

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

1.	County/City:	Contra Costa
2.	POC Submitted for:	MHSA Performance Review
3.	Date of Audit/Performance Review	July 25-26, 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	Contra Costa 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 family. (California Code of Regulations, title 9, section 3620(e)). The Department of Health Services (DHCS) defines an agreement as a signed agreement between the client, and when	The County shall enter a FSP agreement between their client, and when appropriate the client's family, and the Personal Service Coordinator/Case Manager for each client served under the FSP service category for each subsequent client and client's family thereafter.	<p>Timeline:</p> <p><u>30 days:</u> MHSA Staff to present at FSP Provider meeting on 10/20/23 to review and discuss this finding. See Attachment A (meeting agenda).</p> <p><u>6 months:</u> CCBHS has held up to 3 FSP provider meetings with follow up on this topic and addressed any concerns or challenges. CCBHS to provide FSP Agreement sample template to providers.</p>

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		appropriate the client's family, and the Personal Service Coordinator/Case Manager.		<p><u>9 -12 months:</u> Providers will work to ensure all FSP clients (new and existing) have signed FSP agreements on file and will be able to produce them upon request. Any barriers to this process shall be documented by the provider.</p> <p>Evidence of Correction: FSP services in Contra Costa are provided by contracted community-based organizations (CBOs). CCBHS holds a quarterly meeting for all FSP providers. CCBHS staff will use this space to review information contained in this finding with providers. CCBHS will respond to provider questions and concerns and follow up in subsequent meetings to ensure all providers are meeting this guideline. CCBHS will provide an FSP Agreement template that providers may use if they don't already have</p>

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				<p>one. Future meeting agendas and any related documentation can be provided.</p> <p>Within 12 months, all providers will be able to produce sample signed FSP Agreements upon request and as needed. See Attachment B (sample template)</p> <p>CCBHS will provide samples of signed agreements from each FSP provider to DHCS by October 1, 2024. FSP providers have been notified of this required expectation during the FSP provider meeting on October 20, 2023 (agenda provided).</p>
8.	#2	Contra Costa County did not indicate the number of children, TAY, adults, and older adults to be served,	The County must indicate the number of children, TAY, adults, and older adults to be served, and indicate the cost per person	<p>Timeline: <u>3-6 months</u>: CCBHS MHSA staff will include this information in the 24-25</p>

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		and did not provide the cost per person for Community Services and Supports (CSS), Prevention and Early Intervention (PEI) and Innovation (INN) in the adopted FY 2020-23 Plan and FY 2022-23 Annual Update (Update). (Welfare and Institutions Code (W&I Code) section 5847(e)).	for CSS, PEI, and INN, in each subsequent adopted Plan and Update thereafter.	Annual Update, which will be in draft form within 6 months. <u>6-9 months:</u> Changes will be reflected in the final 24-25 Annual Update and future AU's and 3 Year Plans. Evidence of Correction: At the time this Plan of Correction report was received, the 23-26 Three Year Plan had already been published. CCBHS will start drafting the 24-25 Annual Update in the upcoming three months and incorporate this data in all plans moving forward. CCBHS will provide DHCS with a copy of the BOS approved 24-25 Annual Update to reflect these corrections (with page citations) by October 1, 2024.

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9.	#3	<p>Contra Costa County did not include a description of the Access and Linkage to Treatment Program and Strategy within each program on 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 in the FY 2020-23 Plan and FY 2022-23 Update; and how the program will follow up with the referral to support engagement in treatment. (Cal. Code Regs., tit. 9, §§ 3755(h)(4-5)).</p>	<p>The 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; and how the program will follow up with the referral to support engagement in treatment for each Access and Linkage to Treatment Program and Strategy within each program and in each subsequent adopted Plan and Update thereafter.</p>	<p>Timeline: <u>3-6 Months</u> – Begin drafting 24-25 Annual Update, with focus on PEI/Access and Linkage to Treatment section. <u>6-9 Months</u> – 23-24 Plan approved by BOS and finalized. Document reflecting these changes will be made available to DHCS and the public.</p> <p>Evidence of Correction: Per discussion with Tom Vang, the next MHSA Annual Update (24-25) will contain this information, including a description of the Access and Linkage to Treatment programs under PEI. A Draft version of the 24-25 Annual Update can be shared with DHCS by May 2024, if necessary, prior to finalizing. Future plans and annual updates will continue to</p>

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				contain this information moving forward. CCBHS will provide DHCS with a copy of the BOS approved 24-25 Annual Update to reflect these corrections (with page citations) by October 1, 2024.

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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.