

Madera Plan of Correction
Per the County Performance Contract Review Report for Review Dates September 17-19, 2018

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	Madera County submitted the FY 2016-17 Annual Revenue and Expenditure Report (ARER) per Department of Health Care Service (DHCS) records on March 27, 2018. The County shall submit the ARER no later than December 31 following the end of the fiscal year. (California Code of Regulations., tit. 9, § 3510(b)).	Recommendation #1: The FY 2017-18 ARER must be submitted to DHCS and the Mental Health Services Oversight and Accountability Commission (MHSOAC) no later than December 31 following the end of the fiscal year, and for every year thereafter.	Madera County will submit future ARER's to DHCS and the MHSOAC no later than January 31 following the end of the fiscal year, and for every year hereafter. The ARER's will be completed by the MHSA fiscal officer.	The submitted plan is accepted.
Finding #2	Madera County lacked a narrative analysis of assessment of mental health needs and its capacity to implement proposed programs/services of mental health needs of unserved, underserved and residents who qualify	Recommendation #2: The County must incorporate an 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 FY	Madera County will include the assessment of the County Mental Health needs and the capacity to meet those needs in each subsequent plan hereafter. The needs assessment will be completed by the MHSA analyst.	The submitted plan is accepted.

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	for MHSA services in their FY 2014-17 Three- Year Program and Expenditure Plan (Plan). (Cal. Code Regs., tit. 9, § 3650(a)).	2017-20 Plan and thereafter.		
Finding #3	Madera County does not include a breakdown of the number of Full Service Partnership (FSP) clients to be served according to age in the FY 2014-17 Three-Year Program and Expenditure Plan (Plan). (Cal. Code of Regs., tit. 9, §§ 3620(j), 3650(a)(3), 3650(a)(6)(E)).	Recommendation #3: The County must provide a breakdown of the number of FSP clients to be served according to each age group: children (0-15), transitional age youth (16-25), adult (26-59) and older adult (60 and older) in the FY 2017-20 Plan and thereafter.	Madera County will incorporate the number of Full-Service Partnership clients into each Plan hereafter. The data will be sorted by age groups. The Data will be compiled by the MHSA Analyst.	The submitted plan is accepted.
Finding #4	Madera County's FY 2016-17 Update lacks clarity and sufficient information pertaining to the programs, services and activities General Service Development (GSD) funds are supporting.	Recommendation #4: The County needs to demonstrate how the programs/services providing mental health services to clients through the GSD category under CSS is consistent with GSD	Madera County will demonstrate in each Plan from here on out, that the programs through GSD und CSS are consistent with funding. This will be developed in Consultation with the Fiscal officer and the MHSA analyst.	The submitted plan is accepted.

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	(Cal. Code of Regs., tit. 9, § 3630)).	funds in accordance with regulation in the FY 2017-20 Plan and FY 2017-18 Update and thereafter.		
Finding #5	Madera County Community Services and Supports (CSS) programs/services implementation is not consistent with the approved FY 2014-17 Plan, FY 2016-17 Update and FY 2016-17 ARER. Specifically, programs identified in the FY 2016-17 Update do not match programs listed in the FY 2016-17 ARER. (Welfare and Institution Code (W&I), Section 5892(g)).	Recommendation #5: All expenditures for the County’s mental health programs shall be consistent with a currently approved Plan or Update. The approved Plan, Update and ARER should match with program names for each CSS component. All CSS programs/services should be described and reported in the correct service category with an expenditure budget in the FY 2017-20 Plan, FY 2017-18 Update and FY 2017-18 ARER and thereafter.	Madera County will submit budget worksheets by fiscal year in the CSS component in the Plan and Update and each subsequent plan and update hereafter. This will be completed by the Fiscal Officer.	The submitted plan is accepted.
Finding #6	Madera County’s Prevention and Early Intervention (PEI)	Recommendation #6: The County must incorporate the	Madera County will incorporate PEI component requirements into each Plan and Annual Update	The submitted

