



WELLNESS • RECOVERY • RESILIENCE



Mental Health Services
Oversight & Accountability Commission

Commission Teleconference Meeting May 27, 2021 PowerPoint Presentations and Handouts

- Agenda Item 2:**
- **PowerPoint:** Ventura County Innovations: Mobile Mental Health
 - **Handout:** Letter of Support
- Agenda Item 4:**
- **PowerPoint:** Proposed MHSA Innovation Project #15: Community Mobile Response Program
 - **Handout:** Letters of Support
- Agenda Item 5:**
- **PowerPoint:** County of Marin Innovation Proposal: From Housing to Healing – A Re-Entry Community for Women
- Agenda Item 6:**
- **Handout:** Highlights of Governor's May Revisions for 2021-22



VENTURA COUNTY
BEHAVIORAL HEALTH
A Department of Ventura County Healthcare Agency

May 27, 2021

VENTURA COUNTY INNOVATIONS: Mobile Mental Health

Hilary Carson, MSW
Innovations Administrator

Mobile Mental Health

Program Goal: To provide flexible and culturally adept mobile mental health and physical prevention health services specially targeted for underserved communities of Ventura County.

Time Limited: 4 Years

Primary Purpose: To increase access to mental health services for underserved groups.

Community Planning Process: Community wide solicitation of ideas;

- ❖ 28 submissions from the community
- ❖ Priorities for the submissions were pulled from the 2019 Community Mental Health Needs Assessment (CMHNA) and statewide disparities recommendations
- ❖ MHSA Planning Committee voted to recommend 7 programs

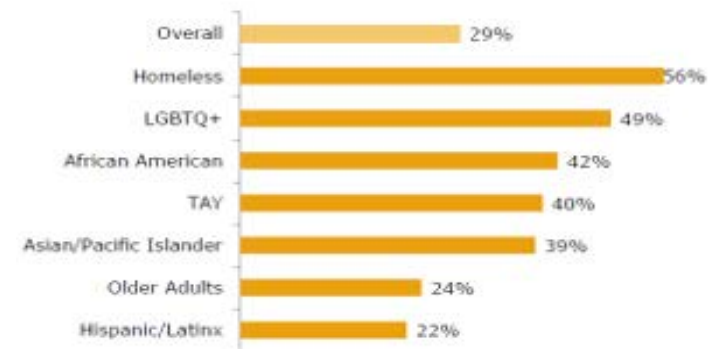
Result: Mobile Mental Health had the most votes of any of the other submissions.

Adaptable Mental Health

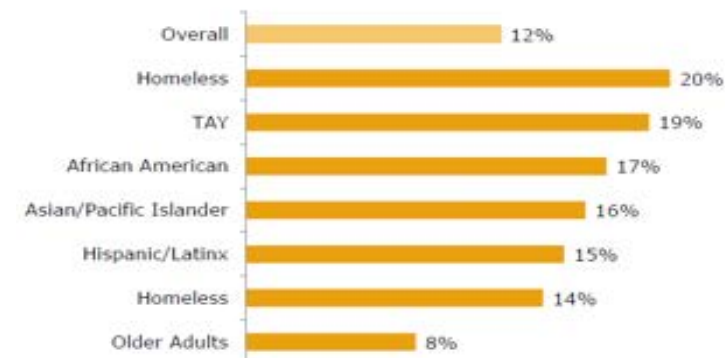
- ❖ Chief findings from CMHNA focused on the importance of enhanced services:
 - ❖ Individuals experiencing homelessness and living with mental illness
 - ❖ Access to culturally responsive mental health services
 - ❖ Access in general to mental health services
- ❖ Alternately but not independently, a need for an augmentation of our crisis team services has been identified.
 - ❖ Community stakeholders have identified the need for an improved response for Crisis calls that do not meet the threshold for crisis intervention however do meet the need for a field based urgent intervention or who are about to be released from the ER.

POSITIVE RESPONSES TO PAST SUICIDAL IDEATION OR ATTEMPT AND RESPONDING "NO" TO RECEIVING CULTURALLY APPROPRIATE SERVICES WERE HIGHEST AMONG INDIVIDUALS WHO IDENTIFIED THEY WERE HOMELESS.

