Finding # or Suggested Improvement #	Finding or Suggested Improvement		Recommendation # stion Step / Identify Timeline / and Evidence of lechanisms for Monitoring Effectiveness)	Score – Comments/Notes
Finding #1	Sutter-Yuba 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	 The County shall submit the FY 2018-19 ARER no later than December 31, following the end of the fiscal year. a) Fiscal staff will begin compiling fiscal information after fiscal year end close in September 2019. b) Fiscal staff will complete a draft ARER with corresponding support documentation for the Admin & Accounting Supervisor to review. c) Admin & Accounting Supervisor will approve the ARER and send to the Administrative Services Officer for approval. d) The Administrative Services Officer will send final copy with supporting documentation to Mental Health Director and County Auditor for approval and final signature by Dec 1st. e) Once final signatures are obtained, fiscal staff will forward copy to DHCS. f) Sutter-Yuba Behavioral Health will submit all ARERs no later than December 31, following the end of each fiscal year g) The Administrative Services Officer will be responsible for ensuring this has been completed to requirement. This corrective action does not impact Sutter-Yuba Behavioral Health's contracted service providers. 	The submitted plan is accepted.
Finding #2	Sutter-Yuba County did not	Recommendation #2	The County shall submit the adopted FY 2020-23 Plan and FY 2019-20 Annual Update	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
	submit the approved FY 2017-20 Three-Year Program and Expenditure Plan (Plan) to the Department of Health Care Services (DHCS) within 30 days after adoption. (Welfare and Institutions (W&I) Code, Section 5847(a)).	 (Update) to DHCS at MHSA@dhcs.ca.gov and the Mental Health Oversight and Accountability Commission (MHSOAC) within 30 days of adoption by the County Board of Supervisors and each subsequent Plan and Update thereafter. a) Sutter-Yuba Behavioral Health did not submit Annual Updates and Three-Year Plans to both DHCS and MHSOAC within 30 days after adoption. b) Sutter-Yuba Behavioral Health will complete and submit the adopted FY2020-23 Three Year Plan to both DHCS and MHSOAC within 30 days of adoption by the Board of Supervisors. c) Sutter-Yuba Behavioral Health will submit approved Annual Updates, Three-Year Program Updates and Expenditure Plans with BOS resolutions to both DHCS and MHSOAC within 30 days of approval, via DHCS's Movelt and via mail. d) Sutter-Yuba Behavioral Health will submit the adopted FY 2020-23 3YR Plan to DHCS and the MHSOAC within 30 days of adoption by the County Board of Supervisors; and each subsequent update/plan to both DHCS and MHSOAC by June 30th of that fiscal year. e) Sutter-Yuba Behavioral Health will maintain copies of the Update/Plan submittal emails 	

Finding # or Suggested Improvement #	Finding or Suggested Improvement	•	Recommendation # ction Step / Identify Timeline / and Evidence of lechanisms for Monitoring Effectiveness)	Score – Comments/Notes
			from DHCS, the confirmation of receipt emails from DHCS, a screen shot of the sharefile (Movelt) upload to MHSAOAC and any confirmation of receipt emails received from MHSAOAC or sharefile. f) The MHSA Coordinator will be responsible for ensuring this has been completed to requirement. This corrective action does not impact Sutter-Yuba Behavioral Health's contracted service providers.	
Finding #3	Sutter-Yuba County lacked a narrative analysis of assessment of mental health needs of unserved, underserved/inapp	Recommendation #3	The County must incorporate a narrative analysis of its assessment of the County's mental health needs and its capacity to implement proposed programs/services and address all components of Cal. Code Regs., tit 9, § 3650(a) in the approved FY 2020-23 Plan and each subsequent Plan thereafter.	The submitted plan is accepted.
	ropriately 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.		 a) Sutter-Yuba Behavioral Health 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 our capacity to implement the proposed programs/services in FY 2017-20 Plan. b) Sutter-Yuba Behavioral Health will incorporate a narrative analysis of our assessment of the County's mental health 	

