

**Mental Health Services Act Plan of Correction**

1.	County/City:	Shasta County
2.	POC Submitted for:	MHSA Performance Review
3.	Date of Audit/Performance Review	October 24-25, 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	Shasta County did not include documentation of achievement in performance outcomes for Community Services and Support (CSS) programs in the adopted Fiscal Year (FY) 2020-23 Three-Year Program and Expenditure Plan (Plan) and FY 2022-23 Annual Update (Update). The County did include documentation of achievement in performance outcomes	The County must include documentation of achievement in performance outcomes for CSS, PEI, and INN programs in each subsequent adopted Plan and Update thereafter.	Shasta County will include documentation of achievement in performance outcomes for CSS, programs in each subsequent adopted Plan and Update thereafter.  This data is collected however, it was not clearly outlined. This information will be included in the 24-25 Annual Update and each subsequent Plan and Update moving forward, addressing this finding by June 30, 2024, and will develop a procedure for corrective actions to this finding by June 30, 2025.

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	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
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8.	2	for Prevention, and Early Intervention (PEI), and Innovation (INN) programs. (County Performance Contract (6.)(A.)(5)(d.); Welfare and Institution Code (W&I Code) section 5848).  Shasta County did not include a narrative analysis of the mental health needs of unserved, underserved/inappropriately served, and fully served county residents who qualify for MHSA services in the adopted FY 2020-23 Plan. (California. Code of Regulations., title 9, section 3650(a)(1)(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.	Shasta County will include a narrative analysis of the mental health needs of unserved, underserved/inappropriately served, and fully served county residents who qualify for MHSA services in the 25-26 Annual Update and each subsequent adopted Plan and Update thereafter by June 30, 2025.  Shasta County will develop a procedure for corrective actions to this finding by July 31, 2025.

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9.	2a	Shasta County did not identify the number of children, transition-aged youth, adults, and older adults by gender, race/ethnicity, and primary language in the narrative analysis of the adopted FY 2020-23 Plan. (Cal. Code Regs., tit. 9, § 3650(a)(1)(A)).	The County must identify the number of children, transition-aged youth, adults, and older adults by gender, race/ethnicity, and primary language in each subsequent adopted Plan thereafter.	Shasta County will identify the number of children, transition-aged youth, adults, and older adults by gender, race/ethnicity, and primary language in the narrative analysis in each subsequent adopted Plan and Update thereafter. This finding will be addressed by June 30, 2024. Shasta County will develop a procedure for corrective actions to this finding by July 31, 2025.
10.	3	Shasta County did not include an assessment of the county's capacity to implement mental health programs and services in the adopted FY 2020-23 Plan. (Cal. Code Regs., tit. 9, § 3650(a)(5)).	The County must include an assessment of its capacity to implement mental health programs and services in each subsequent adopted Plan thereafter and shall include: 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	Shasta County will include an assessment of its capacity to implement mental health programs and services in each subsequent adopted Plan thereafter. Shasta County will develop a policy regarding capacity assessment requirements and implement this in each Plan and Update thereafter, addressing this finding by June 30 2025. Shasta County is actively working to address this finding by June 30, 2024. Shasta County will develop a procedure for corrective actions to this finding by June 30, 2025. Corrections to this finding

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			<p>threshold languages.</p> <p>c. Percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to percentage of the total population needing services and the total population being served.</p> <p>d. Identification of possible barriers to implementing the proposed programs/services and methods of addressing these barriers.</p>	<p>shall take place in the FY 26-29 MHSA Plan to be submitted to DHCS by June 30, 2026.</p>
11.	4	<p>Shasta County did not provide an estimate of the number of clients, in each age group, to be served in the Full-Service Partnership (FSP) category for each fiscal year of the adopted FY 2020-23 Plan. The county</p>	<p>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 the Plan, in each subsequent adopted Plan thereafter.</p>	<p>Shasta County will provide an estimate of the number of clients, in each age group: children (0-15), transitional age youth (16-25), adult (26-59), and older adult (60 and older), to be served in the FSP service category for each fiscal year of the Plan and in each subsequent adopted Plan, thereafter.</p> <p>This data is collected however, it was not clearly outlined. This information will be included in the 24-25 Annual Update and each subsequent Plan and</p>

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		submitted FY 2019-20 data. (Cal. Code Regs., tit. 9, § 3650(a)(3)).		Update moving forward. This finding will be addressed by June 30, 2024.  Shasta County will develop a procedure for corrective actions to this finding by June 30, 2025.
12.	5	Shasta County did not indicate the number of children, transition-aged youth, adults, and older adults to be served for each FSP service category (CSS, PEI, and INN), and did not provide the cost per person in the adopted FY 2020-23 Plan and FY 2022-23 Update. (W&I Code section 5847(e)).	The County must indicate the number of children, transition-aged youth, adults, and older adults to be served, and indicate the cost per person for CSS, PEI, and INN, in each subsequent adopted Plan and Update thereafter.	Shasta County will indicate the number of children, TAY, adults, and older adults to be served and the cost per person for CSS, PEI and INN programs/services in each subsequent Plan, and Update, thereafter.  This data is collected however, it was not clearly outlined. This information will be included in the 24-25 Annual Update and each subsequent Plan and Update moving forward. This finding will be addressed by June 30, 2024.  Shasta County will develop a procedure for corrective actions to this finding by June 30, 2025.