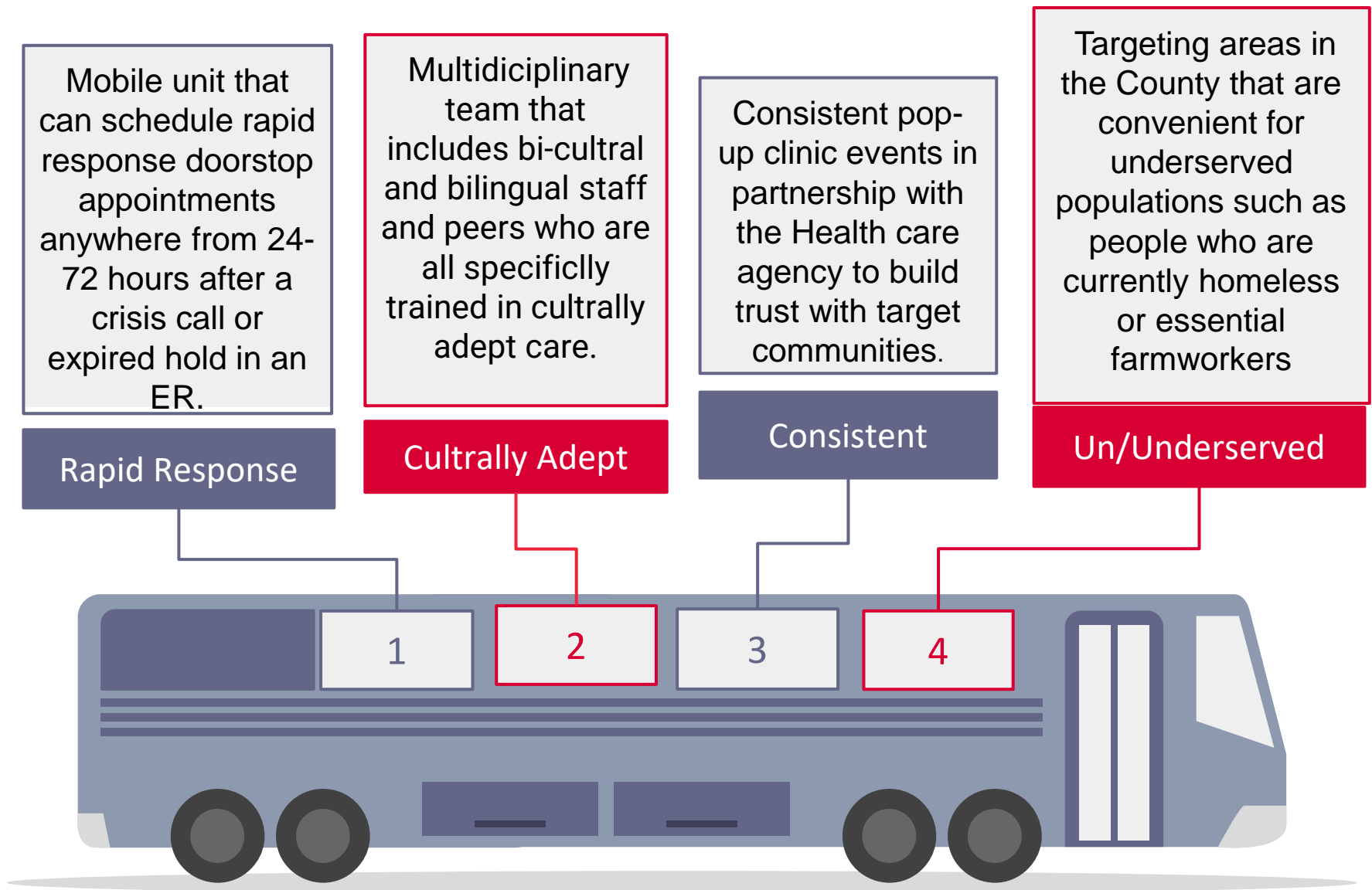
Suicidal Ideation or Attempt



Culturally Appropriate



Focus of Flexible Mental Health Care



Research Questions and Learning Goals	Indicators
1. Does the mobile services model provide improved access to treatment for the target populations? (i.e., people who are homeless, temporary or year-round essential farmworkers)	<ul style="list-style-type: none"> • Increase in first time clients and/or • SMI clients who are inconsistently engaged in treatment • Retention of either population or successful referral to a primary clinic
2. Why have clients sought care with the mobile unit and were they satisfied? <ul style="list-style-type: none"> a. Where have they received services previously? 	<ul style="list-style-type: none"> • Qualitative measure tracked though client focus groups • 80% or above in client satisfaction rate
3. Which of the provided services were most highly utilized? <ul style="list-style-type: none"> a. And of those were they reimbursable to a degree that makes the model feasible for long term solvency? b. Did the program exceed capacity in any one target area? 	<ul style="list-style-type: none"> • EHR service provision log for the mobile site code • Reconciliation of program cost with FFP match annually
4. Examination of care provision including clinical condition of patients diagnosed with a mental illness	<ul style="list-style-type: none"> • Referrals into clinic services • Improved ratings on mood scale

Budget

Budget Totals	FY 21/22	FY 22/23	FY 23/24	FY 24/25	TOTAL
Personnel					
Direct Costs		\$854,874	\$879,462	\$905,980	\$2,640,316
Indirect Costs		\$184,108	\$188,520	\$193,042	\$565,670
Non-recurring costs	\$175,000				\$175,000
Other Expenditures					
TOTAL INNOVATION BUDGET	\$175,000	\$1,038,982	\$1,067,982	\$1,099,022	\$3,380,986

Evaluation

\$185,454

Innovation Funding Request: \$3,080,986

Sustainability Plan: Depending on Evaluation results program may be continued under CSS-GSD or PEI funding in the future.

Questions?

PROPOSED MOTION

The Commission approves Ventura County's Innovation plans, as follows:

Name: Mobile Mental Health

Amount: Up to \$3,080,986 in MHSA Innovation funds

Project Length: Four (4) Years

From: Reedy_Grace@MHSOAC
To: Reedy_Grace@MHSOAC
Subject: FW: Ventura County: Mobile Mental Health - STAKEHOLDER COMMENT
Date: Monday, May 24, 2021 9:10:08 PM

From: [REDACTED] [REDACTED]@yahoo.com>
Sent: Wednesday, May 05, 2021 7:48 PM
To: Reedy, Grace@MHSOAC <Grace.Reedy@mhsoac.ca.gov>
Subject: Re: Ventura County: Mobile Mental Health

How are they going to inform the community besides inter-office info and is website easy to maneuver; lot of people don't have computers or how to operate one, maybe the paper, flyers, banners and inform the community where they are mostly at, local doctors in the area.

What is the mobile van going to be titled without people getting stigmatized, there was no mention of physician or registered nurse mention to make this project unique to as to "provide reliable flexible physical health and mental health care" to in the community

What happens when there is MH crisis and the mobile van don't work those days, who does the community call to notify of an emergency, are they going to have a crisis team to respond to the MH crisis or when the family calls and has no method of getting to the Van or the client refusing but the family knows they are off their meds.

The homeless client will be hard to track maybe some incentive would help like coffee and pastries, refreshment and sandwich to motivate them to keep returning. The Mobile Van could sign them up for medical and social security if possible, refer to housing and other services. This would help clients believe in MH treatment and gives the Van staff a warm hand over to MH services or community partners.

What is equation (page 18), is that the cost for forms the clients fill out during the Van visit.

This INN project sounds good and helps those with MH Disparities; the mobile van could be a big achievement since they will be the first responder that the client can be trust and help clients believe they can recover and believe there are people that care about them. The clients in return can inform others of the treatment they received. This can be good or bad, it depends on their services received.

I may have said the same, but different wording. They have to keep the client coming back

Good Luck



COUNTY OF SANTA CLARA
Behavioral Health Services
Supporting Wellness and Recovery

May 27, 2021 MHSAOAC Meeting



Proposed MHSA Innovation (INN) Project #15:
Community Mobile Response (CMR) Program

THE PROBLEM & WHAT'S NOT WORKING

- Santa Clara County's *current mental health crisis response system require the inclusion of law enforcement* in response to individuals in a mental health crisis.
- *Communities with historical trauma involving police brutality and negative interactions with other government authorities do not typically call for assistance when needed.*
- *Call for assistance using the current system may lead to involuntary hospitalization, unnecessary incarceration, and other types of traumatic and life-changing interactions.*

Psychiatric Emergency Response Team (PERT)

- Activated through 911 calls
- Consists of BH Clinicians Paired with Law Enforcement Officers
- Most Intense Level of Service
- Hiring Phase: Hired a Clinician to be paired with Sheriff's Office, Recruitment underway for other sites: Palo Alto & South County

