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## Commission Packet

Commission Meeting  
February 28, 2019

MHSOAC  
1325 J Street, Suite 1700  
Sacramento, CA 95814

Call-in Number: 1-866-817-6550  
Participant Passcode: 3190377



Mental Health Services  
Oversight & Accountability Commission



**Khatera Tamplen**  
Chair  
**Lynne Ashbeck**  
Vice Chair

1325 J Street, Suite 1700  
Sacramento, California 95814

## Commission Meeting Agenda

**February 28, 2019**  
**9:00 AM – 4:30 PM**

**MHSOAC**  
**1325 J Street, Suite 1700**  
**Sacramento, CA 95814**

**Call-in Number: 866-817-6550; Code: 3190377**

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### Public Notice

The public is requested to fill out a “Public Comment Card” to address the Commission on any agenda item before the Commission takes an action on an item. Comments from the public will be heard during discussion of specific agenda items and during the General Public Comment period. Generally an individual speaker will be allowed three minutes, unless the Chair of the Commission decides a different time allotment is needed. Only public comments made in person at the meeting will be reflected in the meeting minutes; however, the MHSOAC will also accept public comments via email, and US Mail. The agenda is posted for public review on the MHSOAC website <http://www.mhsoac.ca.gov> 10 days prior to the meeting. Materials related to an agenda item will be available for review at <http://www.mhsoac.ca.gov>.

All meeting times are approximate and subject to change. Agenda items are subject to action by the MHSOAC and may be taken out of order to accommodate speakers.

As a covered entity under Title II of the Americans with Disabilities Act, the Commission does not discriminate on the basis of disability and upon request will provide reasonable accommodation to ensure equal access to its meetings. Sign language interpreters, assisted listening devices, or other auxiliary aids and/or services may be provided upon request. To ensure availability of services, please make your request at least three business days (72 hours) prior to the meeting by contacting Lester Robancho at (916) 445-8774 or by email at [mhsoac@mhsoac.ca.gov](mailto:mhsoac@mhsoac.ca.gov).

**Khatera Tamplen**  
Chair

**AGENDA**  
**February 28, 2019**

**Lynne Ashbeck**  
Vice Chair

**Approximate Times**

**9:00 AM Convene and Welcome**

Chair Khatera Tamplen will convene the Mental Health Services Oversight and Accountability Commission meeting and will introduce the Transition Age Youth representative, Gabriel Garcia. Roll call will be taken.

**9:05 AM Announcements**

**9:25 AM Consumer/Family Voice**

Corinita Reyes will open the Commission meeting with a story of recovery and resilience.

**9:40 AM Action**

1: Approve January 24, 2019 MHSOAC Meeting Minutes.

The Commission will consider approval of the minutes from the January 24, 2019 meeting.

- Public Comment
- Vote

**9:45 AM Action**

2: Immigrant and Refugee Request for Proposal (RFP) Revision

**Presenter:** Norma Pate, Deputy Director, MHSOAC

The Commission will consider approval of a revision to the Immigrant and Refugee RFP outline.

- Public comment
- Vote

**10:05 AM Information**

3: Strategic Planning Update

**Presenters:**

- Susan Brutschy, President, Applied Survey Research
- Lisa Colvig, Vice President of Evaluation, Applied Survey Research

The Commission will hear an update from Applied Survey Research on the progress and status of the Commission's strategic planning process and engage in a facilitated discussion.

- Public Comment

**11:05 AM Action**

4: Legislative and Budgetary Priorities for 2019

**Presenter:** Toby Ewing, Ph.D., Executive Director, MHSOAC

The Commission will be provided with an update on legislation that the Commission has taken a position on in 2019. In addition, the Commission will consider additional legislative and budgetary priorities.

- Public comment
- Vote

**11:25 AM Action**

5: Nevada County Innovation Plan

**Presenters:**

- Phebe Bell, MSW – Director of Behavioral Health, Nevada County
- Priya Kannall – MHSA Coordinator, Nevada County
- Gayatri Havighurst, RN – Peer Specialist, SPIRIT Peer Empowerment Center

The Commission will consider approval of \$2,395,892.02 to support the Nevada County Homeless Outreach and Medical Engagement Team (HOME) Innovation Plan.