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
	(Cal. Code Regs., tit. 9, § 3650(a)(1)).	needs and our capacity to implement proposed programs/services in Annual Updates and Three-Year Plans. c) Sutter-Yuba Behavioral Health will develop a process to conduct assessments of the County's mental health needs and include a narrative analysis in future MHSA Plans. d) Information of unserved, underserved, and inappropriately served individuals was collected through standardized Program evaluations, focus groups, and review of each county's demographics. Sutter-Yuba Behavioral Health's analysis was included in the FY 2020-23 Three-Year Plan. e) Sutter-Yuba Behavioral Health will request a confirmation email of receipt every year upon submitting an Annual Update and the Three-Year Plan to DHCS's Movelt and via mail. f) The MHSA Coordinator will be responsible for ensuring this has been completed according to the requirements. Incorporated into Sutter-Yuba Behavioral Health's FY 2020-23 Annual Plan was an analysis of our county's ability to assess the needs of unserved and inappropriately served. Following the FY 2020-23 Plan, Annual Updates and Three-Year Plans will also include analysis of our county's ability to assess the needs of unserved and inappropriately served.	

Finding # Suggeste	d Suggested		Recommendation # stion Step / Identify Timeline / and Evidence of lechanisms for Monitoring Effectiveness)	Score – Comments/Notes
Finding #4	Sutter-Yuba County's adopted FY 2017-20 Plan and FY 2018-19 Update lacked documentation of achievement of performance outcomes. (W&I Section 5848(c), Performance Contract (6)(A)(5)(d)).	Recommendation #4	The County must develop and implement policies and procedures to ensure data is collected and analyzed to report on its achievement of performance outcomes for services provided. The adopted FY 2020-23 Plan and FY 2019-20 Update shall include reports of achievement of performance outcomes for MHSA services and for each subsequent Plan and Update thereafter. a) The County's adopted FY 2017-20 Plan and FY 2018-19 Update lacked documentation of achievement of performance outcomes. b) Sutter-Yuba Behavioral Health will develop and implement policies and procedures to ensure data is collected and analyzed to report on its achievement of performance outcomes for services provided. c) SYBH developed a Policy and Procedures for Performance Outcomes for Services Provided (09-014). The P&P addresses SYBH and our contract providers' achievements / performance for services provided, including data collection, analysis and reporting. The Performance Outcomes for Services Provided P&P is attached for review. The Purpose of the Policy and Procedure is to ensure standardized data is collected and monitored and reported. d) A policy and Procedure was created and	The submitted plan is accepted

Finding # or Suggested Improvement #	Finding or Suggested Improvement		Recommendation # ction Step / Identify Timeline / and Evidence of Mechanisms for Monitoring Effectiveness)	Score – Comments/Notes
			approved on 6/12/20. The Policy and Procedure captures quarterly reported data. Quarterly review of data will be compiled, analyzed, shared in the Annual Plan, and included in the 3 YR Plan. This information will be shared with MHSA program management for planning purposes. e) The aforementioned narrative has been included in the MHSA FY 2030-23 and will be submitted to DHCS by June 30, 2020 via Movelt and mail. f) As written in the Policy and Procedure Staff Analyst and Management have their roles. The MHSA Coordinator will be responsible for ensuring this has been completed according to the requirements. Sutter-Yuba Behavioral Health's Performance Outcomes for Services Provided P&P addresses SYBH's contracted providers' ability to assess the needs of unserved, underserved/inappropriately served, and fully served county residents who qualify for MHSA services; these findings will be in the Annual Update and Three-Year Plans. The policy and procedure provides language on the expectation from contracted service providers.	
Finding #4	Sutter-Yuba County's adopted FY 2017-20 Plan and FY 2018-19	Recommendation #4a	The County service provider contracts shall include achievement goals from the County's Plan and Updates that apply to each provider's programs and services.	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
	Update lacked documentation of achievement of performance outcomes. (W&I Section 5848(c), Performance Contract (6)(A)(5)(d)).	 a) Sutter-Yuba Behavioral Health's adopted FY 2017-20 Plan and FY 2018-19 Update lacked documentation of achievement of performance outcomes. b) Sutter-Yuba Behavioral Health's service provider contracts shall include achievement goals pertaining to provider's programs and services. c) Corrective action step identified in previous recommendation #4 also applies to finding 4a. d) Due to challenges related to COVID and having one Contracts Analyst for all Behavioral Health's contracts, it is estimated existing contracts can be amended by October 2020. e) Revised contracts will be uploaded to DHCS's Movelt system. f) The MHSA Coordinator will review and analyze data for each provider's programs and services for: contract compliance, goals and objectives. The MHSA Team and Senior Management will review contracts for compliance. SYBH will implement and ensure during quarterly contract reviews of our contracted MHSA providers, that quarterly updates include achievement goals per program and services, and the MHSA Annual Update and, or, 3-YR 	