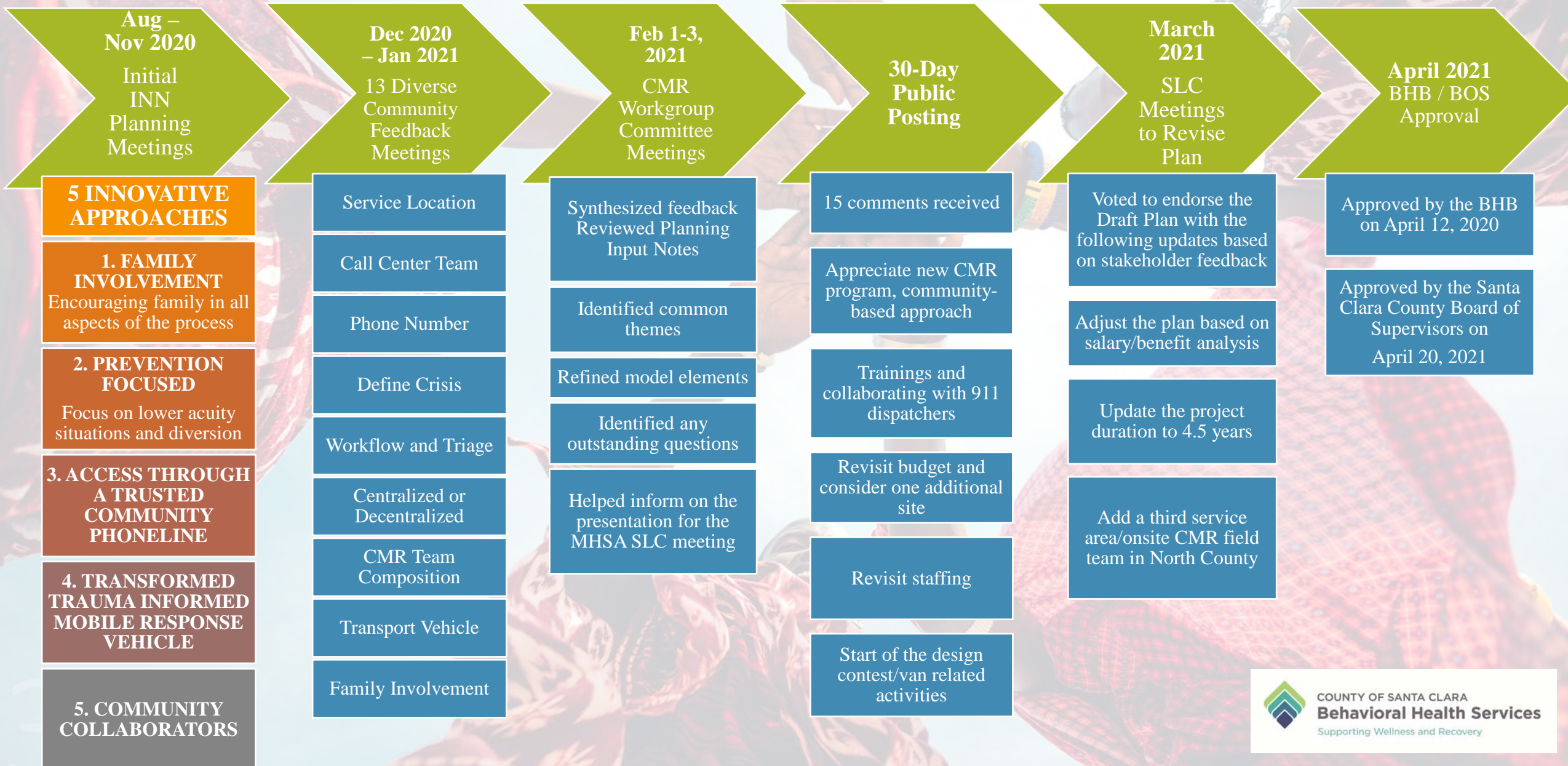
Mobile Crisis Response Team (MCRT)

- Activated through the County Behavioral Health Services Department Call Center
- Team Consist of BH Clinicians, Licensed-Waivered Clinicians, and Law Enforcement Liaisons
- Intermediate Level of Care
- Implemented in 2018

New Community Mobile Response Program

- *Use a Community-Based Approach*

CMR Planning & Community Input



Community Mobile Response (CMR) Program

WORKFLOW

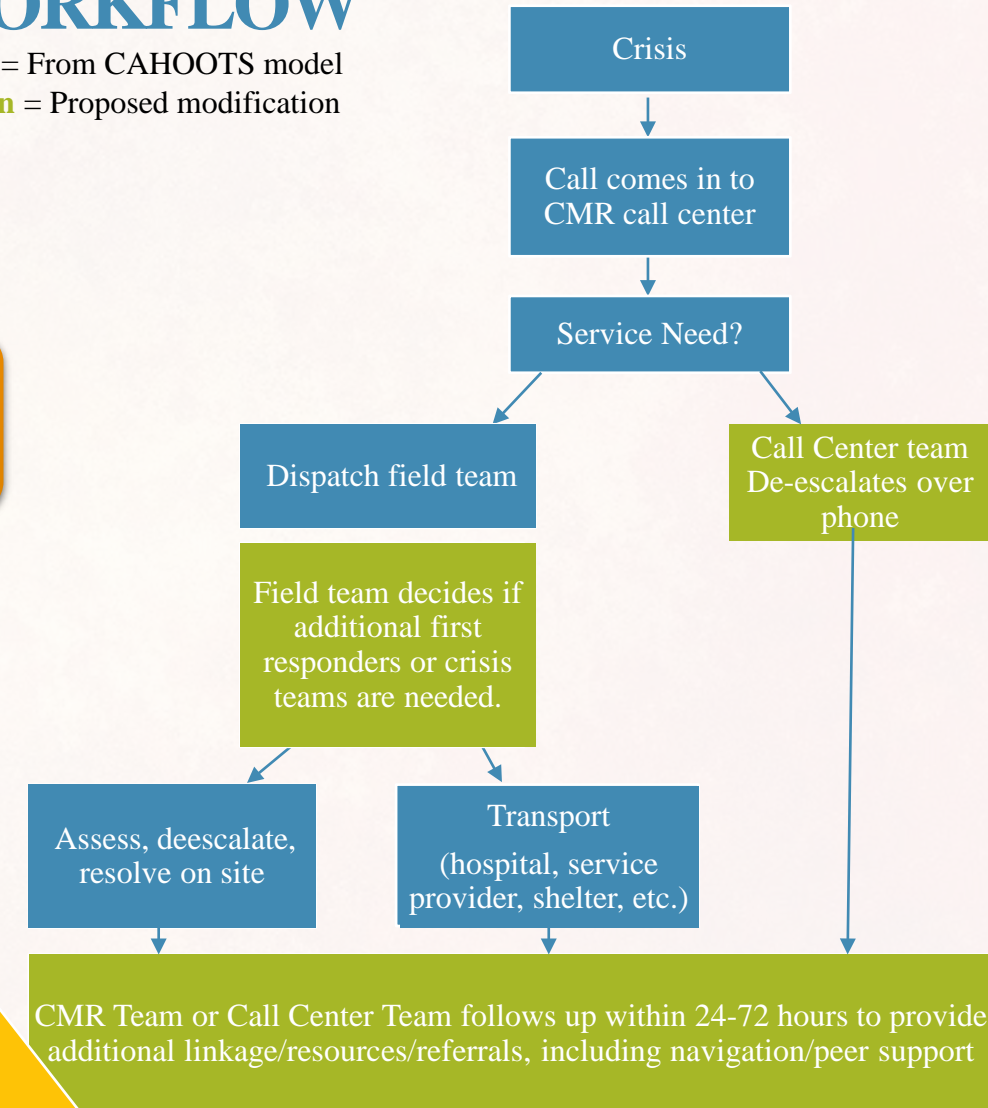
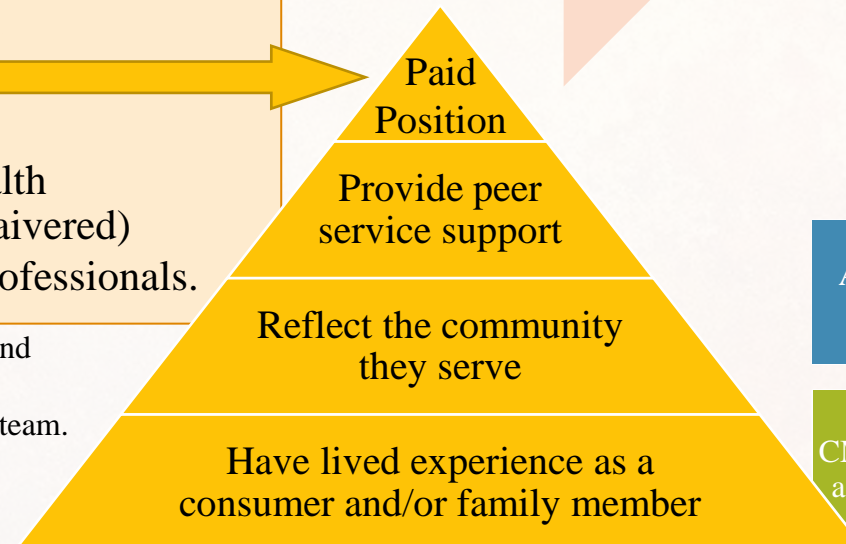
Blue = From CAHOOTS model

