

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

1.	County/City:	San Benito
2.	POC Submitted for:	MHSA Performance Review
3.	Date of Audit/Performance Review	September 26-27, 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.	#1	San Benito County's adopted Fiscal Year (FY) 2020-23 Three-Year Program and Expenditure Plan (Plan) and FY 2022-23 Annual Update (Update) did not include a description of how stakeholder involvement demonstrates a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder	The County must include a description of: how stakeholder involvement demonstrates a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning and implementation, monitoring, quality	<p>Timeline: June 30, 2024</p> <p>Action: Plans for an increasingly robust CPPP are under development in late FY23-24 and beyond. The initial description is included in this AU.</p> <p>Evidence (actual): <i>Description of new CPPP process included in AU FY24/25; pages 11 & 12 marked as pages 3 & 4</i></p> <ul style="list-style-type: none"> Evidence (actual): <i>Updated version of MHSA Policy CLN13:20 for Stakeholder</i>

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		involvement on: mental health policy, program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations. (Welfare and Institution Code (W&I Code) section 5848(a)).	improvement, evaluation, and budget allocations in each subsequent adopted Plan and Update thereafter.	<i>Involvement and CPPP, see pages 3 thru 6.</i>
8.	#2	San Benito County did not provide a description of training in the Community Program Planning Process (CPPP) to county staff as needed in the development of, and to be included in the adopted FY 2020-23 Plan and FY 2022-23 Update. (California Code of Regulations, title 9, section	The County must provide a description of training in the CPPP to county staff as needed in the development of each subsequent adopted Plan and Update thereafter.	<p>Timeline: January 31, 2024</p> <p>Action: The Annual Update FY24-25 includes such a description.</p> <p>Evidence (actual): <i>Description of new CPPP process is included in AU FY24/25; pages 11 & 12 marked as pages 3 & 4</i></p> <p>1. Evidence (actual): <i>Updated version of MHSA Policy CLN13:20 for Stakeholder Involvement and CPPP, see pages 3 thru 6.</i></p>

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		3300(c)(A); (Cal. Code Regs., tit. 9, § 3300(c)(3)(A)).		
9.	#3	San Benito County did not provide a description of training in the CPPP to stakeholders, clients, and when appropriate the client's family as needed who participated in the development of, and to be included in the adopted FY 2020-23 Plan and FY 2022-23 Update. (Cal. Code Regs., tit. 9, § 3300(c)(3)(B)).	The County shall provide a description of training in the CPPP to stakeholders, clients, and when appropriate the client's family as needed who participated in the development of each subsequent adopted Plan and Update thereafter.	Timeline: January 31, 2024 Action: The Annual Update FY24-25 includes such a description. Evidence (actual): <i>Description of new CPPP process included in AU FY24/25; pages 11 & 12 marked as pages 3 & 4</i>
10.	#4	San Benito County did not provide sufficient evidence that stakeholders had the opportunity to participate in the CPPP and to ensure that stakeholders reflect the	San Benito County must ensure that stakeholders have had the opportunity to participate in the CPPP and reflect the diversity of the demographics of the	Timeline: June 30, 2024 Action: Plans for an increasingly robust CPPP are underway and planned to be implemented in late FY23-24 and beyond. Evidence (actual): <i>Description of new CPPP process is</i>

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		diversity of the demographics of the county, including but not limited to geographic location, age, gender, and race/ethnicity in the adopted FY 2020-23 Plan and FY 2022-23 Update. (Cal. Code Regs., tit. 9, § 3300(b)(3)).	county, including but not limited to geographic location, age, gender, and race/ethnicity in each subsequent adopted Plan and Update thereafter.	<i>included in AU FY24/25; Doc pages 11 & 12 marked as pages 3 & 4</i> Evidence (actual): <i>Updated version of MHSA Policy CLN13:20 for Stakeholder Involvement and CPPP, see pages 3 thru 6.</i>
11	#5	San Benito County did not 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 adopted FY 2020-23 Plan. (Cal. Code Regs., tit. 9, § 3650(a)(1)(A)).	The County must 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 each subsequent adopted Plan thereafter.	Timeline: June 30, 2024 Action: The Annual Update FY24-25 includes a narrative analysis reflective of the data gathered for Finding 5a. Evidence (actual): <i>Narrative analysis accompanies the data table, Fig 2, in AU FY24/25; doc pages 17 thru 19, marked as pages 9 thru 11</i> 1. Evidence (actual): <i>Policy CLN 13:45 MHSA Capacity Assessment has been amended to include the updating this narrative</i>

