

Riverside County Plan of Correction
Per the Performance Contract Review Report for Review Dates June 11-13, 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
Finding #1	Riverside 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	<p>The County shall submit the FY 2018-19 ARER no later than December 31, following the end of the fiscal year.</p> <p>a) FY 2018-19 was submitted on December 31, 2019 as specified in IN 19-040.</p>	The submitted plan is accepted.
Finding #2	Riverside County FY 2017-18 ARER was partially posted on the County website prior to the program site review. (Cal. Code Regs., tit. 9, § 3510.010(b)(1)).	Recommendation #2	<p>The County shall, within 30 days of submitting the MHPA ARER to Department of Health Care Services (DHCS), post a copy of the ARER that includes each component worksheet to the County's website. The County will post on their website the FY 2018-19 ARER within 30 days of submission to the state, and each subsequent ARER thereafter.</p> <p>a) For FY 2018-19, Riverside County will post all components of the ARER on the County website.</p>	The submitted plan is accepted.

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Finding #3	Riverside County's assessment of its capacity to implement proposed programs/services did not include an assessment of the strengths and limitations of the County and service providers that impact their ability to meet the needs of racially and ethnically diverse populations; including identification of possible barriers to program implementation and methods to overcome these barriers. (Cal. Code Regs., tit. 9, § 3650(a)(5)(A)(C).	Recommendation #3	<p>The County must provide an assessment of their capacity to implement proposed programs/services and 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., tit 9, § 3650(a) in the approved FY 2020-23 Plan and each subsequent Plan thereafter.</p> <p>a) The County will provide in the 3-year plan a capacity assessment that addresses the County's ability to meet the needs of diverse, cultural, racial/ethnic, and linguistic groups. The capacity assessment will include analysis of mental health needs (unserved, underserved, fully served), service disparities (race/ethnic, age, and gender) identification of issues and priorities, capacity to implement programs and services and any</p>	The submitted plan is accepted.

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			barriers to implementation. The capacity assessment will be updated with the annual plan update	
Finding #4	Riverside County did not dedicate at least 51% of Prevention and Early Intervention (PEI) funds to serve individuals 25 years or younger. (Cal. Code Regs., tit. 9, § 3706(b)).	Recommendation #4	<p>The County shall demonstrate that at least 51% of PEI funds are used to serve individuals 25 years or younger on the FY 2018-19 ARER and 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 25 years or younger.</p> <p>a) The County follows State and Federal Cost Allocation principle and requirements as well as accounting policies and procedures in accordance with generally accepted account principles and County Auditor Controllers office standard practice manual policies.</p>	The submitted plan is accepted.

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			<p>b) The PEI funds serving individuals 25 years or younger did increase 34% in FY 2018-19 ARER from the previous fiscal year.</p> <p>c) The County has awarded new TAY and Mamas y Bebes contract providers and are currently in RFP process for Triple P and BRAAF boys and girls services to increase the number of individuals served 25 years or younger</p> <p>d) County Behavioral Health department is partnering with the County Community Health Centers to screen primary care patients for early signs of mental illness. Increased efforts focused on children and TAY age individuals are anticipated to increase the number served in this age range in subsequent years.</p>	
Suggested Improvement	DHCS recommends the adopted Plan and Update	Recommendation #1	DHCS recommends the adopted Plan and Update	The submitted plan is accepted.

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Item #1: MHPA Consistency & Transparency Suggested Improvement #1:	components be presented in the following order: •CPPP, CSS, FSP, GSD, O&E, Housing, PEI, INN, WET, CFTN, MHPA Budget by year		components be presented in the following order: CPPP, CSS, FSP, GSD, O&E, Housing, PEI, INN, WET, CFTN, MHPA Budget by year. a) The County will present the MHPA components and service categories in the suggested order in the MHPA Plan.	
Suggested Improvement Item #1: MHPA Consistency & Transparency Suggested Improvement #1a	DHCS recommends the County categorize each MHPA funded program under one of the above components. The program's expenditure (e.g. for Mental Health Court) should also be reported in the budget section of the adopted Plan and Update.	Recommendation #1a	DHCS recommends the County categorize each MHPA funded program under one of the above components. The program's expenditure (e.g. for Mental Health Court) should also be reported in the budget section of the adopted Plan and Update. a) The County will categorize each MHPA funded program under one of the above components. The program expenditure will correspond in the budget section.	The submitted plan is accepted.

