

**Mental Health Services Act Plan of Correction**

1.	County/City:	City and County of San Francisco
2.	POC Submitted for:	MHSA Performance Review
3.	Date of Audit/Performance Review	February 28, 2023 – March 2, 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 Francisco County did not provide an estimate of the number of clients, in each age group, to be served in the Full-Service Partnership (FSP) category for each fiscal year (FY) 2020-23 Three-Year Program and Expenditure Plan (Plan). (California Code of Regulations, title 9, section 3650(a)(3)).	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 and in each subsequent adopted Plan thereafter.	<p>The County will 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 and in each subsequent adopted Plan thereafter. The County will start adding this estimate in the MHSA FY 23-26 Three-Year Integrative Plan and it will be included in all subsequent Annual Updates and Three-Year Plans.</p> <p>The County has already submitted the FY 23-26 Three-Year Plan to DHCS. The Plan was submitted on 07/02/2024. Please see page 34 for the 3-Year FSP Projection.</p> <p>Please also see the Policies and Procedures submitted to DHCS on 10/16/24 to ensure these requirements will be performed on an ongoing basis. The estimated due date for all Three-Year Plans will be June 30<sup>th</sup> of the year that the report is due.</p>

**Mental Health Services Act Plan of Correction**

#	A Finding #	B Finding	C Recommendation	D Action Taken to Correct Finding (Identify Timeline / Evidence of Correction)
8.	2	San Francisco County did not include the Annual Prevention and Early Intervention (PEI) Report as a part of the adopted FY 2020-23 Plan and/or FY 2021-22 Annual Update (Update). (Cal. Code Regs., tit.9, § 3560.010).	<p>The County must include the Annual PEI report as part of each subsequent adopted Plan and/or Update hereafter. It must be clearly labeled, indicating what years are being reported and the location of the report within the Plan or Update.</p> <p>The Annual PEI Report is not to be used in lieu of Cal. Code of Regs., tit. 9, § 3755, which are the regulations for the PEI Component of the Plan and Update.</p> <p>Department of Health Care Services (DHCS) recommends the county submit it as an addendum or attachment to the Plan or Update and include a cover page for the Annual PEI Report with the title: Annual PEI Report FY XXXX to XXXX.</p>	<p>The County will include the Annual PEI report as part of each subsequent adopted Annual Update hereafter. The report will be clearly labeled, indicating what years are being reported and the location of the report within the Annual Update. The Annual PEI Report will not be used in lieu of Cal. Code of Regs., tit. 9, § 3755, which are the regulations for the PEI Component of the Plan and Update. The County will submit the report as an addendum or attachment to the Annual Update and include a cover page for the Annual PEI Report with the title: Annual PEI Report FY XXXX to XXXX. The County will start adding this report to the MHSA FY 24-25 Annual Update and it will be included in all subsequent Annual Updates.</p> <p>The County will be presenting the BHSA FY 24-25 Annual Update to the San Francisco Board of Supervisors Committee on 11/14/24. BHSA anticipates BOS approval on 11/28/24 with a BOS Resolution being signed by the Mayor of San Francisco by 12/28/24. Once the resolution is approved, BHSA will submit the final report to DHCS. The estimated date when DHCS will receive the county's FY 24-25 Annual Update with incorporated corrective actions is by 12/31/24. Please see page 177 of the FY 24-25 Annual Update for the Annual PEI Report.</p>

**Mental Health Services Act Plan of Correction**

#	A Finding #	B Finding	C Recommendation	D Action Taken to Correct Finding (Identify Timeline / Evidence of Correction)
				Please also see the Policies and Procedures submitted to DHCS on 10/16/24 to ensure these requirements will be performed on an ongoing basis. The estimated due date for all Annual Updates will be June 30 <sup>th</sup> of the year that the report is due.
9.	3	San Francisco County did not include the Three-Year PEI Evaluation report as part of the adopted FY 2020-23 Plan or FY 2021-22 Update. (Cal. Code Regs., tit. 9, § 3560.020(a)(1)).	The County must include the Three-Year PEI Evaluation report as part of each subsequent adopted Plan and/or Update hereafter. It must be clearly labeled, indicating what years are being reported and the location of the report within the Plan or Update. The Three-Year PEI Evaluation report is not to be used in lieu of Cal. Code of Regs., tit. 9, § 3755, which are the regulations for the PEI Component of the Plan and Update. DHCS recommends the county submit it as an addendum or attachment to the Plan or Update and include a cover page for	The County will include the Three-Year PEI Evaluation report as part of each subsequent adopted Three-Year Plan hereafter. It will be clearly labeled, indicating what years are being reported and the location of the report within the Three-Year Plan. The Three-Year PEI Evaluation report will not be used in lieu of Cal. Code of Regs., tit. 9, § 3755, which are the regulations for the PEI Component of the Plan and Update. The County will submit the report as an addendum or attachment to the Three-Year Plan and include a cover page for the Three-Year PEI Report with the title: Three-Year Prevention and Early Intervention Evaluation Report FY XXXX to FY XXXX. The Three- Year PEI Evaluation report will be submitted every third year as part of the Three-Year Plan and shall report on the evaluation(s) for the three prior fiscal years. (Cal. Code of Regs., tit. 9, § 3560.020). The County will start adding this report to the MHSA FY 23-26 Three-Year Plan and it will be included in all subsequent Three-Year Plans.  The County has already submitted the FY 23-26

**Mental Health Services Act Plan of Correction**

	A	B	C	D
#	Finding #	Finding	Recommendation	Action Taken to Correct Finding (Identify Timeline / Evidence of Correction)
			the Three-Year PEI Report with the title: Three-Year Prevention and Early Intervention Evaluation Report FY XXXX to FY XXXX. The Three-Year PEI Evaluation report is due every third year as part of the Plan and/or Update and shall report on the evaluation(s) for the three prior fiscal years. (Cal. Code of Regs., tit. 9, § 3560.020).	Three-Year Plan to DHCS. The Three-Year Plan was submitted on 07/02/2024. Please see page 196 of the FY 23-26 Three-Year Plan for the Three-Year PEI Evaluation Report.  Please also see the Policies and Procedures submitted to DHCS on 10/16/24 to ensure these requirements will be performed on an ongoing basis. The estimated due date for all Three-Year Plans will be June 30 <sup>th</sup> of the year that the report is due.

## **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).