

Mental Health Services Act Plan of Correction

1.	County/City:	Orange County
2.	POC Submitted for:	MHSA Performance Review Report
3.	Date of Audit/Performance Review	May 20, 2025
4.	Name of Preparer:	
5.	Preparer Contact Email:	
6.	Preparer Contact Telephone:	

#	Finding #	Finding	Recommendation	Action Taken to Correct Finding (Identify Timeline / Evidence of Correction)
7.	Finding #1	Orange County did not identify the number of children, TAY, adults and older adults by threshold language in the adopted FY 2023-26 Three Year Plan. Specifically, the County did not identify by threshold language.	The County must provide evidence of compliance by identifying the number of children, TAY, adults and older adults by gender, race ethnicity and threshold language for FY 2023-24.	Orange County accepts the finding and will make the necessary changes to reporting of threshold language into upcoming plans. Orange County has consistently reported the age, gender and race/ethnicity into each program within MHSA. Orange County has been collecting primary language from programs across MHSA and Medi-Cal clients. These will be reported in subsequent BH Integrated Plans (if required).

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8.	Finding #2	Orange County did not address all of the components in their assessment of the county's capacity to implement mental health programs and services in the adopted FY 2023-26 Plan.	The County must provide evidence of compliance with an assessment of its capacity to implement mental health programs and services which addresses and includes the following required components for FY 2023-24: a. The strengths and limitations of the county and service providers that impact their ability to meet the needs of racially and ethnically diverse populations. b. Bilingual proficiency in threshold languages c. Percentages of diverse cultural, racial/ethnic and linguistic groups represented among the direct service providers, as compared to percentage of the total populations being served. Identification of possible barriers to implementing the proposed programs/services and methods	Orange County partially accepts the findings (b and c) and believes the findings (a and d) are addressed with the MHSA 3-Year Program and Expenditure Plan: (see pages 121-130) a. Orange County addressed the strengths and limitations in the pentation rates that looked at the age groups as well as the racial/ethnic groups (see pages 126-128) in comparison to other similar sized counties as well as statewide rates. b. Orange County will ensure to include this information in the forthcoming Behavioral Health Integrated Plans, and in accordance with the BHIP platform. c. Orange County will ensure to include this information in the forthcoming Behavioral Health Integrated Plans, and in accordance with the BHIP

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			of addressing these barriers.	platform. Orange County will update and provide this information to DHCS by October 31, 2025. d. Orange County has addressed possible barriers/challenges and solutions to each of the program's write-up included within the three-year plan.
9.	Finding #3	Orange County and their contracted service providers did not consistently enter a Full Service Partnership Agreement with each client serviced under the FSP category and when appropriate the client's family.	The County and their contracted service providers must provide evidence of compliance that they consistently enter a FSP agreement between their client, and when appropriate the client's family, and the Personal Service Coordinator/Case Manager for each client served under the FSP service category for each subsequent client and client's family. The County must ensure that each contracted service provider's FSP agreement is consistent with the County's FSP	Orange County agrees with the importance of Cal. Code of Regs., tit. 9, § 3620 (e) that for each client served under the FSP an agreement with each client and if appropriate their family member is signed. Orange County FSP clients do sign over a care plan which is an agreement for services to be provided. Orange County will work to ensure Policy and Procedures are standardized amongst all FSP providers to ensure consistency. By June 30,

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			agreement, in addition to revising the policy and procedure for FSP Agreements and evidence of staff and service provider training.	2026, Policy and Procedures for the delivery of FSP services will be standardized. This aligns with the implementation of the FSP Category of the Behavioral Health Services Act.
10.	Finding #4	Orange County and their contracted service providers did not show consistent evidence of identifying client driven goals on their Individual Services Support Plan (ISSP), or similar documents per Behavioral Health Information Notice 23-068. However there was a contracted service provider that did present excellent examples of documentation of client driven goals.	The County must document the client stated goals in the words of the client in the ISSP, or similar document per BHIN 23-068 and Cal. Code of Regs. Title 9 3200.050, in addition to revising the policy and procedure for MHSA chart documentation and evidence of staff and service provider training.	Orange County accepts and will address the finding of demonstrating evidence of client-driven goals on the ISSP. As BHS prepares for implementation of FSP categorial services, the importance of the client's voice and choice in services will be continued to be included. At minimum, one training will be provided to address FSP documentation requirements by June 30, 2026.

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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.