Green = Proposed modification

Composition of teams:

- **Three Onsite Field Teams*:**
 - Community Collaborator
 - Program Manager (Licensed)
 - Emergency Medical Technician
 - Crisis Intervention Worker (similar to a Rehabilitation Counselor)
- **Peer Outreach Specialist**
- **Call Center Team**:**
 - Program Manager (Behavioral Health Clinician: Licensed or Licensed Waivered)
 - Peer specialists/peer family, paraprofessionals.

3 service locations:
San Jose, Gilroy, and North County



Model Adapted from CAHOOTS mobile crisis intervention in Eugene Oregon. Source: White Bird Clinic (2020)

Evaluation

An Independent Evaluator will be contracted to conduct an analysis on service activities, client profile, program/service outcomes, effectiveness and accessibility

Data

- # of calls coming into the CMR that are de-escalated resulting in not needing transport
- # of people who call new CMR program
- # of clients transported by the CMR program
- # of client who call the CMR program multiple times for assistance
- # of behavioral health calls that come through the 911 system

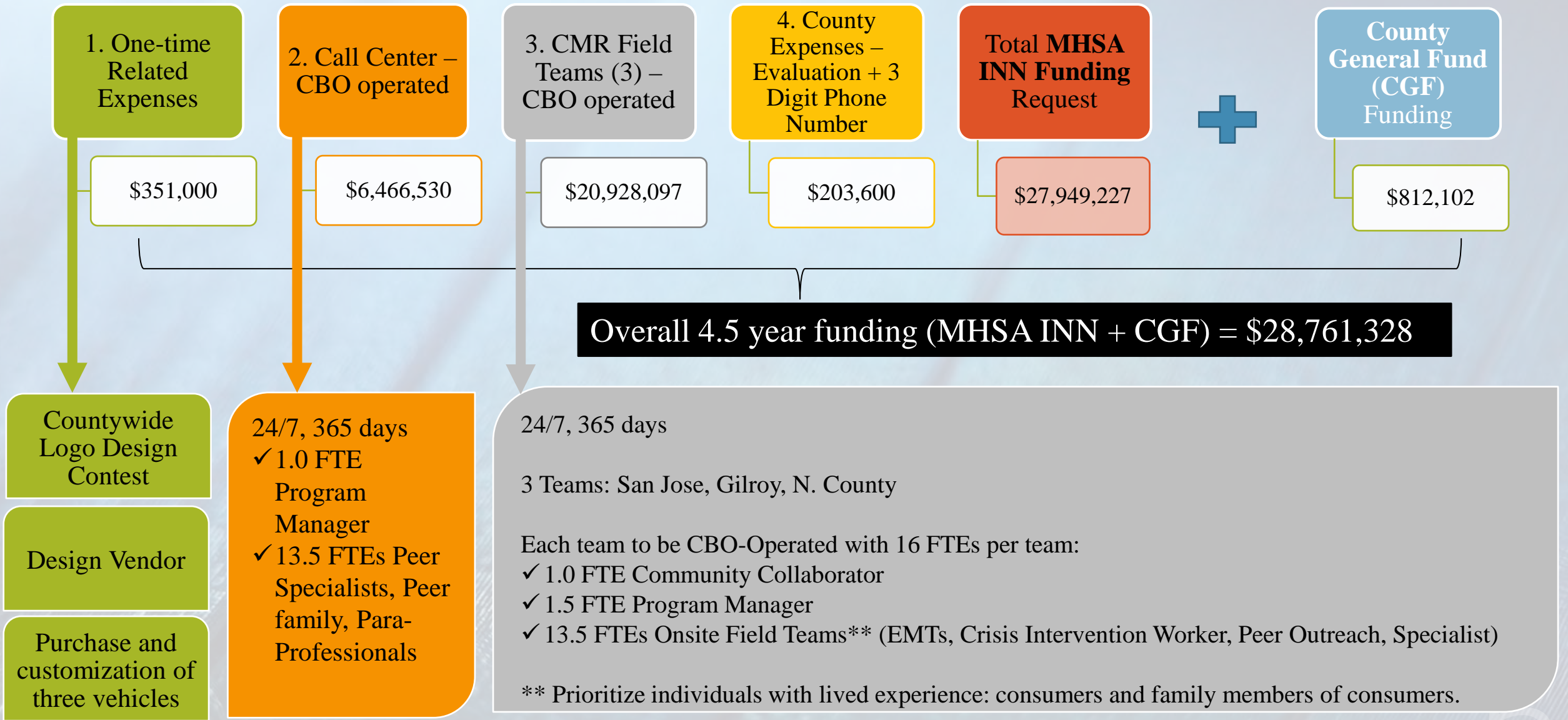
Initial Outcomes

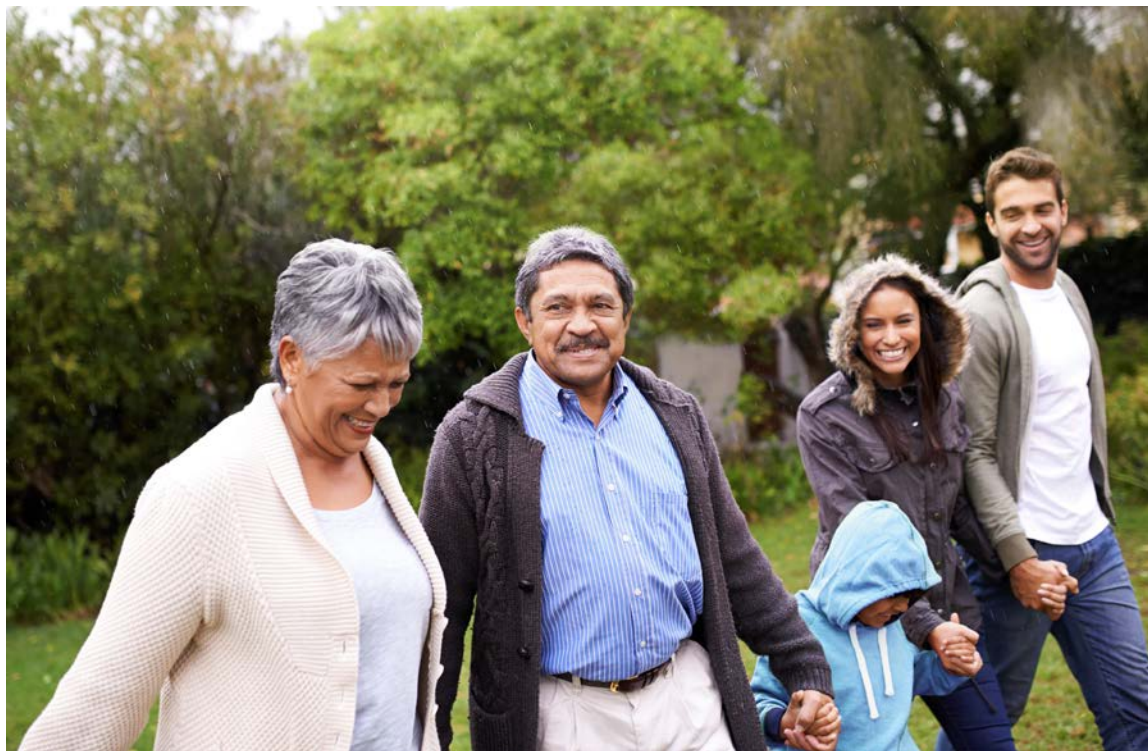
- Increase community trust in calling for help during a crisis
- Decrease the number of people utilizing higher level crisis intervention programs and EMS for behavioral health needs
- Decrease the number of individuals hospitalized or incarcerated for behavioral health needs
- Build the foundation for a community-based system of care that meets people where they are
- Minimize the number of law enforcement involvement in behavioral health calls
- Decrease the number of repeat crisis related behavioral health calls

Ultimate Outcomes

- Decrease the number of deaths due to law enforcement involvement in behavioral health situations
- Increase community trust in calling for assistance during a crisis
- Minimize unnecessary hospitalization or incarceration due to behavioral health
- Decrease the impact of historical discrimination on communities of color
- Decrease stigma attitudes and beliefs around seeking mental health support

4.5-YEAR MHSA INN FUNDING REQUEST





Comments & Questions

PROPOSED MOTION

The Commission approves Santa Clara County's Innovation plans, as follows:

Name:	Community Mobile Response Program
Amount:	Up to \$27,949,227 in MHSA Innovation funds
Project Length:	4.5 Years (4 yrs, 6 months)



P.O. Box 3144
Los Altos, CA 94024
<https://citiesassociation.org>
408-766-9534

May 18, 2021

Commissioners
The Mental Health Services Oversight & Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

Via email: mhsoac@mhsoac.ca.gov

Subject: Support for Santa Clara County's Innovation Plan

Dear Commissioners,

We write today on behalf of the Cities Association of Santa Clara County (CASCC), an association of the fifteen cities of the county and the elected representatives of more than 1.9 million Bay-Area residents. Since 1990, the city representatives have been gathering to discuss and find consensus and solutions for regional issues. The cities of our association are diverse and include cities of a few thousand people and a city of a million people.