- Public Comment
- Vote

**12:05 PM General Public Comment**

Members of the public may briefly address the Commission on matters not on the agenda.

**12:20 PM Lunch Break**

**1:30 PM Action**

6: Imperial County Innovation Plans

**Presenters for the Link Crew Collaborative:**

- John Grass, Deputy Director of Youth and Young Adult Services
- Sylvia Bazan, Behavioral Health Manager of Youth and Young Adult Services

**Presenters for the Positive Engagement Team (PET):**

- Leticia Plancarte-Garcia, Deputy Director of Children Services
- Maria Lara Wyatt, Behavioral Health Manager of Children Services

The Commission will consider approval of \$1,911,084 to support the Link Crew Collaborative Innovation Plan, and \$3,120,109 to support the Positive Engagement Team (PET) Innovation Plan.

- Public Comment
- Vote

**2:50 PM**

**Action**

7: San Bernardino County Innovation Plan

**Presenters:**

- Veronica Kelley, DSW, LCSW, Director, San Bernardino County Department of Behavioral Health
- Andrew Gruchy, MSW, LCSW, Deputy Director, Community Behavioral Health and Recovery Services
- C. Todd Holder, LCSW, Clinic Supervisor, Recovery Based Engagement & Support Team

The Commission will consider approval of \$17,024,309 to support the San Bernardino County Innovative Remote Onsite Assistance Delivery – InnROADS Innovation Plan.

- Public Comment
- Vote

**3:30 PM**

**Information**

8: Executive Director Report Out

**Presenter:** Toby Ewing, Ph.D., Executive Director, MHSOAC

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

- Public comment

**4:15 PM**

**General Public Comment**

Members of the public may briefly address the Commission on matters not on the agenda.

**4:30 PM**

**Adjourn**

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# AGENDA ITEM 1

Action

February 28, 2019 Commission Meeting

Approve January 24, 2019 MHSOAC Meeting Minutes

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**Summary:** The Mental Health Services Oversight and Accountability Commission will review the minutes from the January 24, 2019 Commission 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) January 24, 2019 Meeting Minutes.

**Handouts:** None.

**Proposed Motion:** The Commission approves the January 24, 2019 meeting minutes.

Khatera Tamplen  
Chair  
Lynne Ashbeck  
Vice Chair  
Toby Ewing, Ph.D.  
Executive Director

## State of California

### MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION

Minutes of Meeting  
January 24, 2019

MHSOAC  
Darrell Steinberg Conference Room  
1325 J Street, Suite 1700  
Sacramento, CA 95814

#### Members Participating:

Khatera Tamplen, Chair  
Mayra Alvarez  
Senator Jim Beall  
Ken Berrick  
Sheriff Bill Brown

Keyondria Bunch, Ph.D.  
Itai Danovitch, M.D.  
David Gordon  
Mara Madrigal-Weiss  
Gladys Mitchell

#### Members Absent:

Lynne Ashbeck, Vice Chair  
Reneeta Anthony  
John Boyd, Psy.D.

Assemblymember Wendy Carrillo  
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 7 was taken out of order. These minutes reflect this Agenda Item as taken in chronological order and not as listed in the agenda.]**

#### CONVENE AND WELCOME

Chair Khatera Tamplen called the meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to order at 9:15 a.m. and welcomed everyone. Filomena Yeroshek, Chief Counsel, called the roll and confirmed the presence of a quorum.

### Announcement

Chair Tamplen welcomed Ken Berrick to the Commission. Commissioner Berrick fills the seat of a mental health professional.

Brian Sala, Ph.D., Deputy Director, introduced new staff members Winnie Chang, Intern, UC Center, Sacramento, and Dawnte Early, Ph.D., Chief, Research and Evaluation.

Chair Tamplen stated Agenda Item 7, Legislative and Budgetary Priorities, will be moved from 2:10 p.m. to 11:45 a.m.

### Youth Participation

Chair Tamplen stated the Commission made a commitment to include a young person around the table at every Commission meeting to learn the Commission process and to give their perspective on issues. She stated A'Keiona "Keke" Moore is expected to arrive later in the day.

### Consumer/Family Voice

The Commission made a commitment to begin Commission meetings with an individual with lived experience sharing their story. Chair Tamplen invited Kristina Saffran to share her story of recovery and resilience.

