WELLNESS • RECOVERY • RESILIENCE

MHSOAC
Mental Health Services
Oversight & Accountability Commission

Commission Teleconference Meeting
May 28, 2020
PowerPoint Presentations and Handouts

Tab 2:	• **PowerPoint:**	**Award Youth Drop-In Center Grants**
Tab 3:	• **PowerPoint:**	**San Bernardino County Innovation Plans**
Tab 4:	• **PowerPoint:**	**Fresno County Innovation Plans**
Tab 5:	• **PowerPoint:**	**Innovation Incubator Stage 2 Projects**
Tab 6:	• **PowerPoint:**	**Governor’s May 2020 Revise Briefing and the Commission’s Final 2019-20 Budget**
Tab 7:	• **Handout:**	**Sponsored Legislation**
	• **Handout:**	**MHSSA Grant Summaries**
Misc:	• **Handouts:**	**Letters to the Commission**

MHSOAC

Mental Health Services
Oversight & Accountability Commission

Award Youth Drop-In Center Grants

Tom Orrock, Chief, Stakeholder Engagement and Grants
May 28, 2020
Agenda Item #2

WELLNESS • RECOVERY • RESILIENCE

Background

- The Budget Act of 2019 provided the Commission $14,589,000 to support the establishment or expansion of integrated mental health youth drop-in centers

- Target age is 12-25 years of age

- Focus on vulnerable and marginalized youth and populations of youth with known disparities

- Builds upon the headspace model of Australia and Santa Clara County's Allcove project

Background (cont.)

- The Commission approved the Scope of Work and Minimum Qualifications at its January 23, 2020 meeting.
  - Allocated $10,000,000 to directly fund grants to expand the youth drop-in centers
  - Allocated $4,589,000 for a sole source contractor to provide Technical Assistance (TA)
    - Grantees
    - Other interested entities

Background (cont.)

- Released the RFA on February 12, 2020
- Amended the due date from March 27th to April 24th as a result of feedback received regarding the effects of the COVID-19 pandemic

Integrated Services

- Designed with youth, by youth, and for youth
- A range of support services in one location
  - Behavioral health (mental health and substance use treatment)
  - Physical health/Primary care
  - Educational support
  - Employment support

Eligible Applicants

- County, city, or multi-county mental health or behavioral health departments
- Not-for-profit organizations
- Educational entities
- Health Care Districts

Grant Apportionment

- 5 programs to receive $2 million each for a four-year term.
- Allowable costs include:
  - Personnel and/or peer support.
  - Program costs, which include, but are not limited to services, training, technology, facilities, and facilities improvements.
  - Administration
  - All costs must be directly related to supporting the Youth Drop-in Center.

RFA Goal

- Support the establishment and expansion of Allcove model Youth Drop-In Centers (YDC) that provides integrated mental health services for individuals between 12 and 25 years of age and their families

- Build a network of Allcove model Youth Drop-In Centers as a learning collaborative which can support future efforts in other communities.

Awards

- The five highest scoring applications are recommended for award
- Four-year grants
- Five grants for a total of $10,000,000

RFA Evaluation Process

- Each RFA contained scoring tool and rubric for scoring
- Stage 1: Administrative Submission Review
  - Verify required documents
  - Pass/Fail evaluation
- Stage 2: Application Scoring
  - Mandatory requirements
  - Scored requirements
  - Budget Worksheet
- The five applications with the highest overall scores are recommended for an award

Proposed Motion

For each of the five grants, staff recommends the Commission:

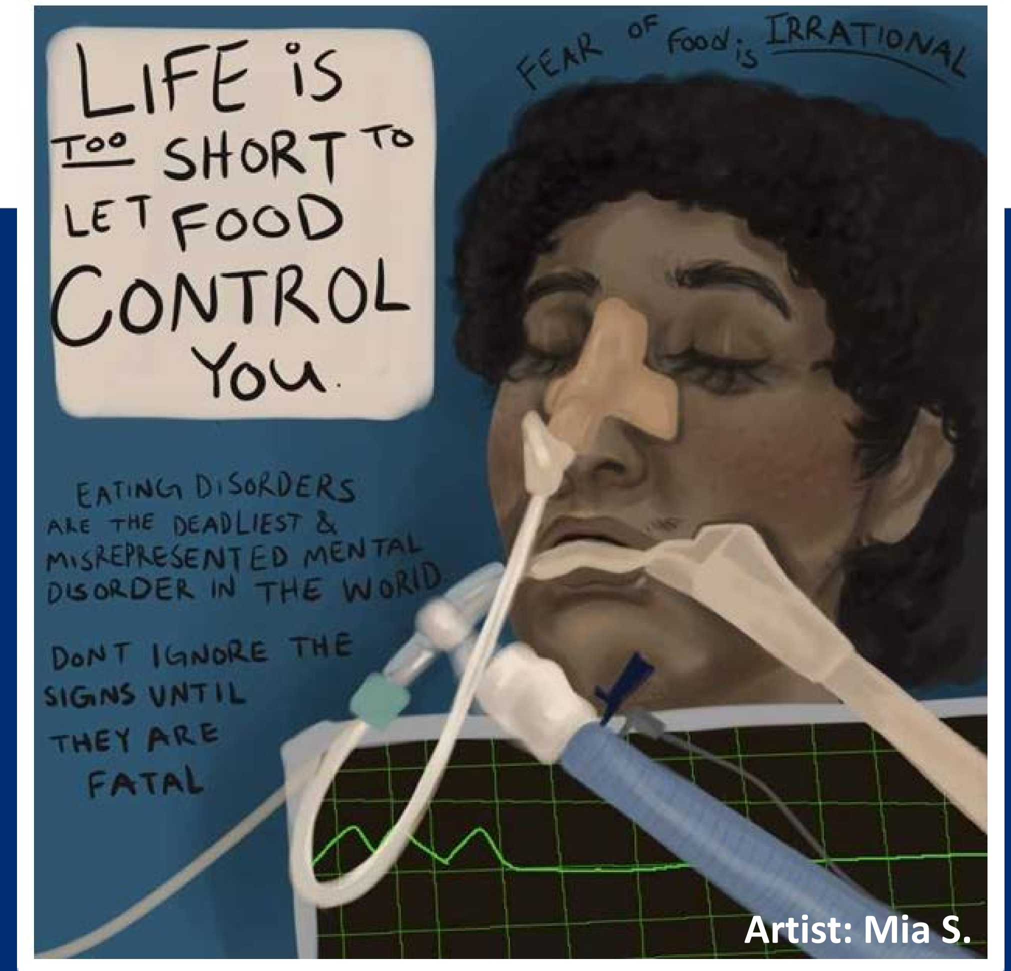
- Authorize the Executive Director to issue a “Notice of Intent to Award Youth Drop-In Center Grants to the five applicants receiving the highest overall scores
- Establish June 4, 2020 as the deadline for unsuccessful bidders to file an “Intent to Appeal” letter

Proposed Motion (cont.)

- Establish that within five working days from the date MHSOAC receives the Intent to Appeal letter, the protesting Applicant must file with the MHSOAC a Letter of Appeal detailing the grounds for the appeal, consistent with the standard set forth in the Request for Applications
- Direct the Executive Director to notify the Commission Chair and Vice Chair of any protests within two working days of the filing and adjudicate protests consistent with the procedure provided in the Request for Applications
- Authorize the Executive Director to execute the contract upon expiration of the protest period or consideration of protests, whichever comes first

Behavioral Health

Eating Disorder Collaborative



Artist: Mia S.

San Bernardino County

Eating Disorder Collaborative – Purpose and Criteria

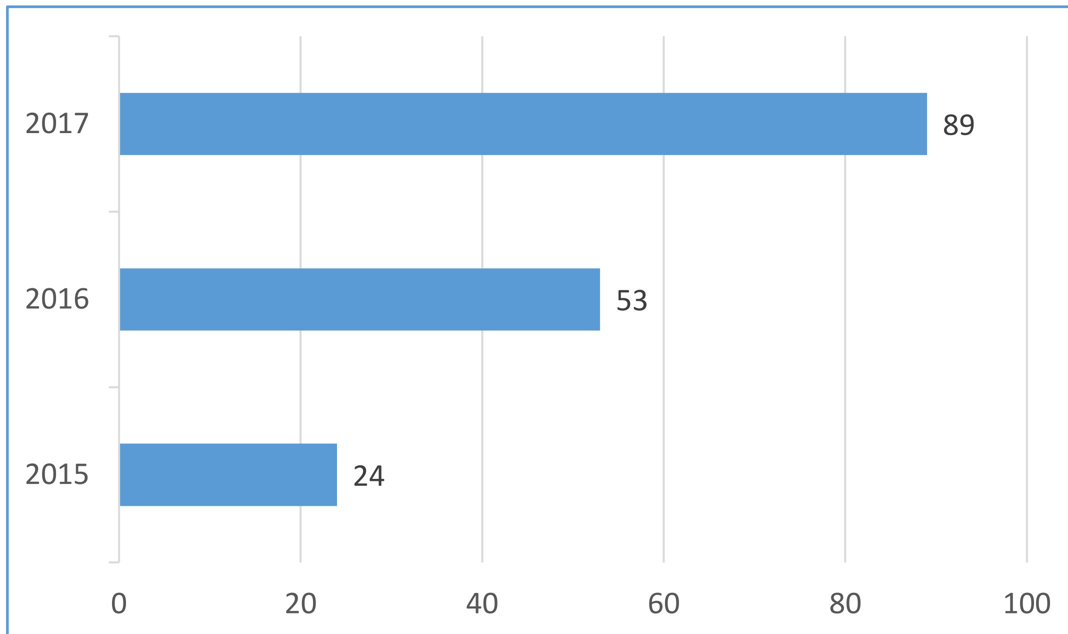
Eating Disorder Collaborative (EDC) meets the primary purpose of increasing access to Mental Health services to underserved groups by making eating disorder (EDO) services available to Medi-Cal beneficiaries with eating disorders. Eating disorder services such as residential treatment, partial hospitalizations, or intensive out-patient programs are a not covered benefit under Medi-Cal.

EDC meets INN criteria of making a change to an existing practice in the field of mental health, including but not limited to, the application to a different population by:

- Creating trainings and informational materials to reach out, inform, and educate primary care physicians, allied health professionals, mental health and substance use professionals and local colleges and universities.
- Creating a more comprehensive and validated initial needs assessment to assist in level of care determination for better health outcomes.
- Creating multidisciplinary teams to provide more comprehensive treatment services and ensure policies and practices of mental health and physical health are consistent across agencies.

