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Mental Health Services
Oversight & Accountability Commission

Commission Packet

Commission Teleconference Meeting
July 23, 2020
9:00 AM – 1:00 PM

Mental Health Services
Oversight & Accountability Commission
1325 J Street, Suite 1700, Sacramento, California 95814
Phone: (916) 445-8696 * Email: mhsoac@mhsoac.ca.gov * Website: www.mhsoac.ca.gov

Commission/Teleconference Meeting Notice

NOTICE IS HEREBY GIVEN that the Mental Health Services Oversight Accountability and Commission (the Commission) will conduct a **teleconference meeting on July 23, 2020**.

This meeting will be conducted pursuant to Governor Newsom's Executive Order N-29-20, issued March 17, 2020, which suspended certain provisions of the Bagley-Keene Open Meeting Act during the declared State of Emergency response to the COVID-19 pandemic. Consistent with the Executive Order, in order to promote and maximize social distancing and public health and safety, this meeting will be conducted by teleconference only. The locations from which Commissioners will participate are not listed on the agenda and are not open to the public. All members of the public shall have the right to offer comment at this public meeting as described in this Notice.

DATE: Thursday, July 23, 2020

TIME: 9:00 a.m. – 1:00 p.m.

ZOOM ACCESS:

Link: https://zoom.us/j/99434745947
Dial-in Number: 408-638-0968
Meeting ID: 994 3474 5947
Password: 832702

Public Participation: The telephone lines of members of the public who dial into the meeting will initially be muted to prevent background noise from inadvertently disrupting the meeting. Phone lines will be unmuted during all portions of the meeting that are appropriate for public comment to allow members of the public to comment. Please see additional instructions below regarding Public Participation Procedures.

***The Commission is not responsible for unforeseen technical difficulties that may occur in the audio feed.**

PUBLIC PARTICIPATION PROCEDURES: All members of the public shall have the right to offer comment at this public meeting. The Commission Chair will indicate when a portion of the meeting is to be open for public comment. **Any member of the public wishing to comment during public comment periods must do the following:**

- **If joining by call-in, press *9 on the phone.** Pressing *9 will notify the meeting host that you wish to comment. You will be placed in line to comment in the order in which requests are received by the host. **When it is your turn to comment, the meeting host will unmute your line and announce the last four digits of your telephone number**. The Chair reserves the right to limit the time for comment. Members of the public should be prepared to complete their comments within 3 minutes or less time if a different time allotment is needed and announced by the Chair.

- **If joining by computer, press the raise hand icon on the control bar.** Pressing the *raise hand* will notify the meeting host that you wish to comment. You will be placed in line to

comment in the order in which requests are received by the host. **When it is your turn to comment, the meeting host will unmute your line and announce your name**. The Chair reserves the right to limit the time for comment. Members of the public should be prepared to complete their comments within 3 minutes or less time if a different time allotment is needed and announced by the Chair.

Our Commitment to Excellence

The Commission's 2020-2023 Strategic Plan articulates three strategic goals:

1) Advance a shared vision for reducing the consequences of mental health needs and improving wellbeing – and promote the strategies, capacities and commitment required to realize that vision.
2) Advance data and analysis that will better describe desired outcomes; how resources and programs are attempting to improve those outcomes; and, elevate opportunities to transform and connect programs to improve results.
3) Catalyze improvement in state policy and community practice by (1) providing information and expertise; (2) facilitating networks and collaboratives; and, (3) identifying additional opportunities for continuous improvement and transformational change.

Our Commitment to Transparency

Per the Bagley-Keene Open Meeting Act, public meeting notices and agenda are available on the internet at www.mhsoac.ca.gov at least 10 days prior to the meeting. Further information regarding this meeting may be obtained by calling (916) 445-8696 or by emailing mhsoac@mhsoac.ca.gov

Our Commitment to Those with Disabilities

- Pursuant to the American with Disabilities Act, individuals who, because of a disability, need special assistance to participate in any Commission meeting or activities, may request assistance by calling (916) 445-8696 or by emailing mhsoac@mhsoac.ca.gov. Requests should be made one (1) week in advance whenever possible.

AGENDA

Lynne Ashbeck
Chair

Mara Madrigal-Weiss
Vice Chair

Commission Meeting Agenda

All matters listed as "Action" on this agenda, may be considered for action as listed. Any item not listed may not be considered at this meeting. Items on this agenda may be considered in any order at the discretion of the Chair.

9:00 AM **Call to Order and Welcome**

Chair Lynne Ashbeck will convene the Mental Health Services Oversight and Accountability Commission meeting and make announcements.

9:10 AM **Roll Call**

Roll call of Commissioners to verify the presence of a quorum

9:15 AM **General Public Comment**

General Public Comment is reserved for items not listed on the agenda. No debate nor action by the Commission is permitted on such general public comments, as the law requires formal public notice prior to any deliberation or action on an agenda item.

10:00 AM **Action**

1: Approve June 25, 2020 MHSOAC Meeting Minutes

The Commission will consider approval of the minutes from the June 25, 2020 teleconference meeting.

- Public Comment
- Vote

10:10 AM **Action**

2: Award Mental Health Student Services Act (MHSSA) Category 2 Grants

Presenter:

- Tom Orrock, Chief of Commission Grants

The Commission will consider awarding MHSSA grants to the highest scoring applications received in response to the Request for Applications for the Mental Health Student Services Act (MHSSA) Category 2 to support School/County Partnerships in the implementation of programs as described in the Act.

- Public Comment
- Vote

10:40 AM **10 Minute Break**

10:50 AM **Action**

3: MHSOAC Fiscal Year 2020-21 Budget Overview

Presenter:

- Norma Pate, Deputy Director

The Commission will consider approval of its Fiscal Year 2020-21 Operations Budget.

- Public comment
- Vote

11:10 AM **Action**

4: Assembly Bill 2265 Quirk-Silva

Presenter:

- Toby Ewing, Executive Director

The Commission will consider Assembly Bill 2265 (Quirk-Silva).

- Public comment
- Vote

11:25 AM **Information**

5: Executive Director Comments

Presenter:

- Toby Ewing, Ph.D., Executive Director

Executive Director Ewing will report out on projects underway and other matters relating to the ongoing work of the Commission.

- Public comment

11:50 PM **Closed Session – Government Code Section 11126(a) related to personnel and Government Code Section 11126(e) related to litigation (Cal Voices vs. Mental Health Services Oversight and Accountability Commission)**

12:55 PM Chair Ashbeck's Closing remarks on any reportable action taken during closed session.

1:00 PM **Adjournment**

AGENDA ITEM 1

Action

July 23, 2020 Commission Meeting

Approve June 25, 2020 MHSOAC Teleconference Meeting Minutes

Summary: The Mental Health Services Oversight and Accountability Commission will review the minutes from the June 25, 2020 Commission teleconference meeting. Any edits to the minutes will be made and the minutes will be amended to reflect the changes and posted to the Commission Web site after the meeting. If an amendment is not necessary, the Commission will approve the minutes as presented.

Presenter: None.

Enclosures (1): (1) June 25, 2020 Meeting Minutes

Handouts: None.

Proposed Motion: The Commission approves the June 25, 2020 meeting minutes.

Mental Health Services
Oversight and Accountability Commission

STATE OF CALIFORNIA
GAVIN NEWSOM
Governor

State of California

MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION

Minutes of Teleconference Meeting
June 25, 2020

MHSOAC
1325 J Street, Suite 1700
Sacramento, CA 95814

888-475-4499; Password: 398891

Members Participating:

Lynne Ashbeck, Chair
Mayra Alvarez
Ken Berrick
John Boyd, Psy.D.
Sheriff Bill Brown
Keyondria Bunch, Ph.D.
Itai Danovitch, M.D.
David Gordon
Gladys Mitchell
Khatera Tamplen

Members Absent:

Reneeta Anthony
Senator Jim Beall
Assemblymember Wendy Carrillo
Mara Madrigal-Weiss, Vice Chair
Tina Wooton

Staff Present:

Toby Ewing, Ph.D., Executive Director
Filomena Yeroshek, Chief Counsel
Norma Pate, Deputy Director, Program, Legislation, and Technology
Brian Sala, Ph.D., Deputy Director, Evaluation and Program Operations

[Note: Agenda Item 1 was taken out of order. These minutes reflect this Agenda Item as taken in chronological order and not as listed on the agenda.]

CALL TO ORDER AND WELCOME

Chair Lynne Ashbeck called the teleconference meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to order at 9:06 a.m. and welcomed everyone.

Chair Ashbeck reviewed the meeting protocols.

Roll Call

Filomena Yeroshek, Chief Counsel, called the roll and confirmed the presence of a quorum.

GENERAL PUBLIC COMMENT

Bianca Gallegos, ACCESS Ambassador, Cal Voices, stated the MHSOAC rejected Cal Voices's protest on June 3rd and is upholding the award of the 2020-2023 Client/Consumer Stakeholder Advocacy contract to another agency. The speaker requested that the MHSOAC's Executive Director use his contract authority under Section 2.4 of the Rules of Procedure to enter into a contract in the amount of $100,000 with Cal Voices to continue the important work of the ACCESS Ambassador Program.

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), stated their understanding that a meeting of the Cultural and Linguistic Competence Committee (CLCC) is being scheduled. The speaker thanked the Commission for restarting this Committee. Prior to the scheduled meeting, REMHDCO and other like-minded organizations plan to submit recommendations regarding the restart and reform of the CLCC.

Stacie Hiramoto stated it is not enough to start up the CLCC meetings as before; the CLCC must be allowed to exert influence and provide expert technical assistance to help the Commission carry out its duties and administer projects in a way that serves all Californians and in a manner that reduces mental health disparities, especially for racial, ethnic, and other underserved communities. This will only be accomplished by Commissioners and staff listening to and genuinely collaborating with knowledgeable individuals from the community and by providing time for the public to review issues and provide comment.

Poshi Walker, LGBTQ Program Director, Cal Voices, and Co-Director, #Out4MentalHealth, thanked Chair Ashbeck for the excellent job she has done in navigating these meetings during these unprecedented times and making these meetings as accessible as possible. The speaker thanked Commissioner Mitchell for restarting the CLCC.

Poshi Walker stated the webinar format for the Zoom meetings does not allow stakeholders to see who is in attendance, unlike in in-person meetings. Speakers are

not seen when making comments. Many individuals have difficulty remembering names or phone numbers and some of the stakeholder comments are missed when their faces are not seen. The speaker gave the example of issues that may have happened at the last meeting and stated they were partly due to the fact that the face of the person speaking could not be seen.

Poshi Walker stated, by disabling the chat feature, there is no way for advocates to speak to each other in real time or to communicate with staff, if needed. If it is a matter of the Bagley-Keene Open Meeting Act, the chat can be saved, downloaded, printed, and included in a public packet.

Poshi Walker stated one of the things missing by not meeting in person is the opportunity to speak with Commissioners. This is a loss on both sides.

Poshi Walker stated submitting public comment after the meeting is not helpful if a vote has already been taken or a decision has already been made. It would only be an effective use of public comment if it is for something that will happen in the future.

Jim Gilmer, a member of REMHDCO, former Co-Coordinator of the African American Strategic Plan Work Group for the California Reducing Disparities Project (CRDP), and Co-Chair of the California Multicultural Mental Health Coalition, thanked Chair Ashbeck and echoed Stacie Hiramoto's comments relative to the CLCC. The speaker stated the hope that the CLCC will dig deep into the racial microaggression issues being faced nationally. The work of cultural, psychological, and social experts show that racial microaggressions and the cumulative impact of racism affect people of color deeply psychologically.

Jim Gilmer suggested establishing real theoretical frameworks to classify the various levels of racial microaggressions and the psychological impact that they have on the various populations of people of color as well as LGBTQ individuals. This is the real work ahead. There are monumental tasks ahead for the CLCC. The speaker asked to be involved in the creation of the CLCC.

Steve McNally, a parent of a child with serious mental illness, stated they asked the Commission to help Commissioner Beall to get Senate Bill (SB) 803, mental health services: peer support, over the line by coming up with a financial case. No one has a problem with peers – they just have a problem with the cost of the program.

Steve McNally asked the Commission to help the elected officials and boards of supervisors of local communities to make decisions by providing statewide reports such as about federal fund participation and administrative funding, which varies dramatically by county.

Steve McNally asked the Commission to look at providers across counties. Telecare does Full-Service Partnerships (FSPs) in six or seven counties and some counties have economies of scale while other counties do not. The speaker stated the need to focus on the outcomes for the mental health population as opposed to focusing on protecting the professional environment.

Steve McNally asked the Commission to reaffirm Assembly Bill (AB) 1352, community mental health services: mental health boards, and support the local mental health

boards and commissions that have mandated responsibilities by law to do things that have been neutered for some time because they are unable to provide support to their community. It is the Commission's job to reaffirm it and support it or to identify who can reaffirm and support it and direct individuals to them.

Richard Gallo, consumer and advocate and mental health worker, asked the Commission to support SB 10, mental health services: peer support specialist certification. The speaker stated last year, this state legislation was vetoed primarily because the Department of Health Care Services (DHCS) did not want to take it on and they used the issue of funding as an excuse when part of the funding could have come from the Mental Health Services Act (MHSA) and from counties that are holding millions of dollars.

Richard Gallo stated the need to pass peer certification and join the federal level that reimburses for peer services. Peer support service programs benefit the mental health community. Santa Cruz County holds $3 million in reserve, excluding interest. It is unacceptable that the state allows counties to hold that much money when the money needs to be utilized. The DHCS plans to take the same position this year as they did last year – they are playing politics.

Richard Gallo protested the denial of the grant to continue the programs. The Commission needs to be aware of those counties that had oversight by the grand jury regarding the mental health services system in MHSA funding. The reports done by those counties, including Santa Cruz, Los Angeles, and Sacramento Counties, identified a problem with the counties as not getting guidance from the MHSOAC. ACCESS California can help fill that gap and has done so for the past three years in improving the intent of the MHSA.

Tiffany Duvernay-Smith, ACCESS Ambassador, Cal Voices, requested that the MHSOAC's Executive Director use his contract authority under Section 2.4 of the Rules of Procedure to enter into a contract in the amount of $100,000 with Cal Voices to continue the important work of the ACCESS Ambassador Program. The speaker provided examples of the good work of the ACCESS Ambassador Program.

Nina Moreno, Ph.D., Research and Strategic Partnerships Director, Safe Passages, spoke in support of the request that the MHSOAC CLCC review and discuss the recommendations that were developed by REMHDCO and others.

Linda Tenerowicz, Senior Policy Advocate, California Pan-Ethnic Health Network (CPEHN), stated recent events have brought to light the need to address racism in the mental health system. Community-defined practices are the solution. The California Reducing Disparities Project (CRDP) has many proven and promising solutions to that issue.

Linda Tenerowicz echoed Stacie Hiramoto's comments about creating a robust CLCC to address some of the root causes and provide recommendations to the Commission. The speaker stated they look forward to working together.

Pamela Weston, ACCESS Ambassador, Cal Voices, requested that the MHSOAC's Executive Director use his contract authority under Section 2.4 of the Rules of

Procedure to enter into a contract in the amount of $100,000 with Cal Voices to continue the important work of the ACCESS Ambassador Program.

Shera Banbury stated they have experience working at the county level and they relate to the consumers about the access to services. The speaker stated it is difficult for members of the public to understand the many outreaches, how they work together, and what they help. The county's 2-1-1 phone number has helped in some ways but there is still a lack of awareness.

Shera Banbury addressed Richard Gallo's comment about Santa Cruz County holding $3 million in reserve. The speaker stated Nevada County's behavioral health holds back funding so they can spread it over the number of years that the funding is accessible. Because of that, Nevada County is in good shape. Approximately 3 percent of county services were cut back due to the COVID-19 pandemic. It is important to understand how funds are distributed at the local level.

Thomas Mahany, Executive Director, Honor for ALL, asked the Commission to formally adopt and submit a Governor's Office Action Request (GOAR) to Governor Newsom requesting him to issue a proclamation designating June 27th as Post-Traumatic Stress Injury Awareness Day.

[Note: Agenda Item 1 was taken out of order and was heard after Agenda Item 4.]

ACTION

2: <u>Sacramento Innovation Plan</u>

Presenter for the Forensic Behavioral Health Innovation Project:

- Julie Leung, LCSW, Human Services Program Planner, Sacramento County Division of Behavioral Health Services

Chair Ashbeck stated the Commission will consider approval of $9,536,739 in Innovation funding to support the Forensic Behavioral Health Multi-System Teams Innovation Project. She asked the county representative to present this agenda item.