Kristina Saffran, Co-Founder and Executive Director, Project HEAL, stated Project HEAL is the largest grassroots eating disorder nonprofit in the U.S. and focuses on providing treatment, access, and recovery support. She shared her story of living with an eating disorder. She stated that 30 million Americans suffer from eating disorders at some point in their lives and that eating disorders are among the most misunderstood of mental illnesses. These illnesses include anorexia nervosa, bulimia nervosa, binge eating disorder, purging disorder and others. Although many people suffer from eating disorders, some 80 percent of individuals do not get treatment and next to opioid abuse, eating disorders have the highest mortality rate of all mental illnesses. She stated that the stereotype that it affects mostly upper middle class and thin young women is wrong. She said that eating disorders affect people of all races, ethnicities, body sizes, genders and socioeconomic statuses. She stated she attributes her staying in recovery to meeting a peer, helping each other to get better, and deciding to help others with eating disorders.

### **Commissioner Questions and Discussion**

Commissioner Mitchell stated that this was eye opening because she never thought of eating disorders as a mental illness. She asked how to recognize indicators of children and youth who are struggling with eating disorders. She stated schools do not even think about eating disorders. Ms. Saffran stated the research has increased in the last decade but there are no proven prevention mechanisms.

Commissioner Mitchell asked where parents can go to get help for their children. Ms. Saffran stated there are not many resources available for eating disorders. It is an illness that is misunderstood. She stated the National Eating Disorder Association has great education, information, and awareness materials for parents. Additionally, Project HEAL is the second largest eating disorder organization in the country and also has information on its website.



## **ACTION**

### **1: Approve November 14-15, 2018, and December 17, 2018, MHSOAC Meeting Minutes**

Action: Commissioner Mitchell made a motion, seconded by Commissioner Madrigal-Weiss, that:

*The Commission approves the November 14-15, 2018, Meeting Minutes.*

Motion carried 6 yes, 0 no, and 3 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Brown, Bunch, Danovitch, Madrigal-Weiss, and Mitchell, and Chair Tamplen.

The following Commissioners abstained: Commissioners Alvarez, Berrick, and Gordon.

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

*The Commission approves the December 17, 2018, Meeting Minutes.*

Motion carried 5 yes, 0 no, and 4 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Alvarez, Danovitch, Madrigal-Weiss, and Mitchell, and Chair Tamplen.

The following Commissioners abstained: Commissioners Berrick, Brown, Bunch, and Gordon.

## **ACTION**

### **2: San Benito County Innovation Plan**

#### **Presenters:**

- Alan Yamamoto, L.C.S.W., Director, County Behavioral Health Services
- Don Bradley, San Benito County Sheriff Department
- Rebecca L. Smith, Veterans Justice Outreach Specialist
- Nancy M. Callahan, Ph.D., I.D.E.A. Consulting

Chair Tamplen stated the Commission will consider approval of \$2,264,566 to support the San Benito County Behavioral Health Diversion and Re-entry Court Innovation Plan. She asked the representatives from San Benito County to present this agenda item.

The presenters provided an overview, with a slide presentation, of the need, proposed project to address the need, the innovative components, evaluation, budget, and sustainability of the proposed innovation project.

#### **Commissioner Questions**

Commissioner Danovitch asked about the number of clients anticipated to be served. Nancy M. Callahan, Ph.D., I.D.E.A. Consulting, stated they anticipated 100 or more individuals will be touched by the program.

Chair Tamplen asked about the number of veterans in the Hispanic inmate population. Rebecca L. Smith, Veterans Justice Outreach Specialist, estimated that 90 percent of the veterans that she sees in custody are Hispanic.

Don Bradley, San Benito County Sheriff Department, stated there are typically three veterans in custody on any given day. The bed count is 143 and the average daily population is in the high 130s. Veterans are referred to VA services.

Commissioner Brown asked if the county has tried to get recidivism rates down through probation. Alan Yamamoto, L.C.S.W., Director, County Behavioral Health Services, stated probation does not have those figures.

Commissioner Brown asked if the new census log will check to see if the inmates coming in are recidivists. Dr. Callahan stated she will continue to pull that data to better understand how individuals move in and out of the system.