Eating Disorder Collaborative – Problem

Problem #1: Increasing Number of Unique Consumers Diagnosed with an Eating Disorder



Problem #2: Medi-Cal/Medicaid Coverage for Eating Disorders

Treatment Program	Medicare Coverage	Medi-Cal Coverage
General Acute Hospitalization	Yes	Yes
Acute Inpatient Psychiatric	Yes	Yes
Residential Treatment	No	No
Partial Hospital Program (PHP)	Yes	No
Intensive Outpatient Program (IOP)	Yes	No
Full Service Partnership (FSP)	Yes	Yes

Source: SBC-DBH Consumer Records (SIMON), n=166

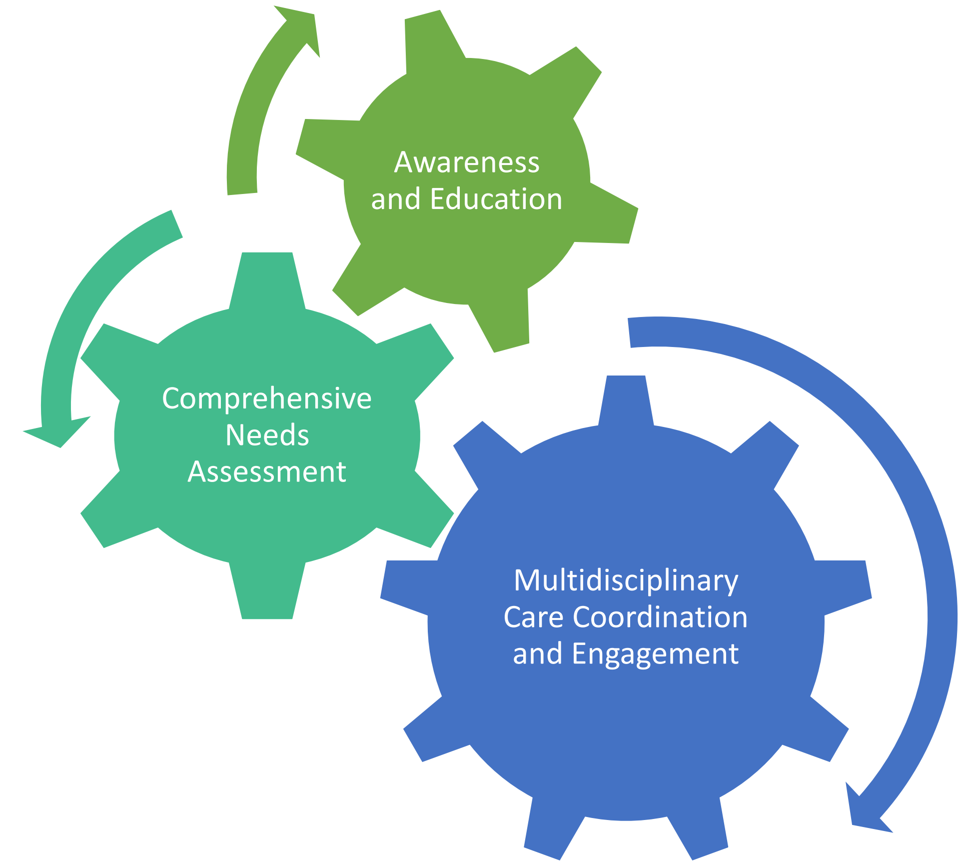
Eating Disorder Collaborative – Addressing the Problem

Three pronged approach to address the problem:

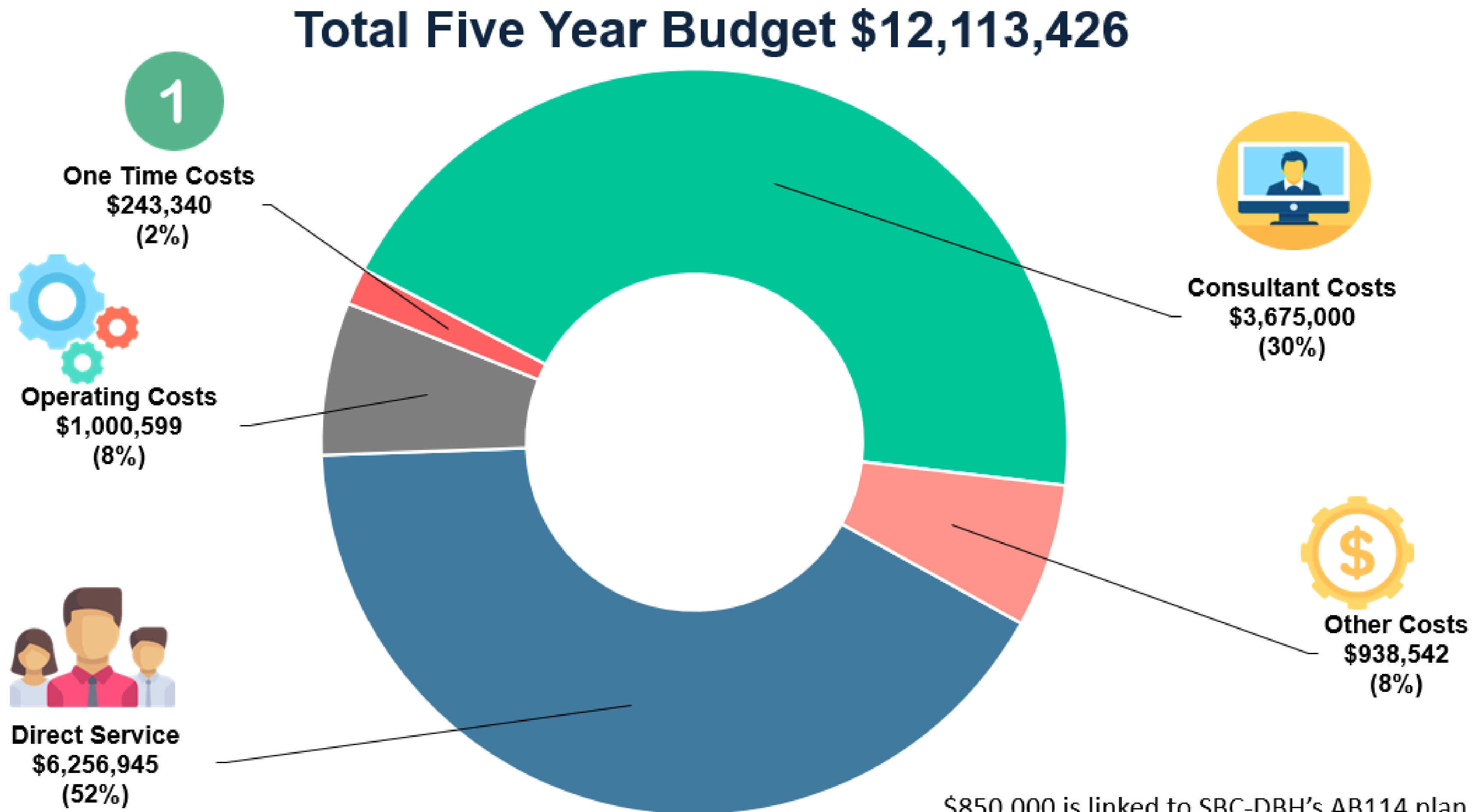
1. Information and training will provide the education for key members in the community to identify EDOs in the vulnerable underserved population.

2. The comprehensive needs assessment will assist providers in determining a level of care that is appropriate medically, but also psychosocially, so that treatment is “doable” and consumers are successful in their recovery.

3. Multidisciplinary teams will enhance care coordination and management that is required between medical interventions and mental health interventions.



Eating Disorder Collaborative – Budget



$850,000 is linked to SBC-DBH's AB114 plan to spend reverted funds

Behavioral Health

Cracked Eggs

A Peer Designed Workshop

San Bernardino County

Cracked Eggs – Primary Purpose

Cracked Eggs meets the primary purpose of increasing access to mental health services to underserved groups by providing additional structured mental health support by peers as well as an opportunity to set goals and the possibility of entering into clinical care for those who are not engaged in clinical care and are using clubhouses as a support.

Cracked Eggs meets the INN criteria of applying a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system by collaborating with Bezerk Productions to incorporate Cracked Eggs into an accessible community setting as well as exploring flexible financial models to promote good working relationships with consumer owned non-profits and community partners.

Cracked Eggs – Problem

DBH's Clubhouse programming provides a wide array of activities in each region of the County that help Clubhouse consumers in making their own choices, reintegrating into the community as a contributing member, and achieving a satisfying and fulfilling life.

This project will provide additional structured mental health support offered by peers as well as an opportunity to set goals and the possibility of entering into clinical care for those who are not engaged in clinical care and are using the clubhouse as a support. This is an opportunity to incorporate a peer designed program that empowers and supports consumers into the SBC-DBH system of care and tests the ability to train peers to duplicate and implement the program in peer settings in each region of the County.

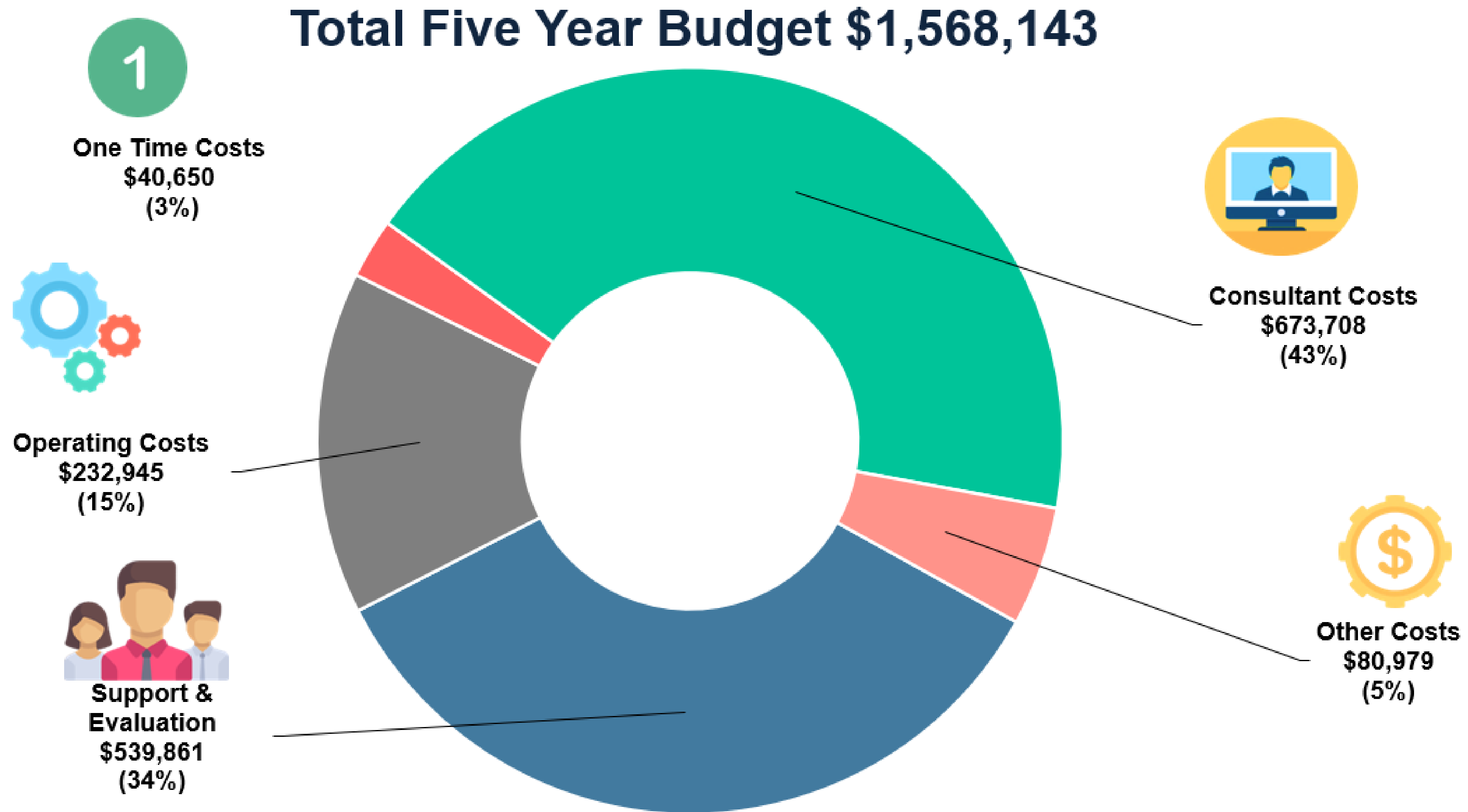
Linda Sibio's Cracked Eggs is a workshop series that is considered a community-driven practice that has been implemented by Bezerk Productions in the art community of Joshua Tree. SBC-DBH is supporting this community driven practice by supporting it in all regions of the county, something Bezerk productions would not be able to implement on their own, as they are a small non-profit agency located in the Morongo Basin.

Cracked Eggs – Addressing the Problem

The intent of this project is to develop services and supports for those individuals who are less engaged or not engaged in clinical services but attend clubhouse events and activities. This peer created workshop series will be utilized to increase access to care for those Clubhouse consumers that are not necessarily consumers of mental health services.