Julie Leung, LCSW, Human Services Program Planner, Sacramento County Division of Behavioral Health Services (BHS), introduced the project team. She provided an overview, with a slide presentation, of the need, proposed project to address the need, and budget of the proposed Forensic Behavioral Health Multi-System Teams Innovation Project.

Commissioner Questions

Commissioner Brown stated the importance of engaging individuals who have mental illness and oftentimes cycle in and out of jail, while they are in jail to provide a warm handoff and engage in discharge planning before they are released into the community. Many times, individuals do not have a proper place to stay, the ability to process, or the ability to make and keep appointments with service providers. The idea of helping them plan their discharge and navigate through the system, planting those seeds, and getting

that done while they are still in custody is a critical element to that. He spoke in support of the proposed Innovation plan.

Commissioner Bunch asked if there are licensed clinicians on the Multi-System Team and, if not, if the mental health therapy starts prior to release.

Ms. Leung stated there are licensed clinicians that provide services prior to release in the form of pre-release and discharge planning. The provider positions are left flexible as to whether they are licensed clinicians to provide therapy. They will have the ability to hire some licensed staff along with peer staff.

Commissioner Bunch stated she would like licensed clinicians to be part of the Multi-System Team.

Kelli Weaver, Adult Mental Health Division Manager, Sacramento County, stated part of the array of services that will be provided will include therapy. The providers selected will have a licensed clinician on staff, which is a critical component of the full-service array.

Chair Ashbeck suggested including “reduced visits to hospital emergency rooms” as one of the outcomes of the proposed project. She suggested defining the “transition to community” outcome and metrics to show what a successful transition looks like.

Commissioner Mitchell asked if the county is working with mental health courts with the proposed project.

Ms. Weaver stated the local mental health court is a critical partner. The systems partners will coordinate with the mental health court.

Ryan Quist, Ph.D., Behavioral Health Director, Sacramento County, added that the public defender and district attorney were part of the public stakeholder process and helped with the design of this program.

Commissioner Berrick agreed with Commissioner Bunch’s concerns about including licensed clinicians on the Multi-System Team. He emphasized that the quality of the training for the team facilitator is also important and means everything to the success of the team.

Chair Ashbeck stated Fresno County has a project around the transition out of county jail systems. She stated the proposed project provides an opportunity to share across the state what counties are doing to accelerate the learning.

Public Comment

Poshi Walker asked about LGBTQ populations, especially the transgender community, which is often overrepresented within the jail and prison populations and often go undiagnosed or misdiagnosed. In addition, trauma and other mental health conditions happen while individuals are in jail and in the criminal justice system and there is not always an identified diagnosis. The speaker requested that Commissioners ask if individuals who did not get formally diagnosed in jail are able to voluntarily access the Multi-System Team to have some of their needs met.

Poshi Walker stated the need to ensure that the care is trauma-informed and that there are adverse childhood experiences (ACEs) assessments being done on everyone who is involved in this project.

Chair Ashbeck asked Ms. Leung to respond to Poshi Walker's questions about the transgender population and ACEs assessments after public comment is completed.

Tiffany Carter, Statewide Advocacy Liaison, ACCESS California, a program of Cal Voices, provided comments from ACCESS Ambassadors who were unable to be in attendance today. The speaker stated an ACCESS Ambassador asked about the robustness of the community program planning processes that were conducted. Documentation shows that there were two community program planning sessions conducted but documentation is lacking in essential details such as who participated, how many, when, and if the target population, peers with lived experience with serious mental illness, justice involvement, and complex behavioral health needs, was sought.

Tiffany Carter stated an ACCESS Ambassador asked how the decision to use the Childhood Family Team model emerged from the community program planning process.

Tiffany Carter stated an ACCESS Ambassador asked, with only a few peer positions noted in the salary section, it is unclear at what level of funding these positions will be held. The MHSA upholds that peer positions are to be held in high regard, be competitive, and have an opportunity for growth.

Richard Gallo stated their concern regarding the peer positions. The speaker felt strongly that the peer positions need to include a living wage as much as possible so there will not be a high turnover rate. Having continuity of services is critical for this population. The speaker stated they have personal experience helping individuals getting out of jail, securing housing, financial benefits, food security issues, and more. Peer positions are important with this targeted population because they provide role models to show that goals can be met.

Hector Ramirez, , consumer and advocate, asked about the process that was taken to include underserved communities during the planning of this project. Black, Native American, and Latino communities are disproportionately represented in the number of individuals with psychiatric disabilities in jails and on the streets due to systemic racism and the lack of services. The speaker asked how this was taken into consideration.

Hector Ramirez stated the Commission does not have peer representation from the Latino, Native American, or Black communities. The speaker stated concern that, as the Commission does evaluations for this project, it will not take all the people of California into consideration. The speaker asked if restorative processes are being utilized in working with consumers. The speaker stated they read the term "recycled consumers." The speaker stated garbage is recycled, not people. The speaker stated those comments reflect how the planning for this project took place. The speaker stated the need to take a humane approach in how individuals with psychiatric disabilities are related to, starting today.

Sally Zinman, Executive Director, California Association of Mental Health Peer-Run Organizations (CAMHPRO), stated they loved the Multi-System Team approach,

especially the family/community partner. Natural supports are essential to recovery. The speaker was pleased to see peers involved in the project but concerned about the pay scale – not only with this project but in projects across the state. The speaker stated peers are at the bottom of the scale at $38,000. This is not a living wage, especially in the Bay Area. The pay should be commensurate with the incredible work that they are doing.

Pamela Weston stated the California Board of State and Community Corrections does an effective job of helping California have peers at different commissions, such as the Anti-recidivism Coalition and the Criminal Justice Behavioral Health Commission, which are working on reintegration and health parity. The speaker asked how peers are selected and suggested looking at who has been involved already and what counties they are from to help this project join at a policy level to address the historic bias and discrimination that is underneath the MHSA general standards.

Commissioner Discussion

Chair Ashbeck asked Ms. Leung to comment on how individuals who are traumatized in jail and are not identified as having a mental illness can integrate into this team as they transition out, the community planning process involving peers, and the peer salary range.

Ms. Leung addressed comments and concerns brought up during public comment as follows:

- The county will ensure that the LGBTQ community has access to this program and will internally look at how to bridge that population, who often go undiagnosed or misdiagnosed.
- The community wanted to ensure that this was a trauma-informed program. The county will take Poshi Walker's suggestion about using the ACEs assessment into consideration.
- As part of the community planning process, a 16-member workgroup was convened, which consisted of systems partners, consumers and family members with lived reentry experience, and members of the African American/Black and Latinx communities.
- The county will take the suggestions made today into consideration with regard to the peer position and salary.

Chair Ashbeck asked for a motion to approve the proposed project.

Commissioner Berrick moved the staff recommendation.

Commissioner Brown seconded.

Commissioner Bunch asked who does the initial assessments and the diagnoses.

Ms. Leung stated the forensic behavioral health provider clinician or staff will do the initial assessments and diagnoses.

Commissioner Mitchell asked where in the process the assessment is done.

Ms. Leung stated clients will be identified by Jail Psychiatric Services and potentially by the Mental Health Court, the mental health coordinator, the public defender, the district attorney, and the intake nurse. Individuals are identified as living with a mental illness and then referred into the program. The behavioral health provider staff will meet with that client as part of the discharge process. A needs assessment will be done at that time to identify services and resources needed upon release so the provider can ensure that those services and resources are in place once the client reenters the community. Clients are most successful when services are in place within 72 hours after release.

Action: Commissioner Berrick made a motion, seconded by Commissioner Brown, that:

- *The Commission approves Sacramento County's Innovation Plan as follows:*

  Name: Forensic Behavioral Health Multi-System Teams

  Amount: Up to $9,536,739 *in MHSA Innovation funds*

  Project Length: Five (5) Years

Motion carried 9 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Alvarez, Berrick, Brown, Bunch, Danovitch, Gordon, Mitchell, and Tamplen, and Chair Ashbeck.

ACTION

3: <u>Ventura Innovation Plan</u>

Presenter for the FSP Multi-Platform Data Exchange Innovation Project:

- Kiran Sahota, Mental Health Services Act Senior Behavioral Health Manager, Ventura County Behavioral Health

Chair Ashbeck stated the Commission will consider approval of $2,011,116 in Innovation funding to support the Full-Service Partnership Multi-Platform Data Exchange Innovation Project. She asked the county representative to present this agenda item.

Kiran Sahota, Mental Health Services Act Senior Behavioral Health Manager, Ventura County Behavioral Health, provided an overview, with a slide presentation, of the need, proposed project to address the need, and budget of the proposed Full-Service Partnership Multi-Platform Data Exchange Innovation Project.

Commissioner Questions

Chair Ashbeck asked for further details on the CareManager System.

Ms. Sahota stated the new Healthcare Information Exchange Systems have a component called a CareManager. A Behavioral Health CareManager is a product of NetSmart and will be integrated into the avatar system. The full-time CareManager will filter the data and immediately get that information to clinicians, crisis teams, or community integrative teams.

Commissioner Mitchell asked how to protect against bias and how to ensure that the receiver of the shared data will benefit the client.

Ms. Sahota agreed that bias based on perception is a valid point. It is not something that the county has looked at to date with this project but it is something that will be integrated going forward. The county will work with the Equity Services Manager to ensure that trainings are appropriate and will have Memorandums of Understanding (MOUs) with the health care agency, law enforcement, and Homeless Management System to ensure that they have sensitivity training, including a training of implicit bias.

Commissioner Bunch stated even the idea of informed consent is important. Many times, clients consent to share their information across multiple databases as part of the intake paperwork. It is important to train clinicians on how to speak to clients about what this means.

Hilary Carson, MHSA Innovations Program Administrator, Ventura County Behavioral Health, stated this is part of the first steps of the project. Nothing has yet been solidified. The initial process is only to intake information and automate information received from jails and hospitals. The next step will be the informed consent piece. Clients will have control over what information can be shared. Clients will have many conversations with their treatment team and clinician before information sharing will take place.

Public Comment

Poshi Walker acknowledged that the proposed Innovation project is important but questioned why Innovation funds were being used for it. The speaker stated the need for Innovation projects to raise up community-defined practices for unserved and underserved communities. The speaker asked Commissioners to consider for all Innovation projects whether they rose up from community stakeholders as a priority or if it was a county priority that was then presented to the public without asking community members what their priorities were.

Poshi Walker stated the proposed project is FSP-focused and should be funded with community services and supports (CSS) funds rather than Innovation funds.

Poshi Walker agreed with Commissioner Mitchell’s comment about implicit bias. Many counties collect demographic data on their electronic health record, including sexual orientation and gender identity data. That is supposed to be given anonymously and confidentially. The speaker asked if clients can select the data to be shared. The speaker gave an example of implicit bias with regard to prohibiting the prescription of pain medications.

Commissioner Discussion

Chair Ashbeck asked the county to respond to comments and concerns brought up during public comment.

Ms. Sahota stated the Behavioral Health Advisory Board has found gathering and reporting on data difficult. She stated being able to truly integrate systems is something that the community has asked for. This came out of eight forums during the community planning process.

Ms. Sahota addressed the specific data parameters. She stated the wonderful thing about data integration is that the parameters of data to be sent can be created. She stated the proposed project is not about sending data at this time. It is strictly about building a process for the county to receive data. Although the goal is to build it bidirectional, it currently is unidirectional – the county can ask the hospital about the medications an individual is on so the psychiatrist can work with the FSP client or the county can ask the jail if an individual has entered into the criminal justice system so the county can reach out to them when they go for a no-show.

Commissioner Boyd asked that the minutes reflect that he has been on since roll call but has had a lot of technology problems and thanked staff for helping him resolve them.

Chair Ashbeck asked for a motion to approve the proposed project.

Commissioner Mitchell moved the staff recommendation.

Commissioner Gordon seconded.

Action: Commissioner Mitchell made a motion, seconded by Commissioner Gordon, that:

- *The Commission approves Ventura County's Innovation Plan as follows:*

  Name: FSP Multi-Platform Data Exchange

  Amount: Up to $2,011,116 in MHSA Innovation funds

  Project Length: Three (3) Years

Motion carried 9 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Alvarez, Berrick, Boyd, Bunch, Danovitch, Gordon, Mitchell, and Tamplen, and Chair Ashbeck.

Chair Ashbeck dismissed everyone for a 10-minute break. She stated Commissioner Tamplen will facilitate the meeting after the break while she is out on another call.

10 MINUTE BREAK

INFORMATION

4: <u>Reflections on our work through the lens of current events: Racial Equity and COVID-19</u>

Presenter:

- Toby Ewing, Ph.D., Executive Director

Acting Chair Tamplen stated the Commission will consider the implications of COVID-19 and racial equity on current and prospective actions. She stated Commissioners

received a brief memo outlining the various projects the Commission has underway that are relevant to reducing disparities. She asked staff to present this agenda item.

Executive Director Ewing reviewed the Commission Efforts to Reduce Mental Health Disparities memo, which was included in the meeting packet. The memo summarized Commission efforts such as:

- Joining California's Capitol Collaborative on Race and Equity (CCORE)
- Mapping disparities through California's Client and Service Information (CSI) Dataset
- Engaging the Commission's Cultural and Linguistic Competency Committee (CLCC)
- Reducing criminal justice involvement
- Revising Prevention and Early Intervention (PEI) and Innovation data reporting regulations and strengthening demographic reporting
- Supporting youth innovation
- Initiating tribal youth innovation convening
- Implementing the Striving for Zero Suicide Prevention Strategy
- Supporting stakeholder advocacy on reducing disparities and serving immigrants and refugees
- Communicating the imperative to reduce disparities

Executive Director Ewing stated the work outlined in the memo does not mean that the Commission is doing enough. He asked for feedback from Commissioners on the work being done, what else staff should be doing, and how to strengthen the initiative that is underway to inform conversation on race and equity. He asked for guidance and direction on how to move forward.

Commissioner Questions and Discussion

Commissioner Mitchell stated the hope that the Commission is comfortable with the conversation and shifting its own thinking regarding the programs reviewed and the counties' work, and that it is okay with looking at its work through the lens of parity and equity and not just business as usual. It is important to have discussions from the point of view of how this affects individuals outside of local communities. Changing a way of thinking is difficult. She encouraged the Commission to be comfortable with an uncomfortable discussion that the United States has a hard time talking about. This can no longer be avoided.

Commissioner Bunch asked how to learn about programs that are listed in the memo.

Executive Director Ewing stated staff has given Commissioners information on each of these programs over the last six to twelve months, although it has been brief. He stated 75 percent of the Commission meeting agendas have been for county Innovation plan approval, while Innovation funding is approximately 1 percent of the overall MHSA

funds. Part of the challenge is the limited time staff has to keep the Commission up to date on the many other things that the Commission is doing besides county Innovation plans. A brief overview of those activities are included in the memo.

Executive Director Ewing stated the new programs that Commissioner Bunch is referring to are contracts currently being entered into. He stated these programs came out of the $5 million the Commission received two years ago to support the Innovation Incubator. Consistent with the chair's direction the Innovation Subcommittee is to think about the tradeoffs between the time that is spent approving Innovation plans and providing feedback on other Commission activities such as proactively designing PEI strategies.

Executive Director Ewing stated Commissioner Gordon announced in a press conference yesterday that Sacramento County is working to put a clinician in every school. This is part of the Commission's mental health student services work, which was built out of the SB 82 triage crisis services work. He stated Commissioner Gordon identified in the press release that part of that strategy is to ensure that opportunities are created to monitor children early on to avoid recreating the disparities currently being dealt with in the adult population and to short-circuit the school-to-prison pipeline early on.

Executive Director Ewing stated it has been challenging to give Commissioners a thorough understanding of all the things the Commission is doing due to meeting time constraints.

Commissioner Berrick stated Dr. Early recently discussed some of the work staff will be presenting nationally.

Executive Director Ewing stated Dr. Early's team submitted four research papers for publication reporting out on the work of the Commission to the American Public Health Association. Three of the four submittals were accepted. This is a tremendous step forward for the Commission and staff. He asked Dr. Early to provide additional details.