Finding # or Suggested Improvement #	Finding or Suggested Improvement		Recommendation # stion Step / Identify Timeline / and Evidence of lechanisms for Monitoring Effectiveness)	Score – Comments/Notes
			Plans will include analysis of contract providers achievement goals.	
Finding #5	Sutter-Yuba County did not dedicate at least 51% of Prevention and Early Intervention (PEI) funds to serve individuals 25 years or younger in FY 2017-18. (Cal. Code of Regs., tit.9, § 3706(b)).	Recommendation #5	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 who are 25 years old or younger. a) Sutter -Yuba Behavioral Health disagrees with Finding #5, based on the following: b) Per the ARER (attached), the formula used to calculate served individuals under 25 also includes administrative costs. Due to this, the % is not accurate per the ARER. If you calculate the % based strictly on the JPA and individuals served minus the administration costs, SYBH remains in compliance with >=51% served under or at 25 yrs old. The county met the requirement in both 17-18 and 18-19. The issues in 17-18 are the high admin expenditures and no % entered for the JPA. FY 18-19 are the same, but somewhat mitigated because there is at least some % for the JPA (37%-which the county does not control) and admin was a lot less. c) It was determined after further review that during FY 19-20, 51% of PEI funds were used to serve individuals who are 25 years old or younger, this will be the continued practice of SYBH.	The submitted plan is accepted. DHCS has confirmed that the formula used by DHCS to calculate the percentage of funds used to serve individuals under aged 25 is correct. The county is encouraged to contact DHCS Fiscal Unit for assistance in completing the ARER.

Finding # or Suggested Improvement #	Finding or Suggested Improvement		Recommendation # ction Step / Identify Timeline / and Evidence of lechanisms for Monitoring Effectiveness)	Score – Comments/Notes
			 d) A copy of the ARERS are attached as evidence. e) The Administrative Services Officer will continue to monitor program budgets and spending. f) This corrective action does not impact Sutter-Yuba Behavioral Health's contracted service providers. 	
Suggested Improvement #1	MHSA Transparency and Consistency	Suggested Improvement #1	 DHCS recommends the County post the full ARER on the County's website. a) DHCS found a lack of MHSA transparency and consistency. b) Sutter-Yuba Behavioral Health will post the full ARER on Sutter-Yuba Behavioral Health's website. c) The ARER will be posted to the Sutter County MHSA website. d) The ARER will be posted by December of the FY for which it is due. e) The full ARER will be submitted to DHCS and posted. f) SYBH's Administrative Officer will be responsible for ensuring the ARERs are submitted according to the requirements. This corrective action does not impact Sutter-Yuba Behavioral Health's contracted service providers. 	The submitted plan is accepted.

Finding # or Suggested Improvement #	Finding or Suggested Improvement		Recommendation # ction Step / Identify Timeline / and Evidence of Mechanisms for Monitoring Effectiveness)	Score – Comments/Notes
Suggested Improvement #1	MHSA Transparency and Consistency	Suggested Improvement #1a	 DHCS recommends the County provide a budget for each fiscal year in the approved Plan and Update. Any updates to the budget should be detailed in each subsequent Update. a) DHCS found a lack of MHSA transparency and consistency. b) Each fiscal year, fiscal staff will meet with SYBH MHSA team members and branch directors to discuss fiscal projections and receive updates to future MHSA programs. c) Fiscal staff will draft a budget that concurs with either the yearly update or the three-year plan. d) The Admin & Accounting Supervisor and Administrative Services Officer will review the draft and approve a budget. e) The SYBH MHSA team will input the detailed approved budget into the annual update or three-year plan as required. f) Sutter-Yuba Behavioral Health's Administrative Officer will be responsible for ensuring SYBH provides a budget for each fiscal year in the approved Plan and Update. This corrective action does not impact Sutter-Yuba Behavioral Health's contracted service providers. 	The submitted plan is accepted.