Additionally, this project will allow SBC-DBH to explore different financial structures that could help provide flexibility in billing that is needed by smaller/nonprofit agencies.

Cracked Eggs – Budget



Questions & Discussion

Thank you!

PROPOSED MOTION

The Commission approves San Bernardino County's Innovation Plans as follows:

- Name: Eating Disorder Collaborative
- Amount: Up to $12,113,426 in MHSA INN funds
- Project Length: Five (5) Years

- Name: Cracked Eggs
- Amount: Up to $1,568,143 in MHSA INN funds
- Project Length: Five (5) Years

The Lodge

Researching a Targeted Engagement Approach

Primary Purpose

- **INN Criteria 1**
  Increase access to mental health services to underserved groups
  - To provide a low-barrier, “come as you are” services to initiate the engagement;
  - Focus on meeting basic needs first, versus requiring the individual to be well first;
  - Testing a strategy for engagement individuals who are not currently engaged in the mental health system:
    - *Adult Individuals with severe mental illness/co-occurring, who are homeless or at risk of homelessness, and are in the pre-contemplation stage of change*.

- **INN Criteria 2:**
  Increase access to mental health services, including but not limited to services provided through permanent supportive housing
  - Provide safe and secure temporary lodging to stabilize the situation;
  - Stabilize an individual by addressing their basic needs so they may participate in services (which can include supportive housing and care);
  - Provide individual-driven services provided by peers with lived experience
    - 24/7 Peer Support
    - Use of motivational interviewing
    - “Dignity First” Approach
    - Mental health assessment
    - Match individual to program/services and level of care based on their individual need and input

What are we solving for?

- **Challenges in Fresno County**
  - Growing number of individuals experiencing homelessness
  - Limited number of shelters (many with high barriers to entry)
  - Accessibility for individuals with severe mental illness and/or co-occurring disorders
  - Availability of demographic data for this hard-to-reach population
  - Focus has been on shelter, but strategies have not been developed for effective engagement for those in pre-contemplation stage of change.

Proposed Project

- Testing a strategy for engagement of an underserved, unserved, inappropriately served population, using peer driven approach in conjunction with low barrier lodging and meeting an individual's basic needs first.
- Provide Lodging up to 30 individuals who are homeless/risk of homelessness, serious or on-set of serious mental illness and are in pre-contemplation stage of change
- Stabilize participant's living situation using harm reduction approaches.
- Focus on the individuals basic needs, so they can then be able to consider other options.
- Explore how using trained 24/7 Peer Support in such a milieu applying Motivational Interviewing may be a catalyst for a decision to engage in services.
- Through a Robust Evaluation process try to understand if the approach of come as you are, peer driven engagement, meeting basic needs first and harm-reduction approach were effective in engagement of those in a pre-contemplation stage.

Project Budget

BUDGET TOTALS	FY 20/21	FY 21/22	FY 22/23	TOTAL
Personnel	$ -	$ -	$ -	$ -
Direct Costs - Evaluations	50,000	50,000	50,000	150,000
Indirect Costs	-	-	-	-
Non-recurring costs	-	-	-	-
Other Expenditures - Direct Operations & Contingencies	1,349,333	1,350,333	1,350,334	4,050,000
TOTAL INNOVATION BUDGET	$1,399,333	$1,400,333	$1,400,334	$4,200,000

The County of Fresno
Department of
Behavioral Health

PROPOSED MOTION

The Commission approves Fresno County's Innovation Plan as follows:

Name:	The LODGE: Researching Targeted Engagement Approach
Amount:	Up to $4,200,000 in MHSA INN funds
Project Length:	Three (3) Years

The County of Fresno
Department of Behavioral Health

Project RideWell

Expanding Transportation Access for Wellness and Recovery Activities

The County of Fresno
Department of Behavioral Health

Primary Purpose

- **INN Criterion: Introduce a new practice or approach to the overall mental health system, including, but not limited to prevention and early intervention.**

  To increase access to broader range of mental health and wellness services for underserved groups so to improve their wellness and recovery. Transportation barriers limit many individuals served from being able to fully participate in their own recovery plan and engage in all available activities and services that can improve and support their wellness.

  - Creation of a rideshare system that supports the wellness of individuals served
    - Realtime, efficient transportation
  - Reduce barriers access to wellness activities
    - Wellness centers, support groups, community planning events, library, rec centers, food distribution, pharmacy. Etc.
  - Drivers trained in mental health awareness
    - So to reduce stigma, improve experience and participation by individuals served
  - Target Population:
    - First services phase: individuals living in rural Fresno County (receiving services in Kerman, San Joaquin, Firebaugh, Mendota or Tranquility)
    - Second services phase: expand to include individuals living in the city of Fresno and receiving services at the Urgent Care Wellness Center who are receiving medication only services and have two or more no-shows.

What are we solving for?

- **Challenges in Fresno County**
  - **Access to behavioral health care and wellness activities**
  - **Improving the overall wellness of participants using Reaching Recovery scores for participants**
  - **Increasing opportunities for meaningful peer involvement**
  - **Facilitating access for underserved populations to the range of non-clinical services that current transportation barriers exclude their participation**
  - **Geographical isolation**
    - Fresno County is 6,011 square miles
  - **Limited Access to Transportation**
    - Long rides on public transit, when available limit individual participation
    - Limited public transit in rural areas, restrict participation and access
    - Limited ride share opportunities (not to mention costs)
    - Transportation identified as primary reason no-show for medication appointments

THE COUNTY OF FRESNO
Department of
Behavioral Health

Proposed Project

- **Phase 1**
  - **Develop smart device application**
  - **Developing menu of wellness stops with provider and stakeholders**
  - **Train drivers**
    - Mental Health First Aid, Suicide 101 and/or Question, Persuade, Refer
    - HIPAA
    - Cultural Humility, In Our Own Voices, Wellness and Recovery
    - Class B Commercial license
- **Phase 2**
  - **Roll out transportation services for Kerman rural hub**
  - **Rural mental health providers request rides on behalf of individuals served**
  - **Anticipated number to be served: 200**
- **Phase 3**
  - **Roll out transportation services for Fresno Metro area for adult individuals receiving medication-only service, with two or more no-shows/missed appointments**
  - **Participants may schedule their own rides**
    - Choose from approved locations in the app on their personal devices
    - Orientation to address technology needs
    - Measure improved wellness though Reaching Recovery scores of participants

Project Budget

BUDGET TOTALS	FY 20/21	FY 21/22	FY 22/23	TOTAL
Personnel	$ 25,051	$ 25,552	$ 26,063	$ 76,666
Evaluation	$ 35,000	$ 35,000	$ 35,000	$ 105,000
Other Direct Costs	42,936	43,795	44,671	131,401
Indirect Costs	26,904	27,442	27,991	82,337
Training Stipends	3,000	3,000	3,000	9,000
Communications	4,500	1,500	1,500	7,500
Vendor Operations	249,000	251,898	287,198	788,096
TOTAL INNOVATION BUDGET	$ 386,391	$ 388,187	$ 425,422	$1,200,000

PROPOSED MOTION

The Commission approves Fresno County's Innovation Plan as follows:

Name:	Project Ridewell
Amount:	Up to $1,200,000 in MHSA INN funds
Project Length:	Three (3) Years

THE COUNTY OF FRESNO
Department of Behavioral Health

Handle With Care Plus+

Addressing Trauma Through Rapid Response and Engagement

The County of Fresno
Department of Behavioral Health

Primary Purpose

- **INN Criteria 1: Increase the quality of mental health services, including measured outcomes**
  - Rapid response team links families to behavioral health services
  - Parents and guardians linked to Parent Cafés focused on trauma and resilience
  - Assess impact of early intervention has on student's improved outcomes
- **INN Criteria 2: Increase access to mental health services for underserved groups**
  - Timely responses to children impacted by trauma in low-income high crime neighborhoods
  - Early engagement of parents (through psychoeducation efforts, up to linkage for their own mental health needs)
  - Handle with Care notification with child's school (initiating early intervention services)
- **INN Criteria 3: Making a change to an existing practice in the field of mental health**
  - Using collaboration between agencies to create a rapid response program that engages the entire family after a traumatic event occurs
  - Adding a parent/family engagement to the Handle With Care model to increase their involvement with recovery process

To provide rapid coordinated care for children and families who have experienced trauma or other life changing events, so to mitigate the impact of the trauma on the child and family, and engage the family in the recovery process.

The County of Fresno
Department of
Behavioral Health

What are we solving for?

- **Need for coordination of early intervention in response to childhood trauma.**
- **Challenges in Fresno County**
  - Burgeoning knowledge about the lifelong effects of Adverse Childhood Experiences (ACES);
  - 574.5 Violent Crimes per 100,000 people in Fresno County;
  - 500 to 800 emergency calls per month that involve children exposed to a traumatic event in the City of Fresno alone;
  - Need for real-time care coordination related to childhood trauma or other life changing event;
  - Utilizing child's resilience in the recovery process through familial support;
  - Parent/Caregiver engagement to support child and family.

THE COUNTY OF FRESNO
Department of
Behavioral Health

Proposed Project

- **Multi-agency cross sector collaboration for early intervention to childhood trauma using the Handle with Care Model**
- **Fresno Police Chaplaincy-Resiliency Center**
  - Receives real-time report of traumatic or stressful calls directly from Fresno Police Department
  - Initiates the Handle With Care notice to FCSS
  - Provides Parent Cafés facilitated by parent peer with support from a clinician
- **Fresno County Superintendent of Schools-All4Youth**
  - Staffs the case/disseminates Handle With Care notice to pilot schools
  - Screens and assesses child for trauma or other needs
  - Contacts family to offer services
  - Provides linkage to services
  - Monitors student outcomes over time
- **Both partner agencies**
  - Employ Parent Peers for engage parents and caregivers
  - Provide support to families, based on family preference
  - Collect and share data to measure impact of the rapid response for improving student wellness
  - Explore adaption of Parent Café focused on trauma and resilience as an additional component to Handle With Care

THE COUNTY OF FRESNO
Department of
Behavioral Health

Project Budget

BUDGET TOTALS	FY 20/21	FY 21/22	FY 22/23	TOTAL
Personnel	$ 37,956	$ 38,715	$ 39,489	$ 116,160
Evaluation	50,000	50,000	50,000	150,000
Other Direct Costs	9,700	9,760	9,721	29,181
Indirect Costs	16,207	16,531	16,862	49,600
Vendor Operations	363,277	380,000	380,000	1,123,277
Parent Café	25,000	16,891	16,891	58,782
TOTAL INNOVATION BUDGET	$ 502,140	$ 511,897	$ 512,963	$ 1,527,000

PROPOSED MOTION

The Commission approves Fresno County's Innovation Plan as follows:

Name:	Handle With Care Plus+
Amount:	Up to $1,527,000 in MHSA INN funds
Project Length:	Three (3) Years

The County of Fresno
Department of Behavioral Health

MHSOAC
Mental Health Services
Oversight & Accountability Commission

Innovation Incubator Stage 2 Projects

May 28, 2020

Jim Mayer, Chief of Innovation Incubation

WELLNESS • RECOVERY • RESILIENCE

Innovation Incubator

- $5 million in 2018-19 budget with two years to encumber
- Focused on reducing criminal justice involvement
- Help counties innovate toward better outcomes

February Briefing

- Incubator's role in advancing Commission's strategic plan
- Three multi-county projects
  1. Data-driven Recovery Project
  2. Full Service Partnerships
  3. Psychiatric Advanced Directives
- Previewed future projects

Guidance from February

Commission guidance

- Coordinate with the courts
- Ensure client engagement
- Advance data and analytics
- Assess what’s working

Public guidance

- Ensure authentic consumer voice
- Seek alternatives to law enforcement

Stage 2 Projects

Multi-county collaboratives

1. Data-Driven Recovery Project #2
2. “Crisis Now” System Planning
3. Fiscal Sustainability

Cross-collaborative assessment

4. System Change Planning

Data-Driven Recovery #2

- First cohort has five counties
- At least five more counties are expected:
  - ✓ Urban and rural
  - ✓ Coastal and inland
- Coordinating project with Judicial Council's pretrial pilot counties

Crisis Now Planning

- Expecting five to 10 counties
- Counties assess needs, services, facilities and resources
- Counties develop plans, including joint services with neighbors and a financial sustainability plan
- Intended to inform all MHSA planning, including Innovation funds

Fiscal Sustainability

- Working with Dept. of State Hospitals
- Three counties with significant one-time funds to reduce Incompetent to State Trial caseloads
- Project will assess costs and benefits, improve outcome measurement, strengthen performance improvement, analyze funding options

System Change Project

1. Identify barriers to system change
2. Develop continuous improvement framework & strategy
3. Fortify how Commission advances continuous improvement & innovation
   - ✓ Will involve Innovation Committee, county leaders & stakeholder groups

Proposed Motion

Authorize the Executive Director to enter into four contracts to support three multi-county collaboratives and one system-change project developed by the Commission's Innovation Incubator with an aggregate not to exceed $2,055.000.

