

**Sonoma Plan of Correction**

**Per the County Performance Contract Review Report for Review Dates February 10 – 11, 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	Sonoma County lacked an assessment of its capacity to implement the proposed programs and services in their approved FY 2017-20 Three-Year Program and Expenditure Plan (Plan). (California Code of Regulations, Title 9, § 3650(a)(5)).	<p>Recommendation #1: The County shall provide an assessment of its capacity to implement proposed programs/services and address all components of Cal. Code Regs., tit 9, § 3650(a)(5) in the approved FY 2020-23 Plan and each subsequent Plan thereafter:</p>	<p>a) The County completed a comprehensive assessment of its capacity (Sonoma County MHSA FY 2016-2019 Capacity Assessment) to serve as a foundation for the implementation of the proposed programs and services and the capacity assessment addresses all components of Cal. Code Regs., tit 9, § 3650(a)(5) in the approved FY 2020-23 Three-Year Program and Expenditure Plan. The County developed a Capacity Assessment subcommittee of the MHSA Steering Committee to provide guidance and oversight of the capacity assessment. The County contracted with Research Development Associates to conduct the capacity assessment with substantial and meaningful stakeholder engagement and input. The complete capacity assessment can be accessed through the link below:</p> <p><a href="http://sonomacounty.ca.gov/Health/Behavioral-Health/PDF/Sonoma-County-MHSA-FY-2016-2019-Capacity-Assessment--January-2020/">http://sonomacounty.ca.gov/Health/Behavioral-Health/PDF/Sonoma-County-MHSA-FY-2016-2019-Capacity-Assessment--January-2020/</a></p> <p>In the 12 months prior to developing subsequent Three Year MHSA Plans the County will complete a</p>	The submitted plan is accepted.

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			comprehensive assessment of its capacity to implement programs and services and address all components of Cal. Code Regs., tit 9, § 3650(a)(5) with the monitoring and oversight of the MHPA Steering Committee.	
Finding #2	Sonoma County did not report the estimated number of clients the County plans to serve in each Full Service Partnership (FSP) targeted age group in the approved FY 2017-20 Plan. (Cal. Code of Regs., tit. 9, § 3650(a)(3)).	<p>Recommendation #2: The County shall report the number of FSP clients the County plans 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 of the approved FY 2020-23 Plan and each subsequent Plan thereafter.</p>	<p>a) The County reported the number of FSP clients the County plans 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. See <i>Recommendation_2_attachment_1a_FSP Clients to Serve in FY 20-21 and Recommendation_2_attachment_1b_FSP Clients to Serve FY 21-22 and 22-23</i></p> <p>b) The County will report the number of FSP clients the County plans 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 every subsequent Three Year MHPA Plan and/or Update. The MHPA Coordinator will monitor reporting annually of FSP clients the County plans to serve in each age group and ensure the information is in the Plan</p>	The submitted plan is accepted.

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			or Update.	
Finding #3	Sonoma County lacked evidence of a validated method used to measure changes in attitudes, knowledge, and/or behavior related to mental illness of seeking mental health services for each Prevention and Early Intervention (PEI) Stigma and Discrimination Reduction Program in the approved FY 2017-20 Plan and FY 2018-19 Annual Update (Update). (Cal. Code of Regs., tit. 9. §§ 3750(d); 3755(f)(3)).	Recommendation #2: The County shall select and include documentation of the validated measure(s) used for each PEI Stigma and Discrimination Reduction Program and address all components of Cal. Code of Regs., tit. 9. §§ 3750(d), 3755(f) in their approved FY 2020-23 Plan and/or Update and thereafter.	<p>a) The County included documentation of the validated measures of QPR (Question, Persuade, Refer) trainings provided by Santa Rosa Junior College People Empowering Each Other to Realize Success (PEERS) Coalition in the FY 2017-20 Plan. This information was provided to DHCS immediately following the MHSA Site Review in February 2020 per DHCS request. See <i>Recommendation_3_attachment_1a</i> And <i>Recommendation_3_attachment_1b</i></p> <p>b) The County included documentation of the validated measures of QPR (Question, Persuade, Refer) trainings provided by Crisis Assessment, Prevention and Education (CAPE) Team in the FY 2018-19 Annual Update. This information was provided to DHCS immediately following the MHSA Site Review in February 2020 per DHCS request. See <i>Recommendation_3_attachment_2</i></p> <p>a) The County included documentation of the validated measures of QPR (Question, Persuade, Refer) trainings provided by the PEI Stigma and Discrimination Reduction Programs:</p>	The submitted plan is accepted.