Finding # or Suggested Improvement #	Finding or Suggested Improvement	•	Recommendation # stion Step / Identify Timeline / and Evidence of lechanisms for Monitoring Effectiveness)	Score – Comments/Notes
Suggested Improvement #1	MHSA Transparency and Consistency	Suggested Improvement #1b	 DHCS recommends the County provide detailed MHSA program narratives in the adopted Plan and Update by component with concrete examples of program descriptions, summaries, goals and/or activities, as well as document any changes made to the approved Plan in subsequent Updates. a) DHCS found a lack of MHSA transparency and consistency. b) Sutter-Yuba Behavioral Health will provide detailed MHSA program narratives in the adopted Plan and Update by component with concrete examples of program descriptions, summaries, goals and/or activities, as well as document any changes made to the approved Plan in subsequent Updates. c) Sutter-Yuba Behavioral Health will continue to work to achieve consistency in all program narratives in order to promote transparency of MHSA programs, program narratives were included in the FY 2020-23 Plan. d) Sutter-Yuba Behavioral Health is continuing to improve how we report data for transparency and consistency, it is estimated this will continue to be improved and refined in subsequent MHSA Plans and Updates. e) Adopted Plans and Updates will continue to be submitted via Movelt and mailed to DHCS. 	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
			 f) The MHSA Coordinator will be responsible for ensuring detailed MHSA program narratives have been completed according to the requirements. g) Sutter-Yuba Behavioral Health will hold its contractors to the same standards as our internal programs and ensure they too are providing detailed narratives with concrete examples of program descriptions, summaries, goals and/or activities, as well as documenting any changes made. 	
Suggested Improvement #1	MHSA Transparency and Consistency	Suggested Improvement #1c	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 separate line items in the approved Plan/Update budget and ARER. a) DHCS found a lack of MHSA transparency and consistency. b) Sutter-Yuba behavioral Health will indicate programs in the approved Plan and Update as standalone programs, also presented as separate line items in the approved Plan/Update budget and ARER. c) Sutter-Yuba Behavioral Health will include program descriptions and distinct goals, performance outcomes, presented as separate line items in the approved Plan/Update and budget and ARER.	The submitted plan is accepted.

Finding # or	Finding or		Recommendation #	Coors
Suggested	Suggested	(State Corrective Ad	ction Step / Identify Timeline / and Evidence of	Score – Comments/Notes
Improvement #	Improvement	Corrections / N	Mechanisms for Monitoring Effectiveness)	Comments/Notes
•			 d) The ARERs will be posted by December in the FY for which they are due, once they have been completed. e) The Administrative Services Officer will post the full ARERs and submit to DHCS for review. f) SYBH's Administrative Officer will be responsible for ensuring the ARERs are submitted according to the requirements. This corrective action does not impact Sutter-Yuba Behavioral Health's contracted service providers. 	
Suggested Improvement #1	MHSA Transparency and Consistency	Suggested Improvement #1d	DHCS recommends program names and service categories detailed in the approved Plan and Update match the program names and service categories in the 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. a) DHCS found a lack of MHSA transparency and consistency. b) Sutter-Yuba Behavioral Health will include program names and service categories detailed in the approved Plan and Update to match the program names and service categories in the ARER. c) Sutter-Yuba Behavioral Health will ensure before submitting the Plan or Update, the	The submitted plan is accepted.

