

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

| | | |
|----|----------------------------------|-------------------------|
| 1. | County/City: | Marin County |
| 2. | POC Submitted for: | MHSA Performance Review |
| 3. | Date of Audit/Performance Review | May 23-25, 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 | Marin County's adopted FY 2020-23 Program and Expenditure Plan (Plan) and FY 2022-23 Annual Update (Update) did not include a description of how stakeholder involvement demonstrates a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on: mental health policy, program planning and implementation, monitoring, quality improvement, evaluation, and budget | The County must include a description of how stakeholder involvement demonstrates a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations in each subsequent adopted Plan and Update thereafter. | <p>In the FY 2024-25 Annual Update and thereafter, Marin County will include a description of how local stakeholder involvement demonstrates a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on:</p> <ul style="list-style-type: none"> • mental health policy • program planning and implementation • monitoring • quality improvement • evaluation, and • budget allocations. <p>The FY 2024-25 Annual Update will be submitted to DHCS no later than June 30, 2024. Marin will include the page citations</p> |

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

| | A | B | C | D |
|---|-----------|--|----------------|---|
| # | Finding # | Finding | Recommendation | Action Taken to Correct Finding (Identify Timeline / Evidence of Correction) |
| | | allocations. (Welfare and Institution Code (W&I Code) section 5848(a). | | related to the addressed finding when submitting to DHCS. In addition, Marin will develop a Policy and Procedure (P&P) that addresses this finding to ensure these requirements will be performed on an ongoing basis and submit a copy of the P&P to DHCS by December 31, 2023. |

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

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.