Dawnte Early, Ph.D., Chief, Research and Evaluation, summarized the papers to be presented in October at the American Public Health Association National Conference in San Francisco. She stated the titles of the research papers are as follows:

- The Violent Mentally-Ill Person Stereotype and Examination of Arrests and Convictions Among those Deemed Incompetent to Stand Trial
- The Association Between Psychiatric Diagnosis and Trauma and Racial/Ethnic Disparities Among Mental Health Service Clients in California
- The Association Between Trauma Experience and Arrest Outcomes in Participants of Intensive Mental Health Programs in California

Dr. Early stated these abstracts will be distributed to Commissioners and posted on the website.

Commissioner Berrick stated these kinds of research activities, particularly on implicit bias, race, intersection with systems, and how systems end up making problems worse,

provide the opportunity to move forward with that and make it a central focus of the Commission in everything it does so it will have a greater impact going forward.

Dr. Early stated one of the most important things that can be done with research is not only to do the research but to communicate the findings to then be used for advocacy by stakeholders to make public policy decisions. The best way to do that is to post the findings online and to increase exposure by presenting the findings in meetings and attending research conferences to talk with peers about methodology and linking being done to ensure that the highest level of statistical analyses is being maintained. By submitting these research papers and vetting them with peers, staff not only is contributing through its research to policy but also to the research field.

Commissioner Alvarez echoed Commissioner Berrick's comments about being proud to be part of this Commission and the work being done to elevate the data that tells the story of what is really happening in communities. She suggested, when sharing this information, to also release this data in a series of papers from the Commission.

Commissioner Mitchell asked if the outcome data comes from the counties.

Dr. Early stated it comes from several places and can be seen at the state and county levels. There is data coming from the counties through CSI and FSP. The data comes to the Commission through an agreement with the DHCS. Data also comes from the Department of Justice, which is linked with the data from the DHCS to for county outcomes.

Executive Director Ewing stated all of this work is borne out of the work that the Commission did through the Criminal Justice and Mental Health Project under Commissioner Brown. Staff is also looking for dates for the Subcommittee on Schools and Mental Health to meet. As part of that project, there have been similar conversations with the Department of Education and the DHCS to do the same work about how mental health support reduces "educational failure," particularly when seen through a prevention lens. Commissioner Gordon has been leading this groundbreaking work.

Executive Director Ewing stated the question is what stakeholders would like to support to make programming decisions to better understand the best way that mental health services and supports can result in improved educational outcomes, particularly for communities of color. The most progress has been made on the criminal justice work because the Commission has been at it the longest. He stated, because there is more precedence there, the Commission is trying to do parallel work on education to support individuals earlier. Commissioner Berrick is chairing a workgroup for the state on the intersection of mental health and child welfare and the Commission is working with him on accountability measures and is exploring using this same data strategy.

Executive Director Ewing stated the Commission has long highlighted for consumers that employment is opportunity and hope and is a clear sign of recovery. It is important to understand that employment opportunities are not only about someone having a job – it is about self-reliance, opportunity, and being paid a living wage. Staff has been in conversation with the Employment Development Department (EDD) for three years about this work.

Dr. Early added that quarterly wage data is scheduled to be received from the EDD by November of this year in the same fashion as has been done with the Department of Justice to link to all clients from 2006 and onward. This data will help with the Workplace Mental Health Project work and for looking at what success looks like for consumers.

Commissioner Mitchell stated the hope that this information can drive systems change because the data will show how different groups are affected. She stated, as the Commission funds various programs coming through the counties, some of the programs will address some of the disparate issues because it comes down to equity, access, and fairness to improve the lives of those who are living with mental illness and other issues.

Acting Chair Tamplen acknowledged Dr. Early and the Commission's work on strategies for research data and policy to address racial inequities. She stated one of the things that is important to highlight is that consumers often have to call 9-1-1 for mental health issues and law enforcement being the first responder makes it difficult because of the many complexities being seen across the nation due to those interactions. The Commission has an important role in how counties engage communities for ideas for innovation projects. Asking more about the specific data from that process will ensure that the community voice is heard.

Acting Chair Tamplen stated another area of the mental health system that needs transformation is being transported in police cars in handcuffs during mental health crises. This is traumatizing. She stated African Americans and Latinos are overrepresented in the involuntary system of the mental health system and in being overmedicated. These are areas that are not new but the Commission can continue to provide good resources and services.

Acting Chair Tamplen stated the core of the system around the response to mental health crises is traumatizing and retraumatizing to individuals. As a result, consumers should not be questioned why they refuse treatment or why they want to stay away from it. The Commission should be looking at how the Commission can influence counties and support them in moving away from that kind of interaction to one that is more community focused and community engaged, and that involves peers in the outreach to individuals in crisis, along with clinicians. She stated the need for the Commission to look into how those efforts can be improved.

Chair Ashbeck rejoined the teleconference call. She stated the city of Fresno had an action on Monday to discontinue the police response to 5150 calls and mental health calls. She stated her concern that an alternative plan has not been considered and that this might create a different set of problems. It is important not to leave individuals in crisis with no response. She suggested that the Commission take a leadership role during this defund-the-police movement in considering what can be done to support counties to create a mental health response that is timely and equitable.

Commissioner Berrick stated the points that the Chair and Commissioners are bringing up are important. He agreed that the Commission has this moment in time to speak to African American boys. The outrageous preschool numbers mentioned by Executive

Director Ewing are overwhelmingly African American boys. The Commission can impact this issue by doing three things:

- Help preschoolers get support instead of negative intervention
- Include a better response for mental health issues - police should never be the first responders
- Offer services such as wraparound services to families before teachers call Child Welfare and children are expelled from school. Almost all children who receive intensive wraparound services must be removed from their homes in order to access those services. This is wrong.

Commissioner Berrick stated these three things would have a big impact on disparities.

Commissioner Bunch stated she would love to hear what is happening with Commissioner Alvarez, and First 5. She stated children of color are often seen as aggressive rather than outgoing leaders. There is a need to address implicit bias inside the schools.

Commissioner Alvarez stated there is currently a unique moment with so much important leadership at the state level on early childhood and prioritization of early childhood and an opportunity to operationalize what that means, particularly with the DHCS and with the leadership of the surgeon general and the attention she is bringing to ACEs. She stated children of color have a disproportionately high number of ACEs, many times because of racism and systemic oppression that is part of these systems. She stated the need to think through what can be done in collaboration and with leveraging resources.

Commissioner Alvarez stated the First 5 California Commission has a new strategic plan where child health is a new strategic priority and mental health and addressing trauma is part of that. This is an opportunity. Also, the New Master Plan for Early Learning and Care that the governor requires to be issued by October is an opportunity. Thinking through where mental health fits into the Master Plan so that the next ten years of investments in policy priorities reflect what the collective wants to see done will not happen overnight, but there is a need to ensure that markers are in place to demonstrate progress for California's children.

Commissioner Gordon provided more details about the mental health initiative mentioned by Executive Director Ewing where Sacramento County is working to put a mental health clinician in every school. He stated this has been developed over the last three to four years with a clear theory of action as follows:

- There has never been dependable funding. There are many pilot projects but they come and they go and the focus goes and the priority goes.
- There is never a focus on prevention and wellness, but instead there is a focus on how to bring treatment because of an emergency. Individuals never take advantage of the fact that the school is a caring place. There is a caring community of individuals who are there to look after children. They are mission-driven.

- There is a lack of access to services for the most underserved children because in many cases they cannot get to medical facilities or appointments and school does not have a focus on that.
- There is a lack of trust in the systems that children and families often are referred to.

Commissioner Gordon stated one of the goals of putting a mental health clinician in every school is not just to parachute a treatment person in but to bring in Local Control Funding Formula (LCFF) clinicians as employees of the Sacramento County Office of Education (SCOE), not the health department. The SCOE will train them in collaboration with the school people to hopefully create the school as a center of wellness where the goal is prevention and wellness, not just taking care of problems.

Commissioner Gordon stated the SCOE has a great relationship with First 5 Sacramento. One of the big focuses of the mental health initiative is to use the clinicians and the schools in their communities as a gateway or beachhead into the zero-to-five space so that they can help organize, work with, and build up the confidence of parents to join with the schools so hopefully more of the children will be in school at five years old. He reminded Commissions of a presentation a couple of years ago from an individual in San Francisco who laid out that much of the trauma encountered by children occurs prior to five years of age.

Commissioner Gordon stated the SCOE has been piloting a telehealth approach. He stated there is much a school can do and a variety of services can be brought in without creating a health clinic. The idea of putting a clinician in every one of the 383 schools in Sacramento County is not a pilot. The initiative will be supported by sustainable funding from Medi-Cal and will be implemented in a phased rollout over the next several years, beginning this fall with 11 schools.

Executive Director Ewing stated the Commission recently authorized staff to enter into a contract with Innovation Incubator funds to bring in a nationally recognized best practice, the Crisis Now Project. He asked Jim Mayer to give a quick description of the Crisis Now Model, one of six strategies being pursued to address the issue of reducing criminal justice involvement.

Jim Mayer, Chief of Innovation Incubator, stated the Crisis Now Model provides an opportunity to not have law enforcement be the first response to a mental health crisis. The Innovation Incubator completed work last year on data matching between criminal justice systems and behavioral health within counties. There have been cross-system discussions about what more could be done. A number of counties stated they wanted to be at intercept zero, which is when a crisis is responded to prior to the need for a 9-1-1 call. Other counties did not know what an intercept zero would look like but knew they wanted this model, which has been developed nationally under the National Association of State Mental Health Program Directors, and is certified by the Substance Abuse and Mental Health Services Administration (SAMHSA), and is rolling out in a number a states.

Mr. Mayer stated Crisis Now is a planning process where counties' cross-sector teams will go through an eight-month process with experts on the whole continuum of what

they need to do to develop a community-based comprehensive crisis response system. There is a strong component about how needs and resources are assessed to build a sustainable system drawing down as much funding as possible from other sources. He stated some counties that have signed up were SB 82 triage grant recipients that had mobile crisis units for few years until the funding ran out. They saw the potential but not the sustainability.

Mr. Mayer stated this is an opportunity to connect the data work and efforts to get ahead of the criminal health response for mental health crisis and to try to build out the system change in the sense where it truly gets to a point where it is sustainable and no longer dependent on one-time grants. He stated this work will begin in the next month. Eight counties are currently signed up with two more in the process.

Chair Ashbeck asked for a staff report or white paper on the Crisis Now work.

Public Comment

Stacie Hiramoto stated they were grateful that Commissioner Gordon remarked at the last meeting how the issues of equity and diversity are superimposed on the Commission's regular work. The speaker stated Commissioner Gordon suggested setting aside time to think and discuss how these issues should be approached and made other suggestions that were on target. Today's discussion did indeed have these issues superimposed on the work the Commission is already doing.

Stacie Hiramoto referred to the four-page memo listing the Commission's efforts to reduce mental health disparities and noted that it was not posted on the website until late last night. The speaker stated people of color who do the work that REMHDCO does have a name for the kind of presentation that occurred and the kind of report that is posted on the website. The term is "checking the box." The speaker stated they did not hear or read what they were looking for in today's presentation, particularly in the written report.

Stacie Hiramoto asked if the Commission realized that these weeks of protests and marching, heartache and anger around the country might bear any relationship to the Commission's work. The speaker stated they do. The civil unrest is because people are demanding change not only at the individual police departments but other governmental systems. The speaker stated the staff of any police department across the country, including Minneapolis, Nashville, Oakland, or Sacramento could put together a nice list and presentation just like the one given today. The speaker stated what the Commission is doing or what was written is not bad, but this is neither the time nor the format to discuss this.

Stacie Hiramoto used the CLCC as an example. The speaker stated a couple of tasks are already listed for them, but the CLCC had absolutely no role in discussing or choosing them. The Commission's advisors for reducing disparities were not asked what they thought was a most important thing for the CLCC to do. These actions seem to have been decided behind closed doors with no input from public stakeholders and will be presented to the CLCC with the question "how shall we proceed?" This is not working in collaboration. This is not listening to stakeholders and it is not what the MHSA envisions.

Stacie Hiramoto stated they would be happy to talk with the Commission about the Criminal Justice and Mental Health Project and how it did not include all the input from the focus groups of African Americans and individuals from the transgender community. Again, this is not a venue that lends itself to discussion.

Stacie Hiramoto stated what is most important for the Commission to commit to is new actions to improve the relationship with communities of color, to build trust, and to show respect. The speaker asked the Commission to accept REMHDCO's offer to help the Commission to serve communities and improve the work of the Commission.

Chair Ashbeck responded that the Commission started with the work it is doing because the discussion must start somewhere. It was not to say, we've got this don't worry, it was simply to say, given the work the Commission is already doing, can we accelerate or look through a different lens.

Chair Ashbeck also stated today's 45-minute conversation is not the end of the conversation. The Commission hears and respects public input but the work and the discussion must start somewhere. The Commission started with schools and criminal justice. Yes, we can do better and this will be on the agenda again.

Poshi Walker stated appreciation for Chair Ashbeck's comments but the speaker also agreed with and supported Stacie Hiramoto's comments. The speaker stated structural racism and implicit bias create mental illness. Defunding the police is a mental health response and using funds for increased community services including schools is what defunding the police means.

Poshi Walker clarified that defunding the police is not a condemnation for each individual police official, and that defensive comments regarding particular departments like the one that was made at the last meeting ignore the effects of structural racism and implicit bias and are actually part of the problem. The speaker asked the Commission not to allow such comments to derail antiracist conversations.

Poshi Walker stated it is important to understand that, especially for those who have white privilege, it is not enough to say "I am not a racist." It is necessary for individuals to say "I am antiracist" and recognize that they are drenched every day in white supremacy.

Poshi Walker recommended new actions the Commission can take right now to support defunding the police and fixing and reducing racial and ethnic disparities:

- Send a letter noting the Commission's opposition to SB 665, Mental Health Services Fund: county jails.
- Put the CRDP on the Commission meeting agendas to provide an opportunity to uplift Black, Native American, Latino, API, and LGBTQ potential innovation projects that are community-defined practices as innovation projects to counties.

Dr. Moreno stated they also were an evaluator with the CRDP. The speaker stated there currently is an opportunity to further shift how business is done. The disparity data has been discussed over and over and this data is worsening due to the COVID-19 pandemic as well as state-sanctioned violence against communities of color. The

speaker implored the Commission to further shift time from presenting on this data to what the Commission is going to do about it. The speaker recommended looking at what works with communities of color and leveraging these endeavors by investing in them more.

Dr. Moreno stated one effective endeavor that is really working is the CRDP. The speaker thanked the Commission for including the CRDP letter in the packet of handouts. The speaker stated the CRDP would like to have a follow-up conversation with the Commission about the letter and how to leverage the project, given the particular moment that California is in.

Pamela Weston stated, in 2014 to 2016, Monterey County hosted a collaborative forum with the Department of Justice wherein, the speaker advocated for the work to be district-specific and culturally-specific. The speaker directed the Commission to the 2017 Cultural Competency Action Plan in Monterey County, which came out of those collaborative forums. In dealing with law enforcement, homelessness, and other issues, there is a need to review what has been asked for.

Pamela Weston asked for the creation of a subcommittee. The speaker asked staff to follow up with Monterey County to ask about benchmarks. It is important to be district-specific during research. The speaker asked the Commission to work with culturally-specific, district-specific outlines because heritage is different from race. The speaker stated, instead of looking at color lines, look at culture lines to allow communities to be who they are.

Steve Leoni, consumer and advocate, stated there is an interaction between mental health and the recent racial injustice issues. The speaker stated, while claustrophobia is not usually thought of as a mental illness, it is a mental condition that deserves respect. George Floyd was uncomfortable with getting into the police vehicle and he lost his life for that.

Steve Leoni stated concern that oftentimes young Black men in particular are diagnosed with antisocial personality disorder instead of perhaps paranoid schizophrenia, which can result in non-service.

Steve Leoni stated there was an innovation project approved by the Commission in 2018 in Alameda County about different ways to transport individuals utilizing neither police nor ambulance. The speaker suggested checking on Alameda County’s progress.

ACTION

1: <u>Approve May 28, and June 11, 2020, MHSOAC Meeting Minutes</u>

Chair Ashbeck stated the Commission will consider approval of the minutes from the May 28 and June 11, 2020, teleconference meetings.

Public Comment

Poshi Walker referred to their comment at the bottom of page 8 of the May 28th minutes and asked to add "communities of color" to the end of their comment so it would read, "The speaker asked the Commission not to approve the proposed Innovation projects unless culturally-specific outreach and treatment is specifically included for communities of color and LGBTQ communities of color."

