Modoc County MHSA Plan of Correction

County: Modoc County	POC Due Date: 12-01- 2022	Date Received by DHCS:11-17- 2022	Completed Date: 11-18- 2022
County Contact Person:			
	(The Above Line Will Be Removed Prior To Posting on the DHCS Website)		

Finding # or Suggested Improvement #	Finding or Suggested Improvement	Recommendation # (State Corrective Action Step / Identify Timeline / and Evidence of Corrections / Mechanisms for Monitoring Effectiveness)		DHCS Comments and Notes
Finding #1:	The County did not track and maintain all necessary data to accurately report actual MHSA expenditures as required by regulation.	Recommendation #1:	 The County will develop and implement policies and procedures to ensure that accurate data and program expenditure records are maintained to support actual MHSA expenditures. a) Develop an "MHSA Fiscal Standards" policy that details the County fiscal standards and methodology for tracking all MHSA component expenditures. (Develop by 01/20/2023; submit policy to DHCS as evidence) b) Provide training to relevant staff on methodology requirements. Document 	The submitted plan is approved.



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			 training on staff training log. (Implement by 02/22/2023 QIC meeting; submit log to DHCS as evidence) c) QIC to regularly review most recent available data to ensure compliance with the selected methodology. Document in QIC agenda and minutes. (Implement at 02/23/2023 QIC meeting; submit agenda and sample minutes to DHCS as evidence) 	
Finding #2:	The County used an inappropriate method to track MHSA expenses in outreach services.	Recommendation #1	 The County will improve its cost-tracking system to be based on actual costs attributed to programs to report accurate MHSA expenditures. a. Develop an "MHSA Fiscal Standards" policy that details the County fiscal standards and methodology for accurately tracking costs related to MHSA outreach. (Develop by 01/20/2023; submit policy to DHCS as evidence) b. Provide training to relevant staff on methodology requirements. Document 	The submitted plan is approved.



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Finding #3:	The County is not in compliance with the non- supplant requirements.	Recommendation #1	 training on staff training logs. (Implement by 02/22/2023 QIC meeting; submit log to DHCS as evidence) c. QIC to regularly review most recent available data to ensure compliance with the selected methodology. Document in QIC agenda and minutes. (Implement at 02/23/2023 QIC meeting; submit agenda and sample minutes to DHCS as evidence) The County will develop and implement policies and procedures to comply with non-supplant requirements. a) Develop an "MHSA Fiscal Standards" policy that details the County fiscal standards and methodology for meeting the non-supplantation requirements. (Develop by 01/20/2023; submit policy to DHCS as evidence) b) Provide training to relevant staff on non-supplant requirements. Document training on staff training logs. (Implement 	The submitted plan is approved.



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Finding #4:	The County was not in compliance with the RER filing requirement of submission by December 31, 2015.	Recommendation #2	 by 02/22/2023 QIC meeting; submit log to DHCS as evidence) c) QIC to regularly review most recent available data to ensure compliance with the selected methodology. Document in QIC agenda and minutes. (Implement at 02/23/2023 QIC meeting; submit agenda and sample minutes to DHCS as evidence) The County will ensure future fiscal year RERs are submitted within the filing requirements, including the new January 31 deadline. a) Develop an "MHSA Fiscal Standards" policy that details the County fiscal standards for meeting the RER submission requirements. (Develop by 01/20/2023; submit policy to DHCS as evidence) b) Provide training to relevant staff on submission requirements. Document training on staff training logs. (Implement by 02/22/2023 QIC meeting; submit log to DHCS as evidence) 	The submitted plan is approved.



Finding # or Suggested Improvement #	Finding or Suggested Improvement	Recommendation # (State Corrective Action Step / Identify Timeline / and Evidence of Corrections / Mechanisms for Monitoring Effectiveness)	DHCS Comments and Notes
		c) QIC to regularly review submission status to ensure compliance. Document in QIC agenda and minutes. (Implement at 02/23/2023 QIC meeting; submit agenda and sample minutes to DHCS as evidence).	