As leaders in Santa Clara County, we write to express our support for Agenda Item 4: Santa Clara County's Innovation Plan, the Santa Clara County's MHSA INN-15 Project and urge you to approve.

Our community came together in June 2020 concerned about the number of officer encounters around the nation that have ended in avoidable tragedies. The Community Mobile Response program will not only have an important impact on Santa Clara County, but also tests a new model that can potentially serve as a resource for many other communities across the State.

We look to the police not just to enforce laws but also to respond to calls related to a variety behavioral health needs including mental health, substance use, homelessness, truancy, family conflict, and welfare checks. Last summer, our community sent a clear message to our elected leaders: We must reduce the level of police response to these emergency calls that are not criminal in nature. Diverting these calls to professionals and peers solely focused on the actual needs of the individuals involved will avoid excessive uses of force, incarceration, injury and, in worst cases, death. Santa Clara County's MHSA INN-15 creates a Community Mobile Response Program--a trauma informed and community rooted approach to respond and best meet the needs of adults experiencing a crisis.

In situations where a person in crisis fears or does not trust police the situation can escalate when an officer responds. Racial bias also plays a significant role as police officers are historically more likely to use excessive force when responding to Black residents and other people of color. Cultural differences can also affect the type of care certain people receive when interacting with family members as well as creating distrust or misunderstandings when police officers get involved. When community-based crisis counselors and peers--the personnel to be employed by the Community Mobile Response--respond to an individual in crisis, the person is more likely to accept help and the crisis de-escalates.

The Community Mobile Response model also includes important components of follow-up after the crisis to connect individuals with services and prevent future crises, as well as facilitating on-going community input and education. That feature leverages the many assets in neighborhoods across the County. This alternative community response was created by reviewing and studying several models being developed throughout the United States and receiving much input from the community.

We pledge to engage in a community-wide effort to train Santa Clara County residents to reach out to the new Community Mobile Crisis as an alternative to law enforcement. Please give us the opportunity to do so by approving Santa Clara County Innovation Project.

Thank you for your consideration.

