

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

1.	County/City:	County of Imperial
2.	POC Submitted for:	MHSA Performance Review
3.	Date of Audit/Performance Review	05/10/2022
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.	Finding #1	Imperial County did not provide a description of the county demographics, including, but not limited to, size of the county, threshold languages, unique characteristics, age, gender, race/ethnicity in the adopted FY 2019-20 Annual Update (Update). (California Code of Regulations, title 9, section 3300(b)(4);	The County must provide a description of the county demographics, including, but not limited to, size of the county, threshold languages, unique characteristics, age, gender, race/ethnicity in each subsequent adopted Three-Year Program and Expenditure Plan (Plan) and Update thereafter.	<p>County has noted the requirement of including county demographics as described in the recommendations column as part of counties subsequent Three-Year Program Plans and Annual Update Reports. Information was incorporated in the recent MHSA Annual Update for FY 2022-2023. This information will be included in all future plans.</p> <p>The County shall update Policy 01- 280, MHSA Three-Year Program and Expenditure Plan, to include the requirement that each Three-Year Program and Expenditure Plan and subsequent Annual Updates include a description of county demographics.</p>

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		Mental Health Services Oversight & Accountability Commission (MHSOAC) FY 2015-2016 MHSA Annual Update Instructions (p 5); MHSOAC FY 2014-2015 Through FY 2016-2017 MHSA Plan Instructions (pg 4)).		This shall be submitted to DHCS by 12/31/22.
8.	Finding #2	Imperial County did not report the cost per person for Community Services Support (CSS), Prevention Early Intervention (PEI) and Innovation (INN) services/programs in the adopted FY 2017-20 Plan and adopted FY 2019-20 Update. (Welfare and Institution Code (W&I Code) section 5847(e); MHSOAC FY 2015-2016 MHSA Annual Update Instructions (p 4-5); MHSOAC	The County must report the cost per person for CSS, PEI, and INN programs in each subsequent adopted Plan and Update thereafter.	Imperial County will incorporate the requirement of including cost per person for CSS, PEI and INN services/programs as part of future Three-Year Program Plans and Annual Update Reports. Information was also included in the recent MHSA Annual Update for FY 2022-2023. This information will be included in all future plans. The County shall update Policy 01- 280, MHSA Three-Year Program and Expenditure Plan, to include the requirement that each Three-Year Program and Expenditure Plan and subsequent Annual Updates include a report of cost per person for CSS, PEI, and INN programs. This shall be submitted to DHCS by 12/31/22.

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		FY 2014-2015 Through FY 2016- 2017 MHSA Plan Instructions (pg 4)).		
9.	Finding #3	Imperial County did not include a narrative analysis the adopted FY 2017-20 Plan of the mental health needs of unserved, underserved/ inappropriately served, and fully served County residents who qualify for MHSA services. (Cal. Code Regs., tit. 9, § 3650(a)).	The County must include a narrative analysis of the mental health needs of unserved, underserved/ inappropriately served, and fully served County residents who qualify for MHSA services each subsequent adopted Plan thereafter.	<p>Imperial County will incorporate a narrative analysis of the mental health needs of unserved, underserved/inappropriately served, and fully served County residents who qualify for MHSA services in all future MHSA plans, beginning with the FY 23-26 Three-Year Plan. The FY 23-26 Three-Year Plan will be submitted to the MHSOAC and DHCS within 30 days of Imperial County BOS adoption as required.</p> <p>The County shall update Policy 01- 280, MHSA Three-Year Program and Expenditure Plan, to include the requirement that each Three-Year Program and Expenditure Plan and subsequent Annual Updates include a narrative analysis of the mental health needs of County residents who qualify for MHSA services. This shall be submitted to DHCS by 12/31/22.</p>

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10.	Finding #4	Imperial County did not include an assessment of the County's capacity to implement mental health programs and services in the adopted FY 2017-20 Plan. (Cal. Code Regs., tit. 9, § 3650(a)(5)).	<p>The County must include an assessment of its capacity to implement mental health programs and services in each subsequent adopted Plan thereafter, and include:</p> <p>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. The evaluation should include an assessment of bilingual proficiency in threshold languages.</p> <p>b. Percentages of diverse cultural, racial/ethnic and linguistic groups</p>	<p>Imperial County will incorporate an assessment of the county's capacity to implement mental health programs and services in all future MHSA plans, beginning with the FY23-26 Three- Year Plan. The FY 23-26 Three-Year Plan will be submitted to the MHSOAC and DHCS within 30 days of Imperial County BOS adoption as required.</p> <p>The County shall update Policy 01- 280, MHSA Three-Year Program and Expenditure Plan, to include the requirement that each Three-Year Program and Expenditure Plan and subsequent Annual Updates include an assessment of the county's capacity to implement mental health programs and services. This shall be submitted to DHCS by 12/31/22.</p>

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			<p>represented among direct service providers, as compared to percentage of the total population needing services and the total population being served.</p> <p>c. Identification of possible barriers to implementing the proposed programs/services and methods of addressing these barriers.</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.