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				<i>analysis in each 3 Year Plan or AU, see page 1 & 3.</i>
12	#5a	San Benito County did not identify the number of children (age 0-17 yrs), transition-aged youth (TAY) (16-25 yrs), adult (18-59 yrs), and older adults (60+ yrs) by gender, race/ethnicity, and primary language in the narrative analysis (see above) in the adopted FY 2020-23 Plan. (Cal. Code Regs., tit. 9, § 3650(a)(1)(A)).	The County must identify the number of children (age 0-17 yrs), TAY (16-25 yrs), adult (18-59 yrs), and older adults (60+ yrs) by gender, race/ethnicity, and primary language in the narrative analysis (see above) in each subsequent adopted Plan thereafter.	<p>Timeline: June 30, 2024</p> <p>Action: SBCBH garnered data from the last EQRO for each defined age group, to complement the narrative analysis from Finding 5 above.</p> <p><i>NOTE: Primary language data was unavailable.</i></p> <p><i>Additional development of this section is intended for the FY25/26 AU.</i></p> <p>Evidence (actual): <i>Age groups of population vs SBCBH clients identified in Fig 2 included in AU FY24/25 on Doc page 17, marked as page 9</i></p>

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13	#6	San Benito County did not include an assessment of the County's capacity to implement mental health programs and services in the adopted FY 2020-23 Plan. (Cal. Code Regs., tit. 9, § 3650(a)(5)).	<p>San Benito County must include an assessment of its capacity to implement mental health programs and services in each subsequent adopted Plan thereafter and shall include:</p> <p>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.</p> <p>The evaluation should include an assessment of bilingual proficiency in threshold languages.</p> <p>b. Percentages of diverse cultural, racial/ethnic and</p>	<p>Timeline: January 31, 2024</p> <p>Action: The updated Three-Year Plan FY23-24-FY25-26 <i>and more recently the AU FY 24/25</i> includes such an assessment.</p> <p>Evidence (actual):</p> <ul style="list-style-type: none"> • <i>6.18.24 Capacity to Implement MHSA programs is included in AU FY24/25 on pages 13-14, marked as pages 5-6</i> • <i>Additionally, the Policy CLN 13:45 Capacity Assessment has been updated, see page 1.</i> <p>Additional ref: <u>San Benito MHSA 3-Year Plan BOS APPROVED; FINAL 08-08-23 (cosb.us)</u> Pages 9-11 (marked 4-6)</p>

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			<p>linguistic groups represented among direct service providers, as compared to percentage of the total population needing services and the total population being served.</p> <p>c. Identification of possible barriers to implementing the proposed programs/services and methods of addressing these barriers.</p>	
14	#7	San Benito County did not enter a Full-Service Partnership (FSP) agreement with each client served under the FSP service category, and when appropriate the client's	San Benito County must enter a signed FSP agreement between their client, and when appropriate the client's family, with the Personal Service Coordinator/Case	<p>Timeline: March 31, 2024</p> <p>Action: SBCBH has reviewed the current list of all FSP Clients to establish which did not have a signed Individual Services and Supports Plan (ISSP) as the FSP Agreement.</p>

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		family. The Department of Health Services (DHCS) defines an agreement as a signed agreement between the client, and when appropriate the client's family, with the Personal Service Coordinator/Case Manager. (Cal. Code Regs., tit. 9, § 3620(e)).	Manager for each client served under the FSP service category for each subsequent client and client's family thereafter.	<p>Evidence (actual): <i>A new FSP Agreement & ISSP Form was developed earlier this year and SBCBH Staff have obtained a signed FSP Agreement for all current FSP clients.</i></p> <p>Evidence (actual): <i>Completed and signed FSP Agreement and Individual Services and Supports Plans for each SBCBH FSP client is available on request. A blank master of the new form was provided as an example.</i></p>
15	#8	San Benito County did not provide an estimate of the number of clients, in each age group (children (age 0-17 yrs), TAY (16-25 yrs), adult (18-59 yrs), and older adults (60+ yrs)) to be served in the FSP category for each fiscal year of the FY	The County must provide an estimate of the number of clients, in each age group (children (age 0-17 yrs), TAY (16-25 yrs), adult (18-59 yrs), and older adults (60+ yrs)) to be served in the FSP service category for each fiscal year of the Plan, in each	<p>Timeline: June 30, 2024</p> <p>Action: The estimated number of FSP clients, by age group, for each of the FY of the current 3 Year Plan, were included in the Annual Update FY24/25 and will be included in subsequent plans and Annual Updates.</p> <p>Evidence (actual): <i>Estimate of new FSP clients to be served in</i></p>