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<p>Suggested Improvement Item #1: MHPA Consistency & Transparency</p> <p>Suggested Improvement #1b</p>	<p>DHCS recommends the County list out individual CSS and PEI programs in the adopted Plan budget, Update budget, and ARER. For example, PEI-02 Parent Education and Support should be reported in the Plan budget, Update budget, and ARER as line items: Positive Parenting Program (Triple P), Mobile Mental Health Clinics, and Strengthening Families Program.</p>	<p>Recommendation #1b</p>	<p>DHCS recommends the County list out individual CSS and PEI programs in the adopted Plan budget, Update budget, and ARER. For example, PEI-02 Parent Education and Support should be reported in the Plan budget, Update budget, and ARER as line items: Positive Parenting Program (Triple P), Mobile Mental Health Clinics, and Strengthening Families Program.</p> <p>a) The County will list out MHPA programs by component and service categories as defined in California Code of Regulations Title 9 and applicable Welfare and Institutions Code in the Plan budget, Update budget, and ARER.</p>	<p>The submitted plan is accepted.</p>
<p>Suggested Improvement Item #1: MHPA</p>	<p>DHCS recommends program names and service categories detailed in the adopted Plan and Update match the</p>	<p>Recommendation #1c</p>	<p>DHCS recommends program names and service categories detailed in the adopted Plan and Update match the program</p>	<p>The submitted plan is accepted.</p>

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Consistency & Transparency Suggested Improvement #1c	program names and service categories in the ARER.		names and service categories in the ARER. a) The MHSA Plan and Update program names and service categories will match those of the ARER as defined in California Code of Regulations Title 9.	
Suggested Improvement Item #1: MHSA Consistency & Transparency Suggested Improvement #1d	The ARER should be consistent with the budget in the adopted Plan and Update. If the program or service did not occur, still report the program or service on the ARER and indicate zero expenditures.	Recommendation #1d	The ARER should be consistent with the budget in the adopted Plan and Update. If the program or service did not occur, still report the program or service on the ARER and indicate zero expenditures. a) The County will be consistent with the budget in the adopted Plan and Update and will report a program or service on the ARER with zero expenditures.	The submitted plan is accepted.
Suggested Improvement Item #2: MHSA Policies,	DHCS recommends the County develop and implement a MHSA training program and identify processes and supports	Recommendation #2	DHCS recommends the County develop and implement a MHSA training program and identify processes and supports including: a) Policies and	The submitted plan is accepted.

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<p>Procedures, Evaluation and Training</p> <p>Suggested Improvement #2:</p>	<p>including: a) Policies and procedures that incorporate MHPA general principles. b) Requirements and components (CPPP, CSS (FSP/GSD/O&E), PEI, INN, WET, CFTN). c) Funding and reporting requirements. d) Plans and Updates. e) Other needs such as staffing, performance objectives and outcomes.</p>		<p>procedures that incorporate MHPA general principles. b) Requirements and components (CPPP, CSS (FSP/GSD/O&E), PEI, INN, WET, CFTN). c) Funding and reporting requirements. d) Plans and Updates. e) Other needs such as staffing, performance objectives and outcomes.</p> <p>a) The County will incorporate MHPA general principles and requirements as it relates to the MHPA Plan and Updates, components, funding, and reporting into existing and ongoing employee education and training programs.</p> <p>b) Employees directly tasked with administration of the MHPA program will receive training specific to their job function, such as the MHPA boot camp provided by DHCS.</p> <p>Partial implementation already started. Full implementation</p>	