Finding # or Suggested Improvement #	Finding or Suggested Improvement	1 -	Recommendation # ction Step / Identify Timeline / and Evidence of lechanisms for Monitoring Effectiveness)	Score – Comments/Notes
			ARERs are consistent with the budget in the approved Plan and Update. If the program or service did not occur, SYBH will report the program or service on the ARER and indicate zero expenditures. d) The FY 2020-21 ARERs will be consistent with the budget in the approved FY 2020 – 23 Plan. e) Sutter-Yuba Behavioral Health's fiscal team completes the ARER report. Once approved, the fiscal team will submit to DHCS SYBH's. f) SYBH's Administrative Officer will be responsible for ensuring the ARERs are submitted according to the requirements. This corrective action does not impact Sutter-Yuba Behavioral Health's contracted service providers.	
Suggested Improvement #2	MHSA Policies, Procedures, Evaluation and Training	Suggested Improvement #2	 DHCS recommends the County develop and implement MHSA training and identify processes and supports including: 1. Policies and procedures that incorporate MHSA general principles. 2. Requirements and components - Community Program Planning Process (CPPP), Community Services and Supports (CSS), Full Service Partnership (FSP), General Systems Development (GSD), 	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
		Outreach and Engagement (O&E), PEI, Innovation (INN), Workforce Education and Training (WET), and Capital Facilities and Technological Needs (CFTN). 3. Funding and reporting requirements. 4. Plans and Updates. 5. Other needs such as staffing, performance objectives, and outcomes. a) DHCS found a lack of MHSA Policies, Procedures, Evaluations and Training. b) Sutter-Yuba Behavioral Health will develop and implement MHSA trainings and identify processes and supports including identified items 1-5. c) Sutter-Yuba Behavioral Health will develop a plan to create and implement MHSA trainings and identify processes and supports with the above-mentioned processes 1-5 in FY 2020-21. d) Sutter-Yuba Behavioral Health's MHSA Team will create a plan to address the afore mentioned in FY 2020-21, with plans to implement MHSA trainings which include designing processes and supports in FY 2021-22. e) It is estimated MHSA trainings and identified processes and supports will be developed in	

Finding # or Suggested Improvement #	Finding or Suggested Improvement		Recommendation # stion Step / Identify Timeline / and Evidence of lechanisms for Monitoring Effectiveness)	Score – Comments/Notes
			FY 2020-21 and rolled out in FY 2021-22; evidence of this will be submitted to DHCS f) The MHSA Coordinator will be responsible for ensuring this has been completed according to the requirements. g) Amendments to existing MHSA Contracted Providers' contracts will be made in order to reflect the necessary changes to training and identify processes and supports as it pertains to individual program components. Future contracts will include additional provisions to ensure standards and compliance.	
Suggested Improvement #2	MHSA Policies, Procedures, Evaluation and Training	Suggested Improvement #2a	training for all mental health employees and service providers involved in the complete delivery of services to recipients of MHSA programs; and documentation of annual training. a) DHCS found a lack of MHSA Policies, Procedures, Evaluations and Training. b) Sutter-Yuba Behavioral Health will develop MHSA program trainings for all mental health employees and service providers involved in the complete delivery of services to recipients of MHSA programs; SYBH will also submit to DHCS	The submitted plan is accepted.

Finding # or Suggested Improvement #	Finding or Suggested Improvement	1	Recommendation # ction Step / Identify Timeline / and Evidence of Mechanisms for Monitoring Effectiveness)	Score – Comments/Notes
			documentation of annual trainings. c) A timeline for corrective action will be completed during FY 2020 – 21 and policies and procedures will be created to address the lack of trainings. It is estimated trainings for all mental health employees and service providers can begin FY 2021 – 22. d) An estimated timeline for implementation is FY 2021 -22. e) It is estimated MHSA trainings and identified processes and supports will be developed in FY 2020-21 and rolled out in FY 2021-22. f) The MHSA Coordinator will be responsible for ensuring this has been completed according to the requirements. g) Amendments to existing MHSA Contracted Providers' contracts will be made in order to reflect the necessary changes to training and identify processes and supports as it pertains to individual program components. Future contracts will include additional provisions to ensure standards and compliance.	
Suggested Improvement #2	MHSA Policies, Procedures,	Suggested Improvement #2b	DHCS recommends all Community Program Planning Process (CPPP) training materials include date trainings occur, corresponding sign-	The submitted plan is accepted.

