

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

1.	County/City:	Stanislaus
2.	POC Submitted for:	MHSA Fiscal Audit
3.	Date of Audit/Performance Review	FY 14-15
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	A	B	C	D	E
#	Finding #	Finding	Recommendation	Action Taken to Correct Finding (Identify Timeline / Evidence of Correction)	DHCS Comments
7.	Finding #1	DOCUMENTING NON-SUPLANT COMPLIANCE	<p>1. The County should develop and implement written non-supplant policy with procedures for how compliance will be documented.</p> <p>2. The County should develop schedules documenting how each fiscal year's MHSA expenditures expanded mental health services or program capacity.</p>	Stanislaus County Behavioral Health and Recovery Services is developing a written non-supplant policy that ensures that Mental Health Services Act (MHSA) funds are only used to expand mental health services and shall not be used to fund mental health programs and/or services that were in existence in November 2, 2004. The policy is currently pending department Senior Leadership and Executive Team approval. Approval is	Approved

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#	Finding #	Finding	Recommendation	Action Taken to Correct Finding (Identify Timeline / Evidence of Correction)	DHCS Comments
				<p>expected to be prior to August 31, 2024.</p> <p>Stanislaus County Behavioral Health and Recovery Services is developing schedules to document how each fiscal year's Mental Health Services Act (MHSA) expenditures expanded mental health services and/or program capacity. The schedules shall ensure that MHSA funds are only used to expand mental health services and shall not be used to fund mental health programs and/or services that were in existence in November 2, 2004. The policy is currently pending department Senior Leadership and Executive Team approval. Approval is expected to be prior to August 31, 2024.</p>	

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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.