Governor’s May 2020 Revise Briefing and the Commission’s final 2019-20 Budget

Norma Pate, Deputy Director, MHSOAC

WELLNESS • RECOVERY • RESILIENCE

Commission Budget Update
Fiscal Year 2019-20

FY 2019-20 Total Budget: $122,337,000	Budgeted (Jan. 2020)	Budgeted (Rev. May 2020)	Expenditures (as of May 2020)	Projected	Uncommitted	
Personnel Services	$6,458,500.00	$6,408,500.00	$4,240,985.92	$1,861,752.59	$305,761.49	
Operations (OE & E)	$2,573,216.00	$2,785,992.92	$937,128.29	$1,695,941.13	$152,923.50	
Information Technology	$955,204.00	$935,629.34	$570,099.18	$365,530.16		
Communications	$353,990.00	$425,490.00	$141,106.88	$284,383.12		
Evaluation	$976,919.00	$994,887.74	$40,120.50	$954,767.24		
Innovation Incubator	$2,500,000.00	$2,500,000.00	$116,055.57	$2,383,944.43		
Stakeholders	$5,415,500.00	$5,415,500.00	$314,335.00	$5,101,165.00		
Triage	$20,000,000.00	$20,000,000.00	$0.00	$20,000,000.00		
Mental Health Student Services Act	$48,830,000.00	$48,830,000.00	$0.00	$48,830,000.00		
Youth Drop-In Centers	$14,589,000.00	$14,589,000.00	$0.00	$14,589,000.00		
Early Psychosis Research and Treatment	$19,452,000.00	$19,452,000.00	$0.00	$19,452,000.00		
Remaining Balance	$232,671.00	$0.00				
Total	**$122,337,000.00**	**$122,337,000.00**	**$6,359,831.34**	**$115,518,483.67**		**$458,684.99**

Local Assistance Update

Competitive Scoring Process Completed for the following:

- Stakeholder organizations representing Consumers, Diverse Communities, Families, LGBTQ communities, Parents, and Veterans – Approved by Commission in February 2020 - **Contracts will be executed by June 30, 2020.**
- Mental Health Student Services - Category 1 – Approved by the Commission in April 2020 – **Pending execution of contracts**
- Youth Drop-In Center grants – Presented to Commission for approval in May 2020 - **Pending execution of contracts**

Local Assistance Update (cont.)

Status of applications for remaining local assistance grants/contracts:

- MHSSA Category 2 applications -
  - due June 12, 2020

- EPI Plus applications –
  - due June 26, 2020

Governor’s May Revise

No changes to the Commission’s Budget as proposed in January 2020.

Governor’s 2020-21 Budget for the Commission includes:

- Operations - $15,876,000
- Local Assistance - $29,156,000
- Total $45,032,000

The Commission will be presented with a proposed expenditure plan in July 2020.

Proposed Motion

- The Commission approves Fiscal Year 2019-20 expenditures.

State of California
Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700 • Sacramento, CA 95814 • 916.445.8696 • mhsoac.ca.gov

2020 Legislative Report to the Commission
As of May 26, 2020

SPONSORED LEGISLATION

Assembly Bill 2112 (Ramos)

Title: Suicide Prevention

Summary: Establishes the Office of Suicide Prevention within the State Department of Public Health, and makes the office responsible for providing strategic guidance to statewide and regional partners regarding best practices on suicide prevention and reporting to the Legislature on progress to reduce rates of suicide. The bill authorizes the office to apply for and use federal grants.

Commission's Position:
Assemblymember Ramos's Staff and the Co-Sponsor of AB 2112, the California Alliance of Child and Family Services Staff presented AB 2112 to the Commission at the February 27, 2020 Commission Meeting. The Commission agreed to Sponsor the bill, if the bill was amended and consistent with the recommendations in the Commission's 2019 report "Striving for Zero".

On May 20, 2020, AB 2112 was amended.

As amended on May 20, 2020 AB 2112 supports the recommendation in the Commission's 2019 report "Striving for Zero" and creates the Office of Suicide Prevention within the Department of Public Health and supports the core recommendations in the report.

Status/Location: Assembly Appropriation Committee.

Co-Sponsors: California Alliance of Child and Family Services

SUPPORTED LEGISLATION

Senate Bill 803 (Beall)

Title: Mental health services: peer support specialist certification.

Summary: Requires the Department of Health Care Services to establish a program for certifying peer support specialists. The bill also requires DHCS to amend its Medicaid state plan and to seek any federal waivers or state plan amendments to implement the certification program.

Commission's Position:
Executive Director Toby Ewing presented SB 803 to the Commission in January 2020, the Commission took a support position on this bill, with direction to staff to update the Commission as this bill evolves.

On March 26, 2020, SB 803 was amended.

As amended, the bill requires the Department of Health Care Services instead of the Department of Consumer Affairs to establish a program for certifying peer support specialists; requires Department of Health Care Services to amend its Medicaid state plan and to seek any federal waivers or state plan amendments to implement the certification program.

Amendments to the bill will also allow the Department of Health Care Services to use Mental Health Services Act funds to develop and administer the peer support specialists program, subject to an express appropriation in the annual Budget Act, and for the purposes of claiming Federal financial participation.

Status/Location: Senate Appropriations Committee Hearing – June 1, 2020.

Senate Bill 854 (Beall)

Title: Health care coverage: substance use disorders.

Summary: Prohibits a mental health plan or insurer from imposing any prior authorization requirements or any step therapy requirements before authorizing coverage for FDA-approved prescriptions. It will also place the FDA-approved medications for treatment of substance use disorders on the lowest cost-sharing tier.

Commission's Position:
Executive Director Toby Ewing presented SB 854 to the Commission in January 2020, the Commission took a support position on this bill, with direction to staff to update the Commission as this bill evolves.

On April 24, 2020, SB 854 was amended.

As amended, the bill modifies existing state and federal laws that are currently in place to ensure Californians struggling with mental illness, including substance use disorders, can receive appropriate treatment when they most need it.

Status/Location: Senate Health Committee.

Senate Bill 855 (Wiener)

Title: Health coverage: mental health or substance abuse disorders.

Summary: The California Mental Health Parity Act requires every health care service plan contract or disability insurance policy issued, amended, or renewed on or after July 1, 2000, that provides hospital, medical, or surgical coverage to provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses of a person of any age, and of serious emotional disturbances of a child under the same terms and conditions applied to other medical conditions, as specified. Existing law requires those benefits to include, among other things, outpatient services, inpatient hospital services, partial hospital services, and prescription drugs, if the plan contract or policy includes coverage for prescription drugs. This bill would revise and recast those provisions, and would instead require a health care service plan contract or disability insurance policy issued, amended, or renewed on or after January 1, 2021, provide coverage for medically necessary treatment of mental health and substance use disorders, as defined, under the same terms and conditions applied to other medical conditions.

Commission's Position:
Executive Director Toby Ewing presented SB 855 to the Commission in January 2020, the Commission took a support position on this bill, with direction to staff to update the Commission as this bill evolves.

On May 19, 2020, SB 855 was amended.

Amendments to Senate Bill 855 strengthens the California Parity Act to require that insurers cover medically necessary treatment for all mental health and substance use disorders, not just emergency care.

As recommended by the Senate Health Committee, the author amendments remove language within the jurisdiction of the Senate Judiciary Committee. Due to the COVID-19 pandemic, the timeline for the 2020 Legislative Session does not allow this bill to be referred and heard by more than one committee.

Status/Location: Senate Appropriations Committee Hearing – June 1, 2020.

TECHNICAL ASSISTANCE

Assembly Bill 2265 (Quirk-Silva)

Title: Mental Health Services Act: use of funds for substance use disorder treatment.

Summary: Authorizes funding from the Mental Health Services Act, to be used to treat a person with cooccurring mental health and substance use disorders when the person would be eligible for treatment of the mental health disorder as state in the MHSA. The bill also authorizes the use of MHSA funds to assess whether a person has cooccurring mental health and substance use disorders and to treat a person who is preliminarily assessed to have cooccurring mental health and substance use disorders, even when the person is later determined not to be eligible for services provided with MHSA funds. The bill would require a person being treated for cooccurring mental health and substance use disorders who is determined to not need the mental health services that are eligible for funding pursuant to the act, to be, as quickly as possible, referred to substance use disorder treatment services.

Commission's Position:
Staff from Assembly Member Quirk-Silva's Office presented AB 2265 to the Commission in January 2020. The Commission directed staff to work with Assembly Member Quirk-Silva to develop her proposal with guidance from Commissioner Danovitch and staff was to gauge interest and start to develop a proposal for the SMART/START initiative and bring the bills back for a future meeting.

On May 20, 2020, SB 855 was amended.

Amendments to AB 2265 are consistent with the direction from the Commission and the Executive Director worked with Commissioner Danovitch to develop the language for the amendments.

Status/Location: Assembly Appropriations Committee.

Assembly Bill 3229 (Wicks)

Title: Maternal mental health

Summary: Would require each county to submit to the Mental Health Services Oversight and Accountability Commission by January 31 of each year a report describing how the county is using moneys allocated to the county from the Mental Health Services Fund to address maternal mental health issues. The bill would require the commission to post on its internet website the reports submitted by the counties. By imposing new duties on the counties, the bill would impose a state-mandated local program.

Commission's Position:
The Commission directed staff to gauge interest and start to develop a proposal for a maternal mental health pilot project, and bring bill back for a future meeting.

Status/Location: Assembly Health Committee.

Fresno County
MHSSA Category 1 – Existing Partnership
Large Population
Total Funding: $6,000,000

Summary

Partnership Entities:

- Fresno County Department of Behavioral Health
- Fresno County Superintendent of Schools
- 32 school districts

In 2016, the Fresno County Department of Behavioral Health and the Fresno County Superintendent of Schools formed the All 4 Youth Partnership, whose mission is to create an integrated system of care that ensures all children in Fresno County have access to behavioral health services to support their social, emotional, and behavioral needs and to promote a positive healthy environment. All 4 Youth works to expand mental health treatment and prevention and early intervention services for youth at school, home, and community locations in Fresno County.

MHSSA funds will be used to expand prevention and early intervention services for youth aged 0-22 throughout Fresno County. The partnership will expand its current model of care to serve more youth with mental illness and their families through a strengths-based, person-centered approach that focuses on prevention and early intervention, and connects youth with needed therapeutic services through the existing All 4 Youth Hubs.

Grant funds will be used for the construction and facilities improvements to develop four new, school-adjacent Wellness Centers in areas of the county with high-need and where the All 4 Youth Partnership has been unable to acquire facility space. Grant funds will also be used to hire 12 staff (Family Partners) over four years. 21 staff will be utilized as “in kind.”