Commissioner Questions and Discussion

Commissioner Bunch moved to approve the minutes from the May 28 and June 11, 2020, teleconference meetings as revised.

Commissioner Alvarez seconded.

Action: Commissioner Bunch made a motion, seconded by Commissioner Alvarez, that:

- *The Commission approves the May 28, 2020 meeting minutes as revised and June 11, 2020, meeting minutes as presented.*

Motion carried 6 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Alvarez, Berrick, Brown, Bunch, and Mitchell, and Chair Ashbeck.

INFORMATION

5: <u>Executive Director Report Out</u>

Presenter:

- Toby Ewing, Ph.D., Executive Director, MHSOAC

Chair Ashbeck stated Executive Director Ewing will report out on projects underway, on county Innovation plans approved through delegated authority, and other matters relating to the ongoing work of the Commission.

Executive Director Ewing presented his report as follows:

<u>Budget Priorities</u>

The Commission has submitted language in the budget bill that has been passed by the Legislature but not yet signed by the governor as follows:

- The Commission has asked for flexibility in funds for the coming fiscal year to support suicide prevention activities.
    - If successful, it will allow the Commission to dedicate approximately $2 million over the next two years for suicide prevention activities.
    - Executive Director Ewing asked Commissioners for guidance on how best to utilize those funds. The COVID-19 pandemic has drastically exacerbated the realities that individuals are living under. He highlighted the concern about disadvantaged communities when some of the housing prescriptions in place today are lifted. Research suggests that suicide

rates will go up and risks will escalate dramatically. It is important to think about how to use the $2 million to put effective suicide prevention strategies in place.

- The Commission has asked for additional support for the Criminal Justice diversion strategies through the Innovation Incubator in response to the COVID-19 pandemic. The argument was made that the COVID-19 pandemic has changed the nature of needs, the scale of needs, and the reality of how public mental health programs respond to those needs.
    - There are opportunities for the Commission to support rethinking some of these strategies in the wake of COVID-19 and the resulting fundamental and dramatic cuts to programs.
    - There is also an opportunity for the Commission to rethink what is most important and recognize that some long-term systems may not be designed as effectively as they could be. If approved by the governor, the Commission will have approximately $2 million over two years to consider how to support reprioritizing programs in the context of the COVID-19 pandemic.
- The Commission has asked for additional support to work with partners to reprioritize how existing contract dollars are being used.
    - The Commission has approximately $100 million in contracts with counties and local providers for services and all of this work was designed in a pre-COVID-19 environment.
    - The Legislature was clear that the new priorities must be consistent with the original intent of the contracts. It is not about changing what is being done or taking funding from one party to give to another, it simply is recognizing that, for contracts that call for work to be done that can no longer be done in the COVID-19 environment because of safety concerns, contractors can be provided flexibility.

If these proposals are signed by the governor, staff will ask Commissioners for guidance on how to move forward in the coming months.

Committees

The CLCC will tentatively meet on July 15th.

The Client and Family Leadership Committee (CFLC) will meet in the near future to discuss SB 803, Mental health services: peer support, to consider how to better support peers and family members in the service delivery system, including peer certification.

The Schools and Mental Health Subcommittee will meet in the near future. There are individual projects that are part of a broader school mental health initiative that have come out of community engagement work over the last couple of years. The Subcommittee will review the draft Schools and Mental Health Report to ensure that work is relevant in the COVID-19 and post-COVID-19 timeframes.

The Innovation Subcommittee will meet in the near future.

The Rules of Procedure Subcommittee will meet in the near future.

ADJOURN

There being no further business, the meeting was adjourned at 12:47 p.m.

AGENDA ITEM 2

Action

July 23, 2020 Commission Meeting

Award Mental Health Student Services Act (MHSSA) Category 2 Grants

Summary: The Commission will consider awarding MHSSA Category 2 grants to the highest scoring applications received in response to the Request for Applications (RFA) under the MHSSA to support School/County Partnerships in the implementation of programs described in the Act.

The Commission, at its November 2019 meeting, approved the outline for the RFA which would make available $75 million in funding from four fiscal years, setting aside $5 million for implementation and administration, with program funding available in two categories: Category 1: Funding for counties with existing school mental health partnerships and Category 2: Funding for counties developing new or emerging partnerships.
Within each category, funds are made available based on county size (population).

On December 12, 2019, the Commission released a Request for Applications (RFA) for the MHSSA grants, in a competitive bid process to distribute $75 million to support School/County Partnerships in the implementation of programs as described in the Act. Applications for each category were due at different times, with the Category 1 applications due first. The Category 2 grant application deadline was June 12, 2020. Detailed information is discussed below.

The Commission will consider awarding eight MHSSA Category 2 grants totaling $30 million to support the work of counties who are developing new or emerging school-based partnerships.

At the April 23, 2020 meeting the Commission approved $45 million in funding for the following counties in MHSSA Category 1:

County:	**Grant Total:**
Humboldt	$2.5 million
Mendocino	$2.5 million
Placer	$4 million
San Luis Obispo	$4 million
Solano	$4 million
Tulare	$4 million
Fresno	$6 million
Kern	$6 million
Orange	$6 million
Ventura	$6 million
Totals:	**$45 million**

Background:

SB 75-Mental Health Student Services Act:

Senate Bill 75 established the Mental Health Student Services Act (MHSSA), which provides $40 million one-time and $10 million in ongoing MHSA state administrative funds to support mental health partnerships between county behavioral health departments and school districts, charter schools, and county offices of education.

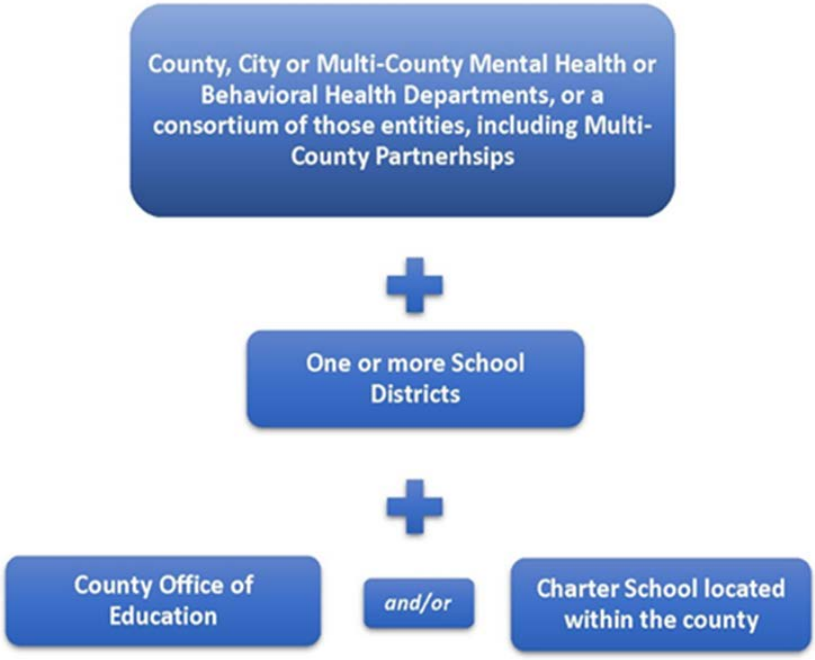
In September, October and November of 2019, the Commission held listening sessions on the MHSSA. The purpose of the listening sessions was to make local behavioral health and education leaders aware of the opportunity to receive MHSSA funds, the limitations of those funds and the anticipated timelines. Listening sessions were held in Sacramento, Richmond, Fresno and Los Angeles.

Outreach for these events included behavioral health agencies, school-based agencies, associations and community organizations, as well as the California Department of Education's stakeholder list of educators and community-based organizations.

The MHSSA requires the Commission to award grants to county mental health or behavioral health departments to fund partnerships between educational and county mental health agencies. One concern raised during the listening sessions was the challenges facing communities that do not currently have school-county partnerships for school mental health. Participants raised concerns that communities with existing partnerships may have an advantage in responding to a Request for Application (RFA) compared to those with no existing partnership. Local school and mental health leaders also expressed concern that $50 million was not sufficient to respond to local needs and encouraged the Commission to explore options to make available additional resources.

In response to those concerns, in November 2019 the Commission approved the outline of the RFA which would make available $75 million in funding from four fiscal years, setting aside $5 million for implementation and administration, with program funding available in two categories: 1) funding for counties with existing school mental health partnerships and 2) funding for counties developing new or emerging partnerships. Within each category, funds are made available based on the size of a county, as follows:

Applicants are limited to county, city, or multicity mental health or behavioral health departments, or a consortium of those entities, including multicounty partnerships, in partnership with one or more school districts and at least a county office of education or charter school.



Grants are awarded based on three population designations (small, medium and large) and two grant categories (Category 1/Existing Partnership and Category 2/New or Emerging Partnership).

A Category 2/New or Emerging Partnership is one that was not in existence prior to the RFA or has been in existence for less than two years from the date of the release of the RFA and is between the County Mental or Behavioral Health Department and one or more of the following:

- County Office of Education
- Charter School
- School district

Applications for the Category 2/New and Emerging Partnerships were originally due on May 8, 2020 and the Notice of Intent to Award was scheduled for June 2020. Due to the COVID-19 challenges facing schools and counties, these dates were pushed back. Applications for the Category 2/New and Emerging Partnerships were extended to June 12, 2020 and the Notice of Intent to Award scheduled for July 23, 2020.

Grants will be awarded based on the following population designations:

County Designation	Number of Grants Category 2	Amount of each Grant	Total
Small	4	$2,500,000	$10,000,000
Medium	2	$4,000,000	$8,000,000
Large	2	$6,000,000	$12,000,000
TOTAL			**$30,000,000**

RFA Evaluation Process:

The entire scoring process from receipt of applications to posting of the Notice of Intent to Award is confidential. In accordance with the State of California standard competitive selection process, all applications were evaluated in a multiple stage process.

Stage 1: Administrative Submission Review
Verify all required documents are included in the application. Pass/Fail evaluation.

Stage 2: Application Scoring
Applications were separated for each designated population (small, medium, and large), and evaluated as part of their population designation. Applications were reviewed and scored based on the Applicant's response to each requirement. Points were awarded to responses meeting the requirement. Evaluation was conducted in the following areas:

- Mandatory Requirements
- Scored Requirements
- Budget Worksheet

RFA Award and Appeal Process:

The appeals process is summarized as follows:

- An Intent to Appeal letter from an Applicant must be received at the MHSOAC within five working days from the date of the posting of Notice of Intent to Award.
- Within five working days from the date the 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.
- If a Letter of Appeal is filed, the contract shall not be awarded until the MHSOAC has reviewed and resolved the appeal.
- The Executive Director of the MHSOAC will render a decision in writing to the appeal and the decision will be considered final.

Presenter:

- Tom Orrock, Chief of Stakeholder Engagement and Grants

Enclosures (1) PowerPoint presentation

Handout: Application scoring summary will be provided after the announcement of the highest scoring applications.

Mental Health Services
Oversight & Accountability Commission

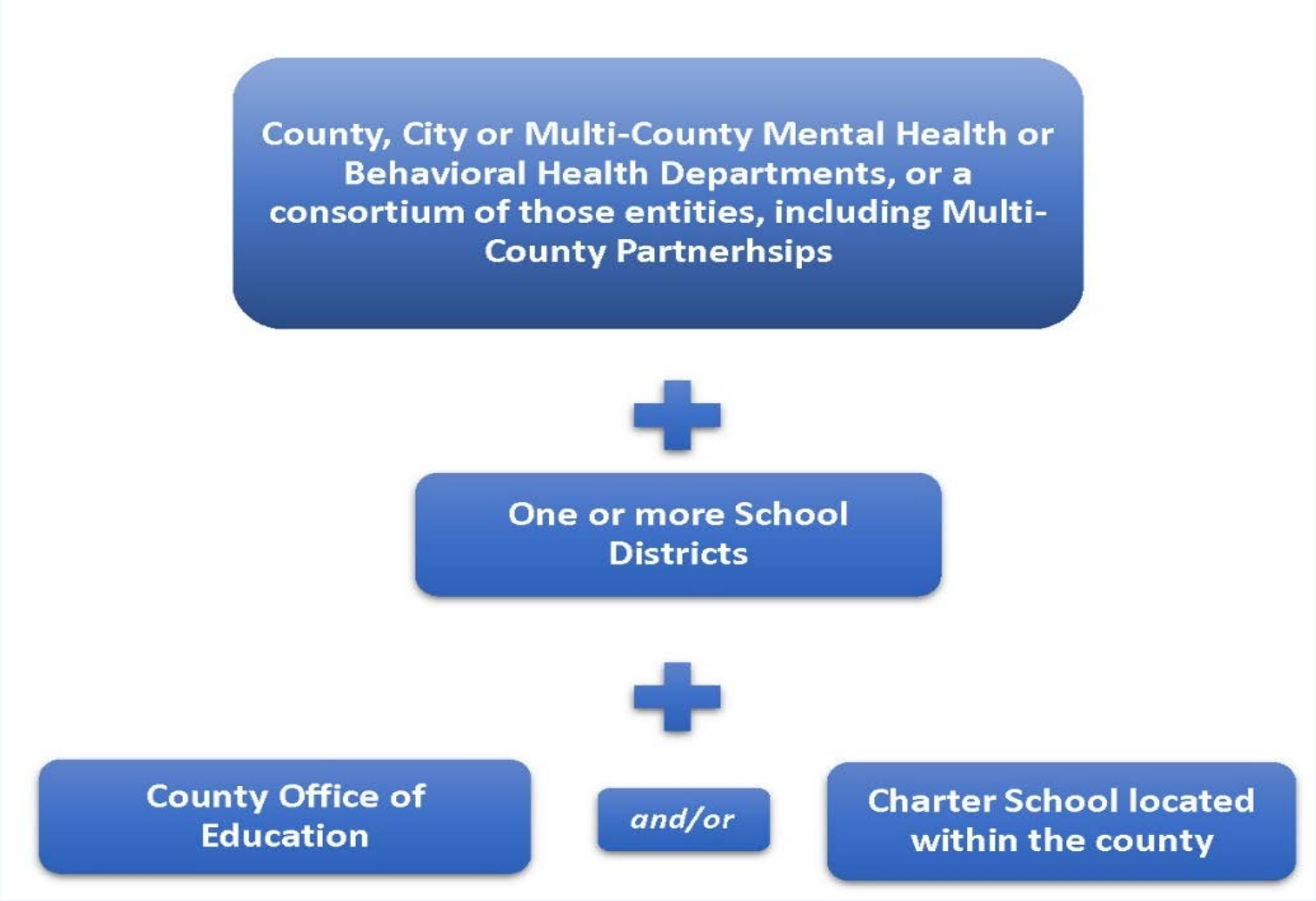
Award Mental Health Student Services Act (MHSSA) Grants Category 2

Tom Orrock, Chief, Stakeholder Engagement and Grants
July 23, 2020
Agenda Item #2

Background

- Mental Health Student Services Act (MHSSA)
  - Included in 2019 Budget Trailer Bill, Senate Bill 75
  - Provides $40 million one-time and $10 million ongoing Mental Health Services Act funding
  - Establishes additional mental health partnerships between county behavioral health departments and school districts, charter schools, and county offices of education
- Applicants limited to county, city, or multicounty mental health or behavioral health departments, or a consortium of those entities, including multicounty partnerships, in partnership with one or more school districts and at least a county office of education or charter school

Background (cont.)



Background (cont.)

- Request for Application (RFA) for the MHSSA grants, in a competitive bid process to distribute $75 million
- Includes two applicant categories
  - Category 1/Existing Partnership
  - Category 2/New or Emerging Partnership
- Includes three population designations
  - Small
  - Medium
  - Large

Grant Apportionment

- One RFA with two categories
  - Existing partnership (two or more years)
  - New or emerging partnership (less than two years)
- $75 million over four years and 18 grants total
  - $45M to existing partnerships
  - $30M to new or emerging partnerships
- Three funding levels based on county population
  - Small (less than or equal to 200,000) = 6 grants @ $2.5M each
  - Medium (greater than 200,000-750,000)
  - = 6 grants @ $4M each
  - Large (greater than 750,000)
  - = 6 grants @ $6M each

Grant Apportionment (cont.)