Sincerely,



Marico Sayoc
President, Cities Association
Mayor, Los Gatos



Andi Jordan
Executive Director



CALIFORNIA COUNCIL OF COMMUNITY BEHAVIORAL HEALTH AGENCIES

BOARD OF DIRECTORS

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Redwood Children's Services

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Pacific Clinics

Amanda Nugent Devine
Kings View

Sparky Harlan
Bill Wilson Center

Lorna Jones
Bonita House

Christina Miller
Mental Health of America Los Angeles

David Mineta
Momentum Mental Health

Al Rowlett
Turning Point Community Programs

Tim Ryder
San Fernando Valley Community Mental Health Clinics

Albert Senella
Tarzana Treatment Center

Simona Cataldo
Victor Community Support Services

Hugo Villa
The Village Family Services

CHIEF EXECUTIVE OFFICER

Le Ondra Clark Harvey, Ph.D.

May 24, 2021

Dr. Sharmil Shah

The Mental Health Services Oversight & Accountability Commission

1325 J Street, Suite 1700

Sacramento, CA 95814

Re: Santa Clara County's Innovation (INN) #15 Project: Community Mobile Response (CMR) Program.

Dear Commissioners:

On behalf of the California Council of Community Behavioral Health Agencies (CBHA), we write to express strong support of Santa Clara County's proposal for the Mental Health Services Act (MHSA) INN #15 Project: Community Mobile Response (CMR) Program. CBHA represents over 70 mental health and substance use disorder non-profit community agencies providing behavioral health services and programs to more than 750,000 Californians across the state.

CBHA has advocated for continuation and inclusion of community-defined and community-driven culturally responsive approaches into the public behavioral health care system. Santa Clara County's proposal to create a CMR program will be the first of its kind in the state to promote interagency collaboration and increase access to behavioral health services. The program is a trauma informed and community rooted approach to respond to non-criminal calls and best meet the needs of individuals experiencing a behavioral health related crisis. The CMR program will not only have an important impact on Santa Clara County, but also tests a new model that can potentially serve as a resource for many other communities across the state.

The CMR model also includes important components of follow-up after the crisis to connect individuals with services and prevent future crises, as well as facilitating on-going community input and education. That feature leverages the many assets in neighborhoods across the County. This alternative community response was created by reviewing and studying several models being developed throughout the United States and receiving much input from the community.

CBHA fully supports the innovation model and is confident that it will lead to better outcomes in Santa Clara County. Please do not hesitate to have your staff contact our Senior Advocate, Policy and Legislative Affairs, Robb Layne at 916-557-1166 #600 or rlayne@cccbha.org

Sincerely,

Le Ondra Clark Harvey, Ph.D.
Chief Executive Officer

Robb Layne
Senior Advocate, Policy and Legislative Affairs

A photograph of a Black woman with short, curly, grey-streaked hair, smiling warmly at the camera. She is wearing a yellow top with a small black floral pattern. The background is a light-colored brick wall.

COUNTY OF MARIN
MHSA INNOVATION PROPOSAL

From Housing to Healing

A RE-ENTRY COMMUNITY
FOR WOMEN

Women frequently cycle
through the county jail



Significant trauma that
is left unaddressed



Missing bridge to a
new life

What is the
problem you
are trying to
solve?

What is not working?

"I see our team, usually our psychiatrist, being repeatedly called on to "treat" clients with medications, hoping the medication will target impulsivity, self-harm ideation, intense interpersonal relational patterns, rapid mood cycling and other symptoms that can be better explained by a history of untreated childhood trauma. The medications usually aren't effective in these cases, but the narrative of untreated Mental Health (and/or untreated Substance Use Disorder) continues to be the explanation for treatment failure."

*-Michelle Funez
Jail Mental Health Supervisor*

How does this project address that problem?





Will this approach work?

Does centering the program on healing and addressing trauma result in higher rates of successful stabilization, decreased recidivism, increased housing stability, and increased feelings of psychological wellbeing?



How can we spread it?

What somatic therapies are the most successful with this group of women and how can that be spread throughout our Behavioral Health and homelessness systems of care?

What are we
hoping to
learn?

How has your community contributed to the creation of this project?

FALL 2020

- Community Website and Webform to solicit Innovative Projects Idea from the community:
- ✓ 14 proposals submitted

WINTER 2021

- Lived Experience Innovation Review Committee
- Leadership Review Panel
- MHSA Advisory Committee
- Mental Health Board

SPRING 2021

- 30-Day Public Comment Period
- Public Hearing

"This is so needed. It is a crisis."

"Trauma is the thing that connects it all"

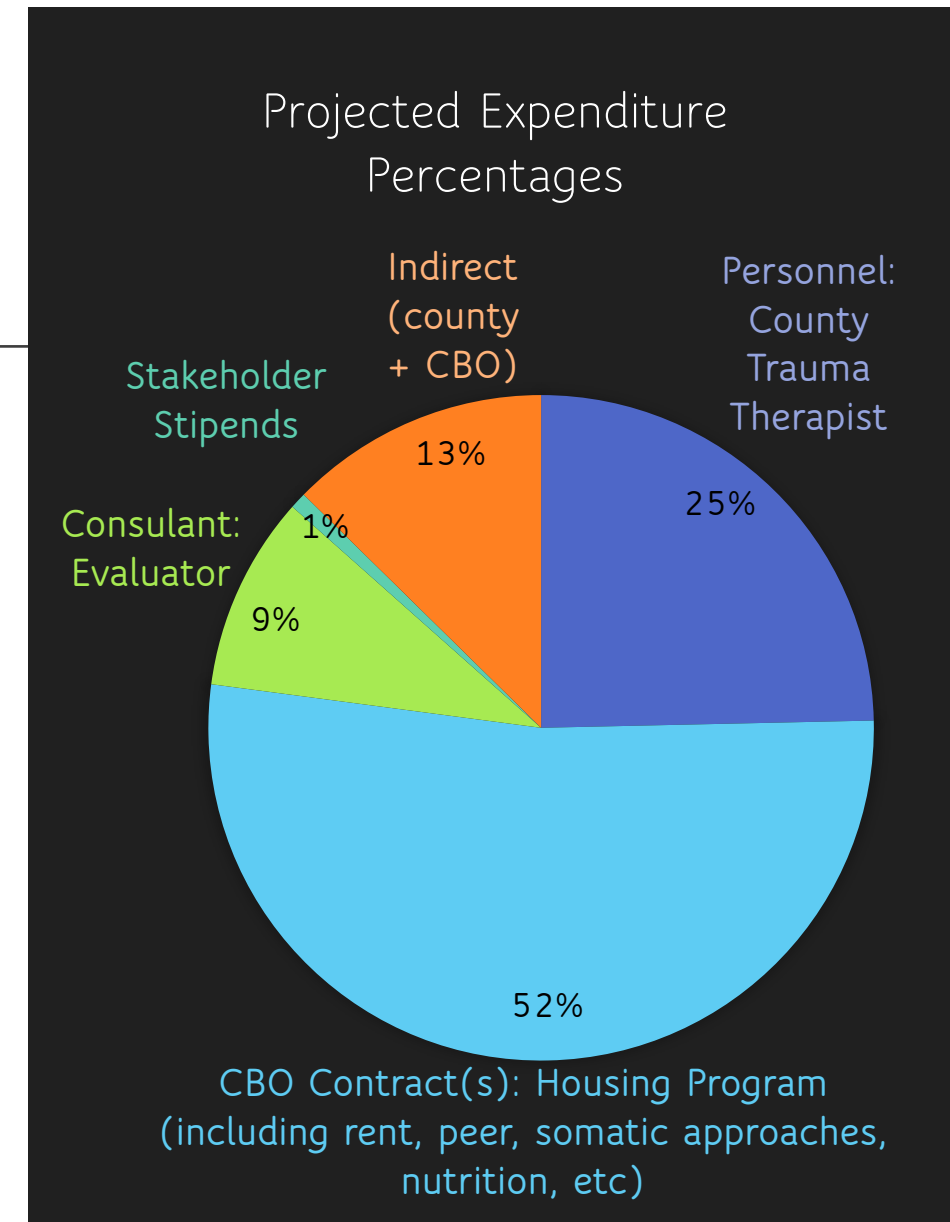
"I love this idea—there is one woman in particular—this program could keep her alive—we have done so much work with her for years and years and years and I feel relief! When does this start?!"