Commissioner Brown suggested making that question part of the process, such as a checkbox on the log. He asked who the full-time equivalent (FTE) case managers are and where they will work. Mr. Yamamoto stated they will be bilingual, bicultural behavioral health staff. They are effective in working with families.

Commissioner Brown asked if the case managers will be embedded at the sheriff's office or jail. Mr. Yamamoto stated they will work closely with the sheriff's office and jail but will be embedded in the courthouse.

Commissioner Brown asked if the case managers will be involved in discharge planning while inmates are still in custody. Mr. Yamamoto stated that is a component of the plan.

Commissioner Brown asked about the disparity between the county demographic and the inmate population. Mr. Yamamoto stated there is a 56 percent Latino population in the county and a 70 percent Latino population in the jail.

Commissioner Mitchell asked whether the program will focus on the county's large Hispanic population. Mr. Yamamoto stated the program will not focus on specific populations. There will be no differentiation in the available services: all individuals will be served.

Commissioner Bunch asked for greater detail on the journey-mapping component. Dr. Callahan stated journey mapping is a visual picture of where a person has been to help identify how to bring services in, where the best place is for them to succeed, who their support systems are, and what their interests and goals are.

Commissioner Alvarez asked for greater detail on the stakeholder input process. Mr. Yamamoto stated the county interfaced with the Behavioral Health Board and many organizations to gather stakeholder input through many stakeholder groups at the drop-in center and at the community farmer's market, which was an opportunity to gather broad community input.

Commissioner Danovitch stated he strongly supports the need but is concerned regarding whether the project is innovative, if there is an ability to evaluate the project in the way that was presented, and how the evaluation will drive decisions on sustainability and dissemination to others. Mr. Yamamoto stated small counties do not have the opportunity to have courts for people with mental illness. The issue is how small counties can access the same resources that large counties have access to. He stated small counties must blend many pieces into one court model.

Dr. Callahan stated the county will collect data from the time individuals are identified in the jail, as they navigate through the different phases of the drug court program, to the time they

become more independent and start taking ownership of their own lives. Also, there will be better access to probation and jail data.

### **Public Comment**

Maureen Bauman, County Behavioral Health Directors Association (CBHDA), spoke in support of the proposed project.

Adrienne Shilton, Steinberg Institute, spoke in support of the proposed project.

Stacie Hiramoto, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), spoke in support of the proposed project.

Rory O'Brien, Mental Health America of Northern California (NorCal MHA), #Out4MentalHealth, spoke in opposition to the proposed project. Rather than the intercept model, the speaker stated the most appropriate way to intervene would be to prevent individuals from being arrested in the first place. The speaker urged the county to connect with community members and organizations that work with Latinx communities in future planning processes. Transgender individuals are only mentioned once. The speaker urged the county to consider the many disproportionate groups that are affected by the jail systems and to ensure that the program is culturally competent for transgender individuals.

Andrea Crook, ACCESS California, NorCal MHA, agreed with the previous speaker about focusing more on prevention. The speaker asked that staff share the December 26<sup>th</sup> email that followed up on the community planning process. Farmers' markets are not a forum to provide meaningful education or to solicit feedback. The two FTEs allocated for case managers and peer advocates should not be lumped together. The speaker stated there was discussion about connecting individuals to family members and asked about individuals who may not have families.

### **Commissioner Discussion**

Commissioner Beall stated this is exciting because of his work on the mental health pretrial diversion legislation, Senate Bill (SB) 215 that was signed last year. He stated it is exciting to see his legislation going into effect.

Commissioner Madrigal-Weiss urged the county to include more involvement with individuals with lived experience and family members. She suggested not only getting input at a community gathering but taking the time to convene a gathering and provide the education as another way to gather feedback.

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

*The MHSOAC approves San Benito County's Innovation Project as follows:*

*Name: Behavioral Health-Diversion and Reentry Court*

*Amount: \$2,264,566*

*Project Length: Five (5) Years*

Motion carried 10 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Alvarez, Beall, Berrick, Brown, Bunch, Danovitch, Gordon, Madrigal-Weiss, and Mitchell, and Chair Tamplen.