County Designation	Number of Grants Category 1	Number of Grants Category 2	Amount of each Grant	Total
Small	2	4	$2,500,000	$15,000,000
Medium	4	2	$4,000,000	$24,000,000
Large	4	2	$6,000,000	$36,000,000
TOTAL	$45 million	$30 million		**$75,000,000**

RFA/Award Overview

- Commission approved scope of work and minimum qualifications for the RFA at the November 2019 Commission meeting
- Commission announced 10 Category 1 grantee awards at the April 2020 Commission meeting:
  - Humboldt (small)
  - Mendocino (small)
  - Placer (medium)
  - San Luis Obispo (medium)
  - Solano (medium)
  - Tulare (medium)
  - Fresno (large)
  - Kern (large)
  - Orange (large)
  - Ventura (large)

RFA/Award Overview (cont.)

- Grants awarded to include personnel, administration and program costs
  - Personnel and peer support dedicated to delivering services
  - Administration costs not to exceed 15% of total budget grant amount
  - Program costs may include training, technology, facilities improvement and transportation
- Grants awarded to address goals regarding mental illness
  - Prevent becoming severe and disabling
  - Timely access to services
  - Outreach to recognize early signs
  - Reduce stigma
  - Reduce discrimination
  - Prevent negative outcomes

Category 2 Awards

- Highest scoring applications within each population designation within Category 2 are recommended for award
- Four-year grants
- Eight grants for a total of $30,000,000
  - Four small-county ($10,000,00)
  - Two medium-county ($8,000,000)
  - Two large-county ($12,000,000)
- Anticipated start date of Fall 2020

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 - based on each designated population
  - Mandatory requirements
  - Scored requirements
  - Budget Worksheet
- Applications with the highest overall scores are recommended for an award

Proposed Motion

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

- Authorize the Executive Director to issue a “Notice of Intent to Award MHSSA Category 2 Grants” to the applicants receiving the highest overall scores in each population category
- Establish July 30, 2020 as the deadline for unsuccessful bidders to file with the Commission 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 appeals within two working days of the filing and adjudicate the appeals consistent with the procedure provided in the Request for Applications
- Authorize the Executive Director to execute the contract upon expiration of the appeal period or consideration of appeal, whichever comes first

AGENDA ITEM 3

Action

July 23, 2020 Commission Meeting

MHSOAC Fiscal Year 2020-21 Budget Overview

Summary: The Commission will consider approval of its proposed Fiscal Year 2020-21 Operations Budget.

Background: The Commission's current budget for Fiscal Year 2020-21 is $45,032,000, which includes $29,156,000 for local assistance, $5,400,000 for outreach, engagement, training and technical assistance and advocacy efforts for 8 populations and the remaining balance is available for the Commission's operations budget.

Senate Bill 74, Chapter 6, Statutes of 2020.

SB 74 provides $45,032,000 for support of the Mental Health Services Oversight and Accountability Commission, payable from the Mental Health Services Fund.

This year the Commission's budget includes the following allocations:

Operations Budget: $15,876,000

The Commission's Operations Budget includes funding for personnel services, operations, Information Technology, communications, research and evaluation, policy projects, and outreach and engagement, training and technical assistance and advocacy efforts for 8 populations.

SB 74 also provides language in the Commission's Budget to support suicide prevention efforts and innovative approaches, in partnership with counties and other entities, to address mental health needs as a result of the COVID-19 pandemic. The specific provisional language is below:

- Of the funds appropriated in this item, up to $4,020,000 is available for encumbrance or expenditure until June 30, 2022. Of the $4,020,000, $2,000,000 is available to support suicide prevention efforts consistent with the Mental Health Services Oversight and Accountability Commission's Suicide Prevention Report "Striving for Zero." The remaining $2,020,000 is available to support innovative approaches, in partnership with counties and other entities, to address mental health needs as a result of the COVID19 pandemic.

SB 74 also provides flexibility for Commission contracts:

- Notwithstanding any other law, the Mental Health Services Oversight and Accountability Commission may adjust the terms of pending contracts or amend existing contracts under its authority, including contracts executed through a competitive procurement process, if the amendment meets all of the following conditions: a) is consistent with the legislative intent of the available funding, b) furthers the state's interest in addressing current and emerging mental health needs, c) and improves the cost effectiveness of the local assistance program, as determined by the commission.

Early Psychosis and Mood Disorder Detection and Intervention Fund

The Commission continues to seek donations for the Mental Health Services Oversight and Accountability Commission - Early Psychosis and Mood Disorder Detection and Intervention Program.

The current budget includes 0 funds for this program.

Local assistance: $29,156,000

The Commission's local assistance budget includes funding to support the Mental Health Student Services Act and the Mental Health Wellness Act of 2013. Funding for these programs were approved by the Commission in previous years and the current grant funds for Fiscal Year 2020-21 is included in the following grant programs:

Mental Health Wellness Act of 2013 (Triage Grants)

Grant Programs	**FY 2016-17**	**FY 2017-18**	**FY 2018-19**	**FY 2019-20**	**FY 2020-21**
Adults/TAY		$9,844,300.20	$8,969,419.52	$9,290,644.24	$5,773,186.97
Children (0-21)		$5,847,707.32	$5,878,401.55	$5,731,842.76	$3,433,204.83
Schools/MH	$3,000,000.00	$2,521,594.90	$4,001,830.07	$4,028,744.28	$7,621,300.14
Evaluation		$1,786,397.58	$1,150,348.86	$984,768.72	$3,172,307.84
Totals	**$3,000.000.00**	**$20,000,000.00**	**$20,000,000.00**	**$20,000,000.00**	**$19,999,999.78**

Mental Health Student Services Act (MHSSA) Grant Program
The Commission authorized a total of $75 M for the MHSSA grants awarded in FY 2019-20 and end in FY 2022-23.

AB 81, Chapter 13, Statutes of 2020

AB 81 is an omnibus health trailer bill and contains changes to implement the 2020-21 Budget Act.

Changes to MHSA:

1) Authorizes counties to extend the effective timeframe of a three-year plan for Mental Health Services Act (MHSA) expenditures or an annual update to include the 2020-21 fiscal year. Requires counties to submit the three-year plan or annual update to the Mental Health Services Oversight and Accountability Commission (MHSOAC) and the Department of Health Care Services (DHCS) by July 1, 2021.

2) Authorizes counties to, during the 2020-21 fiscal year, use funds from MHSA prudent reserves for mental health expenditures to serve children and adults, including housing assistance.

3) Authorizes counties to determine allocations of MHSA funds within community services and supports categories for the 2020-21 fiscal year.

4) Suspends reversion of unspent MHSA funds required to be reverted as of July 1, 2019, or July 1, 2020. The suspension is effective until July 1, 2021.

Presenter: Norma Pate, Deputy Director

Enclosures: None.

Handouts (1): A PowerPoint will be provided at the meeting.

AGENDA ITEM 4

Action

July 23, 2020 Commission Meeting
Assembly Bill 2265 Quirk-Silva

Summary:

In January 2020, Assemblymember Quirk-Silva's staff presented a legislative proposal to the Commission that would strengthen mental health strategies to respond to persons with co-occurring mental health needs.

At the January Meeting, the Commission did not take a position on the legislative proposal. The Commission directed staff to work with Assemblymember Quirk-Silva to develop her proposal with guidance from Commissioner Danovitch and bring them back for a future meeting. Over the last few months, staff worked with Commissioner Danovitch and Assemblymember Quirk-Silva's staff to develop the language for AB 2265.

Executive Director Ewing will present the amendments to Assembly Bill 2265 authored by Assemblymember Quirk-Silva.

Presenter: Toby Ewing, Executive Director

Enclosures (3): (1) Assembly Bill 2265 (May 20, 2020), (2) Assembly Appropriations Analysis (May 31, 2020), and (3) Assembly Health Analysis (May 15, 2020).

Handout: None

AMENDED IN ASSEMBLY MAY 20, 2020

AMENDED IN ASSEMBLY MAY 4, 2020

CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

ASSEMBLY BILL No. 2265

Introduced by Assembly Member Quirk-Silva
(Coauthor: Senator Beall)

February 14, 2020

An act to add Section 5891.5 to the Welfare and Institutions Code, relating to mental health, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

AB 2265, as amended, Quirk-Silva. Mental Health Services Act: use of funds for substance use disorder treatment.

Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, funds a system of county mental health plans for the provision of mental health services, as specified. The act establishes the Mental Health Services Fund, which is continuously appropriated to, and administered by, the State Department of Health Care Services to fund specified county mental health programs.

This bill would authorize funding from the MHSA 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 pursuant to the MHSA. The bill would also authorize 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. By authorizing the use of continuously appropriated funds for a new purpose, this bill would make an appropriation.

This bill would require a county ~~that elects to use funding for the above purposes~~ to report ~~specified information~~ to the State Department of Health Care ~~Services, including the policies and practices and the outcomes achieved.~~ *Services the number of people assessed for cooccurring mental health and substance use disorders and the number of people who were ultimately determined to have only a substance use disorder without another cooccurring mental health condition.* The bill would also require the department, by January 1, 2022, and each January 1 thereafter, to publish on its internet website a report summarizing the county data for the prior fiscal year. *By imposing a new duty on counties, this bill would impose a state-mandated local program.*

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Vote: ⅔. Appropriation: yes. Fiscal committee: yes. State-mandated local program: ~~no~~ *yes*.

The people of the State of California do enact as follows:

SECTION 1. Section 5891.5 is added to the Welfare and Institutions Code, to read:

5891.5. (a) (1) Funding established pursuant to the Mental Health Services Act (MHSA) may 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 pursuant to the MHSA. *The MHSA includes persons with a serious mental disorder and a diagnosis of substance abuse in the definition of persons who are eligible for MHSA services in*

Sections 5878.2 and 5813.5, which reference paragraph (2) of subdivision (b) of Section 5600.

(2) Treatment of cooccurring mental health and substance use disorders shall be identified in a county's three-year program and expenditure plan or annual update, as required by Section 5847.

(b) (1) When a person being treated for cooccurring mental health and substance use disorders pursuant to subdivision (a) is determined to not need the mental health services that are eligible for funding pursuant to the MHSA, the county shall, as quickly as possible, refer the person receiving treatment to substance use disorder treatment services.

(2) Funding established pursuant to the MHSA may be used 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 funding established pursuant to the MHSA.

(c) ~~(1)~~ A county ~~that elects to use funding as authorized in this section~~ shall report to the ~~department on the policies and practices and on the outcomes achieved~~ *department,* in a form and manner determined by the ~~department.~~ *department, both of the following:*

~~(2) County reporting shall include, but not be limited to, all of the following:~~

~~(A)~~

(1) The number of people assessed for cooccurring mental health and substance use disorders.

~~(B)~~

(2) The number of people assessed for cooccurring mental health and substance use disorders who ~~have a mental health diagnosis, the number of those who were eligible for services using MHSA funds, and the number who received recommended services.~~ *were ultimately determined to have only a substance use disorder without another cooccurring mental health condition.*

~~(C) The number of people assessed for cooccurring mental health and substance use disorders who have a substance use disorder, the number of those who were eligible for services using MHSA funds during the assessment period, and the number who received recommended services during the assessment period.~~

~~(D) The number of people assessed for cooccurring mental health and substance use disorders who have both a mental health diagnosis and a substance use disorder, the number of those who were eligible for services using MHSA funds, and the number who received recommended services.~~

~~(d) A county may, with approval from the department, submit individually identifiable data, in a manner determined by the department that is consistent with state and federal data-sharing requirements, that is required to enable the department to produce an annual report on the outcomes associated with this section.~~

~~(e)~~

(d) The department shall by January 1, 2022, and each January 1 thereafter, publish on its internet website a report summarizing county activities pursuant to this section for the prior fiscal year. Data shall be reported statewide and by county or groupings of counties, as necessary to protect the private health information of persons assessed.

SEC. 2. If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.

O

Date of Hearing: June 2, 2020

ASSEMBLY COMMITTEE ON APPROPRIATIONS
Lorena Gonzalez, Chair
AB 2265 (Quirk-Silva) – As Amended May 4, 2020

Policy Committee: Health Vote: 15-0

Urgency: No State Mandated Local Program: No Reimbursable: No

SUMMARY:

This bill provides flexibility to counties to use Mental Health Services Act (MHSA) dollars to treat someone with a co-occurring substance use and mental health disorder when such an individual would be eligible for MHSA-funded treatment services, as well as to assess such an individual for eligibility for such services.

It also specifies related procedures, requires counties to report the use of funding in the manner above to the Department of Health Care Services (DHCS) and requires DHCS to aggregate and report this data annually.

FISCAL EFFECT:

Minor and absorbable one-time costs to DCHS to specify the manner of reporting, and minor ongoing costs to receive reports from counties and report statewide data (MHSA administrative set-aside funds).

COMMENTS:

1) **Purpose**. According to the author, some people living with serious mental illness simultaneously experience alcohol and drug use disorders, complicating diagnosis and treatment. This bill would provide counties the flexibility to treat these individuals using MHSA dollars.

2) **Background**. Proposition 63, the MHSA, was passed by voters in November 2004. The MHSA imposes a 1% income tax on personal income in excess of $1 million to fund counties for a broad continuum of mental health prevention, early intervention and other services. It also charges DHCS with overseeing aspects of MHSA implementation. The majority of MHSA dollars, with the exception of a set-aside for state administration, are provided to counties to fund community-based mental health services, prevention and early intervention, innovation, capital and technology needs, and workforce. Funding is allocated subject to a local community planning process. Better integration of substance use and mental health treatment for the large number of individuals with co-occurring disorders has been an emerging policy priority over the last decade.

3) **Related Legislation**. AB 2025 (Gipson), also to be heard in this committee, authorizes the County of Los Angeles to establish a pilot project for the provision of community-based care and treatment that addresses the interrelated and complex needs of individuals suffering from mental illness and substance use disorder, homelessness and other medical comorbidities.

AB 2576 (Gloria), also being heard today in this committee, redirects unspent MHSA to be reallocated to other counties for the purposes of providing services to individuals with mental illness who are also experiencing homelessness or who are involved in the criminal justice system and providing early intervention services to youth.

4) **Prior Legislation.** SB 389 (Hertzberg), Chapter 209, Statutes of 2019, authorized counties to use MHSA moneys to provide services to persons who are participating in a presentencing or post-sentencing diversion program or who are on parole, probation, post-release community supervision or mandatory supervision.

Analysis Prepared by: Lisa Murawski / APPR. / (916) 319-2081

Date of Hearing: May 18, 2020

ASSEMBLY COMMITTEE ON HEALTH
Jim Wood, Chair
AB 2265 (Quirk-Silva) – As Amended May 4, 2020

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

SUMMARY. Authorizes expenditure of funds under the Mental Health Services Act (MHSA) to be used to treat a person with co-occurring mental health and substance use disorders (SUD) when the person would be eligible for treatment of a mental health disorder under MHSA. Specifically, **this bill:**

1) Authorizes expenditure of funds under the MHSA to be used to treat a person with co-occurring mental health and SUD when the person would be eligible for treatment of the mental health disorder under MHSA.

2) Requires that treatment of co-occurring mental health and SUD be identified in a county's three-year MHSA program and expenditure plan or annual update, as required.

3) Requires that when a person being treated for co-occurring mental health under 1) above is determined to not need the mental health services that are eligible for funding under MHSA, the county to, as quickly as possible, refer the person receiving treatment to SUD treatment services.

4) Authorizes funding under MHSA to be used to assess whether a person has co-occurring mental health and SUD and to treat a person who is preliminarily assessed to have co-occurring mental health and SUD, even when the person is later determined not to be eligible for MHSA services.

5) Requires that counties that elect to use funding as specified in this bill to report to the Department of Health Care Services (DHCS) on their policies and practices and the outcomes achieved, in a form and manner determined by the DHCS.

6) Requires the county reporting to include, but not be limited to all of the following:

    a) The number of people assessed for co-occurring mental health and substance use disorders;
    b) The number of people assessed for co-occurring mental health and substance use disorders who have a mental health diagnosis, the number of those who were eligible for services using MHSA funds, and the number who received recommended services;
    c) The number of people assessed for co-occurring mental health and substance use disorders who have a substance use disorder, the number of those who were eligible for services using MHSA funds during the assessment period, and the number who received recommended services during the assessment period; and,
    d) The number of people assessed for co-occurring mental health and substance use disorders who have both a mental health diagnosis and a substance use disorder, the number of those who were eligible for services using MHSA funds, and the number who received recommended services.

