Mental Health Services Act Plan of Correction

1.	County/City:	Plumas County
2.	POC Submitted for:	MHSA Performance Review
3.	Date of Audit/Performance Review	April 9, 2025
4.	Name of Preparer:	
5.	Preparer Contact Email:	
6.	Preparer Contact Telephone:	

#	Finding #	Finding	Recommendation	Action Taken to Correct Finding (Identify Timeline / Evidence of Correction)
7.	Finding #1	Plumas County did not explain how individuals, and, as applicable, their parents, caregivers, or other family members, will be linked to County mental health services, a primary care provider, or other mental health treatment and how the Prevention and Early Intervention, Access and Linkage Programs will follow up with the referral to support engagement for treatment in the adopted Fiscal Year (FY) 2023-26 Three-Year Program and Expenditure Plan (Plan) and FY 2023-24	The County must submit evidence of compliance for how individuals, and, as applicable, their parents, caregivers, or other family members, will be linked to County mental health services, a primary care provider, or other mental health treatment; and how the Program will follow up with the referral to support engagement in treatment.	Plumas County Behavioral Health will clearly explain how individuals, their parents, caregivers or other family members are linked to County Mental Health Services, a primary care provider or other mental health treatment in the 2026-2029 BHSA three-year plan and future Annual Updates. PCBH will also explain how Early Intervention Programs follow up with the referral to support engagement for treatment in the 2026-2029 BHSA Three-Year Plan and future Annual Updates.

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#	Finding #	Finding	Recommendation	Action Taken to Correct Finding (Identify Timeline / Evidence of Correction)
		Annual Update (Update). (California Code of Regulations, title 9, sections 3755(h)(4), 3755(h)(5)).		Plumas County Behavioral Health will submit proof of Open Access hours for intakes and assessments along with the Utilization Management process for determining level of care and linkage to the appropriate providers.

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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.