

Calaveras County Plan of Correction
Per the County Performance Contract Review Report for Review Date May 6, 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	<p>Calaveras County lacked evidence that training in the Community Program Planning Process (CPPP) is provided to stakeholders, clients, and when appropriate the client's family, as needed, who are participating in the CPP process. (California Code of Regulations, title. 9, section 3300 (C)(3)(B)).</p>	<p><u>Recommendation #1</u> The County must develop or update the current CPP process into County written policies and procedures. This includes CPPP designated positions, staff training, stakeholder training, and clients, and when appropriate the client's family training.</p> <p><u>Recommendation #1a:</u> The County must provide training for behavioral health staff employees, stakeholders and clients, and when appropriate the client's family, with documentation of annual training.</p> <p><u>Recommendation #1b:</u> The County must provide training to all new employees, with documentation of annual training.</p>	<p>The County of Calaveras has revised the current CPP process into County written policies and procedures (attach #1), that includes CPPP designated MHPA positions, staff training, stakeholder training, and clients, and when appropriate the client's family training.</p> <p>The County of Calaveras will provide MHPA training for behavioral health staff employees, stakeholders and clients, and when appropriate the client's family, with documentation of annual training, as outlined in the revised MHPA Community Program Planning/Training Policy and Procedure document.</p> <p>Also attached is the MHPA Training Sign-In form the most recent FY 2019-2020 MHPA Annual Update PowerPoint (attach #3) and MHPA handout (attach #4) used for trainings provided.</p> <p>The County of Calaveras will provide MHPA training to all new employees as part of the BHS New Staff Orientation, with documentation of annual training provided, as outlined in the revised MHPA Community</p>	<p>The submitted plan is accepted</p>

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			Program Planning/Training Policy and Procedure document.	
Finding #2	Calaveras County lacked evidence that it ensures Full Service Partnership (FSP) Personal Service Coordinators (PSC)/Case Managers are culturally and linguistically competent or, at a minimum, educated and trained in linguistic and cultural competence. (Cal. Code Regs., tit. 9, § 3620(h)(2)).	<p><u>Recommendation #2:</u> The County must develop and implement internal processes and procedures to ensure FSP PSC/Case Managers are culturally and linguistically competent or, at a minimum, educated and trained in linguistic and cultural competence.</p> <p><u>Recommendation #2a:</u> The County must develop methods to ensure and track individual FSP PSC/Case Managers completion of cultural competency training and activities.</p>	<p>The County of Calaveras did not provide sufficient evidence that linguistic and cultural competence trainings are provided to BHS Full Service Partnership (FSP) Case Managers when submitting documents to the MOVEit system prior to the DHCS MHSA Desk Audit on May 6, 2020. Some training sign in sheets were submitted – but not the extensive online Relias trainings required and provided throughout the year for the FSP Case Managers, and Cultural Competency trainings offered before and after the audit year documents required for the desk audit. Please find attachments #5 through #11 as evidence that BHS FSP Case Managers are trained and educated in linguistic and cultural competence throughout the year:</p> <ul style="list-style-type: none"> • Attached are two documents (attach #5 and attach #6) as confirmation that extensive online <u>Relias trainings</u> are required for Case Managers each year, including the Case Manager names highlighted in yellow, documentation of participation, and a 	The submitted plan is accepted

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			<p>summary description of each training required.</p> <ul style="list-style-type: none"> • <u>Across Cultures</u> training was provided in June, 2016 (attach #7) and a description of the cultural competency training covering Native American and Southeast Asian cultures included, along with highlights in yellow for all the Case Managers that attended. • An “<u>Implicit Bias</u>” training (attach #8) was provided in December, 2020 through the Tri-County Cultural Competency Committee (Calaveras, Amador and Tuolumne counties) – which was a regional cultural competency training by Dr. Bryant Marks specific to diversity, equity and implicit bias– attachment includes flyer of training and sign in sheet documentation. • A copy of both the MHS A Three Year Plan FY 2017-2020 and MHS A Annual Update FY 2018-2019 list of <u>WET trainings</u> are attached (attach #9) that describe the range of cultural competency trainings provided for all BHS staff, including Case Managers during this time period. 	