## **ACTION**

### **3: Calaveras County Innovation Plan**

#### **Presenters:**

- Jessica Xiomara Garcia, Director, Learning for Action
- Kristin Brinks, Director, Calaveras Health and Human Services Agency
- Susan Sells, MHSA Coordinator

Chair Tamplen stated the Commission will consider approval of \$706,366 to support the Calaveras County Enhancing the Journey to Wellness Peer Specialist Program Innovation Plan. She asked the representatives from Calaveras County to present this agenda item.

The presenters provided an overview, with a slide presentation, of the need, proposed project to address the need, the innovative components, evaluation, budget, and sustainability of the proposed innovation project.

#### **Commissioner Questions**

Chair Tamplen suggested using the term “support specialist” as opposed to “case management” which implies that people need to be managed. Instead the managers are supporting individuals in their journey.

Commissioner Bunch asked if the individuals who were re-hospitalized within the year had been offered services and refused or if no services were offered and what the discharge planning currently looks like. Susan Sells, MHSA Coordinator, Calaveras County, stated it is safe to assume that everyone is offered the services.

Commissioner Beall asked about the training for the peer specialists and the county’s intention regarding housing. Susan Sells stated the peer specialists will have WISE access training and WRAP training. Psychosocial courses are also available at the community college and the instructor has agreed to provide summarized versions of the courses at the peer center.

Commissioner Beall stated he has introduced SB 10, a peer certification bill. He asked the Commission to have a discussion on how statewide training and curriculum should be structured for peers in this bill. He asked the county to stay involved to add their input to the discussion.

Commissioner Beall stated Propositions 1 and 2 that passed last November have a rural set-aside for housing projects, even for only four units. He suggested taking advantage of those funds, which should begin allocating in the next four to five months and will have multiple rounds. Getting the county to apply or finding a nonprofit would be a good mix with this project.

Commissioner Brown asked about collaboration with the sheriff’s office and the jail. The meeting materials mention that peer support will be provided within seven days of discharge. He suggested providing support prior to discharge from the hospital or the jail. Kristin Brinks, Director, Calaveras Health and Human Services Agency, stated Calaveras County, one of the first Stepping Up Innovator counties, has good collaboration with local law enforcement. The hope is to engage with inmates much quicker than within seven days of discharge.

Commissioner Berrick stated he appreciated that the county does not have the mindset of “we’re small, we’re rural, we can’t do it” but instead has the mindset of “we’re small, we’re rural, we must do it.” He stated that was apparent in the way the county thought about outreach and engagement.

## **Public Comment**

Maureen Bauman spoke in support of the proposed project.

Adrienne Shilton spoke in support of the proposed project.

Andrea Crook spoke in support of the proposed project.

Gabriel McCoy, Resident, Calaveras County, spoke in support of the proposed project.

Elizabeth Beaufile, MHSA Steering Committee, spoke in support of the proposed project.

## **Commissioner Discussion**

Commissioner Mitchell stated she wanted to put on the record that she was pleased with the presentations today. Today she felt the Commission was touching lives.

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

*The MHSOAC approves Calaveras County's Innovation Project as follows:*

*Name: Enhancing the Journey to Wellness: Peer Specialist Program*

*Amount: \$706,366*

*Project Length: Five (5) Years*

Motion carried 10 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Alvarez, Beall, Berrick, Brown, Bunch, Danovitch, Gordon, Madrigal-Weiss, and Mitchell, and Chair Tamplen.

## **INFORMATION**

### **4: Overview of Governor's Proposed Budget for Fiscal Year 2019-20**

#### **Presenters:**

- Theresa Calvert, Assistant Program Budget Manager, Department of Finance
- Anam Khan, Health and Human Services Unit, Department of Finance

Chair Tamplen stated the Commission will be presented with an overview of the Governor's Proposed Budget for fiscal year 2019-20 and its impact on the community mental health system. She asked the representatives from the Department of Finance (DOF) to present this agenda item.

Anam Khan, Health and Human Services Unit, DOF, provided an overview of the Proposition 63 Mental Health Services Act Administration-Directed Fund (MHSF) as of the 2019 Governor's Budget. She stated, as of January of 2019, fiscal year (FY) 2018-19 cumulative monthly allocations are approximately \$804.5 million. The 2019-20 MHSF revenue is estimated to be approximately \$2.4 billion with a nominal decrease of approximately \$20 million. There are no new proposals from the MHSF in the 2019 Governor's Budget.