Budget: \$1.795m over 5 years

(average of \$359k per year)

Funding Source	FY 21/22 Jan-Jun (6 months)	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27 July-Dec (6 months)	TOTAL
Innovation Funds	\$229,587	\$320,827	\$322,557	\$337,383	\$363,158	\$221,488	\$1,795,000
Medi-Cal FFP	\$45,796	\$94,340	\$97,171	\$100,087	\$103,088	\$53,090	\$493,572
1991 Realignment							-
Any other funding							-
Total Project Amount							\$2,288,572

5 Year Budget	FY 21/22 Jan-Jun (6 months)	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27 July-Dec (6 months)	Total
Personnel	\$33,163	\$68,316	\$70,365	\$72,475	\$74,650	\$38,445	\$357,414
Direct Costs	\$129,000	\$208,474	\$207,928	\$218,708	\$238,948	\$152,328	\$1,155,386
Indirect Costs	\$24,324	\$41,518	\$41,744	\$43,678	\$47,040	\$28,616	\$226,920
Non-recurring costs	\$41,000	-	-	-	-	-	\$41,000
Other Expenditures	\$2,100	\$2,520	\$2,520	\$2,520	\$2,520	\$2,100	\$14,280
Total	\$229,587	\$320,828	\$322,557	\$337,381	\$363,158	\$221,489	\$1,795,000



Proposed Motion

The Commission approves Marin County's Innovation plans, as follows:

Name:	Housing to Healing, Re-Entry Community for Women
Amount:	Up to \$1,795,000 in MHSA Innovation funds
Project Length:	Five (5) Years



Highlights of the Governor's May Revisions for 2021-22

On May 14, 2021, Governor Gavin Newsom released the May Revision to his proposed 2021-22 state budget, projecting \$75.7 billion in additional revenues over the current fiscal year (2020-21) and budget year. The additional revenues are relative to projections in the enacted 2020-21 budget and include \$38.1 billion in discretionary funds available to be allocated and \$37.6 billion in constitutionally required obligations for K-12 schools and community colleges (\$26.6 billion) as well as for reserves and paying down certain long-term liabilities (\$11 billion). In combination with direct federal aid from the American Rescue Plan (\$27 billion), there is more than \$100 billion in funds available to be invested over the current budget, and future years. **(California Budget and Policy Center)**

These highlights of the Governor's May Revision for 2021-22 focus on proposed allocations relevant to the Commission's mission and initiatives on youth mental health, suicide prevention, and criminal justice. The Commission has approved several initiatives over the last few years that provides recommendations for youth and school mental health, suicide prevention, and criminal justice. The budget includes several proposals to support these initiatives.

✓ **Children and Youth**

The Governor's revised 2021 budget includes investments aimed at equipping schools and educators with the resources necessary to effectively partner with other governmental entities in addressing the overall well-being of the children they serve. The Governor's revised budget also includes funds to support the ability of schools and community mental health providers to more effectively respond to growing needs due to the impact on students resulting from the COVID-19 stay-at-home orders and school closures. Below is the list of the specific proposals.

1. Mental Health Services Oversight and Accountability Commission

The revised budget provides the Commission with an additional \$50 million one-time over five years to fund 12 additional school county partnership grants and \$5 million to evaluate the Mental Health Student Services Act grant program.

2. Department of Health Care Services

The revised budget includes \$11 million in 2021-22 to implement the student behavioral health incentive program. These additional funds build upon the Governor's January Proposed Budget, which provides \$400 million to support the incentive program through

Medi-Cal managed care plans, in coordination with county behavioral health departments and schools, to do the following:

- Build infrastructure
- Build Partnerships
- Improve Statewide capacity to increase the number of students receiving preventive and early intervention behavioral health services.

3. K-12 Schools – Proposition 98 General Fund

The Governor proposes \$25 million ongoing Proposition 98 General Fund to fund innovative partnerships with county behavioral health to support student mental health services. This funding would be provided to local educational agencies to match funding in county Mental Health Services Act spending plans dedicated to the mental health needs of students.

4. Health and Human Services Agency

A. General

The revised budget provides significant investments for the Children and Youth Behavioral Health Initiative, which aims to transform California’s behavioral health system for children and youth. The goal of this initiative is to better connect children and youth to behavioral health care, invest in school-based services and expand the infrastructure for providing behavioral health care.

The Governor’s May Revisions include a \$4 billion proposal for the California Health and Human Services Agency, Office of the Surgeon General, Office of Statewide Planning and Development, Department of Health Care Services, and California Department of Public Health to implement the California Children and Youth Behavioral Health Initiative. This initiative is intended to transform California’s behavioral health system into an innovative ecosystem where all children and youth age 25 and younger, regardless of payer, are screened, supported, and served for emerging and existing behavioral health needs. The following components would be implemented over the next five years:

- Behavioral Health Services and Support Virtual Platform
- School-Linked Behavioral Health Partnerships and Capacity
- Develop and Expand Age-Appropriate Evidence-Based Programs
- Expand the Community Continuum Infrastructure for Behavioral Health Treatment
- Workforce, Education and Training
- Comprehensive and Culturally and Linguistically Proficient Public Education and Change Campaign

The May Revision also includes the following augmentations related to behavioral health for children and youth:

- \$23.8 million ongoing General Fund to provide children aging out of Early Start provisional Lanterman service eligibility up to age five.
- \$39.2 million General Fund to assist counties with serving foster youth with complex needs and behavioral health conditions, within California, as well as youth that return from an out-of-state congregate placement.
- \$12.4 million one-time General Fund for seven demonstration projects focused on advancing research on, and building scalable approaches to, treating and preventing Adverse Childhood Experiences (ACEs).