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	component in the FY 2014-17 Plan and FY 2016-17 Update lacked documentation as required by regulations (i.e, age group, sexual orientation, program names, # of programs, performance outcomes). Cal. Code of Regs., tit. 9, § 3755).	Prevention and Early Intervention component requirements and address all components of the Cal. Code of Regs., tit. 9, § 3755 in the FY 2017-20 Plan and FY 2017-18 Update and thereafter.	hereafter. The MHSA analyst will incorporate these elements.	plan is accepted.
Finding #7	The FY 2016-17 Update does not demonstrate that the County has at least one of each required PEI program type (Stigma & Discrimination Reduction, Early Intervention, Prevention, etc.). (W&I, Section 5840; Cal. Code of Regs., tit. 9, § 3705).	Recommendation #7: The County must incorporate the Prevention and Early Intervention component requirements and address all components of the Cal.Code of Regs., tit. 9, § 3755 in the FY 2017-20 Plan and FY 2017-18 Update and thereafter.	Madera County has one Community Health Educator and contracts with an agency that provides services at sa Drop In Center and another in the School setting for PEI. These programs and Health Educator will incorporate al elements in their services and presentations and will log this in their data collection for inclusion in all Plans and Updates hereafter.	The submitted plan is accepted.

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Finding #8	Madera County did not select and use a validated method to measure changes in attitudes, knowledge and/or behavior related to mental illness or changes in attitudes, knowledge, and/or behavior related to seeking mental health services for each Stigma Reduction Program in the FY 2014-17 Plan and FY 2016-17 Update. It is not specified how the proposed method is likely to bring about the selected outcomes and the validated method to measure the changes in attitude, knowledge and/or behavior related to mental illness or seeking mental health services. (Cal. Code	Recommendation # 8: The County shall include the requirements of each Stigma and Discrimination Program and address all components of Cal. Code of Regs., tit. 9, § 3755(f) in their FY 2017-20 Plan and FY 2017-18 Update and thereafter.	Madera County is currently piloting a reporting tool to measure changes in Stigma and Discrimination as a result of the programs. This was halted due to the limitations of the COVID lockdowns. The Plan for 23-26 will include data from this tool and each plan and update thereafter. The Mental Health Educators will submit this data to the MHSA analyst for review and inclusion the Updates and Plans.	The submitted plan is accepted.

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	of Regs., tit. 9, §§ 3750(d), 3755(f).			
Finding #9	The County does not dedicate at least 51% of PEI funds to serve individuals 25 years or younger. (Cal. Code of Regs., tit. 9, § 3706(b)).	<p>Recommendation #9: The County shall demonstrate that at least 51% of the PEI funds used shall be used to serve individuals 25 years or younger on the FY 2017-18 ARER and thereafter.</p> <p>The County should develop and implement accounting and cost allocation policies and procedures that will allow the County to allocate PEI funds to serve individuals 25 years or younger</p>	Madera County will identify in all future ARER's that 51% of the funds were used to serve individuals 25 years and younger. The ARER will be completed by the Fiscal Officer.	The submitted plan is accepted.
Finding #10	Madera County PEI programs/services implementation is not consistent with the approved FY 2014-17 Plan, FY 2016-17 Update and FY 2016-	Recommendation #10: All expenditures for the County's mental health programs shall be consistent with a currently approved Plan or Update. The	Madera County will assure consistency in each subsequent plan and update and ARER. There will be consistency in program name, target population, and budget.	The submitted plan is accepted.

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	17 ARER. There is inconsistency in program name, target population and budgets. (WIC Code, Section 5892(g)).	<p>County must align PEI programs/services implementation with the approved FY 2020-23 Plan, FY 2017-18 Update and FY 2017-18 ARER.</p> <p>The county must ensure that the programs listed in the PEI Worksheet of the RER is consistent with the PEI budget summary of the Plan and Update. Any discrepancies or name changes must be explained in the Plan and Update.</p>		
Finding #11	Madera County's Innovation (INN) program/services implementation is not consistent with the approved FY 2014-17 Plan, FY 2016-17 Update and FY 2016-2017 ARER. (W&I Code, Section	<p>Recommendation #11: All expenditures for the county's mental health programs shall be consistent with a currently approved Plan or Update. The INN program names should match within the approved Plan,</p>	Madera County will assure consistency in each subsequent plan and update and ARER. There will be consistency in program name, target population, and budget.	The submitted plan is accepted.

