

**Mental Health Services Act Plan of Correction**

1.	County/City:	Yolo
2.	POC Submitted for:	MHSA Performance Review
3.	Date of Audit/Performance Review	June 10, 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.	Finding #1	Yolo County did not submit the Fiscal Year (FY) 2020-23 MHSA Three-Year Program and Expenditure Plan (Plan) to Department of Health Care Services (DHCS) within 30 days after adoption. (Welfare and Institution Code (W&I Code) Section 5847(a)).	The County must submit the adopted MHSA Plan and/or Annual Update (Update) to DHCS within 30 days after adoption in each subsequent Plan and Update thereafter.	<p>1.The Annual Update 22-23 documentation has been submitted with this POC as evidence of plan submission 30 days after adoption.</p> <p>The 3 Year 23-26 Plan was submitted overdue by 12 days in order to garner the appropriate signatures to finalize the plan.</p> <p>2. In an effort to establish set consistent procedure, Yolo County developed a policy and procedure to ensure that this requirement will be performed on an ongoing basis and has provided to DHCS with this POC response by October 14, 2024.</p>

## 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).