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			<ul style="list-style-type: none"> • Both the Calaveras County Cultural Competency Plan (attach #10) and a revised Cultural Competence Policy and Procedure (attach #11) are attached which provides evidence that all Behavioral Health Services (BHS) staff (including FSP Case Managers) working in Calaveras County are required to undergo cultural competence trainings throughout the year ongoing. <p>The County of Calaveras has internal processes and procedures in place to document cultural competence trainings that are held throughout the year for all BHS staff, and specifically all FSP Case Managers. A training log that documents the date of trainings and who attended is kept by the BHS Administrative Manager in a Training file at the BHS Administration offices as per the revised Cultural Competence Policy and Procedure (attach #11). This internal system ensures all FSP PSC/Case Managers are culturally and linguistically competent or, at a minimum, educated and trained in linguistic and cultural competence and that the trainings provided meet the minimum</p>	

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			<p>culturally and Linguistically Appropriate Services (CLAS) standards.</p> <p>This documentation is updated and reviewed quarterly at the BHS Administration meetings and at our monthly Training Committee as required per the revised Cultural Competency Training Policy attached.</p>	
Finding #3	<p>Calaveras County’s Community Services and Supports (CSS) programs/services were not consistent with the approved FY 2017-20 Three-Year Program and Expenditure Plan (Plan), FY 2018-19 Annual Update (Update), and FY 2018-19 Annual Revenue and Expenditure Report (ARER). Specifically, the Older Adult Outreach, Latino Hispanic Outreach, PEER Support</p>	<p><u>Recommendation #3:</u> The County must ensure that the program names listed in the CSS component section of the approved FY 2020-23 Plan and FY 2019-20 Update, and each subsequent year thereafter, are consistent with the names in the approved ARER. The budget in the approved Plan and Update should be consistent with the approved ARER. If the program or service did not occur, report the program or service on the approved ARER and</p>	<p>The County of Calaveras MHSA Coordinator/Analyst and Health and Human Services Agency (HHS) Fiscal Officer, who work with the ARER, held a meeting on August 17, 2020 (attach #12) to review the FY 2017-20 Three-Year Program and Expenditure Plan (Plan), FY 2018-19 Annual Update (Update), and FY 2018-19 Annual Revenue and Expenditure Report (ARER), and corrections that will be needed in future reports. Fiscal staff and the MHSA Coordinator/Analyst have made the commitment to meet prior to the submission of the 2019-20 ARER and future years to ensure the Annual Revenue and Expenditure Report (ARER) FY 2019/2020 and each subsequent year thereafter, accurately lists the program names in the CSS component section of the FY 2020-2023 Three-Year Program and Expenditure Plan (to be</p>	<p>The submitted plan is accepted</p>

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	<p>Services, Living Room Wellness and Recovery Cabin and NAMI Socialization Programs are listed in the approved FY 2018-19 Update. The approved FY 2018-19 ARER lists programs as CSOC or ASOC programs. (Welfare and Institution Code (W&I Code) section 5892(g)).</p>	<p>indicate zero expenditures. Any discrepancies or name changes must be explained in the approved Plan and Update.</p>	<p>submitted for approval by March, 2021), including those in which services may not have occurred.</p> <p>The budget in the FY 2020-2023 Three Year Program and Expenditure Plan and subsequent approved Plans and Updates will be consistent with the CSS Program names and service categories detailed in the ARER FY 2019/2020 and subsequent approved ARER reports. If the program or service did not occur, the program will be reported on the approved ARER and will indicate zero expenditures. Any discrepancies or name changes will be explained in the approved Plans and Updates (Welfare and Institution Code (W&I Code) section 5892(g)).</p>	
Finding #4	<p>Calaveras County did not include all required information within their Annual Prevention and Early Intervention Report for each Prevention and Early Intervention program in the approved FY 2017-20 Three-Year Program and</p>	<p><u>Recommendation #4:</u> The County must include all Prevention and Early Intervention (PEI) data required by the Cal. Code of Regs., tit. 9, § 3560.010 in the Annual Prevention and Early Intervention Report, and each subsequent Annual</p>	<p>The County of Calaveras will include all Prevention and Early Intervention (PEI) data required by the Cal. Code of Regs., tit. 9, § 3560.010 in the Annual Prevention and Early Intervention Report embedded in the FY 2020-2023 MHSA Three Year plan when submitted for approval by March, 2021, and each subsequent Annual Prevention and Early Intervention Report reported in Calaveras' MHSA Plans and Updates thereafter.</p>	<p>The submitted plan is accepted</p>

