

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

1.	County/City:	San Joaquin County
2.	POC Submitted for:	MHSA Performance Review
3.	Date of Audit/Performance Review	
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 Joaquin County did not include documentation of achievement in performance outcomes for Community Services and Supports (CSS), Prevention and Early Intervention (PEI), and Innovations (INN) programs in the adopted Fiscal Year (FY) 2020-23 Three-Year Program and Expenditure Plan (Plan). (Welfare and Institutions Code (W&I Code) section	Recommendation #1: The County must include documentation of achievement in performance outcomes for CSS, PEI, and INN programs in each subsequent adopted Plan and Update thereafter.	As of this report, the 2024-25 MHSA Annual Update was submitted to the County Board of Supervisors for final approval. BHS will submit final draft of P&P entitled "Achievement in Performance Outcomes – MHSA (CSS, PEI, INN)" by October 31, 2024, to meet the recommendation standard set forth in this POC. (Draft P&P included)

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		5848 (c); County Performance Contract (6)(A)(5)(d)).		BHS will make changes, as recommended for finding #1, for the 2025-2026 MHSA Annual Update and submit final and approved plan by March 30, 2025
8.	#2	San Joaquin 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 of the adopted FY 2020-23 Plan. The county indicated that they estimate to serve twelve clients per month, however, does not clearly identify the clients by age group or for each fiscal year of the 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, in each subsequent adopted Plan thereafter.	As of this report, the 2024-25 MHSA Annual Update was submitted to the County Board of Supervisors for final approval. BHS will submit final draft of P&P entitled "MHSA Full-Service Partnership (FSP) Clients" by October 31, 2024, to meet the recommendation standard set forth in this POC. (Draft P&P included) BHS will make changes, as recommended for finding #2, for the 2025-2026 MHSA Annual Update and submit final and approved plan by March 30, 2025

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9.	#3	San Joaquin County did not indicate the number of children, transitional aged youth (TAY), adults, and older adults to be served, and did not provide the cost per person for Prevention and Early Intervention (PEI) in the adopted FY 2020-23 Plan or FY 2022-23 Update. (W&I Code § 5847(e)).	San Joaquin County did not indicate the number of children, transitional aged youth (TAY), adults, and older adults to be served, and did not provide the cost per person for Prevention and Early Intervention (PEI) in the adopted FY 2020-23 Plan or FY 2022-23 Update. (W&I Code § 5847(e))	<p>As of this report, the 2024-25 MHSA Annual Update was submitted to the County Board of Supervisors for final approval.</p> <p>BHS will submit final draft of P&P entitled "MHSA Prevention and Early Intervention (PEI) Clients" by October 31, 2024, to meet the recommendation standard set forth in this POC. (Draft P&P included)</p> <p>BHS will make changes, as recommended for finding #3, for the 2025-2026 MHSA Annual Update and submit final and approved plan by March 30, 2025</p>
10	#4	San Joaquin County did not include a description of each Stigma & Discrimination Reduction program and specify the	The County must include a description of each Stigma & Discrimination Reduction program and specify the methods and activities to be	As of this report, the 2024-25 MHSA Annual Update was submitted to the County Board of Supervisors for final approval.

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		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 the adopted FY 2020-23 Plan. (Cal. Code Regs., tit. 9, § 3755(f)(3)).	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.	BHS will submit final draft of P&P entitled "MHSA PEI Stigma & Discrimination Reduction Programs" by October 31, 2024, to meet the recommendation standard set forth in this POC. (Draft P&P included) BHS will make changes, as recommended for finding #4, for the 2025-2026 MHSA Annual Update and submit final and approved plan by March 30, 2025

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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.