

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

| | | |
|----|----------------------------------|----------------------------------|
| 1. | County/City: | Tri-City Mental Health Authority |
| 2. | POC Submitted for: | MHSA Performance Review |
| 3. | Date of Audit/Performance Review | June 3, 2024 |
| 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 | Tri-City did not enter into a Full Service Partnership (FSP) agreement with each client, and when appropriate the client’s family. (California Code of Regulations, title 9, section 3620(e)). The state defines an agreement as a signed agreement between the parties, and Tri-City’s FSP agreement did not include a signature line for the city. | The City shall enter into a FSP agreement between their client, and when appropriate the client’s family, including signatures between the client and the city. Signature lines for the city and for each subsequent client and client’s family should be added to the FSP agreement form. A completed FSP agreement shall be signed between the city and the client for each FSP agreement hereafter. | Tri-City's current FSP agreement shall be modified to include signature lines for the client, client’s family and Tri-City staff. A completed FSP agreement shall be signed between the client, client family (as needed) and Tri-City staff hereafter. Please see attached revised FSP Agreement dated August 2024. |

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

| | A | B | C | D |
|----------|------------------|--|---|---|
| # | Finding # | Finding | Recommendation | Action Taken to Correct Finding (Identify Timeline / Evidence of Correction) |
| 8. | #2 | Tri-City did not include a narrative analysis of the mental health needs of unserved, underserved/ inappropriately served, and fully served city residents who qualify for MHSA services in the adopted Fiscal Year (FY) 2020-23 Three-Year Program and Expenditure Plan (Plan). (Cal. Code Regs., tit. 9, § 3650(a)(1)(A)). | The City must include a narrative analysis of the mental health needs of unserved, underserved/ inappropriately served, and fully served city residents who qualify for MHSA services in each subsequent adopted Plan thereafter. | <p>Tri-City will include a narrative analysis of the mental health needs of unserved, underserved/ inappropriately served, and fully served city residents who qualify for MHSA services in each subsequent adopted Plan hereafter.</p> <p>No documentation at this time. This change will be reflected in the next MHSA Annual Update for FY 2025-26.</p> <p>Submission date on or before June 30, 2025.</p> |
| 9. | #3 | Tri-City did not include an assessment of the city's capacity to implement mental health programs and | The City must include an assessment of its capacity to implement mental health programs and services in each subsequent adopted Plan thereafter. | Tri-City will prepare and include in our annual updates and three-year plans, an assessment of our capacity to implement mental |

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

| | A | B | C | D |
|----------|------------------|---|---|---|
| # | Finding # | Finding | Recommendation | Action Taken to Correct Finding (Identify Timeline / Evidence of Correction) |
| | | services in the adopted FY 2020-23 Plan. (Cal. Code Regs., tit. 9, § 3650(a)(5)). | a. The strengths and limitations of the city 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 programs/services and methods of addressing these barriers. | health programs and services as specified (a - d) in the Recommendation section for this item. No documentation at this time. This change will be reflected in the next MHSA Annual Update for FY 2025-26. Submission date on or before June 30, 2025. |
| 10. | #4 | Tri-City did not provide an estimate of the number of clients, in each age group, to be served in the FSP | The 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 | Tri-City will provide an estimate for the number of FSP clients to be served for children, TAY, adults, and older adults for each |

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

| | A | B | C | D |
|-----|-----------|--|--|---|
| # | Finding # | Finding | Recommendation | Action Taken to Correct Finding (Identify Timeline / Evidence of Correction) |
| | | category for each fiscal year of the adopted FY 2020-23 Plan. (Cal. Code Regs., tit. 9, § 3650(a)(3)). | Plan, in each subsequent adopted Plan thereafter. | fiscal year in our MHSA annual and three-year plans. No documentation required at this time. This change will be reflected in the next MHSA Annual Update for FY 2025-26. Submission date on or before June 30, 2025. |
| 11. | #5 | Tri-City did not indicate the number of children, TAY, adults, and older adults to be served, and did not provide the cost per person for Community Services and Support (CSS) or Prevention & Early Intervention (PEI) in the adopted FY 2020-23 Plan and FY 2022-23 Annual Update (Update). (Welfare | The City must indicate the number of children, TAY, adults, and older adults to be served, and indicate the cost per person for CSS, PEI, and Innovation (INN), in each subsequent adopted Plan and Update thereafter. | Tri-City will modify our MHSA annual and three-year plans to include the total number served, the total number to be served, and cost per person for children, TAY, adults, and older adults for CSS, PEI, and Innovation (INN), in each subsequent adopted Plan and Update hereafter. No documentation required at this time. This change will be |

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

| | A | B | C | D |
|---|-----------|---|----------------|--|
| # | Finding # | Finding | Recommendation | Action Taken to Correct Finding (Identify Timeline / Evidence of Correction) |
| | | and Institution Code (W&I Code) section 5847(e)). | | reflected in the next MHSA Annual Update for FY 2025-26. Submission date on or before June 30, 2025. |

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.