Through the Wellness Centers the Partnership will:

- Provide accessible information and host trainings to increase student, family, school staff, and community knowledge about trauma and mental health
- Provide mental health prevention and intervention services in accessible locations including schools, the community and a home
- Promote mental health for all and reduce stigma around mental health to increase the likelihood of accessing services
- Provide strategies and training for comprehensive self-care for families, students, and school staff, and

- Collaborate with schools and districts to extend the implementation of their *Natural School Mental Health Curriculum: Guidance and Best Practices for States, Districts, and Schools* to families and communities

Humboldt County
MHSSA Category 1 – Existing Partnership
Small Population
Total Funding: $2,500,000

Summary

Partnership Entities:

- Humbodlt County Department of Health and Human Services – Children's Mental Health
- Humboldt County Office of Education
- All 32 school districts in Humboldt County which include all public and charter schools in Humboldt County

The Humboldt Bridges to Success (HBTS) program was established in 2018 and funded with a MHSOAC grant. This program created school-based mental health crisis-triage teams for all five regions of Humboldt County, and created a sixth team that specializes in mental health service for the 0-5 age group, enabling each regional team to provide the services and supports which best meet their community's unique cultural and geographic differences. MHSSA funds will be used to hire additional direct service personnel, fund HBTS program evaluation, and help sustain the project for approximately two additional years. The HBTS program is currently staffed by 17 positions, all of which are direct care staff. Grant funds will be used to increase program staffing by six and increase the supervising mental health clinician and a peer position to full-time.

The primary goal of HBTS is to provide school-based mental health intervention and support to students, in crisis or at risk of crisis. The program increases access to mental health services by providing intervention and services in locations that are easily accessible to students and their families. These staff work alongside other school personnel to:

- Identify students in need of support
- Determine and provide an appropriate, limited duration intervention or interventions
- Determine if the intervention was successful
- If successful, slowly discontinue the intervention and continue to monitor the student, or
- If necessary, assist the student in accessing more intensive, longer term services and supports

The HBTS program works to provide and/or connect students to the following school based services and supports:

- Rapid school based crisis response

- Expedited analysis of student and family needs by the County Children's Mental Health clinician
- School site based/linked coordination of services and care
- Referrals to County and community resources to improve the health of students and their families
- Suicide prevention services
- Drop-out prevention
- Placement assistance and development of a service plan that can be sustained over time for students in need of ongoing service, and
- Outreach to high risk youth, including foster youth, youth with identity as LGBTQ, and youth who have been expelled or suspended

Kern County
MHSSA Category 1 – Existing Partnership
Large Population
Total Funding: $6,000,000

Summary

Partnership Entities:

- Kern County Behavioral Health & Recovery Services
- Kern County Superintendent of Schools
- Five school districts including Bakersfield City, Greenfield Union, Kern County Superintendent of Schools Alternative Education, Kern High, Panama Buena Vista Union

The Kern County Network for Children, established in 1992 by the Kern County Behavioral Health & Recovery Services and the Kern County Superintendent of Schools, developed the Kern Youth Resiliency Partnership (KYRP), to expand school community partnerships in Kern County. KYRP is designed to provide targeted campus-based mental health services that will build resiliency, improve school connectedness and attendance, and increase access to mental health services for the most at-risk youth in Kern County.

MHSSA funds will be utilized to implement a Multi-tiered System of Support mental health approach designed to increase access to mental health services by establishing new mentoring programs, offering school-based after-hours mental health services, and improving the cross-agency continuum of care:

- Tier 1 includes early intervention and monitoring
- Tier 2 includes Americorps Mentoring
- Tier 3 includes dedicated mental health team that will provide services to foster and homeless students

Grant funds will be used to hire qualified mental health teams and provide direct targeted services at five school districts in Kern County. Each mental health team includes a LCSW/LMFT, Case Manager, and Substance Abuse Counselor. 14 staff will be hired in year 1, increasing to 17 in year 4, and include the mental health teams as well as AmeriCorps Mentors. Mental health teams provide the following services:

- Screen foster and homeless youth for ACEs
- Pilot a universal screening tool for all students
- Pilot a screening tool to assess PreK-3rd grade
- Ensure that Check In/Check Out rapid response intervention to support academics, behavior and social and emotional health is implementing with fidelity
- Screen students using a Biopsychosocial Assessment in addition to the PHQ9, GAD 7 and Columbia Suicide Rating Scale

- Provide school-based therapeutic services for youth and families (during school and after-hours)
- Substance abuse counseling and case management services

Peer support is an integral component of the program, and includes cross-age peer-to-peer mentoring as well as AmeriCorps Mentoring for foster and homeless youth.

Mendocino County
MHSSA Category 1 – Existing Partnership
Small Population
Total Funding: $2,500,000

Summary

Partnership Entities:

- Mendocino Health and Human Services Agency, Behavioral Health and Recovery Services
- Mendocino County Office of Education
- Special Education Local Plan Area
- Seven school districts including Anderson Valley, Fort Bragg Unified, Laytonville, Manchester, Potter Valley Community, Ukiah Unified, and Willits Unified
- Three charter schools including Eel River, River Oak and Willits Elementary

The Mendocino County Student Services partnership is led by Mendocino County Behavioral Health and includes the Mendocino County Office of Education, behavioral health service providers, and school districts. The partnership delivers an array of services to students and their families through therapists, counselors, and other case managers working on-site at schools and through services offered in the community by established behavioral health providers in Mendocino County, including the Mendocino County Youth Project, Redwood Community Services, Redwood Quality Management Company, and Tapestry Family Services. MHSSA funds will be used to better bolster and expand existing services to Mendocino County students and their families. This includes linking and strengthening existing mental health services to better meet student's mental health needs, and enhance awareness, prevention and early intervention.

Grant funds will be used to increase program staffing by six and will apply for a Healthy Minds Alliance AmeriCorps to increase capacity to address mental health needs in the community. Service providers support the goals, mission, and vision of the partnership through:

- Outreach and engagement to students and families
- Screening for mental health concerns and assessing student needs and strengths
- Brief treatment and intervention
- Coodinating services and resources outside of the school and help students access necessary community resources and mental health services
- Follow-up with students, families, and community providers
- Crisis intervention
- Providing support and collateral services to teachers in responding to students' mental health concerns
- Identifying needs of family members and providing referrals and linkages to services and community resources

- Providing group mental health services to students

The partnership will focus on increasing training to the community and increasing the capacity of service providers to outreach and link students and families to services, including:

- Preventative, Educational, and Early Intervention
- Community-Based and Outpatient Mental Health Services
- Evidence-Based Practices and Promising Practices
- Short-Term Residential Therapeutic Programs
- Independent living programs, support groups, employment support services, linkage to housing and mental health services, and social and educational activities
- School-based services to youth in Special Education
- Youth Empowerment Camps

Orange County
MHSSA Category 1 – Existing Partnership
Large Population
Total Funding: $6,000,000

Summary

Partnership Entities:

- Orange County Health Care Agency
- Orange County Department of Education
- 29 school districts
- Oxford Preparatory Academy

Since 2010, there has been an existing partnership between the Orange County Department of Education (OCD), which serves as the County Office of Education, and the Orange County Health Care Agency (HCA) Behavioral Health Services (BHS). In addition, there is a service agreement with Santa Ana Unified School District. OCD provides Positive Behavioral Intervention and Supports and Violence Prevention Education Services as a broad range of personalized social development services that are culturally and linguistically appropriate. OCD also provides clinicians and case managers to schools in Santa Ana Unified School District to provide professional development for teachers on mental health issues, to provide school-based individual group and family therapy, and to facilitate student support groups. The HCA BHS administers a full continuum of mental health services including prevention and early intervention services, outpatient treatment, residential treatment, and crisis services.

MHSSA funds will be used to implement an educational-health partnership approach to improve collaboration between the educational and behavioral health systems to provide and coordinate mental health services and linkages, as well as train school staff on mental health topics.

Grant funds will be used to hire seven regional Mental Health Student Services Coordinators to provide and coordinate an array of prevention, education/training, early intervention, and intensive services to help fill existing gaps in connecting students and families to mental health services. The Coordinators will collaborate with school staff and families to facilitate coordination of care and linkages to this continuum of care. Coordinators will provide services, including, but not limited to:

- Provide ongoing coordination of partnerships between HCA BHS, districts, schools, and community providers
- Conduct needs assessments with districts in their region to customize needed services and trainings for students, parents, and school staff

- Develop communication pathways, monitor activities and needs and adjust activities based on evolving district needs surrounding mental health services and trainings
- Identify regional resources and serve as the “regional expert” of mental health services
- Coordinate and/or provide education and training for teachers, students, parents, and families on mental health issues
- Coordinate and support student wellness team members in a regional collaborative
- Provide care coordination to facilitate access to mental health resources and trainings for parents and caregivers of at-risk students, including serving as a liaison with districts to educate parents and students at high risk about mental health resources and trainings, and coordinate partnerships with community agencies
- Facilitate targeted outreach and improved access to services for at-risk students
- Coordinate and provide targeted outreach and linkage to students identified as high risk
- Coordinate and provide intensified outreach and linkage to services for students who are identified as being in crisis
- Provide and coordinate professional development in districts for teachers on mental health topics
- Facilitate and coordinate trainer of trainer opportunities for district and school staff

Placer County
MHSSA Category 1 – Existing Partnership
Medium Population
Total Funding: $4,000,000

Summary

Partnership Entities:

- Placer County Children's System of Care
- Placer County Office of Education
- Special Education Local Plan Area
- Four school districts including Auburn Union, Placer Hills Union, Colfax Elementary, and Placer Union High School

For 31 years, Placer county has had a System of Care structure called the System Management Advocacy Resource Team (SMART), which is focused on the key outcomes for Placer County for children and families to be safe, healthy, at home, in school, and out of trouble. MHSSA funds will be used to broaden Placer County's existing System of Care partnership with school-based programs, increased staff, and expanded access on school campuses to a continuum of services and supports for children and their families, by creating and sustaining a Wellness Center at each of four school sites.

Each Wellness Center will not only be a program, but also a physical space on campus where staff will be co-located. It will be a mental health resource and provider site where students and their families can access prevention, early intervention, intensive, and crisis mental health services and referrals. It is also where school staff can access the program for training, consultation and increased mental health literacy.

Grant funds will be used to hire four Mental Health Specialists and three Family and Youth Community Liaisons to provide services at the Wellness Centers, which will also utilize existing school-based mental health staff, who will be reallocated and trained. In addition to the array of school based mental health services offered by the new Wellness Program, the Wellness staff will:

- Assist students and families with linkage to community-based referrals
- Help families initially access services and support the ongoing use of services
- Provide mental health education to school staff
- Partner with teachers to infuse social emtoional learning and mental health content into their curricula
- Engage parents and families to reduce complicating factors that impact mental wellbeing, such as food and housing insecurity, access to health care, and employment

Staff will also merge into the community for family and student support, including providing trainings for families in places where they live and work, and will blend into the school community providing presentations in classrooms and responding to mental health needs throughout the campus.

San Luis Obispo County
MHSSA Category 1 – Existing Partnership
Medium Population
Total Funding: $3,856,907

Summary

Partnership Entities:

- County of San Luis Obispo Behavioral Health Department
- San Luis Obispo County Office of Education
- Six school districts including Lucia Mar, Paso Robles, San Luis Coastal, San Miguel, Shandon, and Templeton

The County of San Luis Obispo Middle School Comprehensive Partnership was established to build school and community cultures which promote social-emotional development, eliminate stigma, and provide access to care for students with mental health challenges. It established the Middle School Comprehensive Program to build collaborative teams at six of the counties middle schools. While 12 middle schools submitted proposals, funding limits dictated that only six schools could be supported. Currently, MHSA funds support a lead behavioral health specialist, a youth development specialist, and a family advocate on each school's team, and each school provides its counselors, administrators, nurse, and faculty to form a multidisciplinary team to help identify and care for students at the earliest stage of risk.