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			<p>Santa Rosa Junior College’s People Empowering Each Other to Realize Success (PEERS) Coalition addressed all components of Cal. Code of Regs., tit. 9. §§ 3750(d), 3755(f) in their approved FY 2020-23 Plan.</p> <p><i>See Recommendation_3_attachment_3</i></p> <p>b) The County will include documentation of the validated measure(s) used for each PEI Stigma and Discrimination Reduction Program and address all components of Cal. Code of Regs., tit. 9. §§ 3750(d), 3755(f) in subsequent approved Three Year Plans and/or Updates. The MHSA Coordinator will collaborate with each PEI Stigma and Discrimination Reduction Program manager throughout each year to ensure the program(s) are utilizing and reporting on validated measures.</p>	
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 Plan and Update match the program names and service categories in the	<p>a) The DHS MHSA and Fiscal teams met on June 30, 2020 to discuss how to increase transparency and address the following (the minutes of the meeting are in <i>Suggested Improvement_1_attachment_1</i>):</p> <p>i. Reporting program names and service categories detailed in the</p>	The submitted plan is accepted.

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		<p>Annual Revenue and Expenditure Report (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.</p>	<p>approved Plan and Update in the same manner the program names and service categories are reported in the Annual Revenue and Expenditure Report (ARER).</p> <ul style="list-style-type: none"> <li>ii. Ensuring the ARER is consistent with the budget in the approved Plan or Update.</li> <li>iii. Reporting the program(s) or service(s) on the ARER that did not occur and indicate zero expenditures.</li> </ul> <p>b) The MHSA Team will coordinate with the DHS Fiscal Team. All staff will start with the MHSA Plan or Update, then use program names and service categories from Plan or Update for the ARER.</p> <ul style="list-style-type: none"> <li>i. The MHSA Team will collaborate with DHS Fiscal Team in the monthly MHSA Fiscal meeting from November and December of each year to ensure Program names are consistent in the Plan or Update, Expenditure Plan and ARER. Minutes of the meeting are recorded, and a comparison of the program names and service categories in the Plan or Update with the ARER will be attached in the minutes.</li> <li>ii. The Fiscal Team will include all programs and service categories in</li> </ul>	

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			<p>iii. the Expenditure Plan in the ARER even if the programs weren't funded. Prior to the ARER submission to the State by the DHS Fiscal Team, the MHSAs Coordinator will review the ARER to ensure all programs and service categories in the Expenditure Plan are in the ARER even if the programs weren't funded.</p> <p>iv. MHSAs Team will provide an explanation detailing why the program was not funded in the Plan or Update immediately following the ARER. <i>See Suggested Improvement _1_attachment_1</i></p>	
Suggested Improvement Item # 2	Community Program Planning Process (CPPP) Development	Suggested Improvement #2a: DHCS recommends the County update their CPPP policy and procedure to include the designated position(s) responsible for the overall CPPP and CPPP training of County staff and stakeholders.	a) The County updated the CPPP procedure to include the designated position(s) responsible for the overall CPPP and CPPP training of County staff and stakeholders. <i>See Suggested Improvement _2a_attachment_1</i>	The submitted plan is accepted.