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		2020-23 Plan. (Cal. Code of Regs., tit. 9, § 3650(a)(3)).	subsequent adopted Plan thereafter.	<i>FY 24/25 in Fig 11 included in AU FY23/24 on doc page 25, marked as 17.</i> Evidence (actual): <i>Policy CLN 13:30 MHSA Funding Components and Reporting Requirements is updated to indicate this necessity, see page 7.</i>
16	#9	San Benito County did not indicate the number of children (age 0-17 yrs), TAY (16-25 yrs), adult (18-59 yrs), and older adults (60+ yrs) to be served, and did not provide the cost per person for Community Services and Support (CSS), Prevention, and Early Intervention (PEI), and Innovation (INN), in the adopted FY 2020-23 Plan and FY 2022-23 Update. (W&I Code section 5847(e)).	The County must indicate the number of children (age 0-17 yrs), TAY (16-25 yrs), adult (18-59 yrs), and older adults (60+ yrs) to be served, and indicate the cost per person for CSS, PEI, and INN, in each subsequent adopted Plan and Update thereafter.	Timeline: June 30, 2024 Action: The FY24/25 Annual Update includes an estimate of the cost and number of individuals to be served in the SBCBH programs for CSS, PEI, and INN. Evidence (actual): <i>Tables to indicate cost per client for were included in AU FY24/25; CSS (page 34, marked 28), PEI (page g 57 marked 51) & INN (page 61 marked 54).</i> <i>NOTE: An age group breakdown will be included in future AU and 3 Yr Plans as data becomes available.</i>

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				Evidence (actual): <i>Policy CLN 13:30 MHSA Funding Components and Reporting Requirements has been updated to indicate the estimated cost requirement, see page 7.</i>
17	#10	San Benito 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 for each Access and Linkage to Treatment Program in the FY 2020-23 Plan and FY 2023-23 Update; and how the Program will follow up	San Benito County 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 treatment for each Access and Linkage to Treatment Program; and how the Program will follow up with the referral to	Timeline: June 30, 2024 Action: The FY24/25 Annual Update will include a description of the process of Access and Linkage to Treatment. This description will be included and updated, as appropriate, in all subsequent plans. Evidence (actual): <i>New section Access & Linkage to Treatment included in AU FY24/25 on doc pages 15 & 16, marked as 8 & 9.</i>

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		with the referral to support engagement in treatment. (Cal. Code Regs., tit. 9, §§ 3755(h)(4), 3755(h)(5)).	support engagement in treatment each subsequent adopted Plan and Update thereafter.	
18	#11	San Benito County did not specify the methods and activities to be used to change attitudes, knowledge, and/or behavior regarding being diagnosed with mental illness, having mental illness and/or seeking mental health services for each Stigma and Discrimination Reduction Program in the adopted FY 2020-23 Plan and FY 2022-23 Update. (Cal. Code Regs., tit. 9, § 3755(f)(3)).	The County must specify the methods and activities to be used to change attitudes, knowledge, and/or behavior regarding being diagnosed with mental illness, having mental illness and/or seeking mental health services in each subsequent adopted Plan and Update thereafter.	<p>Timeline: June 30, 2024</p> <p>Action: The FY24/25 Annual Update included a description of the development of a Stigma Reduction Program. This description will be updated, as appropriate, in all subsequent plans.</p> <ul style="list-style-type: none"> • Evidence (actual): <i>A bilingual Stigma Reduction Campaign is discussed in the AU 24/25 on doc page 60, marked as 52.</i>

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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.