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	<p>Expenditure Plan (Plan) and FY 2018-19 Annual Update (Update).</p> <p>Specifically, the report did not include unduplicated numbers of individuals served in the preceding fiscal year by the Artistic Rural Therapy (ART) Program, and the Native American Outreach program. Additionally, there was no data reported for Outreach for Increasing Recognition of Early Signs of Mental Illness programs, and Access and Linkage to Treatment programs. (California Code of Regulations, title 9, § section 3560.10).</p>	<p>Prevention and Early Intervention Report.</p>	<p>Specifically, the Plans and Updates will provide unduplicated numbers of individuals served in the preceding fiscal year for all PEI programs, including the Artistic Rural Therapy (ART) Program, the Native American Outreach program, the Outreach for Increasing Recognition of Early Signs of Mental Illness programs, and Access and Linkage to Treatment programs (California Code of Regulations, title 9, § section 3560.10)).</p>	

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Finding #5	Calaveras County’s approved FY 2017-20 Plan and FY 2018-19 Update did not clearly identify which PEI programs fall under the PEI component. The approved FY 2018-19 ARER reported three of the six PEI programs (Prevention, Early Intervention and Suicide Prevention). (Cal. Code Regs., tit. 9, § 3705 (a)).	Recommendation #5: The County must identify each Program funded with PEI funds as a Prevention Program, an Early Intervention Program, Outreach for Increasing Recognition of Early Signs of Mental Illness Program, Access and Linkage to Treatment Program, Stigma and Discrimination Reduction Program, and a Suicide Prevention Program in the approved FY 2020-23 Plan and FY 2019-20 Update, ARER each subsequent Plan, Update and ARER thereafter.	<p>The County of Calaveras identified the need to categorize each PEI program, and requested and received technical assistance from Mental Health Services Oversight and Accountability Commission (MHSOAC) in early 2019 to accurately name each of the PEI programs listed in the approved FY 2019/2020 MHSA Annual Update.</p> <p>The County of Calaveras MHSA Coordinator/ Analyst and HHSA Fiscal Officer who works with the ARER, held a meeting (attach #12) to review the approved 2018-19 ARER and the FY 2018-19 and FY 2019-20 Annual Update and corrections that will be needed in future reports. They have made a commitment to meet prior to the submission of the 2019-20 ARER to ensure the Annual Revenue and Expenditure Report (ARER) FY 2019/2020 and each subsequent year thereafter, accurately lists the program names in the PEI component section of the FY 2020-2023 Three-Year Program and Expenditure Plan (to be submitted for approval by March, 2021), including those in which services may not have occurred.</p> <p>The County of Calaveras will continue to incorporate Recommendation #5 (identify</p>	The submitted plan is accepted

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			<p>each Program funded with PEI funds as a Prevention Program, an Early Intervention Program, Outreach for Increasing Recognition of Early Signs of Mental Illness Program, Access and Linkage to Treatment Program, Stigma and Discrimination Reduction Program, and a Suicide Prevention Program) in the subsequent ARERs, Three Year Plans and Annual Updates thereafter (Cal. Code Regs., tit. 9, § 3705 (a)).</p>	
Finding #6	<p>Calaveras County’s PEI programs/services were not consistent with the approved FY 2017-20 Plan, FY 2018-19 Update and FY 2018-19 ARER. (W&I Code) section 5892(g)).</p>	<p>Recommendation #6: The County must ensure that the programs listed in the PEI component section of the approved FY 2020-23 Plan and FY 2019-20 Update, and each subsequent year thereafter, are consistent with the ARER. The budget in the approved Plan and Update should be consistent with the ARER. If the program or service did not occur, report the program or service on the ARER and</p>	<p>The County of Calaveras will make the correction to the Annual Revenue and Expenditure Report (ARER) FY 2019/2020 (to be submitted by December 30, 2020) and each subsequent year thereafter, by accurately listing the program names in the PEI component section of the FY 2020-2023 Three-Year Program and Expenditure Plan (to be submitted for approval by March, 2021), including those in which services may not have occurred.</p> <p>The budget in the FY 2020-2023 Three Year Program and Expenditure Plan and subsequent approved Plans and Updates will be consistent with the PEI Program names and service categories detailed in the ARER</p>	<p>The submitted plan is accepted</p>