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Suggested Improvement Item # 2	Community Program Planning Process (CPPP) Development	<p>Suggested Improvement #2b: DHCS recommends the County compare stakeholder and County demographics to ensure desired participation of target populations in the CPPP and to determine whether stakeholders (i.e. Steering and Stakeholder Committee) reflect the diversity of the demographics of the County, including but not limited to geographic location, age, gender, race, and unserved and/or underserved populations. DHCS recommends the County include this comparison of both stakeholder demographics and overall County demographics within the approved Plan and Updates.</p>	<p>a) The County has completed a comparison of MHSA stakeholders and County demographics including: location, age, gender, race, and unserved and/or underserved populations. <i>See Suggested Improvement _2b_attachment_1</i></p> <p>b) The County will include a comparison of MHSA stakeholders and County demographics including: location, age, gender, race, and unserved and/or underserved populations in each subsequent Three Year MHSA Plan and/or Update.</p> <p>c) In January 2020 the Steering Committee recruited additional members to increase the diversity of the Steering Committee to better reflect the County demographics.</p> <p>d) In order to work towards the County stakeholders’ reflecting the diversity of the demographics of the County, the County will continue to recruit additional stakeholders annually to the Steering and Stakeholder committees and encourage participation from diverse populations that are under-represented in the stakeholder committees.</p>	The submitted plan is accepted.

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			e) Annually the MHSAs Coordinator will monitor the comparison of MHSAs stakeholders and County demographics including: location, age, gender, race, and unserved and/or underserved populations	
Suggested Improvement Item # 3	MHSAs Policies and Procedures	Suggested Improvement #3a: DHCS recommends the County develop FSP specific policies and procedures that include, but is not limited to identification of FSP eligibility criteria, position(s) that serve as the Personal Service Coordinator (PSC)/single point of contact for FSP clients, process for ensuring that a PSC or other qualified individual known to the client/family is available to respond to the client/family 24 hours a day, 7 days a week to provide after-hours interventions, cultural competency requirements for PSCs and requirements for Individual Services and Support Plans (ISSP)/Client Plans/Treatment Plans.	a) The County is working with staff to develop FSP specific policy and procedure that include, but is not limited to identification of FSP eligibility criteria, position(s) that serve as the Personal Service Coordinator (PSC)/single point of contact for FSP clients, process for ensuring that a PSC or other qualified individual known to the client/family is available to respond to the client/family 24 hours a day, 7 days a week to provide after-hours interventions, cultural competency requirements for PSCs and requirements for Individual Services and Support Plans (ISSP)/Client Plans/Treatment Plans.  b) The County will send DHCS a draft FSP policy and procedure on October 15, 2020.	The submitted plan is accepted.



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Suggested Improvement Item #3	MHSA Policies and Procedures	Suggested Improvement #3b: DHCS recommends the County update their MHSA Issue Resolution policy and procedure to include types of MHSA issues to be resolved in this process: access to mental health services, inconsistency between approved MHSA plan and program implementation, the local community program planning process and appropriate use of MHSA funds.	a) The County has revised the Issue Resolution policy and procedure to include types of MHSA issues to be resolved in this process: access to mental health services, inconsistency between approved MHSA plan and program implementation, the local community program planning process and appropriate use of MHSA funds. See <i>Suggested Improvement _3b_attachment_1</i>	The submitted plan is accepted.
Suggested Improvement Item # 3	MHSA Policies and Procedures	Suggested Improvement #3c: DHCS recommends the County provide training on MHSA Issue Resolution policies and procedures to all behavioral health employees and service providers involved in the complete delivery of services to recipients of MHSA programs. Additionally, DHCS recommends the	a) The County will train all behavioral health employees and service providers involved in the complete delivery of services to recipients of MHSA programs on MHSA Issue Resolution policy and procedure in September 2020. The County will conduct a mandatory virtual training that is offered a minimum of two different times for DHS-BHD staff and contract provider staff that work in MHSA funded programs.	The submitted plan is accepted.

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		County maintain documentation of training to staff and service providers.	<ul style="list-style-type: none"> <li>b) The County will maintain documentation of the trainings including curriculum, dates, times and attendance sheets.</li> <li>c) The County will send DHCS confirmation of trainings that were held in September by November 16, 2020. The confirmation of trainings will include: curriculum, dates, times and number in attendance.</li> <li>d) The County will develop a nonattendance list of staff and providers required to attend that did not attend the mandatory training. The staff and providers on the nonattendance list will be notified that staff and providers are required to watch a video recording of the training, review the curriculum and pass a distance learning test on the training with a score of at least 75% by November 1, 2020.</li> </ul>	