

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

1.	County/City:	Nevada
2.	POC Submitted for:	MHSA Performance Review
3.	Date of Audit/Performance Review	November 1-2, 2023
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	Nevada County did not indicate the number of children, transition aged-youth (TAY), adults, and older adults to be served and the cost per person for the Innovation (INN) project Homeless Outreach and Medical Engagement (HOME) Team in the adopted FY 2020-23 Three-Year Program and Expenditure Plan (Plan). While the adopted FY 2022-23 Annual Update (Update) did provide an estimated number to be served, it did not provide cost per	The County must indicate the number of children, TAY, adults, and older adults to be served and the cost per person for Community Services and Supports (CSS), Prevention and Early Intervention (PEI) and INN programs/services in each subsequent adopted Plan and Update, thereafter.	Nevada County will include the estimated number of children, TAY, adults, and older adults to be served and the cost per person for children, TAY, adults, and older adults to be served for CSS, PEI and INN programs/services within the next Annual Plan Update that includes an Innovation (INN) project. Our current INN Project Homeless Outreach and Medical Engagement (HOME) Team ends in FY 2024, and we are not sure yet when our next INN project will start. NCBH will also update its CPPP Policy and Procedure to confirm that our 3-Year Plan and APUs will address all regulatory requirements outlined in both WIC and CCR. The revised policy will be submitted by 2/1/24.

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		person. (Welfare and Institution Code (W&I Code) section 5847(e)).		
8.	2	Nevada County did not explain how each Access and Linkage to Treatment Program will follow up with a referral to support engagement in treatment in the adopted FY 2020-23 Plan or FY 2022-23 Update. (California Code of Regulations, title 9, section (Cal. Code Regs., tit. 9, §§) 3755(h)(4), 3755(h)(5)).	The County must explain how each Access and Linkage to Treatment Program will follow up with a referral to support engagement in treatment in each subsequent adopted Plan and Update, thereafter.	Nevada County will ensure that its FY 24/25 Annual Plan Update will explicitly outline how each Access and Linkage to Treatment program will follow up with a referral to support engagement in treatment. NCBH will send the FY 24/25 APU to DHCS with the incorporated action steps and page number references by 6/30/2024. NCBH will also update its CPPP Policy and Procedure to confirm that our 3-Year Plan and APUs will address all regulatory requirements outlined in both WIC and CCR. The revised policy will be submitted by 2/1/24.

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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.