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13.	6	<p>Shasta County did not include in its PEI component at least one of the following programs in the adopted FY 2020-23 Plan and FY 2022-23 Update:</p> <ul style="list-style-type: none"> <li>• Early Intervention Program</li> <li>• Outreach for Increasing Recognition of Early Signs of Mental Illness Program</li> <li>• Prevention Program</li> <li>• Stigma and Discrimination Reduction Program</li> <li>• Access and Linkage to Treatment Program</li> </ul> <p>However, the county did include a Stigma and Discrimination Reduction program and Suicide Prevention program. (W&amp;I Code</p>	<p>The County must have at least one of each of these programs in PEI: Early Intervention Program, Outreach for Increasing, Recognition of Early Signs of Mental Illness Program, Prevention Program, Stigma and Discrimination Reduction Program and Access to Linkage to Treatment Program in each subsequent adopted Plan and Update thereafter.</p>	<p>Shasta County will include in its PEI component at least one of the following programs:</p> <ul style="list-style-type: none"> <li>• Early Intervention Program</li> <li>• Outreach for Increasing Recognition of Early Signs of Mental Illness Program</li> <li>• Prevention Program</li> <li>• Stigma and Discrimination Reduction Program</li> <li>• Access and Linkage to Treatment Program</li> </ul> <p>However, the county did include a Stigma and Discrimination Reduction program and Suicide Prevention program.</p> <p>Shasta County will work with its programs and break down which programs address:</p> <ul style="list-style-type: none"> <li>• Early Intervention Program</li> <li>• Outreach for Increasing Recognition of Early Signs of Mental Illness Program</li> <li>• Prevention Program</li> <li>• Stigma and Discrimination Reduction Program</li> <li>• Access and Linkage to Treatment Program</li> </ul> <p>This will be laid out clearly in each subsequent Plan and Update. This finding will be addressed by June 30, 2024.</p> <p>Shasta County is actively working to address this finding. Shasta County will develop a procedure for</p>

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		section 5840; Cal. Code Regs., tit. 9, §§ 3705(a), 3755; 3705(b)(1)).		corrective actions to this finding by June 30, 2025. Corrections to this finding shall take place in the FY 26-29 MHSA Plan to be submitted to DHCS by June 30, 2026.
7		Shasta County’s adopted FY 2020-23 Plan and FY 2022-23 Update did not include a description of how stakeholder involvement demonstrates a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on: monitoring, quality improvement, evaluation, and budget allocations. The County	The County must include a description of how stakeholder involvement demonstrates a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations in each subsequent adopted Plan and Update thereafter.	Shasta County will include a description of how stakeholder involvement demonstrates a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations in each subsequent adopted Plan and Update thereafter. This finding will be addressed by June 30, 2024.  Shasta County is actively working to address this finding by June 30, 2024. Shasta County will develop a procedure for corrective actions to this finding by June 30, 2025. Corrections to this finding shall take place in the FY 26-29 MHSA Plan to be submitted to DHCS by June 30, 2026.

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		<p>did include a description of mental health policy and program planning and implementation in the adopted FY 2020-23 Plan and FY 2022-23 Update. (W&amp;I Code section 5848(a)).</p>		
14.	8	<p>Shasta County did not submit the FY 2020-23 Plan within 30 days after adoption by the Board of Supervisors (BOS) to the Department of Health Care Services (DHCS). (W&amp;I Code section 5847(a)).</p>	<p>The County must submit the MHSA Three-Year Program and Expenditure Plan within 30 days after adoption by the BOS to DHCS and the Mental Health Services Oversight and Accountability Commission.</p>	<p>Shasta County was not able to submit the Plan within 30 days as there was turnover in the MHSA coordinator role. Moving forward Shasta County will submit each plan to DHCS within 30 days after BOS adoption. This finding will be addressed by June 30, 2024.</p> <p>Shasta County is actively working to address this finding by June 30, 2024. Shasta County will develop a procedure for corrective actions to this finding by June 30, 2025. Corrections to this finding shall take place in the FY 26-29 MHSA Plan to be submitted to DHCS by June 30, 2026.</p>

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15.	9	Shasta County did not submit the FY 2022-23 Update within 30 days after adoption by the BOS to DHCS. (W&I Code section 5847(a)).	The County must submit the MHSA Annual Update within 30 days after adoption by the BOS to DHCS and the Mental Health Services Oversight and Accountability Commission.	<p>Shasta County was not able to submit the Updated within 30 days as there was turnover in the MHSA Coordinator role. Moving forward Shasta County will submit each update to DHCS within 30 days after BOS adoption. This finding will be addressed by June 30, 2024.</p> <p>Shasta County is actively working to address this finding by June 30, 2024. Shasta County will develop a procedure for corrective actions to this finding by June 30, 2025. Corrections to this finding shall take place in the FY 26-29 MHSA Plan to be submitted to DHCS by June 30, 2026.</p>
16	10	Shasta County did not enter a Full-Service Partnership (FSP) agreement with each client served under the FSP service category, and when appropriate the client’s family. DHCS defines an agreement as a signed agreement between	The County must 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 with each subsequent client and client’s family thereafter.	<p>Shasta County will develop a procedure for entering 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 with each subsequent client and client’s family thereafter. This finding will be addressed by June 30, 2026.</p> <p>Shasta County is actively working to address this finding by June 30, 2024. Shasta County will develop a procedure for corrective actions to this</p>

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		the client, and when appropriate the client’s family, and the Personal Service Coordinator/Case Manager. (Cal. Code of Regs., tit. 9, § 3620(e)).		finding by June 30, 2025. Corrections to this finding shall take place in the FY 26-29 MHSA Plan to be submitted to DHCS by June 30, 2026.

## Mental Health Services Act Plan of Correction

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).