7) Authorizes a county, with approval from DHCS, to submit individually identifiable data, in a manner determined by the department that is consistent with state and federal data sharing requirements, if necessary to enable the department to produce an annual report on the outcomes associated with this section.

8) Requires DHCS by January 1, 2022 and each January 1, thereafter to publish on its website a report summarizing county activities during the prior fiscal year pursuant to this section. Requires the data to be reported statewide and by county or groupings of counties as necessary to protect the private health information of persons assessed, served or referred for services.

EXISTING LAW:

1) Establishes the MHSA, enacted by voters in 2004 as Proposition 63, to provide funds to counties to expand services, develop innovative programs, and integrated service plans for mentally ill children, adults, and seniors through a 1% income tax on personal income above $1 million.

2) Establishes the Mental Health Services Oversight and Accountability Commission (MHSOAC) to oversee the implementation of MHSA, made up of 16 members appointed by the Governor, and the Legislature, as specified.

3) Specifies that the MHSA can only be amended by a two-thirds vote of both houses of the Legislature and only as long as the amendment is consistent with and furthers the intent of the MHSA. Permits provisions clarifying the procedures and terms of the MHSA to be amended by majority vote.

4) Requires MHSOAC to ensure that the perspective and participation of diverse community members is reflective of California's populations and others suffering from severe mental illness (SMI) and their family members is a significant factor in all of its decisions and recommendations.

5) Requires counties to implement a broadly inclusive Community Program Planning (CPP) process to identify local-level needs, define MHSA funding priorities, and guide the creation, implementation, oversight, and evaluation of MHSA funded programs.

6) Requires all expenditures for county mental health programs to be consistent with currently approved mental health plan or update.

7) Establishes the MHSA Fund to be disbursed as follows:

    a) Twenty percent of funds to counties to be used for prevention and early intervention programs;
    b) Five percent of the total funding for each county mental health program for innovative programs;
    c) The balance of funds to be distributed to county mental health programs for services to persons with SMI, for the children's system of care, and for the adult and older adult system of care;

d) Permits no more than 20% of the average amount of funds allocated to a county for the previous five years to be used for technological needs and capital facilities, human resource needs, and for counties to establish a prudent reserve to ensure services do not have to be significantly reduced in years in which revenues are below the average of previous years;
e) Up to 5% of funds to be used for planning costs including for county mental health programs to pay for the costs of consumers, family members, and other stakeholders to participate in the planning process and for the planning and implementation required for private provider contracts to be significantly expanded to provide additional services; and,
f) Prior to making the allocations in a) through d) above, up to 5%t of funds to be reserved for the costs for the Department of Health Care Services (DHCS), the California Mental Health Planning Council, the Office of Statewide Health Planning and Development, the MHSOAC, the State Department of Public Health, and any other state agency to implement all duties pursuant to the MHSA.

8) Requires DHCS, in coordination with counties, to establish a program designed to prevent mental illnesses from becoming severe and disabling and requires the program to emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness:

   a) Suicide;
   b) Incarcerations;
   c) School failure or dropout;
   d) Unemployment;
   e) Prolonged suffering;
   f) Homelessness; and,
   g) Removal of children from their homes.

9) Requires each county to prepare the Annual MHSA Revenue and Expenditure Report and to electronically submit the MHSA Report to DHCS and MHSOAC. Requires DHCS and MSHOAC to post each county's report in a text-searchable format on its internet website in a timely manner.

FISCAL EFFECT: This bill has not yet been analyzed by a fiscal committee.

COMMENTS:

1) PURPOSE OF THIS BILL. According to the author, some people living with serious mental illness simultaneously experience alcohol and drug use disorders; complicating diagnosis and treatment. A third of adults who receive county mental health services for serious mental illnesses, have a co-occurring SUD. The stakes for these individuals is especially high. People with drug or alcohol use disorders are almost six times more likely to attempt suicide than those without.

2) BACKGROUND.

a) MHSA. Proposition 63, the MHSA was passed by voters in November, 2004. The MHSA imposes a 1% income tax on personal income in excess of $1 million and creates

the 16 member MHSOAC charged with overseeing the implementation of MHSA. The MHSA addresses a broad continuum of prevention, early intervention and service needs as well as providing funding for infrastructure, technology, and training needs for the community mental health system.
The MHSA requires each county mental health department to prepare and submit a three-year plan to DHCS that must be updated each year and approved by DHCS after review and comment by the MHSOAC. In their three-year plans, counties are required to include a list of all programs for which MHSA funding is being requested and that identifies how the funds will be spent and which populations will be served.

i) **Community Services and Supports**: Provides direct mental health services to the severely and seriously mentally ill, such as mental health treatment, cost of health care treatment, and housing supports. Regulation requires counties to direct the majority of its Community Services and Supports funds to Full-Service Partnerships (FSPs). FSPs are county coordinated plans, in collaboration with the client and the family to provide the full spectrum of community services. These services consist of mental health services and supports, such as peer support and crisis intervention services; and non-mental health services and supports, such as food, clothing, housing, and the cost of medical treatment;

ii) **Prevention and Early Intervention**: Provides services to mental health clients in order to help prevent mental illness from becoming severe and disabling;

iii) **Innovation**: Provides services and approaches that are creative in an effort to address mental health clients' persistent issues, such as improving services for underserved or unserved populations within the community;

iv) **Capital Facilities and Technological Needs**: Creates additional county infrastructure such as additional clinics and facilities and/or development of a technological infrastructure for the mental health system, such as electronic health records for mental health services; and,

v) **Workforce Education and Training**: Provides training for existing county mental health employees, outreach and recruitment to increase employment in the mental health system, and financial incentives to recruit or retain employees within the public mental health system.

Counties must submit their plans for approval to the MHSOAC before the counties may spend certain categories of funding including Prevention and Early Intervention and Innovation funds.

b) **MHSA CPP Process.** The CPP process provides a structure that counties are to use in partnership with stakeholders in determining how best to utilize funds that become available from the MHSA. The CPP process is used to identify community priorities and to develop the county's three-year plan This bill requires that prior to providing services to individuals with co-occurring mental health and SUD, a county's three-year MHSA program and expenditure plan or annual update, must identify treatment of co-occurring mental health and SUD. The county MSHA CPP process must adhere to the following general standards.

i) Community Collaboration is a process by which clients and/or families receiving services, other community members, agencies, organizations, and businesses work together to share information and resources in order to fulfill a shared vision and goals;

ii) Cultural Competence means that equal access is provided to equal quality of services to all racial/ethnic, cultural, and linguistic communities. Disparities are identified and strategies developed to eliminate disparities. Cultural competence means that program planning and service delivery takes into account diverse belief systems and the impact of historic forms of racism and discrimination on the mental health of community members. Services and supports utilize strengths and forms of healing that are unique to an individual's racial/ethnic, cultural, and linguistic community. Service providers are trained to understand and address the needs and values of the particular communities they serve, and strategies are developed and implemented to promote equal opportunities for those involved in service delivery who share the cultural characteristics of individuals with SMI and/ or severe emotional disturbances (SMI/SED) in the community;

iii) Integrated Services Experience means the client, and when appropriate the client's family, accesses a full range of services provided by multiple agencies, programs and funding sources in a comprehensive and coordinated manner;

iv) Client Driven means that the client has the primary decision-making role in identifying their needs, preferences and strengths and a shared decision-making role in determining the services and supports that are most effective and helpful for them. Client-driven programs/services use clients' input as the main factor for planning, policies, procedures, service delivery, evaluation, and the definition and determination of outcomes;

v) Family Driven means that families of children and youth with SED a primary decision-making role in the care of their own children, including the identification of needs, preferences, and strengths, and a shared decision-making role in determining the services and supports that would be most effective and helpful for their children. Family-driven programs/services use the input of families as the main factor for planning, policies, procedures, service delivery, evaluation, and the definition and determination of outcomes; and,

vi) Wellness, Recovery, and Resilience focused means that planning for services are consistent with the philosophy, principles, and practices of the Recovery Vision for mental health consumers: "To promote concepts key to the recovery for individuals who have mental illness: hope, personal empowerment, respect, social connections, self-responsibility, and self-determination. To promote consumer-operated services as a way to support recovery." The MHSA CPP processes, must include the following participants and processes:

(1) Clients and family members: Involvement of clients with SMI/SED and their family members in all aspects of the Community Program Planning Process;

(2) Broad-based constituents: Participation of stakeholders defined by Welfare and Institution Code Section 5848a as adults and seniors with SMI, families of children, adults, and seniors with SMI, providers of services, law enforcement agencies, education, social services agencies, veterans, representatives from veterans organizations, providers of alcohol and drug services, health care organizations, and other important interests;

(3) Underserved populations: Participation from representatives of unserved and/or underserved populations and family members of unserved/underserved populations; and,
(4) Diversity: Stakeholders that "reflect the diversity of the demographics of the County, including but not limited to, geographic location, age, gender, and race/ethnicity, and have the opportunity to participate in the CPP process.

The MHSA CPP processes must include: training; outreach to clients with SMI/SED, and their family members, to ensure the opportunity to participate; and a local review process prior to submitting the Three-Year Program and Expenditure Plans or Annual Updates that includes a 30-day public comment period;

Counties must submit documentation of Three-Year Program and Expenditure Plans and Annual Updates that includes:

i) A description of methods used to circulate copies of the draft Three-Year Program and Expenditure Plan or Annual Update to representatives of stakeholders' interests and any other interested parties who request the draft for the purpose of public comment;
ii) Documentation that a public hearing was held by the local mental health board/commission, including the date of the hearing;
iii) A summary and analysis of any substantive recommendations; and,
iv) A description of any substantive changes made to the proposed Three-Year Program and Expenditure Plan or annual update that was circulated.

c) MHSOAC Workgroup on Co-Occurring Disorders (COD). In November 2007, the MHSOAC authorized a 19-member Workgroup on COD. The COD Workgroup was charged with developing comprehensive recommendations to address the needs of individuals with co-occurring mental illness and substance abuse. The COD Workgroup, which met from November 2007 through June 2008, heard briefings by state leaders and experts on the status of the treatment of co-occurring disorders in California. The central finding of the COD Workgroup issued in a report entitled, "Transforming the Mental Health System Through Integration – 10/14/08) was that COD are pervasive and disabling, yet individuals with co-occurring mental illness and substance abuse are among California's most underserved. Key findings of the COD Workgroup were:

i) **COD are pervasive**. Approximately one half of the people who have one of these conditions - a mental illness or a substance abuse disorder - also have the other condition. The proportion of co-occurrence may be even higher in adolescent populations. The onset of a diagnosable mental disorder often precedes the onset of a substance-use disorder, substance-use disorders developing typically five to 10 years later in late adolescence or early adulthood. CODs are the norm, not the exception.
ii) **COD are disabling.** Individuals with COD have more medical problems, poorer treatment outcomes, greater social consequences and lower quality of life. They have more relapses, rehospitalization, depression and suicidality, interpersonal violence, housing instability and homelessness, incarceration, treatment non-compliance, HIV, family burden and service utilization. These problems arise from risks associated with biological vulnerability, alcohol and drug interactions, deferred or delayed treatment,

and lifestyle and environmental conditions, including discrimination, community violence and poverty.

iii) **Individuals with co-occurring mental illness and substance abuse are among California's most underserved**. The COD Workgroup found that numerous studies demonstrate that integrated care is necessary for successful treatment of COD. To meet the needs of individuals with COD, there can be "no wrong door" to access treatment. Availability of comprehensively integrated treatment for mental health and substance abuse problems is currently the exception rather than the rule. The unmet need for integrated mental health, alcohol and drug abuse treatment in underserved racial and ethnic communities is even greater.

iv) **MHSA Full Service Partnerships (FSP).** MHSA FSP programs are the only significant publicly funded programs that offer integrated mental health and substance abuse treatment. Virtually all other programs provide treatment for only mental health or substance abuse. Most private insurance coverage and other funding mechanisms for treating mental illness or substance abuse are similarly separated.

3) **SUPPORT.** The California Alliance for Child and Family Services (the Alliance), in support, states that individuals living with serious mental illness often simultaneously experience alcohol and drug use conditions; complicating diagnosis and treatment. One-third of adults who receive county mental health services for serious mental illnesses have a co-occurring substance use disorder. Removing programmatic barriers to serving these individuals with MHSA funded services is particularly important in California's effort to end homelessness and combat the crisis of suicide, particularly among our young people. The Alliance concludes by stating that this bill preserves the MHSA's focus on meeting the state's large unmet mental health needs with a more comprehensive approach

4) **RELATED LEGISLATION.**

a) AB 1938 (Eggman) clarifies that to the extent MHSA funds are otherwise available for use under the act, those funds may be used to provide inpatient treatment, including involuntary treatment of a patient who is a danger to self or others or gravely disabled, in specified settings, including an acute psychiatric hospital, an institution for mental disease, and a mental health rehabilitation center, as defined. AB 1938 is pending hearing in the Assembly Health Committee

b) SB 665 (Umberg) authorizes MHSA funds to be used to provide services to persons incarcerated in county jails or subject to mandatory supervision, except for those convicted of a felony, as specified. SB 665 is pending at the Assembly Desk.

5) **PREVIOUS LEGISLATION.** SB 389 (Hertzberg), Chapter 209, Statutes of 2019, authorized counties to use MHSA moneys to provide services to persons who are participating in a presentencing or post-sentencing diversion program or who are on parole, probation, post-release community supervision, or mandatory supervision.

6) **AMENDMENTS.** In an effort to further clarify existing law and the purpose of this bill, the author has agreed to the following amendments:

a) Clarify who may receive services under the MHSA for purposes of this bill by adding the following:

"5891.5. (a) (1) Funding established pursuant to the Mental Health Services Act (MHSA) may 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 pursuant to the MHSA. ***MHSA defines the persons eligible for MHSA services as including persons with a serious mental disorder and a diagnosis of substance abuse, pursuant to Sections 5878.2 and 5813.5."***

b) Simplify and clarify the county reporting requirements as follows:

"5891.5 (c) (1) A county shall report to the department in a form and manner determined by the department the following:
(A)The number of people assessed for cooccurring mental health and substance use disorders.
(B) The number of people assessed for cooccurring mental health and substance use disorders who ***were ultimately determined to have only a substance use disorder without another cooccurring mental health condition.***

REGISTERED SUPPORT / OPPOSITION:

Support

California Alliance of Child and Family Services
County Behavioral Health Directors Association
National Association of Social Workers, California Chapter
Racial and Ethnic Mental Health Disparities Coalition

Opposition

None on file.

Analysis Prepared by: Judith Babcock / HEALTH / (916) 319-2097

AGENDA ITEM 5

Information

July 23, 2020 Commission Meeting

Executive Director Report Out

Summary: Executive Director Ewing will report out on projects underway, on county Innovation plans approved through delegated authority and on other matters relating to the ongoing work of the Commission.

Presenter:

- Toby Ewing, Executive Director, MHSOAC

Enclosures (6): (1) Motions Summaries from the June 23, 2020 Meetings; (2) Evaluation Dashboard; (3) Innovation Dashboard; (4) Calendar of Tentative Agenda Items; (5) Department of Health Care Services Revenue and Expenditure Reports Status Update; (6) Legislative Report to the Commission.

