 Plan program descriptions and budget exhibits, and will use the program names from the current MHSA FY 20-23 Three-Year Plan in the ARER that will be posted in December 2020. In addition, the current Plan contains an appendix that crosswalks MHSA program names contained in the Plan to the contract names.	
Suggested Improvement #1b	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.	HCA is working with the Program Support Analysts to make sure budgeted programs in the Three-Year Plan/Updates and are listed in the ARERs, including for programs where there were zero expenditures.	The submitted plan is accepted.
Suggested Improvement #2	DHCS recommends the County incorporate all aspects of the CPPP process into current County written policies and procedures and/or duty statements, per Cal. Code of Regs., tit. 9, §3300. This includes CPPP	HCA will work on a policy and procedures and/or duty statements. These documents will encompass all of the CPPP processes per the California Code of Regulations, including outreach to and involvement/training of consumers/peers and family members. HCA will be able to implement this request into the CPPP for the upcoming MHSA Plan Update for FY 2021-22. As an interim step, the current posted FY 20-23 Plan includes descriptions of outreach, training and involvement of consumers, peers and family	The submitted plan is accepted.

Finding # or	Finding or	Recommendation #	Score -
Suggested	Suggested	(State Corrective Action Step / Identify Timeline / and Evidence of	Comments/
Improvement #	Improvement  designated positions, staff training, stakeholder training, client, client's family, peer and stakeholder outreach and involvement.	members as part of the CPPP for the FY 20-23 Three-Year Plan. HCA has also been working on a staffing reorganization across BHS that will designate a community engagement/planning unit that works closely with ethnic services/ cultural competence committee within the MHSA Office.  By June 30, 2021 – Orange County will have Policies and Procedures completed and finalized as related to Community Planning Program Process (CPPP) and the California Code of Regulations  By December 1, 2021 – Orange County will have trained all staff and implemented Policies and Procedures for CPPP  By January 1, 2022 – Orange County will submit Policies and Procedures and supporting documentation to DHCS	Notes

### **Orange County Plan of Correction**

Per the County Performance Contract Review Report for Review Dates August 20-22, 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
Suggested Improvement #3	DHCS recommends the County develop FSP policies and procedures that incorporate all aspects of the FSP Service Category, per Cal. Code of Regs., title 9, §§ 3620, 3620.05, including but not limited to FSP eligibility criteria, position(s) that serve as the Personal Services Coordinator (PSC)/single point of contact for FSP clients, cultural competency requirements for PSCs, requirements for Individual Services and Support Plans (ISSP)/Plan of Care/Treatment Plan and step-down processes.	Over the course of the current FY, HCA will work with the managers of the different FSP providers to determine approach of developing P&Ps for the FSP Service Category as outlined in the CCR thare applicable to FSP program tracks.  Goal is for all FSP providers to implement P&Ps within a one to two fiscal years once the approach is identified. Implementation time may be affected by long-term impacts of COVID on program operations and staff availability for recurring P&F (virtual) meetings.  By June 30, 2021 — Orange County will have Policies and Procedures completed and finalized as related to Full Service Partnerships and the California Code of Regulations  By December 1, 2021 — Orange County will have trained all staff and implemented Policies and Procedures for Full Service Partnerships  By January 1, 2022 — Orange County will submit Policies and Procedures and supporting documentation to DHCS	submitted plan is at accepted.

Finding # or Suggested Improvement #		Recommendation # (State Corrective Action Step / Identify Timeline / and Evidence of Corrections / Mechanisms for Monitoring Effectiveness)	Score – Comments/ Notes
Suggested Improvement #4	DHCS recommends that service provider contracts include performance goals from the County's adopted Plan and Update that apply to each provider's programs and services.	MHSA is working with the Contracts Department as well as Program managers for uniformity in the contracts to match what the MHSA Plan indicates are the goals of the program.  Beginning in FY 20-21, as contracts come up for renewals, changes will be made to match those in the plan and updates. HCA expects to have this completed within the next two to three fiscal years.	The submitted plan is accepted.