MHSSA funds will be used to expand this partnership to provide the other six middle schools with the Program. The expanded partnership will build collaborative teams with the goal of increasing access to mental health services, reducing risk, and increasing protective factors.

Grant funds will be used to hire nine staff, including five Behavioral Health staff, and three Family Advocates, who will provide the following services:

- On-campus prevention, screening, early intervention, counseling, and referral
- On-campus youth development activities and engagement, including stigma reduction activities and education
- Mental health assessments and treatments
- Bilingual case management services to families

By expanding the Program to the six new middle school sites, the county will be able to make a significant countywide impact on increasing mental health outcomes, including access to care and protective factors for vulnerable populations, reduced stigma and negative outcomes stemming from social-emotional challenges and school failure.

Solano County
MHSSA Category 1 – Existing Partnership
Medium Population
Total Funding: $4,000,000

Summary

Partnership Entities:

- Solano County Behavioral Health
- Solano County Office of Education
- Six school districts including Benecia, Dixon, Fairfield-Suisun, Travis, Vacaville, and Vallejo City

The Solano County Student Wellness Partnership between Solano County Behavioral Health Division and Local Education Agencies supports the social-emotional wellbeing, learning, and resilience of Solano County's children and youth by providing a full continuum of school-based mental health, and community resources to all K-12 students. This partnership has led to the ongoing development of a growing network of culturally responsive school Wellness Centers across the county in K-12 and adult education sites.

The Student Wellness Partnership project will further enhance the efforts made to address critical gaps in school-based programming by significantly increasing the capacity of educators and school staff to identify and respond to mental health needs, and increasing timely access to mental health services for students at risk of dropping out and/or high-risk youth. It will also significantly improve the crisis response provided to K-12 students in schools in several Solano County school districts.

MHSSA funds will be used to support four full-time and 13 part-time school-based clinical positions, to provide direct school-based mental health and crisis services. School districts will participate in either of two service tracks:

- Track 1: Training and Technical Assistance (six school districts)
    - Trainings will be offered to teachers, classified staff, parents, classes, and student/peers, according to the individual needs of each district
    - Trainings will primarily be offered on local school campuses
- Track 2: Direct Services and Crisis Response (three school districts)
    - Provision of screenings and/or assessments for students who need ongoing mental health services
    - Crisis response, including phone triage, in-person crisis evaluation, crisis intervention and planning
    - Enhanced support groups and wellness/resilience services provided by interns at Wellness Centers

- Pilot implementation of peer model that leveraged parent liaisons to provide support for families impacted by a child/youth experiencing a crisis and/or being at risk of drop-out
- Universal screening of incoming kindergartener's (Dixon only)

Tulare County
MHSSA Category 1 – Existing Partnership
Medium Population
Total Funding: $4,000,000

Summary

Partnership Entities:

- Tulare County Mental Health
- Tulare County Office of Education
- 44 school districts
- Valley Life Charter

The Tulare County Mental Health and Tulare County Office of Education partnership focuses on meeting the mental health needs of students throughout the community. This partnership is in the second year of implementing the School-County Collaboration Triage Grant, which has several key components, including the placement of Triage Social Workers in 48 schools across the county, providing mindfulness training to students, and providing numerous trainings related to supporting youth mental wellness and suicide prevention to schools, families, community members, and mental health professionals. MHSSA funds will be used to expand the current program and includes hiring additional Triage Social Workers to serve additional schools throughout Tulare County.

Grant funds will be used to hire ten staff, including six Triage Social Workers and two Mental Health Clinicians. The Triage Social Workers will become part of the school community and provide services on school campuses, as well as provide services and support to families in their homes and community settings, including:

- Identify families in need of services and supports, including assessment, parenting support, family intervention services, linkage, and referrals to community services
- Teach mindfulness to children and adolescents using the K-12 Mindful Schools Curriculum
- Implement Coping and Support Training to target middle and high school-aged youth to build self-esteem, monitor and set goals, decision making and personal control
- Collaborate with mental health prevention and early intervention programs that serve the region and provide targeted early intervention services

Grant funds will also be used to:

- Support the development of a collaborative system to provide training, support, and assistance to local pediatrician's offices to screen children using the Adverse Childhood Experiences screener

- Form a new partnership with Tulare County Probation and provide a free Triage Social Worker for two days a week to provide social work services to youth who are currently incarcerated or recently released
- Expand the Peer Support Specialists component
- Expand the Mental Wellness Training team

Ventura County
MHSSA Category 1 – Existing Partnership
Large Population
Total Funding: $5,999,930

Summary

Partnership Entities:

- Ventura County Behavioral Health Department
- Ventura County Office of Education
- Five school districts including Fillmore, Moorpark, Oxnard, Santa Paula, and Ventura
- Valley Life Charter

The Ventura County Mental Health Services in Schools Partnership was established in 2012 between the Ventura County Behavioral Health Department (VCBH) and the Ventura County Office of Education. Its mission is to provide service strategies in schools that increase early identification of mental health needs, reduce access barriers, prevent mental health issues from becoming severe and disabling, and facilitate linkages to ongoing and sustained services. The partnership provides mental health and support services for Ventura County's students with special education needs, as well as for additional populations of youth at highest risk of mental health care needs, and has continued to expand services and incorporate a continuum of school-based mental health services by establishing projects in 15 of the county's 20 school districts.

Using MHSSA funds, the Ventura County Wellness Center Program is being established to augment the partnership's mission. The Wellness Centers will be designed to be a "safe haven" for students, including those with mental health needs, to access services in a recovery-focused environment. The Wellness Centers will be located in eight high schools within five school districts. These high schools have the greatest need for services, and have available space to dedicate to the program. The Wellness Centers will reduce access barriers (e.g., transportation, cost, and stigma) and improve mental health and educational outcomes. Services provided through the Wellness Centers will specifically address:

- Suicide prevention
- Drop-out prevention
- Placement assistance and service planning for students in need of ongoing services
- Outreach to high-risk youth

Grant funds will be used to hire staff and contractors including Wellness Coordinators, Wellness Clinicians and Wellness Peers. A Wellness Coordinator will oversee all activities within each Wellness Center, including:

- Provide mental health screenings and counseling
- Provide mental health education and training
- Coordinate early intervention services/short-term counseling
- Support crisis intervention as indicated
- Develop and implement the school-based communications program
- Provide ongoing supervision and program management of Wellness Peers
- Maintain service data to support program evaluation, and
- Arrange brief interventions for alcohol and drug offenses

Wellness Coordinators will refer students with more intensive mental health needs to the Wellness Center's VCBH assigned clinician to provide linkages to care providers and a more complete evaluation and assessment.

TO: Mental Health Services Oversight and Accountability Commission

FROM: Jessica Cruz, CEO, National Alliance on Mental Illness - California

DATE: May 5, 2020

SUBJECT: Proposed Changes to the MHSOAC's Rules of Procedure – Concerns

On behalf of the National Alliance on Mental Illness California (NAMI-CA), I am writing to share our perspective on the Mental Health Services Oversight and Accountability Commission (MHSOAC) January 2020 proposed changes to its "Rules of Procedure."

As you know, NAMI-CA is the statewide affiliate of the country's largest mental health advocacy organization, the National Alliance on Mental Illness. Our 19,000 members and 62 affiliates include many people living with serious mental illnesses, their families, and supporters. NAMI-CA advocates on their behalf, providing education and support to its members and the broader community.

NAMI-CA is concerned that some of the proposed changes to the MHSOAC's Rules of Procedure undermine the Commission's long-held pursuit of the perspectives of people living with serious mental illness and their families. The development of these proposed changes were made without the input of long-standing clients and families and stakeholders. Below you will find an outline of our concerns:

1. **Increasing the Authority of the Executive Director**

    - As outlined on page 9 of the MHSOAC draft of the proposed changes to its Rules of Procedure, the Commission is considering doubling the Executive Director's authority to contract with external organizations. With the consent of the Commission's Chair and Vice Chair, the Executive Director could execute contracts expending up to $750,000.
    - Additionally, the proposed changes would authorize the Executive Director to provide direct advocacy on legislation after consultation with the Commission Chair and Vice Chair.

    NAMI CA opposes increased authority of the Executive Director.

    - While we appreciate the pragmatism of empowering an Executive Director to make financial decisions necessary for the day-to-day operations of an organization, it is unclear *why* it is necessary at this time to double the Executive Director's authority to make large financial commitments on behalf of the Commission after only consulting with the Chair and Vice Chair.
    - NAMI California is aware of the MHSOAC's ongoing commitment to and organizational vision that the voice of the public – including individuals with lived experience and their family members — be considered when the MHSOAC makes decisions about its use of taxpayer revenues provided from the Mental Health

Services Fund. Therefore, we suggest that the Commission uphold its value of engaging consumers and family members in its decision utilizing such a large amount of taxpayer funds.

- It is unclear from the material shared by the Commission during their presentation of the proposed changes whether or how the proposed increase of Executive Director authority for expenditure of funds and legislative advocacy reflect the rules staff indicate they reviewed from other boards and commissions in California.
- The Commission and its Executive Director should be driven by the stakeholders it represents. Allowing the Executive Director authority to advocate on legislation without prior vetting by stakeholders lacks the value of transparency that the Commission holds as a top priority.

2. **New Mission of the Commission:** NAMI California is alarmed that the Commission would consider deleting collaboration with clients, their family members, and underserved communities from your mission statement:

   - Current Mission Statement: *"The MHSOAC provides the vision and leadership, in collaboration with clients, their family members and underserved communities, to ensure an enhanced continuum of care for individuals at risk for and living with serious mental illness and their families by holding public systems accountable and by providing oversight, eliminating disparities, promoting mental wellness, supporting recovery and resiliency resulting in positive outcomes in California's community based mental health system."*
   - Proposed Mission Statement: *"The Mental Health Services Oversight and Accountability Commission works through partnerships to catalyze transformational change across systems and ensure everyone who needs mental health care has access to and receives effective and culturally competent care."*

   NAMI CA opposes the changes to the mission, eliminating the specific mention of clients and family members.

   - The Mental Health Services Act is client and family driven. The Commission should uphold this value of the Act and *never* alienate the individuals that it serves.

3. **Committee Structure:** NAMI California is concerned that the following proposed changes to the Commission's committee structure and composition (Rule 6.1 Committee Structure) will also have the effect of reducing public participation and transparency:

   - Proposed changes would simply *authorize* the Commission – rather than require – to establish standing committees. Committees provide guidance, review materials, and make recommendations to the Commission. We are concerned that this change will reduce opportunities for stakeholders (including clients and family members with lived experience) to provide timely input to the Commission staff and members. Committees play an important function to any board or commission, and participants are able to lend important expertise in a more rich and meaningful way than what is usually afforded during "public comment" periods at formal commission meetings.
   - Proposed changes to the membership of committees removes an explicit

requirement to include two each of consumers, family members, and members of underserved ethnic and cultural communities. Additionally, the proposed language requires emphasizes "needed expertise" and requires that any consumer, family member, or member of underserved ethnic and cultural committees bring "needed" (read: subject matter) expertise. This devalues the expertise and contributions that can be made from people with lived experience who may not possess formal education, training, or degrees in the behavioral health field. Again, "client and family driven" is a hallmark value of the Mental Health Services Act. These proposed changes are counterintuitive to that value.

- Proposed changes to the term of committee members would reduce from a two-year term to a one-year term. Since the Commission's committees have tended to meet infrequently, giving committee members one year to serve will mean they have less time to become grounded in the work, provide input, and contribute meaningfully to tasks and projects.

NAMI CA opposes the elimination of the Committees.

- These Committees provides the Commission with a bridge to the populations they serve. Eliminating these Committees will silence of the voices of the communities the Act serves.