Finding # or Suggested Improvement #	Finding or Suggested Improvement		Recommendation # stion Step / Identify Timeline / and Evidence of lechanisms for Monitoring Effectiveness)	Score – Comments/Notes
	Evaluation and Training		 in sheets, and that any CPPP related timelines identify when stakeholder trainings occur. a) DHCS found a lack of MHSA Policies, Procedures, Evaluations and Training. b) Sutter-Yuba Behavioral Health will develop CPPP trainings materials include date trainings occurred, corresponding sign-in sheets, and that any CPP related timelines identify when stakeholder trainings occurred. c) Corrective actions have been taken with the draft of a CPPP Policy and Procedure, scheduled to be finalized FY 2020-21. d) An estimated timeline for implementation is FY 2020 – 21. e) The MHSA Coordinator will be responsible for ensuring CPPP standards are met. f) The MHSA Coordinator will be responsible for ensuring this has been completed according to the requirements. This corrective action does not impact Sutter-Yuba Behavioral Health's contracted service providers. 	
Suggested Improvement #2	MHSA Policies, Procedures, Evaluation and Training	Suggested Improvement #2c	The training should also address how the county will evaluate the effectiveness of programs/services they deliver and their ongoing quality improvement strategies.	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
		 a) DHCS found a lack of MHSA Policies, Procedures, Evaluations and Training. b) Sutter-Yuba Behavioral Health's Community Program Planning Process (CPPP) trainings will address how Sutter-Yuba Behavioral Health will evaluate the effectiveness of programs/services we deliver and our ongoing quality improvement strategies. c) Sutter-Yuba Behavioral Health has developed a CPPP to include trainings for stakeholders; trainings will also address how the Sutter-Yuba Behavioral Health will evaluate the effectiveness of programs/services we deliver and on-going quality improvement strategies. d) Sutter-Yuba Behavioral Health's MHSA Team will create a plan to address the afore mentioned in FY 2020-21, with plans to implement MHSA trainings which include designing processes and supports in FY 2021-22. e) It is estimated MHSA trainings and identified processes and supports will be developed in FY 2020-21 and rolled out in FY 2021-22 f) The MHSA Coordinator will be responsible for ensuring this has been completed according to the requirements. This corrective action does not impact Sutter-Yuba Behavioral Health's contracted service providers. 	

Finding # or Suggested Improvement #	Finding or Suggested Improvement		Recommendation # stion Step / Identify Timeline / and Evidence of lechanisms for Monitoring Effectiveness)	Score – Comments/Notes
Suggested Improvement #2	MHSA Policies, Procedures, Evaluation and Training	Suggested Improvement #2d	 DHCS recommends the County design a template for sign-in sheets that specify date, time, location, purpose of the meeting, and identify the constituent group stakeholders represent, as well as record meeting minutes for all stakeholder meetings. a) DHCS found a lack of MHSA Policies, Procedures, Evaluations and Training. b) Sutter-Yuba Behavioral Health will design a template for sign-in sheets that specify date, time, location, purpose of the meeting, and identify the constituent group stakeholders represent, as well as record meeting minutes for all stakeholder meetings. c) Sutter-Yuba Behavioral Health will create a P&P for tracking and reporting MHSA Stakeholder events and tracking minutes. d) Sutter-Yuba Behavioral Health's MHSA Team will create a P&P to address the aforementioned suggested improvement in FY 2020-21, with plans to implement tracking Stakeholder meeting information including rosters and minutes. e) It is estimated MHSA trainings and identified processes and supports will be developed in FY 2020-21 and rolled out in FY 2021-22. f) The MHSA Coordinator will be responsible for ensuring this has been completed according to the requirements. 	The submitted plan is accepted.

Finding # or Suggested Improvement #	Finding or Suggested Improvement		Recommendation # ction Step / Identify Timeline / and Evidence of Mechanisms for Monitoring Effectiveness)	Score – Comments/Notes
			This corrective action does not impact Sutter-Yuba Behavioral Health's contracted service providers.	
Suggested Improvement #3	MHSA Oversight	Suggested Improvement #3	DHCS recommends the County evaluate their service provider contract deliverables at least quarterly and that the measurable outcomes are consistent with the goals and objectives of the services/program of the current adopted Plan and Update. a) DHCS suggest the county improve MHSA Oversight. b) Sutter-Yuba Behavioral Health will evaluate our service provider contract deliverables at least quarterly to ensure measurable outcomes are consistent with the goals and objectives of the services/program of the current adopted Plan and Update. c) Sutter-Yuba Behavioral Health will amend existing contracts and incorporate a statement of services provided to include measurable outcomes, consistent with the goals and objectives of the services/program. d) Due to challenges related to COVID and having one Contracts Analyst for all Behavioral Health's contracts, it is estimated existing contracts can be amended by October 2020. e) Revised contracts will be uploaded to DHCS's Movelt system.	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
		 f) The MHSA Team and Quality Improvement Council will monitor achievement goal reports (deliverables) and quarterly reports for contract provider compliance. g) SYBH will implement quarterly contract reviews of our contracted MHSA providers. Quarterly reviews will be performed to ensure achievement goals meet service and program requirements. 	