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

1.	County/City:	City of Berkeley
2.	POC Submitted for:	FY 21-22
3.	Date of Audit/Performance Review:	5/29/2025
4.	Name of Preparer:	
5.	Preparer Contact Email:	
6.	Preparer Contact Telephone:	

	A	B	C	D	E
#	Finding #	Finding	Recommendation	Action Taken to Correct Finding (Identify Timeline / Evidence of Correction)	DHCS Comments
7.	1	The City needs to have a formal Non-Supplant policy	The City should develop and implement a written non-supplant policy.	The City has been following Non-Supplant procedures and a formal Policy has been drafted. The Policy will be submitted to the City Attorney for review and approval. Following City Attorney approval, the Policy will be sent to DHCS by 1/31/2026.	Approved