Theresa Calvert, Assistant Program Budget Manager, DOF, provided Commissioners with a supplemental handout of selected pages drawn from the Governor's Budget for Fiscal Year 2019-20 and the entire Health and Human Resources Agency Budget, which is available at [ebudget.ca.gov](http://ebudget.ca.gov). A budget summary is posted on the DOF website and, in the Health and Human Services chapter, there is a mental health section that also provides a narrative on the proposals covered in this presentation.

Ms. Calvert summarized the supplemental handout of selected pages drawn from the Governor's Budget for Fiscal Year 2019-20. There is a new augmentation to the General Fund of \$50 million to increase training opportunities for mental health workforce programs, a proposal in the Department of Health Care Services (DHCS) budget for a one-time augmentation to the General Fund of \$25 million aimed at early psychosis research and treatment for better detection and intervention when young people have had or are at risk of developing psychosis, and a proposal in the DHCS budget for a one-time augmentation to the General Fund of \$100 million for the Whole Person Care Pilot Programs.

### **Commissioner Questions and Discussion**

Executive Director Ewing asked for more detail on the \$25 million augmentation for early psychosis grants and how they will be targeted. Ms. Calvert stated the grants are targeted to multiple entities. They are not limited to counties, but would also include universities, nonprofits, and other organizations that would be eligible for the grant funds. As far as parameters, one of the components of the early psychosis grants that the DOF is considering is having entities match for grants over \$1 million.

Executive Director Ewing stated the Governor signed Assembly Bill (AB) 1315 two years ago to establish the Early Psychosis Intervention Plus (EPI Plus) Program that the Commission would administer with private dollars. He asked to speak with the DOF about aligning that in some way. Ms. Calvert stated she will take that back to her department and also let the California Health and Human Services Agency (CHHS) and the DHCS know.

Commissioner Alvarez asked about additional oversight resources mentioned in the presentation. She asked where the individuals will be housed and how they will work in collaboration with Commission staff in order to fulfill their responsibility. Ms. Calvert stated the new DHCS positions will be housed in the Mental Health Substance Use Division at the DHCS. They will monitor and review annual Revenue and Expenditure Reports and will go onsite to counties as part of their review. There would also be a technical assistance program support area to help counties with audit findings. She stated she could not answer the question about the interaction with Commission staff without knowing more about the Commission's role in onsite reviews and fiscal oversight of the Revenue and Expenditure Report information.

Executive Director Ewing stated last year the Legislature and the Governor augmented the DHCS fiscal staff by 40 to 50 positions in response to the audit requested by Commissioner Beall that also was for fiscal oversight. He asked if the additional 13 positions are on top of the 50 fiscal oversight positions from last year. Ms. Calvert stated the augmentation is for 13 additional fiscal oversight positions but these are specifically for review and monitoring of the Revenue and Expenditure Reports.

Commissioner Danovitch asked for Executive Director Ewing's assessment of the specific implementations for the Commission and whether there are points that Commissioners should be concerned about or should be celebrating. Executive Director Ewing stated the way the handout is set up is it shows prior year, current year, and next year. It is presenting the change from the present year to the future year, which is called the budget year. It breaks down positions versus dollars, which is why the chart shows new positions but not new money – the DOF is shifting contract dollars to become operational dollars.

Commissioner Danovitch asked if the 13 positions will be FTEs. Executive Director Ewing stated they will be – they are called personnel years (PYs).

Executive Director Ewing responded to Commissioner Alvarez's question on the intersection between the Commission and the DHCS's work on this issue. He stated the DHCS has been pushing in response to the work that the Commission did on fiscal transparency and reversion

highlighting the lack of reporting, the lack of reversion, and the accounting that led to the audit that Commissioner Beall sponsored that revealed inadequacies, and clearly the administration is responding.

Executive Director Ewing stated staff is planning to meet with the DHCS, the DOF, and Senate and Assembly Budget staff because the understanding is that, based on how the DHCS has modified the reporting requirements under the Revenue and Expenditure Reports, the Commission will be unable to include future fiscal year information from the online transparency tool or, if the Commission does, it will not align with county numbers because the state has modified the year that the expenditures get reported as an expenditure, which has implications for reversion.

