

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

1.	County/City:	Sacramento County
2.	POC Submitted for:	MHSA Performance Review
3.	Date of Audit/Performance Review	March 14, 2024
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	Finding #1: Sacramento County identified the number of Child, Transition Aged Youth (TAY), Adult, and Older Adults by age group and by gender in their narrative analysis of the mental health needs of unserved, underserved/inappropriately served, and fully served county residents who qualify for MHSA services. However, did not identify	Recommendation #1: The County must include in their narrative analysis the mental health needs of unserved, underserved/inappropriately served, and fully served county residents who qualify for MHSA services by the number of Child, TAY, Adult, and Older Adults by age group, gender, race/ethnicity, and primary language in each subsequent adopted Plan thereafter.	<u>Corrective Action (Timeline/Evidence of Correction)</u> Sacramento County was in the process of finalizing the Fiscal Year 2024-25 and 2025-26 Two-Year Plan upon receipt of this POC. Language to address Finding #1 has been included on pgs 19-24 of the attached Plan. The Plan will go before the Board of Supervisors on June 4, 2024, for approval. Once the Plan is approved the County will post finalized plan to

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		<p>the number of Child, TAY, Adult, and Older Adults by race/ethnicity and primary language in the adopted Fiscal Year (FY) 2021-24 Three-Year Program and Expenditure Plan (Plan). (California Code of Regulations (Cal. Code Regs.), title (tit.) 9, section (§) 3650).</p>		<p><a href="https://dhs.saccounty.gov/BHS/Pages/GI-BHS-Reports.aspx">https://dhs.saccounty.gov/BHS/Pages/GI-BHS-Reports.aspx</a>.</p> <p>The Fiscal Year 2024-25 and 2025-26 Two-Year Plan was approved by the Board of Supervisors on June 4, 2024, and was submitted to DHCS and the MHSAOAC on June 30, 2024.</p> <p>Sacramento County has updated Policy and Procedure MHSA-100-002 Mental Health Services Act Three-Year Plans and Annual Updates to ensure this is fully addressed in future Plans and Updates. The updated Policy and Procedure MHSA-100-002 is attached.</p>
8.	#2	<p>Finding #2: Sacramento County provided the estimated number of clients in each age group to be served in the Full-Service Partnership (FSP) category,</p>	<p>Recommendation #2: The County must provide an estimate of the number of clients, in each age group, to be served in the FSP service category for each fiscal year of</p>	<p><u>Corrective Action (Timeline/Evidence of Correction)</u></p> <p>Language to address Finding #2 has been incorporated in the attached Fiscal Year 2024-25 and 2025-26 Two</p>

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		however, did not provide the information for each fiscal year of the adopted FY 2021-24 Plan. (Cal. Code Regs., tit. 9, § 3650(a)(3)).	the Plan, in each subsequent adopted Plan thereafter.	Year Plan on the following pages: Pg. 33, 34, 38, 43, 45, 46, 54. The Plan will go before the Board of Supervisors on June 4, 2024, for approval. Once the Plan is approved, the County will post the finalized Plan to <a href="https://dhs.saccounty.gov/BHS/Pages/GI-BHS-Reports.aspx">https://dhs.saccounty.gov/BHS/Pages/GI-BHS-Reports.aspx</a> .  The Fiscal Year 2024-25 and 2025-26 Two-Year Plan was approved by the Board of Supervisors on June 4, 2024, and was submitted to DHCS and the MHSOAC on June 30, 2024.  Sacramento County has updated Policy and Procedure MHSA-100-002 Mental Health Services Act Three-Year Plans and Annual Updates to ensure this is fully addressed in future Plans and Updates. The updated Policy and Procedure MHSA-100-002 is attached.

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9.	#3	Finding #3: Sacramento County indicates the average cost per client for Prevention and Early Intervention (PEI) and Innovation (INN) for FY 2021-22 in the FY 2021-24 Plan, however, did not indicate the average cost per client by age group and for each fiscal year of the adopted FY 2021-24 Plan. The County indicates the average cost per client for PEI and INN for the FY 2022-23 Annual Update (Update), however, does not indicate the average cost per client for each age group in the FY 2022-23 Update. (Welfare and Institution Code (W&I Code) section 5847(e); CCR	Recommendation #3: The County must indicate the number of Child, TAY, Adults, and Older Adults to be served, and indicate the cost per person for PEI and INN (if applicable), for each fiscal year in each subsequent adopted Plan and Update thereafter.	<p><u>Corrective Action (Timeline/Evidence of Correction)</u></p> <p>Language to address Finding #3 has been incorporated in the attached Plan on the following pages: Pg. 78-108 and cost per client tables for PEI can be found on Pg.133 Cost per client tables for INN may be found on Pg.164.</p> <p>The Fiscal Year 2024-25 and 2025-26 Two-Year Plan will go before the Board of Supervisors on June 4, 2024 for approval. Once the Plan is approved the County will post the finalized Plan to <a href="https://dhs.saccounty.gov/BHS/Pages/GI-BHS-Reports.aspx">https://dhs.saccounty.gov/BHS/Pages/GI-BHS-Reports.aspx</a>.</p> <p>The Fiscal Year 2024-25 and 2025-26 Two-Year Plan was approved by the Board of Supervisors on June 4, 2024,</p>

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		§§ 3755(k), 3755(o)(8)), (if applicable, 3930(4)(C)).		<p>and was submitted to DHCS and the MHSOAC on June 30, 2024.</p> <p>Sacramento County has updated Policy and Procedure MHSA-100-002 Mental Health Services Act Three-Year Plans and Annual Updates to ensure this is fully addressed in future Plans and Updates. The updated Policy and Procedure MHSA-100-002 is attached.</p>

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

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](mailto:MHSA@dhcs.ca.gov).