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		<p>indicate zero expenditures. Any discrepancies or name changes must be explained in the approved Plan and Update.</p>	<p>FY 2019/2020 and subsequent approved ARER reports. If the program or service did not occur, the program will be reported on the approved ARER and will indicate zero expenditures. Any discrepancies or name changes will be explained in the approved Plans and Updates (Welfare and Institution Code (W&I Code) section 5892(g)).</p> <p>This practice has been implemented by both the HHSA Fiscal Officer and the MHSA Coordinator/Analyst working in partnership (attach #12) will continue to meet prior to the submission of the 2019-20 ARER and future years to ensure the PEI component section of the approved Three-Year Program and Expenditure Plan and the Annual Update is consistent to what is listed in the ARER.</p>	
Item #1	Issue Resolution Process	<p><u>Suggested Improvement #1</u> DHCS recommends the County update their MHSA Issue Resolution policy and procedure to include information on:</p> <ul style="list-style-type: none"> • how clients are made aware of the MHSA Issue 	<p>HHSA/BHS has revised their MHSA Issue Resolution Policy and Procedure (attach #13) to include information for filing and resolving issues related to the Mental Health Services Act (MHSA) community program planning process, and concerns about consistency between program implementation and approved plans. Information included is as follows:</p>	The submitted plan is accepted

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		<p>Resolution policy and procedure;</p> <ul style="list-style-type: none"> • what is the procedure for filling out the MHSA Issue Resolution Log; • a timeline of when a client should receive a response and/or a resolution for the MHSA issue filed; and • how behavioral health employees and service providers are trained on the MHSA Issue Resolution policy and procedure. <p><u>Suggested Improvement #1a</u> DHCS recommends the County provide training on MHSA Issue Resolution policies and procedures to all behavioral health employees and service providers/contractors involved in the complete delivery of services to</p>	<ul style="list-style-type: none"> • how clients are made aware of the MHSA Issue Resolution policy and procedure; • what is the procedure for filling out the MHSA Issue Resolution Log; • a timeline of when a client should receive a response and/or a resolution for the MHSA issue filed; and • how behavioral health employees, MHSA contractors and community stakeholders are trained on the MHSA Issue Resolution policy and procedure. <p>HHS/BHS will provide trainings on MHSA Issue Resolution policies and procedures to all behavioral health employees, service providers/contractors, and community stakeholders involved in the complete delivery of services to recipients of MHSA programs, as part of the annual CPPP Training (to be held in Fall, 2020 pending COVID restrictions), New Staff Orientation and new MHSA contractor training, and maintains documentation of these training as they occur. We have recently (based on DHCS recommendation during the MHSA Desk Audit) placed our IRP Policy and Procedure on the Calaveras County</p>	

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		recipients of MHSA programs. Additionally, DHCS recommends the County maintain documentation of training.	Behavioral Health MHSA webpage on May 18, 2020, and this P&P will be replaced with the revised/updated IRP Policy and Procedure once approved.	
Item #2	MHSA Policies and Procedures	Suggested Improvement #2 The Department of Health Care Services (DHCS) recommends the County identify within their FSP policies and procedures how the Personal Care Coordinator/Case Manager or other qualified individual is known to the client/family and available to respond to the client/family 24 hours a day, 7 days a week to provide after-hours interventions.	The County of Calaveras has revised the FSP 24/7 Policy and Procedure on how the Personal Care Coordinator/Case Manager or other qualified individual is known to the client/family and available to respond to client/family 24 hours a day, 7 days a week to provide after-hours interventions (attach #14). The County of Calaveras BHS Division currently ensures that all crisis calls afterhours on weekdays and on weekends are handled by the BHS contractor – <i>the Central Valley Suicide Prevention Hotline</i> located in Fresno, CA. If the client is identified in crisis, then the Central Valley Suicide Prevention Hotline immediately connects the client to BHS' local contract crisis workers who are on call 24/7, and who are familiar to BHS clients due to the small size of our county. Calaveras County is implementing a new strategy, identified after the DHCS MHSA Desk Audit on May 6, 2020 and discussions with six other small	The submitted plan is accepted

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			counties, to hold luncheons twice a year for our current FSP clients to meet and socialize with the crisis contract workers in person to ensure FSP clients and contracted crisis workers are familiar with each other.	
Item #3	Improved Documentation	<p><u>Suggested Improvement #3</u> DHCS recommends the County document when training of stakeholders occurs in their CPPP timeline.</p> <p><u>Suggested Improvement #3a:</u> 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>	The County of Calaveras will continue to document when training of stakeholders occurs in their CPPP timeline, and will continue to maintain all stakeholder training documentation during the CPPP, including, but not limited to: sign-in sheets that indicate the training provided (attach #2), PowerPoint presentations (attach #3), and additional training materials (attach #4).	The submitted plan is accepted