

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

1.	County/City:	Berkeley City
2.	POC Submitted for:	MHSA Performance Review
3.	Date of Audit/Performance Review	November 24, 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.	Finding #1	Berkeley City did not submit the Fiscal Year (FY) 2020-23 Three-Year Plan (Plan) within 30 days after adoption. The Plan was adopted on 12/1/2020 and was submitted to the Department of Health Care Services (DHCS) on 3/15/2021. Berkeley City submitted the MHSA Extension request (form 5510) to DHCS on 8/19/2020; however, the	Berkeley City must submit the adopted MHSA Plan and/or Update to DHCS within 30 days after adoption.	Berkeley City will ensure that all future MHSA Three Year Plans and Annual Updates are submitted to the State within 30 Days after City Council adoption.

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		MHSA extension request form was for the Annual Update (Update), not the Plan.		
8.	Finding #2	Berkeley City did not include a description of any substantive changes made to the Plan from the written recommendations for revisions received during the 30-day comment period in the adopted FY 2020-23 Plan. (California Code of Regulations (Cal. Code Regs.), tit. 9, § 3315(a)(4)).	Berkeley City must include a summary and analysis of any substantive recommendations received during the 30-day public hearing held by the local mental health board or commission, including any substantive changes made to the Plan and/or Update in response to the public comments. If no changes made, identify no changes made in the Plan and/or Update.	-Berkeley has included the FY20-23 Three Year Program and Expenditure Plan. The substantive comments received and changes around those comments received, are on pages 13-15 of the document (pgs. 18-20 of the pdf). On page 15 of the document (pg. 19 of the pdf), the plan outlines that as a result of substantive comments received from the Steering Committee for the African American Holistic Resource Center (AAHRC), the Department and Division will be working with the Steering Committee in FY21/22 to identify how much MHSA funding would be needed for the AAHRC. –Also included is a separate document that was submitted for

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				this Audit, that lifts the language in the FY21-23 Three Year Plan around the substantive comments received and the plan to address those substantive changes as outlined above.
9.	Finding #3	Berkeley City did not provide sufficient evidence to demonstrate that a Personal Service Coordinator (PSC)/Case Manager was responsible for developing an Individual Services and Supports Plan (ISSP) with the client and, when appropriate, the client's family; identification of Full-Service Partnership (FSP) eligibility criteria, assigned FSP agreement, position(s) that serve as the PSC/single point of contact for FSP	Berkeley City must provide sufficient evidence to demonstrate the PSC/Case Manager requirements are fulfilled as indicated per Cal. Code Regs., tit. 9, § 3620(e-j).	-Berkeley City has included an FSP Client Agreement to meet the requirements of Finding #3, which will be implemented upon review and approval from DHCS.

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		clients, and process for ensuring that a PSC or other qualified individual known to the client/family is available to respond to the client/family 24 hours a day, 7 days a week to provide after-hours interventions. Berkeley City indicated there are no formal policies and procedures for the Full-Service Partnership (FSP) PSC/Case Manager. (Cal. Code Regs., tit. 9, § 3620(e-j)).		
10	Finding #4	Berkeley City did not include a narrative analysis of the mental health needs of unserved, underserved/ inappropriately served, and fully served County residents who qualify for	Berkeley City must include a narrative analysis of the mental health needs of unserved, underserved/ inappropriately served, and fully served County residents who qualify for MHSA	-Berkeley 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 next upcFY26/27 – 28/29 Three Year Plan)

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	Finding #4a	MHSA services in the FY 2020-23 Plan. (Cal. Code Regs., tit. 9, § 3650(a)(1)). Berkeley City did not identify the number of children, transition-aged youth, adult, and older adults by gender, race/ethnicity, and primary language in the narrative analysis (see Finding #4 above). (Cal. Code Regs., tit. 9, § 3650(a)(1)(A))	services in each subsequent adopted Plan thereafter.  Berkeley City must include identification on the number of children, transition-aged youth, adult, and older adults by gender, race/ethnicity, and primary language in the narrative analysis in each subsequent adopted Plan thereafter.	and in each Three Year Plan thereafter.  -Berkeley will include the number of children, transition-aged youth, adult, and older adults by gender, race/ethnicity, and primary language in the narrative analysis in the next Three Year Plan (FY26/27 – 28/29 Three Year Plan) and in each Three Year Plan thereafter.
11	Finding #5	Berkeley City did not provide an estimate of the number of clients, in each age group, to be served in the FSP category for each fiscal year of the FY 2020-23 Plan. The Plan included only an estimate number to be served for FY 2020-21.	Berkeley City 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.	-Berkeley will include an estimate of the number of clients, in each age group, to be served in the FSP category for each fiscal year of the FY26/27 – 28/29 Three Year Plan and in each Three Year Plan thereafter.

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		(Cal. Code Regs., tit. 9, § 3650(a)(3)).		
12	Finding #6	Berkeley City did not indicate the number of children, transition-aged youth, adults, and older adults to be served and the cost per person for Community Services and Support (CSS), Prevention, and Early Intervention (PEI), and Innovation (INN) programs for each fiscal year	Berkeley City must indicate the number of children, transition-aged youth, adults, and older adults to be served, and indicate the cost per person for CSS, PEI, and INN, in each subsequent adopted Plan and Update thereafter	-Berkeley City will include the number of children, transition-aged youth, adults, and older adults to be served and the cost per person for Community Services and Support (CSS), Prevention, and Early Intervention (PEI), and Innovation (INN) programs for each fiscal year of the FY26/27 – 28/29 Three Year Plan and in each Three Year Plan thereafter.
13	Finding #7	Berkeley City did not include a description of the Access and Linkage to Treatment Program and Strategy in the adopted FY 2020-23 Plan and FY 2022-23 Update and explain how	Berkeley City must 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	-See attached document for Plan of Correction and responses to Findings 7 & 7A.  -Berkeley City will include a description in the FY25 Annual Update, and in each Plan Update

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		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. (Cal. Code Regs., tit. 9, § 3755(h)(4)).	treatment in each subsequent adopted Plan and Update thereafter.	thereafter, of the Access and Linkage to Treatment program/strategy and will 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.
14	Finding #7a	Berkeley City did not include how the Access and Linkage to Treatment Program and Strategy in the adopted FY 2020-23 Plan and FY 2022-23 Update will follow up with the referral to support engagement in treatment. (Cal. Code Regs., tit.9, § 3755(h)(5)).	Berkeley City must describe how the Access and Linkage to Treatment Program and Strategy will follow up with the referral to support engagement in treatment each subsequent adopted Plan and Update thereafter.	<p>-See attached document of responses to Findings 7 &amp; 7A.</p> <p>-Berkeley City will include a description in the FY25 Annual Update and in each Plan Update thereafter, of how the Access and Linkage to Treatment Program and Strategy follows up with the referral to support engagement in treatment.</p>

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

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).