The proposed changes to the Rules of Procedure directly contradict the core values of the Commission to uphold the Act by providing transparency, leading decisions based on stakeholder input, including hearing from those impacted most severely by mental illness (clients and families). Eliminating the voices of the community and consolidating the power of decisions within the Commission and MHSOAC staff falls outside of the purpose of the Act.

<u>NAMI-CA urges the MHSOAC to reject the proposal to increase the authority of its Executive Director, Chair, and Vice Chair to consult only with one another when making decisions about projects of up to $750,000, to advocate in the legislature without any opportunity for public consideration and comment, and to modify the Commission's mission and committee structure in ways that undermine public participation.</u>

We look forward to a robust stakeholder convening to discuss these changes. Please feel free to contact me with any questions you may have. I can be reached at 916-567-0163.

Respectfully,

Jessica Cruz, MPA/HS
CEO
NAMI California

May 12, 2020

Dr. Mark Ghaly
Secretary
California Health and Human Services Agency
1600 Ninth Street, Room 460
Sacramento, CA 95814

Dr. Bradley P. Gilbert
Director
California Department of Health Care Services
1501 Capitol Avenue
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Toby Ewing
Executive Director
Mental Health Services Oversight and
Accountability Commission

Toni Atkins
President pro Tempore
California State Senate
State Capitol, Room 205
Sacramento, CA 95814

Anthony Rendon
Speaker
California State Assembly
State Capitol, Room 219
Sacramento, CA 95814

Holly Mitchell
Chair, Senate Budget and Fiscal Review
California State Senate
State Capitol, Room 5019
Sacramento, CA 95814

1325 J Street, Suite 1700
Sacramento, CA 95814

Phil Ting
Chair, Budget Committee
California State Assembly
State Capitol, Room 6026
Sacramento, CA 95814

Re: Coalition Request for Flexibility with Mental Health Service Act Requirements to Address COVID-19 Public Health Crisis

Dear Secretary Ghaly, Director Gilbert, Director Ewing, President pro Tem Atkins, Speaker Rendon, Chair Mitchell and Chair Ting:

In the weeks following the COVID-19 pandemic, many of the undersigned organizations weighed in with varying proposals for ways to modify the Mental Health Services Act (MHSA) to address the needs of public behavioral health clients and communities during this public health emergency. Following broad stakeholder engagement, the undersigned organizations have agreed to offer the following recommendations for temporary changes to the MHSA rules and requirements as consensus recommendations provided for consideration as part of executive and legislative action. We believe these recommendations balance the counties' need for immediate flexibility and the clients' and communities' needs for consumer input, transparency, and accountability. These are necessary actions in the immediate time frame to ensure vital mental health services reach those most in need during the pandemic.

With an unprecedented and evolving public health crisis continuing to unfold, the need for behavioral health services is growing. Recently the Kaiser Family Foundation reported:

- Recent data showing that a significantly higher portion of people who were sheltering in place (47%) reported negative mental health effects resulting from worry or stress related to coronavirus, including 21% who reported a major negative impact on their mental health.
- Negative mental health effects due to social isolation may be particularly pronounced among older adults and households with adolescents, as these groups are already at risk for depression or suicidal ideation.
- Fifty-four percent of those who recently lost income or employment reported negative mental health impacts from worry or stress over coronavirus, including 26% who reported major negative impacts on their mental health.

The pandemic has also caused innumerable obstacles for counties to secure and expend MHSA funds. The MHSA is the second largest source of funding for the public behavioral health delivery system after federal financial participation, and along with federal match leveraged with MHSA funds, represents one out of every five dollars spent by counties in Medi-Cal. Currently, the MHSA leverages close to one billion dollars in funding for Medi-Cal. Given the significance of MHSA funds within Medi-Cal and more broadly to fund those services not funded by Medicaid, such as prevention services and the "whatever it takes" approaches to addressing serious mental illness, these recommendations are crucial to the state's response to Californians' mental health needs during and after the pandemic.

The undersigned coalition represents counties, consumers, family members/caregivers, community-based organizations, providers, advocates, and other key behavioral health stakeholders that should be part of any MHSA decision-making. In outlining coalition proposals on MHSA flexibility, the undersigned coalition ensured the attached overarching guiding principles served to guide these recommendations. These guiding principles include:

- The MHSA must continue to be guided by the MHSA General Standards (Community Collaboration; Cultural Competence; Client Driven; Family Driven; Wellness, Recovery, and Resilience Focused and Integrated Service Experience) 9 CCR § 3320.
- Services must continue to be driven by clients, family members, and those with lived experience; and the unserved, underserved, and hard to reach populations must remain a focus.
- Local control and fund allocation are crucial to ensure programs and services are designed to meet the needs of the unique and diverse populations across the state.
- California must support a public mental health system that does not require people to deteriorate before receiving services.
- The MHSA must retain the voluntary nature of services that the Act is based upon.
- The local Community Planning Process is a foundation of the MHSA and must remain a key foundation of service planning and delivery.
- Reducing disparities must remain a priority.

With these guiding principles in mind, the undersigned organizations urgently request collaboration to implement the orders, statutory and regulatory changes necessary to ensure we can leverage MHSA funds to more appropriately respond to the challenges associated with COVID-19:

- **Flexibility in Accessing Prudent Reserves:** The Department of Health Care Services (DHCS) has informed stakeholders that they intend to finalize proposed revised financial regulations released in February 2020. Under the proposed regulations, counties can spend down prudent reserves only if: DHCS determines revenues for the Mental Health Services Fund (MHSF) are below the average of the five (5) previous fiscal years; or a county's projected allocation of funds for the Community Services and Support (CSS) Account is not sufficient to continue to serve the same number of individuals in CSS, as specified. The county's projected allocation for the CSS Account must be based on projected revenues in the Governor's Budget.

  The hurdles a county must circumvent to access prudent reserves are highly problematic under the current circumstances when county MHSA monthly distributions are projected to plummet in the current fiscal year due to the economic downturn and the deferral of the tax filing deadline. Although some of this revenue will be reinstated in the next fiscal year, the impact of the economic downturn will result in a projected 25% reduction in MHSA revenue, which will be compounded by the loss in federal matching funds leveraged using MHSA funds.

  - *The coalition requests broad flexibility to allow immediate access to prudent reserves if monthly distributions are significantly below anticipated levels. Counties would be authorized to access prudent reserves if MHSA monthly distribution levels decrease by 7.5% or more.*

- **Flexibility to Move Funds Within Components and Between Components, With Limitations:** In the upcoming months, counties and local stakeholders participating in the MHSA Community Program Planning Process and Local Review Process will need to make difficult financing and programmatic decisions. These choices are still more difficult because of the rigidity in MHSA funding distributions for different MHSA components. MHSA dictates funding levels for each component including:

  1. Community Services and Supports (CSS) - 76% of Revenue
  2. Prevention and Early Intervention (PEI) - 19% of Revenue
  3. Innovation (INN) - 5% of Revenue

  (These distributions take into account the MHSA funds allocated for state administration and oversight.)

Additionally, *within* many of the components existing funding mandates limit flexibility in responding to the expected economic crisis and maintaining core services for those most in need. For example, the MHSA places limits or a cap on the amount of CSS funding that can be used for capital and workforce components – both which are vital in addressing community needs during the pandemic.

Unless counties and local MHSA stakeholders are granted the flexibility to make funding decisions which align with the significant changes in service delivery and overall funding needs, as MHSA funds decline, counties and local MHSA stakeholders will be forced to make unreasonable funding decisions. MHSA local plans, for example, may be required to expend MHSA funding to implement a new Innovation program, while at the same time, reducing services for existing CSS clients with serious mental illness or existing effective PEI programs; or counties may be unable to address critical workforce or capital needs directly related to the aftermath of COVID-19 response because diminishing CSS funds are unavailable.

- *The coalition requests flexibility for distributing MHSA funds within components and service categories funded by CSS to meet local needs in response to COVID-19. (See WIC § 5892(b)(1); 9 CCR § 3615.) Distributing MHSA funds within components and service categories funded by CSS will continue to be made in accordance with the MHSA's Community Program Planning Process and Local Review Process, as outlined by statute and regulation.*

- *The coalition requests flexibility for distributing MHSA funds within program categories funded by PEI to meet local needs in response to COVID-19. (See 9 CCR § 3706.) Distributing MHSA funds within PEI program categories will continue to be made in accordance with the MHSA's Community Program Planning Process and Local Review Process, as outlined by statute and regulation, and described in greater detail below.*

- *The coalition also requests flexibility in using unallocated INN funds to maintain CSS and PEI services as MHSA funds decrease. Furthermore, the coalition requests the ability to use funds subject to reversion at the end of the current fiscal year to fund gaps caused by the decline in MHSA funds. The use of INN funds to support existing CSS and PEI services and the use of retained funds that were subject to reversion will be made in accordance with local stakeholder engagement and approval processes, as outlined by statute and regulation.*

- *For those counties that decide to retain INN funds in the INN component, the coalition further requests the adoption of a simplified and expedited process for review and approval of new INN plans for programs specifically designed to improve or enhance direct response to the COVID-19 crisis and its impacts.*

- *PEI funds are used to serve California's traditionally unserved, underserved, and inappropriately served client populations in an effort to help prevent behavioral health conditions from developing and to address any emerging behavioral health issues at the earliest onset of the condition. Based on the importance of the PEI component, the coalition does not support diverting PEI resources to fund another component of the MHSA.*

- *The authority to move funds within and between components, as narrowly described above, and all other requested flexibilities described above, should be temporary and end no later than 6 months after the Governor lifts the declared state of emergency enacted on March 4, 2020, in response to the spread of COVID-19.*

- **Request to Extend Three-Year Plans, Updates, and Submissions of RERs:** Under the MHSA, counties must develop Three-Year Plans and Annual Updates with significant stakeholder

engagement. In addition to developing these plans and updates with community members, such as those with lived experience, family members, and parents/caretakers, mental health boards and commissions conduct public hearings to review Three-Year Plans and County Boards of Supervisors approve plans. Counties were in the process of finalizing Three-Year Plans, including securing the necessary approvals and reviews when California declared a state of emergency. Because of necessary public health initiatives, including social distancing and stay at home orders, many counties are now unable to comply with all the requirements for a timely submission of their Three-Year Plan. Currently, many mental health boards and commissions are meeting, but some have been unable to secure quorum necessary to take official action. The current urgent circumstances have many County Boards of Supervisors unable to address any local issues beyond urgent COVID-19 responses. Without an approved Three-Year Plan, complying with other requirements, such as timely submission of Updates and other reports, are also impacted.