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			operationalized by next annual update (FY 20-21).	
<p>Suggested Improvement Item #2: MHPA Policies, Procedures, Evaluation and Training</p> <p>Suggested Improvement #2a</p>	<p>The training should also address how the county will evaluate the effectiveness of programs/services they deliver and their on-going quality improvement strategies.</p>	<p>Recommendation #2a</p>	<p>The training should also address how the county will evaluate the effectiveness of programs/services they deliver and their on-going quality improvement strategies.</p> <p>a) The County will utilize the annual outcome reports to evaluate programs and service effectiveness.</p> <p>b) Upon award service providers will receive information outlining the County processes of evaluating the effectiveness of programs and services they are contracted to deliver.</p>	<p>The submitted plan is accepted.</p>
<p>Suggested Improvement Item #2: MHPA Policies, Procedures,</p>	<p>DHCS recommends MHPA training for all mental health employees and service providers involved in complete delivery of services to recipients of MHPA</p>	<p>Recommendation #2b</p>	<p>DHCS recommends MHPA training for all mental health employees and service providers involved in complete delivery of services to recipients of MHPA programs; and</p>	<p>The submitted plan is accepted.</p>

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<p>Evaluation and Training</p> <p>Suggested Improvement #2b</p>	<p>programs; and documentation of annual training.</p>		<p>documentation of annual training.</p> <p>a) The County MHSA WET unit will create a MHSA training curriculum that reviews the following content:</p> <ul style="list-style-type: none"> <input type="checkbox"/> What is MHSA and how does it fund our programs? <input type="checkbox"/> What are the 5 components? <input type="checkbox"/> What are the 5 essential elements? <input type="checkbox"/> How do we know the programs are working? <input type="checkbox"/> What are the Community Planning Process and the Issue Resolution log? <p>b) This curriculum will be added to the New Employee Welcoming initial training as part of all new employees' orientation to RUHS-BH and to service providers upon award.</p> <p>c) Ongoing training updates will be provided as necessary.</p>	
<p>Suggested Improvement</p>	<p>DHCS recommends MHSA training to all new employees;</p>	<p>Recommendation #2c</p>	<p>DHCS recommends MHSA training to all new employees;</p>	<p>The submitted plan is accepted.</p>

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<p>Item #2: MHTA Policies, Procedures, Evaluation and Training</p> <p>Suggested Improvement #2c</p>	<p>and documentation of annual training.</p>		<p>and documentation of annual training.</p> <p>a) The County MHTA training curriculum will be added to the New Employee Welcoming initial training as part of all new employees' orientation to RUHS-BH and ongoing updates will be provided as necessary</p>	
<p>Suggested Improvement Item #3: Improved Documentation</p> <p>Suggested Improvement #3</p>	<p>DHCS recommends the County document when training of stakeholders occurs in their Community Program Planning Process (CPPP) timeline.</p>	<p>Recommendation #3</p>	<p>DHCS recommends the County document when training of stakeholders occurs in their Community Program Planning Process (CPPP) timeline.</p> <p>a) The training will be documented on meeting agendas and minutes. Meeting attendance will be documented through the use of sign-in sheets.</p> <p>Partial implementation already started. Full implementation operationalized by next annual update (FY 20-21).</p>	<p>The submitted plan is accepted.</p>

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<p>Suggested Improvement Item #3: Improved Documentation</p> <p>Suggested Improvement #3a</p>	<p>DHCS recommends the County develop and maintain all stakeholder training documentation during the CPPP, including, but not limited to: sign-in sheets (that clearly indicate the training provided), PowerPoint presentations and training evaluation forms.</p>	<p>Recommendation #3a</p>	<p>DHCS recommends the County develop and maintain all stakeholder training documentation during the CPPP, including, but not limited to: sign-in sheets (that clearly indicate the training provided), PowerPoint presentations and training evaluation forms.</p> <p>a) MHSA WET will create a MHSA training curriculum that reviews the following content:</p> <ul style="list-style-type: none"> <input type="checkbox"/> What is MHSA and how does it fund our programs? <input type="checkbox"/> What are the 5 components? <input type="checkbox"/> What are the 5 essential elements? <input type="checkbox"/> How do we know the programs are working? <input type="checkbox"/> What are the Community Planning Process and the Issue Resolution log? <p>b) Stakeholder advisory committees, steering committees, and collaborative groups will receive training on the curriculum once per year.</p>	<p>The submitted plan is accepted.</p>

