

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

1.	County/City:	Solano
2.	POC Submitted for:	MHSA Performance Review
3.	Date of Audit/Performance Review	July 26th, 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.	#1	Solano County provided the estimated number of clients in each age group to be served in the Full-Service Partnership (FSP) category, however, did not provide the information for each fiscal year of the adopted Fiscal Year (FY) 2020-23 Three-Year Program and Expenditure Plan (Plan). (California Code of Regulations (Cal. Code	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, in each subsequent adopted Plan thereafter.	Solano County will ensure that future three-year plans include estimates of the number of clients, in each age group to be served in the FSP service category for each fiscal year. Solano County currently has maintained this as a practice for each subsequent adopted plan update but will ensure this is added to three-year plans moving forward. Please see attachment titled "Finding 1" for additional details.

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)
		Regs.), title (tit.) 9, Section (§) 3650(a)(3)).		
8.	#2	Solano County did not include a description of how stakeholder involvement demonstrates a partnership with constituents and stakeholders throughout the Community Program Planning Process (CPPP) that includes meaningful stakeholder involvement on: mental health policy, program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations in the adopted FY 2020-23 Plan. Specifically, the Plan	The County must include a description of how stakeholder involvement demonstrates a partnership with constituents and stakeholders throughout the CPPP 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.	Solano County regularly engages stakeholders during the CPPP in breakout sessions in which we review programming and ask for support with strengthening our efforts. For example, in FY 22-23 we asked questions such as: "From your perspective what are the gaps or needs not being met by the system of care? In thinking about communities that are underserved or underrepresented, what culturally responsive strategies could be used to best address the mental health needs within these communities? Are you aware of any other partners doing this work that we could leverage fundings and efforts with?" This series of questions led to the

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)
		did not show meaningful stakeholder participation in Quality Improvement, Evaluation, and Budget Allocation. (Welfare and Institutions Code (W&I Code) § 5848(a)).		development of the Mental Health Stigma and Discrimination Reduction Outreach and Access Services request for proposals (RFP) and as a result led to the awarding of two local vendors that will be providing programming to support the top areas of need addressed by stakeholders during the CPPP. Solano County also has an active Behavioral Health advisory board that meets monthly and consists of peer constituents and stakeholders throughout the community that regularly provide valuable input and feedback that aids in the development of mental health policies, program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations. Additionally, Solano County has involved peers in the RFP panels for MHSA funded

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)
				programs. Solano County continues seeking additional methods for engaging stakeholders via bi-monthly Diversity and Equity Committee meetings, Suicide and Overdose Prevention Coalition meetings, monthly all staff meetings that are often used to support CPPP efforts. Moving forward, we will outline our process in greater detail for gathering this information from stakeholders/community members for each of the indicated categories in three-year plans and subsequent annual updates. Please see attachments titled "Finding 2" for additional details.
9.	#3	Solano County did not provide evidence that a Personal Service Coordinator (PSC)/Case Manager or other qualified individual known to the	The County must provide evidence that a PSC/Case Manager or other qualified individual known to the client/family is available to respond to the client/family 24	Solano County has attached a FSP Participation Agreement form along with this plan of correction that details a participants access to crisis support afterhours (evenings, weekends, holidays) through a

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)
		client/family is available to respond to the client/family 24 hours a day, 7 days a week to provide after-hours interventions. (Cal. Code Regs., tit. 9, § 3620(i)).	hours a day, 7 days a week to provide after-hours interventions.	warmline that be answered by a staff person. Please see attachment titled "Finding 3" for additional details.

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.