- *Now more than ever, counties must continue to provide opportunities for community involvement to inform local priorities during the current pandemic and beyond. To ensure the ongoing and robust Community Program Planning (CPP) Process required by statute and regulations, the coalition requests that counties ensure they are allocating up to 5% of annual MHSA revenues to fund emergency COVID-19 planning, and all MHSA planning moving forward. (See WIC § 5892(c); 9 CCR § 3300.) Counties are encouraged to continue online/virtual meetings for local stakeholders, including broadcast of accessible meetings and hearings, and implement innovative methods to meaningfully include clients and other stakeholders in all MHSA planning, as required by statute and regulations.*

- *For those county behavioral health agencies unable to comply with timely submission of a Three-Year Plan because of COVID-19 related circumstances outside of their direct control, the coalition requests that these counties be allowed to continue following existing Three-Year Plans until these counties can finalize the Local Review Process required by statute and regulations. (See WIC § 5848; 9 CCR § 3315.) County behavioral health directors must certify to DHCS the COVID-19 related reason they were unable to complete the Local Review Process in a timely manner and certify that the Three-Year Plan will be submitted as soon as the Local Review Process can be completed, but no later than 6 months after the Governor has lifted the declared state of emergency enacted on March 4, 2020.*

- *Because many Three-Year Plans were drafted prior to the current public health emergency, some Three-Year Plans are insufficiently responsive to the changed circumstances and must be drastically revised. Any redraft of a Three-Year Plan must comply with the CPP and Local Review Processes, as outlined in statute and regulations. The coalition requests that counties be allowed to redraft Three-Year Plans. These counties must certify to DHCS the COVID-19 related reasons for drastically revising the Plan. To ensure sufficient time to complete the CPP and Local Review Processes, the coalition requests that these counties have until July 1, 2021 to submit new Three-Year Plans that comply with the CPP and Local Review Processes.*

- *The coalition also requests extended deadlines for submissions of MHSA-related reports that must be submitted to the state pursuant to existing statute and regulations. (See 9 CCR §§ 3500 – 3580.020.) The timeliness of these reports to the state are impacted by the inability to secure an approved Three-Year plan or by staffing limitations associated with COVID-19 response.*

- *Furthermore, the coalition requests assurances that counties will not face penalties, including adverse findings on program reviews/audits or the withholding of MHSA funds, for the inability to comply with the above described MHSA timely submission requirements so long as delays are attributable to circumstances related to COVID-19, as certified by the county behavioral health director.*

- **Flexibility with Deadlines:** Multiple MHSA deadlines related to funds subject to reversion are converging at the exact time the economic downturn due to COVID-19 has begun impacting MHSA. Counties are required to expend Assembly Bill (AB) 114 (Chapter 38, Statutes of 2017) reverted funds by July 1, 2020 and based on guidance issued in March 2019, counties are required to transfer any funds in excess of prudent reserve levels by June 30, 2020. In addition, some MHSA funds that counties planned to expend before the end of the fiscal year because these funds are subject to reversion cannot move forward due to COVID-19 related challenges. Counties have been diligently working to meet these deadlines, but COVID-19 has impacted this situation in multiple ways. Many counties intended to comply with deadlines through changes in existing plans or in newly developed Three-Year Plans but have been stymied by the inability to complete the local review process, as discussed above. Other counties cannot finalize bids and other processes because of statewide stay at home orders. Many of the mandated approval and programmatic processes are not available at this time and will take time to reschedule once the current state of emergency is lifted.

  - *Because COVID-19 prevents counties from completing the mandated approval and programmatic processes to meet these deadlines, the coalition requests the state extend the deadlines on funds subject to reversion at the end of this fiscal year. These funds should not be subject to reversion until 6 months after the Governor lifts the declared state of emergency and then, only if counties have not complied with guidance to expend these funds.*

The coalition supports DHCS suspending MHSA audits and desk reviews for those counties requesting delays because they are unable to gather the information associated with MHSA audits while stay at home orders and shelter in place mandates pervade. Audits have a critical accountability function and as such, the suspension of MHSA audits and desk reviews should be temporary and should once again begin no later than 6 months after the Governor lifts the declared state of emergency enacted on March 4, 2020.

In addition to the above requested MHSA flexibilities and in alignment with the attached guiding principles, the undersigned coalition reiterate our firm belief that any changes contemplated for the MHSA should include meaningful input from diverse groups of individuals with lived experience and all potentially affected client, provider and county stakeholder groups. Contemplated MHSA changes should also affirm the following:

- **The MHSA Must Retain its Existing General Standards as the Foundation of All Programs and Services.** The MHSA requires counties to adopt six specific General Standards in planning, implementing, and evaluating the programs and/or services funded by the MHSA. These Standards include: (1) Community Collaboration; (2) Cultural Competence; (3) Client-Driven and (4) Family-Driven services; (5) Wellness, Recovery, and Resilience Focused services; and (6) Integrated Service Experiences. (9 CCR § 3320.) These fundamental principles reflect the intent and purpose of the Act and articulate its mission to end "business as usual." The coalition is adamant that these General Standards, along with the Act's existing CPP and Local Review Processes, must be maintained. (See 9 CCR §§ 3300, 3315.)

- **The MHSA Must Retain its Support for Peer Support Services.** Regulations describing general requirements for Community Services and Supports require the incorporation of the General Standards described above for services funded through the CSS component. Regulations further require CSS programming to include peer support and family education services that provide equal opportunities for peers who share the diverse racial/ethnic, cultural, and linguistic characteristics of the individuals/clients served. (WIC § 5813.5(d); 9 CCR § 3610(b).) The coalition maintains that any modifications to the MHSA must protect or strengthen the role of peers in the delivery of such services.

- **The MHSA Must Retain its Provisions for Program Flexibility.** The MHSA permits counties to use funding for alternative practices, programs/services, procedures, and/or demonstration projects, so long as such alternatives meet the intent of the Act and its applicable regulations. (9 CCR § 3360.) The flexibility to implement alternative programs (such as community- and culturally-defined practices) is especially important during fiscal crises. The coalition strongly supports maintaining maximum MHSA program flexibility in any changes to the Act.

- **The MHSA Must Retain the Voluntary Nature of Services that the Act is Based Upon:** Services funded by the MHSA must be consistent with the Recovery Vision for mental health consumers, including to promote concepts key to the recovery for individuals such as hope, personal empowerment, respect, social connections, self-responsibility, and self-determination. (WIC § 3815.5(d).) The Recovery Vision is inconsistent with involuntary treatment for behavioral health conditions and as such, the MHSA by-in-large funds voluntary community-based services. Counties can pay for short-term acute inpatient treatment for clients in Full Service Partnerships but are prohibited from using MHSA funds for long-term hospital and/or long-term institutional care. (9 CCR § 3620.) The coalition strongly supports the limitations imposed by existing law on using MHSA funds for involuntary treatment and we are opposed to any expansion on using MHSA funds for involuntary treatment.

We urge the Administration and the Legislature to refrain from sweeping, long-term changes in the MHSA during this crisis. The focus must remain on the crisis and how MHSA funds can be used to support those with existing and emerging behavioral health conditions. Any future efforts to change the MHSA must ensure the opportunity for meaningful stakeholder involvement and significant deliberation required to understand the lasting impact of any permanent changes on affected communities. In the immediate, we respectfully request your consideration and swift action to effectuate the proposed temporary changes outlined here as they will ensure communities are able to support the mental health and wellness of all Californians through more effectively using MHSA funding during the pandemic.

Respectfully,

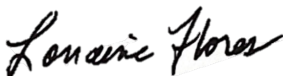
Michelle Doty Cabrera
Executive Director
County Behavioral Health Directors Association

Susan Gallagher
Executive Director
Cal Voices

Christine Stoner-Mertz, LCSW
CEO
California Alliance of Child and Family Services

Sally Zinman
Executive Director
California Association of Mental Health Peer Run Organizations

Betty Dahlquist
Executive Director
California Association of Social Rehabilitation Agencies



Lorraine Flores
Council Chair
California Behavioral Health Planning Council

Le Ondra Clark Harvey, Ph.D.
Director of Policy and Legislative Affairs
California Council of Community Behavioral Health Agencies

Beth Malinowski, MPH
Director of Government Affairs
CaliforniaHealth+ Advocates

Linda Tenerowicz
Senior Policy Advocate
California Pan-Ethnic Health Network

Farrah McDaid-Ting
Legislative Representative
California State Association of Counties

Randall Hagar
Legislative Advocate
California Psychiatric Association

Andy Imparato
Executive Director
Disability Rights California

Heidi L. Strunk
President & CEO
Mental Health America of California

Jessica Cruz
Chief Executive Officer
National Alliance on Mental Illness – California

Poshi Walker, MSW
Project Co-Director
#Out4MentalHealth

Julian Plumadore
Interim Executive Director
Peers Envisioning and Engaging in Recovery Services (PEERS)

Stacie Hiramoto, MSW
Executive Director
Racial and Ethnic Mental Health Disparities Coalition

Mary June G. Diaz
Government Affairs Advocate
SEIU California State Council

Faith Richie
Senior VP for Development
Telecare Corporation

Lori Litel
Executive Director
United Parents

CC: Dr. Kelly Pfeifer, Deputy Director, Behavioral Health, DHCS
Marlies Perez, Chief, Community Services Division, DHCS
John Connolly, Deputy Secretary, California Health and Human Services Agency
Richard Figueroa Jr., Office of Governor Newsom
Tam Ma, Office of Governor Newsom
Marjorie Swartz, Principal Consultant, Office of Senate pro Tem Atkins
Scott Ogus, Consultant, Senate Budget and Fiscal Review Committee
Agnes Lee, Policy Consultant, Speaker's Office of Policy
Andrea Margolis, Consultant, Assembly Committee on Budget
Reyes Diaz, Senate Committee on Health
Judy Babcock, Assembly Committee on Health

Dear Chairwoman Ashbeck and Commissioners,

As Executive Director of Honor for ALL I wish to submit a request during the upcoming Public Convening on Workplace Mental Health on May 27 asking that the Mental Health Services Oversight and Accountability Commission formally adopt and submit a GOAR to Governor Newsom requesting him to issue a proclamation designating June 27 as Post-traumatic Stress Injury Awareness Day California.

We ask that the Proclamation include the following language:

Whereas all citizens deserve the investment of every possible resource to ensure their lasting physical, mental, and emotional well-being;

Whereas all citizens living with mental health needs from post-traumatic stress deserve our compassion and consideration;

Whereas the brave men and women who risk their lives to protect our freedom, health, and welfare deserve our special recognition of their gallantry, fidelity, and sacrifice;

Whereas post-traumatic stress can result from any number of stressors to include combat, rape, sexual assault, battery, torture, confinement, child abuse, car accidents, train wrecks, plane crashes, bombings, or natural disasters;

Whereas indirect exposure to others' pain and injury can cause post-traumatic stress and increased capability for self-injury and suicide among groups such as veterans, physicians, nurses, and first responders;

Whereas, it has been shown though electro-magnetic imaging that severe post-traumatic stress causes physical changes within the brain which are more accurately described as an injury than a disorder;

Whereas referring to post-traumatic stress as a disorder can disparage the injured and discourage them from seeking proper and timely care;

Whereas increased understanding of post-traumatic stress can help eliminate the stigma attached to this mental health issue; and

Whereas timely and appropriate treatment of post-traumatic stress responses can diminish complications and avert suicides.

Now, therefore, Be It Resolved that I, Gavin Newsom, Governor of California do hereby proclaim June 27, 2020 Post-Traumatic Stress Injury Awareness Day and encourage all Californians to join me in this worthy observance.

Honor for ALL was founded in 2010 to promote increased awareness of the signature wounds of the Iraq and Afghanistan wars, Post-traumatic Stress and Traumatic Brain Injury. Although initially formed as a veterans organization, our concern has grown to include all those among us living with the mental health needs generated by these wounds. Our goal is to improve behavioral health and reduce risk through the use of non-stigmatizing language.

The diagnostic term Post-traumatic Stress Disorder (PTSD) was crafted in 1980 by the American Psychiatric Association to commonly describe and categorize the psychological aftermath of combat stress on Vietnam veterans. Since that time, as a result of intensive research and significant advancements in electro-magnetic imaging, it has been shown that severe post-traumatic stress, combat or otherwise, can cause physical, but not irreversible, changes within the brain which more accurately describe an injury than a disorder. To continue to refer to this injury as a disorder adds to the adversity of the wound, discouraging some from seeking care and others from caring - a deplorable, yet avoidable, consequence which can lead to personally dangerous behavior and death.

Based on Governor Newsom's progressive and compassionate public statements, we believe he is open to new strategies to raise awareness and reduce the stigma associated with post-traumatic stress. This includes improving how post-traumatic stress is defined, reported, and discussed in public. Specifically, we need to recognize that post-traumatic stress is a common injury that is honorable and treatable.

Thank you for your consideration,

Thomas Mahany

____

Executive Director

Honor for ALL

JUNE 27th

POST-TRAUMATIC STRESS INJURY

AWARENESS DAY