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			<p>The training will be documented on meeting agendas and minutes. Meeting attendance will be documented through the use of sign-in sheets.</p> <p>c) Riverside has 3 lived experience programs: Consumer Affairs, Family Advocate, and Parent Support and Training. The training curriculum and related materials will be provided to these programs as part of their outreach and education plans.</p> <p>d) The training and participation will be reported in the MHSA Annual Update as part of the CPPP review</p>	
<p>Suggested Improvement Item #3: Improved Documentation</p> <p>Suggested Improvement #3b</p>	<p>DHCS recommends the County date information on any MHSA related distribution log (e.g. the distribution log used for the local review process that demonstrate circulation methods of the draft Plan and/or Update).</p>	<p>Recommendation #3b</p>	<p>DHCS recommends the County date information on any MHSA related distribution log (e.g. the distribution log used for the local review process that demonstrate circulation methods of the draft Plan and/or Update).</p>	<p>The submitted plan is accepted.</p>

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			<p>a) MHSA Plan “tool kits” will be developed annually based on each year’s plan, and will include: What is MHSA?, Understanding the CPPP and Public Hearing, Highlights and Changes from the prior year’s plan, Your Ideas in Action (connecting stakeholder feedback to plan development), and Regionalized MHSA Program Grids that list MHSA programming at a glance in each unique region of Riverside County (Western, Mid-County, Desert).</p> <ul style="list-style-type: none"> <input type="checkbox"/> The tool kits will be electronically distributed via email distribution lists and include a link to the draft plan and feedback form. <input type="checkbox"/> The tool kits and a printed draft plan will be sent to: All RUHS-BH Program sites, MHSA funded housing units, MHSA contractors, community partners, and any requesting stakeholders. 	

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			<ul style="list-style-type: none"> <input type="checkbox"/> The date the materials were provided and the recipient of the materials will be recorded in a distribution log. b) Promotion of the CPPP will include: <ul style="list-style-type: none"> <input type="checkbox"/> An annual training will be provided on the CPPP specifically designed for our community health promoter programs for each of the underserved cultural populations. <input type="checkbox"/> Posting and promotion of the MHSa Plan tool kits and draft plan on the RUHS-BH website <input type="checkbox"/> Promotional posting with links to the MHSa Plan tool kit and draft plan on all RUHS-BH social media 	
Suggested Improvement Item #4: Contract Monitoring	DHCS recommends the County ensure CSS related contract deliverables are received and monitored by the County, as well as easily accessible to the MHSa Coordinator.	Recommendation #4	DHCS recommends the County ensure CSS related contract deliverables are received and monitored by the County, as well as easily accessible to the MHSa Coordinator.	The submitted plan is accepted.

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Suggested Improvement #4			<p>a) Riverside used our MHSA PEI contract monitoring tool as a guide to provide consistency for the monitoring of MHSA CSS contracts.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contract monitoring is separated into sections: Program, Administrative, and Fiscal review <input type="checkbox"/> Each section has a series of standardized, specific monitoring questions. This creates the Contract Monitoring Report template that will become the final report. <input type="checkbox"/> The report is provided to the contractor for 60 day Plan of Correction and is also submitted to the MHSA Coordinator <p>b) Monitoring of County and Contract services are undergoing centralization within RUHS-BH Quality Improvement to increase consistency among all programs.</p>	

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			Estimated implementation date of 12-31-2020.	