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	5892(g)).	Update and ARER. The County must ensure that the programs listed in the INN Worksheet of the ARER are consistent with the INN budget summary of the Plan and/or Update. Any discrepancies or name changes must be explained in the Plan/Update. The INN programs listed in the FY 2017-18 Update must match the FY 2017-18 ARER and thereafter.		
Suggested Improvement Item #1	Consistency between the approved FY Plan, Update and ARER.	Suggested Improvement #1: DHCS recommends the County’s MHSA programs/services are consistent between the FY Plan, Update and ARER. Programs/services should be placed in the correct service	Madera County will ensure that a. The program names and service category indicated in the Plan, Update and ARER must match. DHCS recommends the Plan and Update components be presented in the following order: CPPP – Community Program Planning Process CSS – Community Services and Supports FSP – Full Service Partnership GSD – General Service Development O&E – Outreach and Engagement Housing PEI – Prevention and Early Intervention INN	The submitted plan is accepted.

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		<p>component based on regulations.</p> <p>a. The program names and service category indicated in the Plan, Update and ARER must match. DHCS recommends the Plan and Update components be presented in the following order: CPPP – Community Program Planning Process CSS – Community Services and Supports FSP – Full Service Partnership GSD – General Service Development O&E – Outreach and Engagement Housing PEI – Prevention and Early Intervention INN – Innovation WET – Workforce Education and Training CFTN – Capital Facility and Technological Needs</p>	<p>– Innovation WET – Workforce Education and Training CFTN – Capital Facility and Technological Needs</p> <p>Future plans will provide detailed MHSA program narratives in the 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 Plan in subsequent Updates.</p>	

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		<p>DHCS recommends the County provide detailed MHSA program narratives in the 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 Plan in subsequent Updates.</p>		
Suggested Improvement Item #2	MHSA Training	<p>Suggested Improvement #2: DHCS recommends the County establish staff education on MHSA program training for all mental health employees and service providers involved in the complete delivery of services to recipients of MHSA programs</p>	<p>The Madera county MHSA Coordinator and Analyst will research and develop a training program to begin in fiscal year 21-22. This project was put on hold during the COVID medical emergency. These trainings will be provided for all staff involved in the delivery of services to clients of MHSA programs.</p>	<p>The submitted plan is accepted.</p>

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Suggested Improvement Item #3	MHSA Transparency and Consistency	<p>Suggested Improvement #3:</p> <ol style="list-style-type: none"> 1. DHCS recommends the County provide detailed MHSA program narratives in the 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 Plan and subsequent Updates. 2. The ARER should be consistent with the budget in the Plan and/or Update. <ol style="list-style-type: none"> a. Program names and service categories detailed in the Plan and/or Update should match the program names and services categories in the ARER. 	<p>The MHSA Three Year Plan has been completed and submitted to the Board of Supervisors for Approval. The Board approved the Document on July 14, 2020. These elements were added to the Three Year Plan. This was done in conjunction with the Fiscal Department in completion of the ARER. Please see attached</p> <ol style="list-style-type: none"> 1. FY18019 MHSA RER 2. MaderaCountythreeYearPlan20-23, 2. Board Of SupervisorApproval. 	The submitted plan is accepted.

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Suggested Improvement Item #4	Template Development/ Improved Documentation	Suggested Improvement #4: Develop a meeting minute template that has date meeting held, stakeholders present (organization/customer /other, etc.), agenda items discussed with actions taken, completion date and resolution (resolved/ placed on next meeting agenda, etc.	Madera County has been unable to develop regular coalition meetings ongoingly with multiple stakeholders. Attendance has been sparse and sporadic. Due to the coalition developed during our Perinatal INN project, the MHSA Coordinator and MHSA analyst are currently in process of working with that coalition to develop a framework in which a part of the meeting will be related to MHSA with the MHSA analyst developing a template for meeting minutes. This will be completed by Dec 2021.	The submitted plan is accepted.