

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

1.	County/City:	Stanislaus County
2.	POC Submitted for:	MHSA Performance Review
3.	Date of Audit/Performance Review	March 27-29, 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	Stanislaus County did not include documentation of achievement in performance outcomes for Innovation (INN) programs in the adopted Fiscal Year (FY) 2020-23 Three-Year Program and Expenditure Plan (Plan) and FY 2022- 23 Annual Update (Update). The adopted	The County must include documentation of achievement in performance outcomes for CSS, PEI, and INN programs in each subsequent adopted Plan and Update, thereafter.	Stanislaus County will include documentation of achievement in performance outcomes for Innovation Programs as applicable to the Innovation Project, and according to the approved Innovation Plan. Outcomes will be included in Annual Updates and Three-Year Program and Expenditures Plans submitted in FY 2023-24 and beyond. The submitted Plan will serve as the evidence of

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		Plan and Update included documentation of achievement in performance outcomes for Community Services and Support (CSS) and Prevention and Early Intervention (PEI) programs. (County Performance Contract (6.)(A.)(5)(d.); (Welfare and Institution Code (W&I Code) section 5848).		correction and copies will be provided to DHCS at the approved contact. In compliance with DHCS regulation Stanislaus County MHSA Annual Update will be submitted annually by the date of June 30 th
8.	2	Stanislaus 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.	Stanislaus 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 Three-Year Program and Expenditures Plans submitted in FY 2023-24 and beyond. The submitted Plan will serve as the evidence of correction and copies will

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				be provided to DHCS at the approved contact. Narrative Analysis can be found on page 9 of Stanislaus County’s MHSA Three-Year Program and Expenditure Plan Fiscal Years 2023-2026
9.	2a	Stanislaus County did not identify in the narrative analysis the number of children, transition aged youth (TAY), Adult/and older adults by gender, race/ethnicity, and primary language in the adopted FY 2020-23 Plan (Cal. Code Regs., tit. 9, § 3650(a)(1)(A)).	The County must identify the number of children, TAY, adult, and older adults by gender, race/ethnicity, and primary language in the narrative analysis in each subsequent adopted Plan, thereafter.	Stanislaus County will identify in the narrative analysis the number of children, TAY, adult, and older adults by gender, race/ethnicity, and primary language in the narrative analysis in Three-Year Program and Expenditures Plans submitted in FY 2023-24 and beyond. The submitted Plan will serve as the evidence of correction and copies will be provided to DHCS at the approved contact.
10.	3	Stanislaus County did not provide an estimated number of clients, in each age group, to be served in the Full Service Partnership (FSP) service category for each fiscal year of the FY 2020-23 Plan. The adopted Plan included the fiscal year total number served; however, not the	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.	Stanislaus County will 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 Three-Year Program and Expenditures Plans submitted in FY 2023-24 and beyond. The submitted Plan will serve as the evidence of correction and copies will be provided to DHCS at the approved contact. The estimated number of clients, in each age group, to

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		estimated number of clients, in each age group per fiscal year. (Cal. Code Regs., tit. 9, § 3650(a)(3)).		be served in the FSP service category can be found on pages 46-62 of Stanislaus County’s MHSA Three- Year Program and Expenditure Plan Fiscal Years 2023-2026 Stanislaus County will provide an estimate of the number of children, TAY adults, and older adults to be served in each age group for each fiscal year for PEI and INN as applicable in the Three- Year Program and Expenditures Plans submitted in FY 2023-24 and beyond. The submitted Plan will serve as the evidence of correction and copies will be provided to DHCS at the approved contact. The number 2023-24 and beyond. The submitted Plan will serve as the evidence of correction and copies will be provided to DHCS at the approved contact. The number

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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.