Executive Director Ewing stated, if the Commission does not know how much funding counties have spent from a given fiscal year, it cannot tell if there is funding subject to reversion. This does have implications because the Commission relies on the data that the state receives from the counties, and the DHCS establishes the rules for that data to be submitted. It has significant implications on the ability of the Commission to monitor implementation and reversion.

Executive Director Ewing stated there are also technical issues. For example, Commissioner Beall authored legislation last year to create a reversion account that stated these monies shall be "made available to other counties in future years." The original Proposition 63 also stated "made available to other counties in future years." There is not a distribution formula for funds that excludes a single county. For example, if a county reverts, those funds are intended to go to all other counties, but there is not a formula that determines how to allocate those dollars to other counties, excluding the county that reverted.

Executive Director Ewing stated there are implications on how the DHCS is trying to implement the fiscal rules for the Commission's work. All of these implications are not fully understood, mostly because the Commission has never been in this situation before.

Executive Director Ewing stated this is the Governor's first January budget proposal, which is part of the whole budget process. There will be six months to work with the administration and the Assembly and Senate Budget Committees to talk through and better understand this. Today was a presentation on what the Governor is proposing, but it is not until May or June when those proposals will be refined and will give a better understanding of what it will look like when the legislative process matures these components. Staff is paying attention and working with legislative staff. It is very early in the process.

Commissioner Danovitch asked if there is funding in the proposed budget that underpins the Governor's mental health platform. Ms. Calvert stated there are two pieces: Proposition 63, which has no new funding coming out of the MHSA state-directed administrative side, and the other components of the General Fund referred to in the presentation that are the new proposals in the mental health area as part of the Governor's Proposed Budget, such as the workforce development, the whole person care pilots, the early psychosis treatment proposal, and also the changes on the Realignment side.

Commissioner Beall responded to Commissioner Danovitch's comments. He stated the Governor's proposed budget will be completely different come June. He stated the mental health area will possibly be a major area of change because of the Los Angeles School District situation. Many issues surfaced during the Los Angeles School District issue that created a huge demand for mental health services for the students. Other things are the Governor's issues on mental health, the implementation of Proposition 2, the reintroduction of previously-vetoed bills, all of which will affect the budget.

Commissioner Alvarez encouraged opening a dialogue to enable reshaping of how individuals define mental health and speak about mental health so they will begin to see all of these important investments in improving the mental health and wellbeing of the communities. She stated, as a Commissioner, she is that much more excited and feels the sense of responsibility to work with the administration to ensure that the Commission will be a good steward of the public dollar and, most importantly, to make an impact for the wellbeing of families and communities.

### **Public Comment**

Steve Leoni stated the California Behavioral Health Planning Council (CBHPC) met in San Diego last week and passed a new five-year plan for the Workforce Education and Training (WET) component of the MHSA. The speaker stated it was more of a sketch of a six-year plan because the CBHPC is currently without funding. The WET program is going through a near-death experience and it will take a while to ramp back up again. In recognition of that, OHSPD designed a six-year arc.

Steve Leoni stated today's presentation mentioned workforce training is in the Governor's budget. One concern is that this should not be seen as supplanting or replacing the MHSA WET component because that component includes how the training is delivered, that clients and family members are part of the delivery of the training, and the recovery and cultural competence are deliberately part of it. The effort here was not just to provide funding for WET but to provide a transformation in how that is done consistent with the transformation of the MHSA. The speaker asked the Commission to pay attention to these issues.

Jane Adcock, CBHPC, asked for confirmation that the \$50 million going to the OSHPD for mental health workforce strategies is not going to the mental health WET program activities, but is for programs administered under the Education Foundation. Ms. Calvert offered to send Jane Adcock that information when she returns to her office.

Jane Adcock stated the understanding that the \$50 million is from the General Fund and the WET Program is MHSA funded. Ms. Calvert stated that is correct. It is a one-time allocation from the General Fund. The language is about an increase in these opportunities, not about supplanting or replacing.

[Note: Agenda Item 7 was taken out of order and was heard after Agenda Item 4.]

