

**Mental Health Services Act Plan of Correction**

1.	County/City:	Glenn County/ Orland
2.	POC Submitted for:	Performance Review
3.	Date of Audit/Performance Review	12/18/2024
4.	Name of Preparer:	
5.	Preparer Contact Email:	
6.	Preparer Contact Telephone:	

	A	B	C	D
#	Finding #	Finding	Recommendation	Action Taken to Correct Finding (Identify Timeline / Evidence of Correction)
7.	Finding #1	Glenn County did not provide an estimate of the number of clients, in each age group, to be served in the Full-Service Partnership (FSP) category for Fiscal Year (FY) 2024-25 and FY 2025-26 in the FY 2023-26 Three-Year Program and Expenditure Plan (Plan), however, did provide an estimate of the number of clients, in each age group, to be	The County must provide evidence of compliance for the estimated number of clients, in each age group, to be served in the FSP service category for FY 2024-25 and FY 2025-26.	Glenn County provided an estimate of the number of clients, in each age group, to be served in the Full-Service Partnership (FSP) category for Fiscal Year (FY) 2024-25. Please see attachment titled MHSA audit finding 1. The county will send evidence of 25/26 when approved by the BOS in June 2025.  <b>4/9/2025: Glenn County response to Review and Recommendation:</b> Please see the attached annual update with the estimate of the number of

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		served in the FSP category for FY 2023-24. (California Code of Regulations, title 9, section 3650(a)(3)).		clients, in each age group, to be served in the Full-Service Partnership (FSP) category for FY 2025-26. Page 37
8.	Finding #2	Glenn County did not indicate the estimated number of children, transition-aged youth (TAY), adults, and older adults to be served, and did not provide the cost per person for Prevention and Early Intervention (PEI) and Innovation (INN) in the FY 2023-26 Plan, however, did indicate the number of children, TAY, adults, and older adults to be served and the cost per person for FY 2023-24. (Welfare & Institutions Code section 5847(e)).	The County must provide evidence of compliance for the estimated number of children, TAY, adults, and older adults to be served, and indicate the cost per person for CSS, PEI, and INN for FY 2024-25 and FY 2025-26.	<p>Glenn County provided an estimate of number of children, TAY, adults, and older adults served, and indicated the cost per person for CSS, PEI, and INN for FY 2024-25. Please see attachment titled MHSA audit finding 2.</p> <p>The county will send evidence of 25/26 when approved by the BOS in June 2025.</p> <p><b>4/9/2025: Glenn County response to Review and Recommendation:</b></p> <p>Please see the attached annual update with the estimated number of clients to be served and cost per person for the CSS, PEI, INN components for FY 2024-25 Pg 34, 64,65 and a separate document with an estimated number of clients to be served</p>

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	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>#</b>	<b>Finding #</b>	<b>Finding</b>	<b>Recommendation</b>	<b>Action Taken to Correct Finding (Identify Timeline / Evidence of Correction)</b>
				and cost per person for the CSS, PEI, INN components for FY 2025-26 Pg 37, 67,68,69

## Mental Health Services Act Plan of Correction

Instructions: Complete the MHSA Plan of Correction (POC) to address Findings from the Fiscal Audit Report or Performance Review Report.

Row 1: Enter County/City name.

Row 2: Select from the drop down menu if this POC is submitted in response to a Fiscal Audit or a Performance Review.

Row 3: Enter the date that the Fiscal Audit or Performance Review was conducted.

Row 4: Enter the name of the person who prepared the Plan of Correction or is responsible for responding to inquiries about the Plan of Correction.

Row 5: Enter the contact email address of the person who prepared the Plan of Correction or is responsible for responding to inquiries about the Plan of Correction.

Row 6: Enter the contact telephone number of the person who prepared the Plan of Correction or is responsible for responding to inquiries about the Plan of Correction.

Rows 7-28, Column A: Enter the number of the specific Finding from the Fiscal Audit Report or Performance Review Report.

Rows 7-28, Column B: Enter the specific Finding from the Fiscal Audit Report or Performance Review Report.

Rows 7-28, Column C: Enter the specific recommendation from the Fiscal Audit Report or Performance Review Report.

Rows 7-28, Column D: Enter the description of the actions taken to correct the Finding. Must include 1) timeline for implementation and/or completion of actions; 2) proposed (or actual) evidence of correction to be submitted to DHCS.

This completed form must be submitted to [MHSA@dhcs.ca.gov](mailto:MHSA@dhcs.ca.gov).