

MENTAL HEALTH SERVICES ACT (MHSA) PLAN OF CORRECTION (POC)

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| 1. | County/City: | Butte County |
| 2. | POC Submitted for: | MHSA Performance Review |
| 3. | Date of Audit/Performance Review | Jan 31 st , 2023 – Feb 1 st , 2023 |
| 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. | 1 | Butte County did not address all off the components in their assessment of the county's capacity to implement proposed mental health programs and services in the adopted Fiscal Year (FY) 2020-23 Three-Year Program and Expenditure Plan (Plan) (California Code of Regs., Title 9, section 3650(a)(5)). While the Plan did include bilingual proficiency in threshold languages, and identification of possible barriers to implementing the proposed programs/services, it did not include the strengths and limitations of the county | The County must include an assessment of its capacity to implement mental health programs and services which addresses and includes all required components in the Plan and each subsequent adopted Plan, hereafter. | Butte County will include an assessment of its capacity to implement mental health programs and services which will address and include all required components in the 23-26 3-Year Plan and all Plans thereafter. Butte County's FY 23-26 Three-Year was submitted to DHCS on 8/4/23. The information can be located pg. 8-12. A Policy will be written regarding capacity assessment requirements. After county approval the policy will be submitted to DHCS no later than July 1 st , 2024. |

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| | | and service providers that impact their ability to meet the needs of racially and ethnically diverse populations, or the percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to percentage of | | |
| 8. | 2 | Butte 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 each fiscal year of the FY 2020-23 Plan. The county's FY 2020-23 Plan only provided estimates for FY 2019-20. (Cal. Code of Regs., tit. 9, § 3650(a)(3)). | The County must provide an estimate of the number of clients, in each age group, to be served in the FSP service category for each fiscal year of the Plan and in each subsequent adopted Plan, hereafter. | Butte County will provide an estimate of the number of clients, in each age group to be served in the FSP Category for each fiscal year in the upcoming 3-Year Plan and AU and plans thereafter. Butte County's FY 23-26 Three-Year was submitted to DHCS on 8/4/23. The information can be located in Appendix H. A Policy will be written regarding estimates and actuals for both cost per person and number of individuals served for CSS (including FSP), PEI, INN. After county approval the policy will be submitted to DHCS no later than July 1 st , 2024. |

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| 9. | 3 | Butte County did not indicate the number of children, TAY, adults, and older adults to be served and the cost per person for Community Services and Supports (CSS), Prevention and Early Intervention (PEI) and Innovative (INN) programs/services in the FY 2020-23 Plan and FY 2022-23 Update. (Welfare and Institutions Code (W&I) Code section 5847(e)). | The County must indicate the number of children, TAY, adults, and older adults to be served and the cost per person for CSS, PEI and INN programs/services in each subsequent adopted Plan and Update, hereafter | Butte County will provide the number of children, Tay, Adults and Older Adults to be served and the cost per person for CSS, PEI, Inn programs in the upcoming 3-Year Plan and each AU and Plans thereafter. Butte County's FY 23-26 Three-Year was submitted to DHCS on 8/4/23. The information can be located in Appendix H. A Policy will be written regarding estimates and actuals for both cost per person and number of individuals served for CSS (including FSP), PEI, INN. After county approval the policy will be submitted to DHCS no later than July 1 st , 2024. |
| 10 | 4 | Butte County did not provide the following information for the new Innovative Project, Resiliency Empowerment Support Team (REST), regarding ensuring stakeholder involvement in the Community Program Planning Process (CPPP) for the INN project in in the adopted FY 2020-23 Plan and FY 2022-23 Update (W&I | The County must provide a narrative description of how the County ensures stakeholder involvement in the CPPP for new INN Projects in each subsequent adopted Plan and Update, hereafter. | Butte County will provide a narrative description for ensuring stakeholder input in the CPPP for all new INN projects in all subsequent adopted Plans and updates. Butte County's FY 23-26 Three-Year was submitted to DHCS on 8/4/23. Butte County Policy and Procedure 339 will be updated to include DHCS recommendations. After county approval the updated policy will be submitted to DHCS no later than July 1 st , 2024. |

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| | | Code section 5848(a); Cal. Code of Regs., tit. 9, § 3930(b)): | | |
| 11 | 5 | Butte County did not include the Annual PEI report as part of the adopted FY 2020-23 Plan or FY 2022-23 Update. (Cal. Code Regs., tit. 9, § 3560.010). | <p>The County must include the Annual PEI report as part of each subsequent adopted Plan and/or Update hereafter. It must be clearly labeled, indicating what years are being reported and the location of the report within the Plan or Update.</p> <p>The Annual PEI Report is not to be used in lieu of Cal. Code of Regs., tit. 9, § 3755, which are the regulations for the PEI Component of the Plan and Update.</p> <p>Department of Health Care Services (DHCS) recommends the county submit it as an addendum or attachment to the Plan or Update and include a cover page for the Annual PEI Report with the title:</p> | Butte County will include the appropriate PEI report as part of each subsequent Plan and/or Updates. It will be clearly labeled and indicate the years being reported. Butte County's FY 23-26 Three-Year was submitted to DHCS on 8/4/23. The information can be located in Appendix F. A Policy will be written regarding the annual PEI report. After county approval the policy will be submitted to DHCS no later than July 1 st , 2024. |

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| 12 | 6 | Butte County did not include the Three-Year PEI Evaluation report as part of the adopted FY 2020-23 Plan or FY 2022-23 Update. (Cal. Code Regs., tit. 9, § 3560.020). | The County must include the Three-Year PEI Evaluation report as part of each subsequent adopted Plan and/or Update hereafter. It must be clearly labeled, indicating what years are being reported and the location of the report within the Plan or Update. The Three-Year PEI Evaluation report is not to be used in lieu of Cal. Code of Regs., tit. 9, § 3755, which are the regulations for the PEI Component of the Plan and Update. DHCS recommends the county submit it as an addendum or attachment to the Plan or Update and include a cover page for the Three-Year PEI Report with the title: | Butte County will include the appropriate Clearly labeled PEI evaluation report as part of all subsequent adopted Plans and Updates. Butte County's FY 23-26 Three-Year was submitted to DHCS on 8/4/23. The information can be located in Appendix F. A Policy will be written regarding the annual PEI report. After county approval the policy will be submitted to DHCS no later than July 1 st , 2024. |

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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.