Handouts: None

Mental Health Services
Oversight & Accountability Commission

WELLNESS • RECOVERY • RESILIENCE

Motions Summary

Commission Meeting
June 25, 2020

Motion #: 1

Date: June 25, 2020

Time: 10:30AM

Motion:

The Commission approves Sacramento County's Innovation plan, as follows:

- Name: Forensic Behavioral Health Multi-System Teams
- Amount: $9,536,739
- Project Length: Five (5) Years

Commissioner making motion: Commissioner Berrick

Commissioner seconding motion: Commissioner Brown

Motion carried 9 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Commissioner Alvarez	☒	☐	☐
2. Commissioner Anthony	☐	☐	☐
3. Commissioner Beall	☐	☐	☐
4. Commissioner Berrick	☒	☐	☐
5. Commissioner Boyd	☐	☐	☐
6. Commissioner Brown	☒	☐	☐
7. Commissioner Bunch	☒	☐	☐
8. Commissioner Carrillo	☐	☐	☐
9. Commissioner Danovitch	☒	☐	☐
10. Commissioner Gordon	☒	☐	☐
11. Commissioner Mitchell	☒	☐	☐
12. Commissioner Tamplen	☒	☐	☐
13. Commissioner Wooton	☐	☐	☐
14. Vice Chair Madrigal-Weiss	☐	☐	☐
15. Chair Ashbeck	☒	☐	☐

Motions Summary

Commission Meeting
June 25, 2020

Motion #: 2

Date: June 25, 2020

Time: 10:57AM

Motion:

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

- Name: FSP Multi-Platform Data Exchange
- Amount: $2,011,116
- Project Length: Three (3) Years

Commissioner making motion: Commissioner Mitchell

Commissioner seconding motion: Commissioner Gordon

Motion carried 9 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
16. Commissioner Alvarez	☒	☐	☐
17. Commissioner Anthony	☐	☐	☐
18. Commissioner Beall	☐	☐	☐
19. Commissioner Berrick	☒	☐	☐
20. Commissioner Boyd	☒	☐	☐
21. Commissioner Brown	☐	☐	☐
22. Commissioner Bunch	☒	☐	☐
23. Commissioner Carrillo	☐	☐	☐
24. Commissioner Danovitch	☒	☐	☐
25. Commissioner Gordon	☒	☐	☐
26. Commissioner Mitchell	☒	☐	☐
27. Commissioner Tamplen	☒	☐	☐
28. Commissioner Wooton	☐	☐	☐
29. Vice Chair Madrigal-Weiss	☐	☐	☐
30. Chair Ashbeck	☒	☐	☐

Mental Health Services
Oversight & Accountability Commission

WELLNESS • RECOVERY • RESILIENCE

Motions Summary

Commission Meeting
June 25, 2020

Motion #: 3

Date: June 25, 2020

Time: 12:27PM

Proposed Motion:

The Commission approves the May 28, 2020 meeting minutes as corrected and the June 11, 2020 meeting minutes as presented.

Commissioner making motion: Commissioner Bunch

Commissioner seconding motion: Commissioner Alvarez

Motion carried 6 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Commissioner Alvarez	☒	☐	☐
2. Commissioner Anthony	☐	☐	☐
3. Commissioner Beall	☐	☐	☐
4. Commissioner Berrick	☒	☐	☐
5. Commissioner Boyd	☐	☐	☐
6. Commissioner Brown	☒	☐	☐
7. Commissioner Bunch	☒	☐	☐
8. Commissioner Carrillo	☐	☐	☐
9. Commissioner Danovitch	☐	☐	☐
10. Commissioner Gordon	☐	☐	☐
11. Commissioner Mitchell	☒	☐	☐
12. Commissioner Tamplen	☐	☐	☐
13. Commissioner Wooton	☐	☐	☐
14. Vice Chair Madrigal-Weiss	☐	☐	☐
15. Chair Ashbeck	☒	☐	☐

Summary of Updates

Contracts

New Contract:

Total Contracts: **7**

Funds Spent Since the February Commission Meeting

Contract Number	Amount
17MHSOAC073	$390,850
17MHSOAC074	$390,850
17MHSOAC081	$584,700
17MHSOAC085	$66,936
18MHSOAC020	$45,504
18MHSOAC040	$155,126
19MHSOAC022	$8,600
Total	**$1,642,566**

Contracts with Deliverable Changes

17MHSOAC073
17MHSOAC074
17MHSOAC081
17MHSOAC085
18MHSOAC040

MHSOAC
Mental Health Services
Oversight & Accountability Commission

Regents of the University of California, Davis: Triage Evaluation (17MHSOAC073)

MHSOAC Staff: Kai Le Masson

Active Dates: 01/16/19 - 12/31/23

Total Contract Amount: $3,528,911.50

Total Spent: $850,850

This project will result in an evaluation of both the processes and strategies county triage grant program projects have employed and the outcomes obtained in those projects, funded separately to serve Adult, Transition Age Youth and child clients under the Investment in Mental Health Wellness Act in contracts issued by the Mental Health Services Oversight and Accountability Commission. This evaluation is intended to assess the feasibility, effectiveness and generalizability of pilot approaches for local responses to mental health crises in order to promote the implementation of best practices across the State.

Deliverable	Status	Due Date	Change
Workplan	Complete	4/15/19	No
Background Review	Complete	7/15/19	No
Draft Summative Evaluation Plan	Complete	2/12/20	Yes
Formative/Process Evaluation Plan	Complete	1/24/20	Yes
Data Collection and Management Report	Under Review	6/15/20	Yes
Final Summative Evaluation Plan	Not Started	7/15/20	No

Deliverable	Status	Due Date	Change
Data Collection Implementation Progress Reports	Not Started	10/15/20	No
Formative/Progress Evaluation Plan Implantation Reports and Summative Evaluation Implantation Progress Reports	Not Started	1/15/23	No
Statewide Conferences	Not Started	4/15/22	No
Midpoint Progress Report	Not Started	10/15/21	No
Revised Final Summative Evaluation Plan	Not Started	4/15/21	No
Data Quality Report and Summative Evaluation Progress	Not Started	4/15/22	No
Draft Summative Evaluation Final Report	Not Started	1/15/23	No
Final Report and Recommendations	Not Started	4/15/23	No

The Regents of the University of California, Los Angeles: Triage Evaluation (17MHSOAC074)

MHSOAC Staff: Kai Le Masson

Active Dates: 01/16/19 - 12/31/23

Total Contract Amount: $3,528,911.50

Total Spent: $850,850

This project will result in an evaluation of both the processes and strategies county triage grant program projects have employed and the outcomes obtained in those projects, funded separately to serve Adult, Transition Age Youth and child clients under the Investment in Mental Health Wellness Act in contracts issued by the Mental Health Services Oversight and Accountability Commission. This evaluation is intended to assess the feasibility, effectiveness and generalizability of pilot approaches for local responses to mental health crises in order to promote the implementation of best practices across the State.

Deliverable	Status	Due Date	Change
Workplan	Complete	4/15/19	No
Background Review	Complete	7/15/19	No
Draft Summative Evaluation Plan	Complete	2/12/20	Yes
Formative/Process Evaluation Plan	Complete	1/24/20	Yes
Data Collection and Management Report	Under Review	6/15/20	Yes
Final Summative Evaluation Plan	Not Started	7/15/20	No
Data Collection Implementation Progress Reports	Not Started	10/15/20	No

Deliverable	Status	Due Date	Change
Formative/Progress Evaluation Plan Implantation Reports and Summative Evaluation Implantation Progress Reports	Not Started	1/15/23	No
Statewide Conferences	Not Started	4/15/22	No
Midpoint Progress Report	Not Started	10/15/21	No
Revised Final Summative Evaluation Plan	Not Started	4/15/21	No
Data Quality Report and Summative Evaluation Progress	Not Started	4/15/22	No
Draft Summative Evaluation Final Report	Not Started	1/15/23	No
Final Report and Recommendations	Not Started	4/15/23	No

Regents of University of California, Los Angeles: Population Level Outcome Measures (17MHSOAC081)

MHSOAC Staff: Rachel Heffley

Active Dates: 7/1/2018-7/31/2020

Total Contract Amount: $1,200,000

Total Spent: $1,200,000

The purpose of this project is to develop, through an extensive public engagement effort and background research process, support for datasets of preferred (recommended) & feasible (delivered) measures relating to

1) negative outcomes of mental illness
2) prevalence rates of mental illness by major demographic categories suitable for supporting the evaluation of disparities in mental health service delivery & outcomes
3) the impact(s) of mental health & substance use disorder conditions (e.g., disease burden),
4) capacity of the service delivery system to provide treatment and support,
5) successful delivery of mental health services
6) population health measures for mental health program client populations.

Deliverable	Status	Due Date	Change
Work Plan	Complete	09/30/18	No
Survey Development Methodology/Survey	Complete	12/31/18	No
Survey Data Collection/Results/Analysis of Survey	Complete	6/19/20	Yes

Deliverable	Status	Due Date	Change
Summary Report (3 Public Engagements)	Complete	3/30/19	No
Summary Report (3 Public Engagements)	Complete	6/30/19	No
Outcomes Reporting Draft Report —3 Sections	Complete	9/31/19	No
Outcomes Reporting Draft Report – 2 Sections	Complete	12/31/19	No
Outcomes Reporting Draft Report –2 Sections	Complete	1/31/20	Yes
Outcomes Reporting Final Report	Under Review	06/01/20	Yes
Outcomes Reporting Data Library & Data Management Plan	Under Review	06/01/20	Yes
Data Fact Sheets and Data Briefs	Under Review	06/01/20	Yes

Mental Health Data Alliance: FSP Pilot Classification & Analysis Project (17MHSOAC085)

MHSOAC Staff: Rachel Heffley

Active Dates: 07/01/18 - 3/31/19

Total Contract Amount: $234,279

Total Spent: $234,279

The intention of this pilot program is to work with a four-county sample (Amador, Fresno, Orange, & Ventura) to collect FSP program profile data, link program profiles to the FSP clients they serve, & model a key outcome (early exit from an FSP) as a function of program characteristics, service characteristics, & client characteristics

Deliverable	Status	Due Date	Change
Final Online Survey	Complete	02/04/19	No
FSP Program Data Sets	Complete	05/06/19	No
FSP Formatted Data Sets (Amador & Fresno)	Complete	09/07/19	No
FSP Formatted Data Sets (Orange & Ventura)	Complete	09/30/2019	No
FSP Draft Report	Complete	1/24/20	Yes
FSP Final Report	Complete	3/31/20	Yes

The iFish Group: Hosting & Managed Services (18MHSOAC020)

MHSOAC Staff: Rachel Heffley

Active Dates: 01/01/19 - 12/31/20

Total Contract Amount: $400,143

Total Spent: $387,242

To provide hosting & managed services (HMS) such as Secure Data Management Platform (SDMP) & a Visualization Portal where software support will be provided for SAS Office Analytics, Microsoft SQL, Drupal CMS 7.0 Visualization Portal, & other software products. Support services & knowledge transfer will also be provided to assist MHSOAC staff in collection, exploration, & curation of data from external sources.

Deliverable	Status	Due Date	Change
Secure Data Management Platform	Complete	01/01/19	No
Data Management Support Services	In-Progress	06/30/20	No

The Regents of the University of California, San Francisco: Partnering to Build Success in Mental Health Research and Policy (18MHSOAC040)

MHSOAC Staff: Dawnte Early

Active Dates: 07/01/19 - 06/30/21

Total Contract Amount: $1,171,008

Total Spent: $445,378

UCSF is providing onsite staff and technical assistance to the MHSOAC to support project planning, data linkages, and policy analysis activities.

Deliverable	Status	Due Date	Change
Quarterly Progress Report	Complete	09/30/19	No
Quarterly Progress Report	Complete	12/31/19	No
Quarterly Progress Report	Complete	03/31/2020	Yes
Quarterly Progress Report	Not Started	06/30/2020	No
Quarterly Progress Report	Not Started	09/30/2020	No
Quarterly Progress Report	Not Started	12/31/2020	No
Quarterly Progress Report	Not Started	03/31/2021	No
Quarterly Progress Report	Not Started	06/30/2021	No

The iFish Group: Hosting & Managed Services (19MHSOAC022)

MHSOAC Staff: Rachel Heffley

Active Dates: 01/01/20 - 12/31/20

Total Contract Amount: $313,604

Total Spent: $298,604

To provide hosting & managed services (HMS) such as Secure Data Management Platform (SDMP) & a Visualization Portal where software support will be provided for SAS Office Analytics, Microsoft SQL, Drupal CMS 7.0 Visualization Portal, & other software products. Support services & knowledge transfer will also be provided to assist MHSOAC staff in collection, exploration, & curation of data from external sources.

Deliverable	Status	Due Date	Change
Secure Data Management Platform	Complete	01/01/20	No
Data Management Support Services	In-Progress	12/31/20	No

Mental Health Services
Oversight & Accountability Commission

INNOVATION DASHBOARD
JULY 2020

UNDER REVIEW	Final Proposals Received	Draft Proposals Received	TOTALS
Number of Projects	5	10	**15**
Participating Counties (unduplicated)	2	6	**8**
Dollars Requested	$4,746,224	$7,477,647	**$12,223,871**

PREVIOUS PROJECTS	Reviewed	Approved	Total INN Dollars Approved	Participating Counties
FY 2015-2016	N/A	23	$52,534,133	15 (25%)
FY 2016-2017	33	30	$68,634,435	18 (31%)
FY 2017-2018	34	31	$149,219,320	19 (32%)
FY 2018-2019	53	53	$303,143,420	32 (54%)
FY 2019-2020	28	28	$62,258,683	19 (32%)

TO DATE	Reviewed	Approved	Total INN Dollars Approved	Participating Counties
FY 2020-2021				

Total number of counties that have presented an INN Project since 2013:	Average Time from Final Proposal Submission to Commission Deliberation†:
57 (97%)	52 days

† This excludes extensions of previously approved projects, Tech Suite additions, and government holidays.

FY: Fiscal Year (July 1st – June 30th)

INNOVATION PROJECT DETAILS

DRAFT PROPOSALS						
Status	County	Project Name	Funding Amount Requested	Project Duration	Draft Proposal Submitted to OAC	Final Project Submitted to OAC
Under Review	Sonoma	New Parent TLC	$394,586	3 Years	3/5/2020	Pending
Under Review	Sonoma	Instructions Not Needed	$689,860	3 Years	3/5/2020	Pending
Under Review	Sonoma	Nuestra Cultura Cura Social INN Lab (aka On the Move)	$736,584	3 Years	3/10/2020	Pending
Under Review	Sonoma	Collaborative Care Enhanced Recovery Project	$999,558	TBD	7/2/2020	Pending
Under Review	Santa Clara	Independent Living Facilities Project	$990,000	3 Years	6/29/2020	Pending
Under Review	Colusa	Social Determinants of Rural Mental Health Project	$495,568	3 Years	4/17/2020	Pending
Under Review	Madera	Project DAD (Dads, Anxiety & Depression)	$930,401.56	5 Years	3/3/2020	Pending
Under Review	San Luis Obispo	BH Education & Engagement Team (BHEET)	$963,197.00	4 Years	6/4/2020	Pending
Under Review	San Luis Obispo	MH Integration for Older Adults in Residential Facilities	$544,252.00	4 Years	6/4/2020	Pending
Under Review	San Luis Obispo	SoulWomb Project	$733,640.00	4 Years	6/4/2020	Pending

FINAL PROPOSALS						
Status	County	Project Name	Funding Amount Requested	Project Duration	Draft Proposal Submitted to OAC	Final Project Submitted to OAC
Under Final Review	Modoc	INN and Improvement through Data (IITD)-Extension	$91,224	1 Year	3/4/2020	3/4/2020
Under Final Review	Modoc	Help @ Hand Extension	$180,000	2 Years	3/4/2020	3/4/2020

FINAL PROPOSALS						
Status	County	Project Name	Funding Amount Requested	Project Duration	Draft Proposal Submitted to OAC	Final Project Submitted to OAC
Under Final Review	San Mateo	Co-location of Prevention Early Intervention Services in Low Income Housing	$925,000	4 Years	9/30/3019	2/24/2020
Under Final Review	San Mateo	PIONEERS (Pacific Islanders Organizing, Nurturing, and Empowering Everyone to Rise and Serve)	$925,000	4 Years	10/2/2019	2/24/2020
Under Final Review	San Mateo	Cultural Arts and Wellness Social Enterprise Café for Filipino/a/x Youth	$2,625,000	5 Years	10/2/2019	2/24/2020

APPROVED PROJECTS (FY 19-20)			
County	Project Name	Funding Amount	Approval Date
Siskiyou	Integrated Care Project (extension)	$518,180	August 2019
Alameda	Supportive Housing Community Land Trust	$6,171,599	August 2019
Sutter-Yuba	iCARE (Innovative & Consistent Application of Resources and Engagement)	$5,228,688	September 2019
Glenn	Crisis Response and Community Connections	$787,535	September 2019
San Francisco	Addressing Socially Isolated Older Adults-EXTENSION	$195,787	October 2019
San Luis Obispo	Holistic Adolescent Health	$660,000	October 2019
San Luis Obispo	San Luis Obispo-Threat Assessment Program	$879,930.40	October 2019
Napa	Statewide Early Psychosis Learning Health Care Network	$258,480	November 2019
Butte	Physician Committed-EXTENSION	$464,424	November 2019
El Dorado	Senior Nutrition & Health	$900,000	January 2020
El Dorado	Community HUBS	$250,000	February 2020

APPROVED PROJECTS (FY 19-20)			
County	Project Name	Funding Amount	Approval Date
Stanislaus	NAMI On Campus	$923,259	April 2020
Alameda	Funding for CPP and Stakeholder Input Project	$750,000	5/13/2020
San Bernardino	Eating Disorder Collaborative	$12,113,426	5/28/2020
San Bernardino	Cracked Eggs	$1,568,143	5/28/2020
Fresno	The Lodge	$4,200,000	5/28/2020
Fresno	Project Ridewell	$1,200,000	5/28/2020
Fresno	Handle with Care +	$1,527,000	5/28/2020
Sacramento	Multi-County FSP Project	$500,000	6/5/2020
San Bernardino	Multi-County FSP Project	$979,634	6/5/2020
Siskiyou	Multi-County FSP Project	$700,001	6/5/2020
Ventura	Multi-County FSP Project	$979,634	6/5/2020
Mendocino	Healthy Living Community	$1,230,000	6/11/2020
Tulare	Advancing Behavioral Health	$6,000,000	6/11/2020
Solano	ICCTM Extension	$1,249,797	6/11/2020
Sonoma	Early Psychosis Learning Health Care Network	$475,311	6/23/2020
Ventura	FSP Multi-Platform Data Exchange	$2,011,116	6/25/2020
Sacramento	Forensic Behavioral Health Multi-System Teams	$9,536,739	6/25/2020

Calendar of Tentative Commission Meeting Agenda Items

Proposed 7/13/2020

Agenda items and meeting locations are subject to change

July 23, 2020: Sacramento, CA (Teleconference)

Award Mental Health Student Services Act Contracts (Category 2)
The Commission will consider awarding contracts to the highest scoring applications in response to the Request for Applications to support the Mental Health Student Services Act.

