

**Mental Health Services Act Plan of Correction**

1.	County/City:	
2.	POC Submitted for:	
3.	Date of Audit/Performance Review	
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.	Insert Finding #	Insert Narrative	Insert Recommendation	Insert Narrative
8.	Insert Finding #	Insert Narrative	Insert Recommendation	Insert Narrative
9.	Insert Finding #	Insert Narrative	Insert Recommendation	Insert Narrative
10.	Insert Finding #	Insert Narrative	Insert Recommendation	Insert Narrative

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	A	B	C	D
#	Finding #	Finding	Recommendation	Action Taken to Correct Finding (Identify Timeline / Evidence of Correction)
11 .	Insert Finding #	Insert Narrative	Insert Recommendation	Insert Narrative
12 .	Insert Finding #	Insert Narrative	Insert Recommendation	Insert Narrative
13 .	Insert Finding #	Insert Narrative	Insert Recommendation	Insert Narrative
14 .	Insert Finding #	Insert Narrative	Insert Recommendation	Insert Narrative
15 .	Insert Finding #	Insert Narrative	Insert Recommendation	Insert Narrative
16 .	Insert Finding #	Insert Narrative	Insert Recommendation	Insert Narrative

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	A	B	C	D
#	Finding #	Finding	Recommendation	Action Taken to Correct Finding (Identify Timeline / Evidence of Correction)
17 .	Insert Finding #	Insert Narrative	Insert Recommendation	Insert Narrative
18 .	Insert Finding #	Insert Narrative	Insert Recommendation	Insert Narrative
19 .	Insert Finding #	Insert Narrative	Insert Recommendation	Insert Narrative
20 .	Insert Finding #	Insert Narrative	Insert Recommendation	Insert Narrative
21 .	Insert Finding #	Insert Narrative	Insert Recommendation	Insert Narrative
22 .	Insert Finding #	Insert Narrative	Insert Recommendation	Insert Narrative

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	A	B	C	D
#	Finding #	Finding	Recommendation	Action Taken to Correct Finding (Identify Timeline / Evidence of Correction)
23 .	Insert Finding #	Insert Narrative	Insert Recommendation	Insert Narrative
24 .	Insert Finding #	Insert Narrative	Insert Recommendation	Insert Narrative
25 .	Insert Finding #	Insert Narrative	Insert Recommendation	Insert Narrative
26 .	Insert Finding #	Insert Narrative	Insert Recommendation	Insert Narrative
27 .	Insert Finding #	Insert Narrative	Insert Recommendation	Insert Narrative
28 .	Insert Finding #	Insert Narrative	Insert Recommendation	Insert Narrative

## **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).