B. Office of Youth and Community Restoration

The revised budget includes increased funding in the amount of \$7.6 million in Fiscal Year 2021-22 and \$7.2 million in ongoing General Fund to establish and operate the Office of Youth and Community Restoration within the Health and Human Services Agency, effective July 1, 2021. The objective of the Office of Youth and Community Restoration is to fulfill the rehabilitative purpose of the state's juvenile justice system through trauma-informed and developmentally appropriate services and programs. The budget also includes appropriations related to the Juvenile Justice Realignment Block Grant starting in 2021-22. **(SB 823, Chapter 337, Statutes of 2020)**

✓ **Strengthening County Behavioral Health**

County behavioral health programs are supported by a combination of 2011 Realignment, MHSA, and other county funding sources, and are responsible for organizing and overseeing local mental health and substance use disorder programs, including specialty mental health for Medi-Cal and uninsured patients. Counties work with Medi-Cal managed care plans to deliver mild and moderate services and provide specialty mental health services not included in managed care plans. The Budget includes several different efforts to improve and add needed infrastructure to county behavioral health programs, including support for individuals acutely impacted by mental illness.

The May Revision leverages the \$75.7 billion budget to fund programs to reduce the number of unhoused people in the state, rebuild the state's behavioral health system, and fund the CalAIM initiative and other programs designed to help the state recover from the pandemic

As part of the Governor's proposal to increase services for the unhoused, the revised budget provides funding for CalAIMs that was originally proposed in 2019, but had been postponed due to the pandemic. The goal of CalAIM is to coordinate physical health, behavioral health and social services in a patient-centered manner to improve overall health and well-being. The reform efforts also include efforts to improve quality outcomes, reduce health disparities, reduce complexity across all delivery systems and implement value-based initiatives and payment reform

The administration builds on initiatives that were included in the proposed budget to support behavioral health.

1. Department of Health Care Services

The proposed budget includes one-time \$750 million General Fund in 2021-22, available over multiple years, for competitive grants to counties to acquire and rehabilitate real estate assets to expand the community continuum of behavioral health treatment resources. These include:

- short-term crisis stabilization,
- acute needs,
- peer respite,
- other clinically enriched longer-term treatment and rehabilitation services for persons with behavioral health needs.

The proposed budget also shifted \$6.5 million one-time General Fund from local assistance to state operations, available over a three-year period. In addition, it increases the Governor's Budget proposal by \$10 million in federal funds and shifts \$300 million General Fund to federal funds.

2. Department of Managed Health Care

The budget provides \$1,500,000 Managed Care Fund in 2021-22, and \$1,345,000 in 2022-23 and annually thereafter to review and enforce mental health and substance use disorder treatment coverage mandates on health plans as specified pursuant to **(Senate Bill 855, Chapter 151, Statutes of 2020)**

3. Mental Health Services Act Funds

The proposed budget and trailer bill language includes statutory changes to extend flexibilities in county spending of local Mental Health Services Act funds that were included in the 2020 Budget Act in response to the COVID-19 Pandemic for an additional fiscal year.

- Authorizes counties to spend down their local MHSA prudent reserves, as opposed to requesting county-by-county authority from the state.
- Authorizes counties to spend funds within the Community Services and Supports program component regardless of category restrictions to meet local needs.
- Authorizes counties to use their existing approved MHSA spending plans if a new plan is delayed because of COVID-19 related reasons.

✓ **Suicide Prevention**

The Legislature and Administration provided the Commission with \$2 million to implement urgent aspects of *Striving for Zero* in light of the ongoing COVID-19 global pandemic. The urgency of this crisis is underscored by the City and County of San Francisco recently announcing a lawsuit filed against San Francisco Unified School District, emphasizing an emerging mental health crisis among school-aged children.

The revised budget provides the following:

1. Department of Public Health

AB 2112, (Chapter 142, Statutes of 2020), authored by Assemblymember Ramos created the Office of Suicide Prevention within the Department of Public Health. The revised budget provides \$780,235 General Fund ongoing for the Department of Public Health Center for Healthy Communities (CHC), Injury and Violence Prevention Branch (IVPB) to establish and administer an Office of Suicide Prevention.

✓ **Criminal Justice**

In November 2017, the Commission published *Together We Can: Reducing Criminal Justice Involvement for People with Mental Illness*. This major policy report highlighted the challenges facing California's criminal justice system stemming from an overflow of persons charged with serious crimes and held in our jails but deemed incompetent to stand trial due to unmet mental health needs.

The Commission received \$2.5 million in each of the FY 2018-19 and FY 2019-20 budgets to support strategies to reduce the criminal justice involvement of persons with mental illnesses. All funding for these projects has been allocated.

The revised budget provides the following:

1. Department of State Hospitals

As a part of the Behavioral Health Continuum Infrastructure proposal, the May Revision includes \$250 million one-time General Fund to provide competitive grants for increased infrastructure targeted to justice-involved individuals with a serious mental illness who are deemed incompetent to stand trial (IST). Related to an intent to reallocate Relinquished County Jail Bond Authority to purchase or modify community mental health facilities, this proposal is intended to provide community based alternatives to incarceration or unnecessary state hospitalization.

The Department of State Hospitals continues to experience a growing number of individuals found IST who are referred from trial courts and are awaiting admission to the state hospital system, which has been further exacerbated by the pandemic. The number of individuals found ISTs pending placement into the state hospital system was approximately 1,561 individuals in May, 2021.

The May Revision includes the followings proposals to address the number of ISTs pending placement by increasing local capacity to provide treatment, housing, and other necessary supports:

- \$28.3 million General Fund to provide competency restoration service for IST patients in community mental health treatment settings. Beginning in 2024-25 ongoing costs increase to \$49.8 million General Fund.

- \$17.1 million General Fund backfill for lost revenues as the state will no longer be able to take new Lanterman-Petris-Short patients. Beginning in 2023-24 the ongoing cost increases to \$146 million General Fund.
- \$13.3 million General Fund to contract with counties to provide competency restoration services for IST patients residing in county jail facilities. Beginning in 2022-23 ongoing costs increase to \$22.5 million General Fund.
- \$12.7 million General Fund to partner with local county jails to re-evaluate individuals deemed IST on a felony charge waiting in jail 60 days or more pending placement to a DSH treatment program.