Executive Director Performance Review (Closed Session at Lunch)

OAC Budget Overview
The Commission will consider approval of its Fiscal Year 2020-21 Operations Budget and will hear an update on expenditures

Legislative Priorities for 2020
The Commission will consider legislative and budget priorities for the current legislative session.

Executive Director Report Out
Executive Director Ewing will report out on projects underway, on county Innovation plans approved through delegated authority, and other matters relating to the ongoing work of the Commission.

August 27, 2020: Sacramento, CA (Teleconference)

Research & Evaluation Transparency Suite and Strategic Plan for the Research & Evaluation Division
The Commission will hear about the Strategic Plan for the Research and Evaluation Division and see a demo of the newly redesigned Transparency Suite

Award Early Psychosis Intervention Contracts
The Commission will consider awarding contracts to the highest scoring applications in response to the Request for Applications to support the Early Psychosis Intervention Program.

Potential Innovation Plan Approval

- San Mateo County seeks approval of $2,625,000 in Innovation funding for their Cultural Arts and Wellness Social Enterprise café for Filopino/a/x Youth Innovation project

Legislative Priorities for 2020
The Commission will consider legislative and budget priorities for the current legislative session.

Executive Director Report Out
Executive Director Ewing will report out on projects underway, on county Innovation plans approved through delegated authority, and other matters relating to the ongoing work of the Commission.

Calendar of Tentative Commission Meeting Agenda Items

Proposed 7/13/2020

Agenda items and meeting locations are subject to change

September 24, 2020: Sacramento, CA (Teleconference)

Potential Innovation Plan Approval
The Commission reserves time on each month's agenda to consider approval of Innovation projects for counties. At this time, it is unknown if an innovative project will be calendared.

Election of the MHSOAC Chair and Vice-Chair for 2021
Nominations for Chair and Vice-Chair for 2021 will be entertained and the Commission will vote on the nominations and elect the Chair and Vice-Chair.

Legislative Priorities for 2020
The Commission will consider legislative and budget priorities for the current legislative session.

Executive Director Report Out
Executive Director Ewing will report out on projects underway, on county Innovation plans approved through delegated authority, and other matters relating to the ongoing work of the Commission.

October 22, 2020: Sacramento, CA (Teleconference)

Potential Innovation Plan Approval
The Commission reserves time on each month's agenda to consider approval of Innovation projects for counties. At this time, it is unknown if an innovative project will be calendared.

Legislative Priorities for 2020
The Commission will consider legislative and budget priorities for the current legislative session.

Executive Director Report Out
Executive Director Ewing will report out on projects underway, on county Innovation plans approved through delegated authority, and other matters relating to the ongoing work of the Commission.

November 19, 2020: Sacramento, CA (Teleconference)

Potential Innovation Plan Approval
The Commission reserves time on each month's agenda to consider approval of Innovation projects for counties. At this time, it is unknown if an innovative project will be calendared.

Legislative Priorities for 2020
The Commission will consider legislative and budget priorities for the current legislative session.

Executive Director Report Out

Executive Director Ewing will report out on projects underway, on county Innovation plans approved through delegated authority, and other matters relating to the ongoing work of the Commission.

DHCS Status Chart of County RERs Received
July 23, 2020 Commission Meeting

Attached below is a Status Report from the Department of Health Care Services regarding County MHSA Annual Revenue and Expenditure Reports received and processed by Department staff, dated May 28h, 2020. This Status Report covers the FY 2016-17 through FY 2018-19 County RERs.

For each reporting period, the Status Report provides a date received by the Department of the County's RER and a date on which Department staff completed their "Final Review."

The Department provides MHSOAC staff with weekly status updates of County RERs received, processed, and forwarded to the MHSOAC. MHSOAC staff process data from County RERs for inclusion in the Fiscal Reporting Tool only after the Department determines that it has completed its Final Review. FY 2017-18 RER data has not yet been incorporated into the Fiscal Reporting Tool due to format changes.

The Department also publishes on its website a web page providing access to County RERs. This page includes links to individual County RERs for reporting years FY 2006-07 through FY 2015-16. This page can be accessed at: http://www.dhcs.ca.gov/services/MH/Pages/Annual-Revenue-and-Expenditure-Reports-by-County.aspx. Additionally, County RERs for reporting years FY 2016-17 through FY 2017-18 can be accessed at the following webpage: http://www.dhcs.ca.gov/services/MH/Pages/Annual_MHSA_Revenue_and_Expenditure_Reports_by_County_FY_16-17.aspx.

Counties also are required to submit RERs directly to the MHSOAC. The Commission provides access to these reports through its Fiscal Reporting Tool at http://mhsoac.ca.gov/fiscal-reporting for Reporting Years FY 2012-13 through FY 2016-17 and a data reporting page at https://mhsoac.ca.gov/resources/documents-and-reports/documents?field_county_value=All&field_component_target_id=46&year=all

On October 1, 2019, DHCS published a report detailing MHSA funds subject to reversion as of July 1, 2018, covering allocation year FY 2015-16 for large counties and 2008-09 for WET and CFTN funds, updating a July 1, 2018 report detailing funds subject to reversion for allocation years FY 2005-06 through FY 2014-15 to satisfy Welfare and Institutions Code (W&I), Section 5892.1 (b). Both reports can be accessed at the following webpage:

https://www.dhcs.ca.gov/services/MH/Pages/MHSAFiscalRef.aspx

DCHS MHSA Annual Revenue and Expenditure Report Status Update

FY 2005-06 through FY 2016-17, all Counties are current

County	FY 17-18 Electronic Copy Submission Date	FY 17-18 Return to County Date	FY 17-18 Final Review Completion Date	FY 18-19 Electronic Copy Submission Date	FY 18-19 Return to County Date	FY 18-19 Final Review Completion Date
Alameda	3/25/2019	3/26/2019	4/9/2019	12/31/2019	1/2/2020	1/6/2020
Alpine	5/10/2019	5/13/2019	5/15/2019	5/11/2020	5/12/2020	5/28/2020
Amador	12/19/2018	12/19/2018	12/21/2018	12/20/2019	12/24/2019	1/17/2020
Berkeley City	12/28/2018	1/2/2019	1/8/2019	2/11/2020	2/13/2020	2/19/2020
Butte	6/26/2019		6/26/2019	1/6/2020	1/7/2020	1/31/2020
Calaveras	1/10/2019		1/11/2019	12/30/2019	1/2/2020	1/2/2020
Colusa	3/28/2019	4/25/2019	4/30/2019	2/28/2020	3/2/2020	3/27/2020
Contra Costa	12/31/2018	1/7/2019	1/22/2019	1/6/2020	1/6/2020	1/10/2020
Del Norte	12/31/2018		1/2/2019	12/31/2019	1/2/2020	1/22/2020
El Dorado	12/28/2018	1/3/2019	1/25/2019	12/31/2019	1/2/2020	1/3/2020
Fresno	12/28/2018	1/2/2019	1/2/2019	12/30/2019	1/2/2020	1/21/2020
Glenn	12/31/2018	1/7/2019	2/11/2019	12/23/2019	n/a	12/26/2019
Humboldt	12/20/2018	12/21/2018	1/2/2019	1/6/2020	1/6/2020	1/29/2020
Imperial	12/26/2018		1/2/2019	12/9/2019	12/13/2019	12/18/2019
Inyo	3/19/2019	3/20/2019	3/22/2019	3/5/2020	3/5/2020	
Kern	1/4/2019		1/7/2019	12/19/2019	12/24/2019	1/22/2020
Kings	1/31/2019	2/4/2019	2/11/2019	1/6/2020	1/7/2020	1/17/2020
Lake	7/12/2019		7/16/2019	1/13/2020	1/14/2020	1/17/2020
Lassen	1/8/2019	1/14/2019	1/31/2019	12/30/2019	1/2/2020	1/14/2020
Los Angeles	12/31/2018	1/14/2019	1/29/2019	1/31/2020	2/3/2020	2/20/2020

Agenda Item 5: DHCS Status Chart of County RERs Received
June 25, 2020 Commission Meeting

County	FY 17-18 Electronic Copy Submission Date	FY 17-18 Return to County Date	FY 17-18 Final Review Completion Date	FY 18-19 Electronic Copy Submission Date	FY 18-19 Return to County Date	FY 18-19 Final Review Completion Date
Madera	12/31/2018	1/7/2019	2/4/2019	1/7/2020	1/7/2020	1/22/2020
Marin	12/21/2018	12/21/2018	12/21/2018	12/23/2019	12/24/2019	12/26/2019
Mariposa	12/20/2018	1/3/2019	1/31/2019	12/19/2019	12/23/2019	1/29/2020
Mendocino	12/31/2018		1/3/2019	12/30/2019	1/2/2020	1/9/2020
Merced	12/21/2018	12/21/2018	12/31/2018	12/17/2019	12/23/2019	12/26/2019
Modoc	1/16/2019	1/16/2019	1/24/2019	2/3/2020	2/3/2020	2/4/2020
Mono	12/28/2018	1/3/2019	1/17/2019	12/27/2019	12/31/2019	1/3/2020
Monterey	3/5/2019	3/6/2019	9/4/2019	12/23/2019	12/26/2019	1/8/2020
Napa	12/28/2018	1/2/2019	1/4/2019	12/20/2019	12/26/2019	1/2/2020
Nevada	12/21/2018		12/21/2018	12/31/2019	n/a	1/23/2020
Orange	12/28/2018	1/2/2019	1/31/2019	12/27/2019	12/31/2019	12/31/2019
Placer	1/18/2019		1/22/2019	1/15/2020	1/16/2020	1/28/2020
Plumas	9/16/2019	9/17/2019	10/4/2019	3/19/2020	3/19/2020	3/26/2020
Riverside	12/31/2018		1/29/2019	12/31/2019	1/3/2020	1/28/2020
Sacramento	12/31/2018	1/2/2019	1/2/2019	12/27/2019	12/30/2019	1/13/2020
San Benito	3/8/2019	3/8/2019	3/18/2019	5/13/2020	5/14/2020	5/14/2020
San Bernardino	12/31/2018		1/2/2019	12/30/2019	12/31/2019	1/16/2020
San Diego	12/26/2018		1/15/2019	12/31/2019	1/6/2020	1/24/2020
San Francisco	12/31/2018	1/3/2019	1/30/2019	12/31/2019	1/3/2020	1/7/2020
San Joaquin	12/31/2018		1/7/2019	1/7/2020	1/10/2020	1/16/2020
San Luis Obispo	12/14/2018	12/18/2018	12/28/2018	12/30/2019	12/31/2019	1/16/2020
San Mateo	12/31/2018		1/2/2019	12/24/2019	12/30/2019	1/23/2020
Santa Barbara	12/21/2018	1/3/2019	1/14/2019	12/20/2019	12/26/2019	1/31/2020

Agenda Item 5: DHCS Status Chart of County RERs Received
June 25, 2020 Commission Meeting

County	FY 17-18 Electronic Copy Submission Date	FY 17-18 Return to County Date	FY 17-18 Final Review Completion Date	FY 18-19 Electronic Copy Submission Date	FY 18-19 Return to County Date	FY 18-19 Final Review Completion Date
Santa Clara	12/27/2018		1/2/2019	12/13/2019	12/16/2019	12/31/2019
Santa Cruz	12/31/2018	1/3/2019	1/7/2019	1/2/2020	1/7/2020	1/29/2020
Shasta	12/13/2018	12/17/2018	1/2/2019	12/18/2019	12/23/2019	12/30/2019
Sierra	12/28/2018		1/2/2019	12/19/2019	12/26/2019	1/29/2020
Siskiyou	9/3/2019	9/3/2019	9/24/2019	4/6/2020	4/8/2020	4/23/2020
Solano	12/31/2018	1/3/2019	2/21/2019	12/30/2019	1/2/2020	1/27/2020
Sonoma	1/16/2019	1/29/2019	2/1/2019	12/18/2019	12/26/2019	1/23/2020
Stanislaus	12/26/2018		1/3/2019	12/31/2019	1/3/2020	1/3/2020
Sutter-Yuba	1/7/2019	1/28/2019	1/31/2019	1/2/2020	1/6/2020	1/15/2020
Tehama	6/20/2019		8/12/2019			
Tri-City	12/31/2018	1/3/2019	1/30/2019	12/30/2019	12/31/2019	1/14/2020
Trinity	1/30/2019		2/7/2019	2/10/2020	2/10/2020	2/14/2020
Tulare	12/19/2018	12/21/2018	12/26/2018	12/19/2019	12/23/2019	12/23/2019
Tuolumne	12/11/2018	12/12/2018	12/12/2018	10/21/2019	10/23/2019	10/25/2019
Ventura	12/20/2018		12/21/2018	1/13/2020	1/16/2020	1/31/2020
Yolo	1/30/2019	1/31/2019	1/31/2019	12/20/2019	12/24/2019	1/3/2020
Total	59	39	59	58	56	57

2020 Legislative Report to the Commission
As of July 14, 2020

SPONSORED LEGISLATION

Assembly Bill 2112 (Ramos)

Title: Suicide Prevention

Summary: Would authorize the State Department of Public Health to establish the Office of Suicide Prevention within the department and would specify authorized responsibilities of the office if established, including, among other things, 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 would authorize 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 June 4, 2020, AB 2112 was amended.

As amended on June 4, 2020 AB 2112 supports the recommendation in the Commission's 2019 report "Striving for Zero" and authorizes, but does not require, the establishment of the Office of Suicide Prevention within the Department of Public Health and supports the core recommendations in the report.

Status/Location: In Senate Health – July 1, 2020

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 June 18, 2020, SB 803 was amended.

As amended, the bill requires the Department of Health Care Services (DHCS) to establish a program for certifying peer support specialists; (2) requires DHCS to amend its Medicaid state plan and to seek any federal waivers or state plan amendments to implement the certification program; and (3) permits DHCS to implement, interpret, and make specific the certification program through available means, as specified, until regulations are adopted.

Status/Location: In Assembly Health – June 29, 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 – Dead.

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 June 18, 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: In Assembly Health – June 29, 2020.

OPPOSED LEGISLATION

Senate Bill 665 (Umberg)

Title: Mental Health Services Fund: county jails

Summary: This bill would, until January 1, 2023, authorize a county to use MHSA funds, if that use is included in the county three year plan or annual update, to provide services to persons who are incarcerated in a county jail or subject to mandatory supervision, except persons who are incarcerated in a county jail for a conviction of a felony.

Commission's Position: Oppose

Status/Location: In Assembly Health – June 29, 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 is to gauge interest and start to develop a proposal for the SMART/START initiative and bring the bills back for a future meeting.

On June 18, 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: In Assembly Health – June 29, 2020

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 – Dead.

***Bills that have no action since 2019 are no longer listed on this report. We will continue to monitor all legislation and add bills to the report if action is taken.**