1.	County/City:	San Diego
2.	POC Submitted for:	MHSA Performance Review
3.	Date of Audit/Performance Review	March 13, 2024
4.	Name of Preparer:	
5.	Preparer Contact Email:	
6.	Preparer Contact Telephone:	

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#	Finding #	Finding	Recommendation	Action Taken to Correct Finding (Identify Timeline / Evidence of Correction)
7.	Finding #1	San Diego County did not submit the Fiscal Year (FY) 2020-23 Three-Year Program and Expenditure Plan (Plan) to Department of Health Care Services (DHCS) within 30 days of Board of Supervisors (BOS) adoption. (Welfare and Institution Code (W&I Code Section 5847(a)).	Recommendation #1: The County must submit the FY 2020-23 Plan and FY 2022-23 Annual Update (Update) to DHCS at MHSA@dhcs.ca.gov within 30 days of BOS adoption and for each subsequent Plan and Update thereafter.	 Update: San Diego County submitted evidence of BOS adoption to DHCS on 11/15/22. Evidence of this email submission was sent to DHCS as documentation evidence on 11/8/24.
8.	Finding #2	San Diego County did not include a narrative analysis of the mental health needs of unserved, underserved/	Recommendation #2: The County must include a narrative analysis of the mental health needs of	 The County of San Diego will include a narrative analysis of the mental health needs of unserved, underserved, inappropriately served, and fully served

DHCS 5290 (Revised 09/2024)

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		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)).	unserved, underserved, inappropriately served, and fully served county residents who qualify for MHSA services in each subsequent adopted Plan thereafter.	 county residents who qualify for MHSA services in the FY 25-26 Annual Update and each subsequent adopted Plan thereafter (if still applicable due to BHSA implementation). The final FY 2020-23 Three Year Plan and FY 2022-23 Annual Update have been adopted by the San Diego County Board of Supervisors and no further revisions are possible. The plan of correction will be reviewed during the completion of upcoming plans and updates to ensure compliance. Update: Timeline: The FY 25-26 Annual Update will be submitted by June 30, 2025. Reference County of San Diego Behavioral Health Services MHSA Program Implementation Process.
9.	Finding #3	San Diego County did not include an assessment of the county's capacity to implement mental health programs and services in the adopted FY 2020-23	Recommendation #3: The County must include an assessment of its capacity to implement mental health programs and services in each subsequent adopted	 The County of San Diego will include a comprehensive assessment of the capacity to implement mental health programs and services in the FY 25-26 Annual Update and each subsequent adopted Plan thereafter (if still applicable due to BHSA

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		Plan. (Cal. Code of Regs., tit. 9, § 3650(a)(5)).	Plan thereafter. Specifically: 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. The evaluation should include an assessment of bilingual proficiency in threshold languages. 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. d. Identification of possible barriers to implementing the proposed	 implementation). The assessment will aim to address strengths and limitations, bilingual proficiency, workforce diversity and possible barriers to implementing programs and services. The final FY 2020-23 Three Year Plan and FY 2022-23 Annual Update have been adopted by the San Diego County Board of Supervisors and no further revisions are possible. The plan of correction will be reviewed during the completion of upcoming plans and updates to ensure compliance. Update: Timeline: The FY 25-26 Annual Update will be submitted by June 30, 2025. Reference County of San Diego Behavioral Health Services MHSA Program Review Implementation Process.

Mental Health Services Act Plan of Correction	ו
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			programs/services and methods of addressing these barriers.	
10.	Finding #4	San Diego County did not provide an estimated 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. However, the Plan did provide an estimate of the number of clients, in each age group, to be served in the FSP service category for FY 2020-21 of the Plan. (Cal. Code Regs., tit. 9, § 3650(a)(3)).	Recommendation #4: 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.	 The County of San Diego has included the estimated number of clients in each age group to be served in the FSP service category in the adopted MHSA FY 2022-23 Annual Update and each subsequent Plan and Update thereafter. Although the inclusion of estimated number of clients in each age group per fiscal year in FY 2020-23 Plan has been reported by DHCS in prior Plan of Correction (POC) report as Technical Assistance #1, the County's FY 2020-23 Three Year Plan and FY 2021-22 Annual Update have been adopted by the San Diego County Board of Supervisors prior to the release of the POC on 3/27/24 hence no further revisions are possible. The plan of correction will be reviewed during the completion

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				 upcoming plans and updates to ensure compliance. Update: Timeline: The FY 25-26 Annual Update will be submitted by June 30, 2025. Reference County of San Diego Behavioral Health Services MHSA Program Review Implementation Process.

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 <u>MHSA@dhcs.ca.gov</u>.