### **ACTION**

#### **7: Legislative and Budgetary Priorities**

##### **Presenters:**

- Toby Ewing, Ph.D., Executive Director, MHSOAC
- Norma Pate, Deputy Director, MHSOAC
- Greg Cramer, Policy Consultant, Office of Senator Beall
- Samantha Samuelson, Legislative Aide, Office of Assemblymember Carrillo

Chair Tamplen stated the Commission will consider legislative and budget priorities for the current legislative session. She invited the presenters for this agenda item to come to the presentation table.

Executive Director Ewing stated staff will begin to present relevant bills now that the Commission has gotten more engaged in the policy process and is in a position to sponsor or



support legislation. Four bills will be presented today for the Commission's consideration: Senate Bills 10, 11, and 12 and Assembly Bill 46. He stated, should the Commission take a position on these bills, it would authorize staff to work with the authors to testify before the policy committees and advocate for the development and the passage of these bills.

Mr. Cramer deferred to Commissioner Beall to introduce his legislation.

#### Senate Bills 10, 11, and 12

Commissioner Beall provided a general overview and timeline on legislation. He reminded Commissioners that several legislators will reintroduce mental health bills that were unsuccessful last year. He provided an overview of SB 10 the peer mental health bill that was vetoed last year, although it had unanimous support in both the Senate and Assembly. California is one of two states that do not yet have a peer certification program. Commissioner Beall stated several legislators have agreed to co-author this bill. He summarized the components of SB 10 as follows:

- Establishes a statewide system of certification for peer support
- Requires the DHCS to establish a certification program for peer providers
- Establishes four distinct certification categories – peer, parent, TAY, and family support specialist – with various subgroups.
- Defines the range of responsibilities and guidelines for Peer Support Specialists
- Specifies required training and continuing education
- Determines clinical supervision, code of ethics, and process for revocation
- Expresses the intent of the Legislature that the program will provide increased family support, a fuller continuum of wraparound service, and an individualized focused on clients to promote recovery and self-sufficiency

Commissioner Beall stated that SB 11 is a mental health parity bill that will strengthen California's mental health parity laws. Commissioner Beall summarized the components of SB 11 as follows:

- Establishes oversight requirements for the Department of Managed Health Care, the Department of Insurance, and the Legislature to ensure compliance with mental health parity laws
- Reviews annual reports submitted by health care service plans
- Monitors plans to ensure timely access to mental health service
- Prohibits plans from imposing prior authorization requirements on any FDA-approved medications to treat substance use disorder
- Strengthens the parity oversight requiring the State Auditor to review the Department of Managed Health Care's compliance with parity laws
- Prohibits stepped-therapy requirements for substance abuse drugs, which is a fail-first process

Commissioner Beall stated that SB 12 is an early intervention bill that will address the needs of California youth. Commissioner Beall summarized the components of SB 12 as follows:

- Allocates funding from the state General Fund for mental health

- Establishes a series of at least 100 youth drop-in centers statewide for early detection and treatment of mental health issues

Commissioner Beall stated that the Stanford Psychiatry Center for Youth Mental Health and Wellbeing is spearheading a national vision for adolescent and youth wellness through the implementation of the Headspace model, an international, integrated youth mental health model. Headspace was developed in Australia as a one-stop shop for young people aged 12 to 25 years and has had dramatic, positive outcomes. British Columbia incorporated the Headspace model and called it the Foundry.

Commissioner Beall stated the need to push the legislation envelope this year. He further discussed SB 12 and suggested that the state allocate General Fund money to mental health rather than the Department of Corrections where it is wasteful. He stated identifying and treating mental health issues earlier would profoundly lower future engagement with the criminal justice system. He stated the need for society to acknowledge that and to also recognize it from a fiscal standpoint for state and local governments. Identifying and treating individuals earlier will ultimately lower incarceration levels of county jails and state prisons.

### **Commissioner Questions**

Commissioner Berrick stated Headspace tends to be focused toward teens. Some of the bills that Commissioner Beall initiated prior to SB12 were about integrated school-based services.

Commissioner Beall stated he currently is working on a bill about integrated school-based services but it is not yet ready to be introduced.

### **Assembly Bill 46**

Samantha Samuelsen, Legislative Aide, Office of Assemblymember Carrillo, stated AB 46 encourages the acceptance, normalcy, and reality of individuals living with mental health challenges. She stated the Commission approached Commissioner Carrillo with the idea of authoring this bill. Commissioner Carrillo's office has been working with Commission staff to ensure the bill is inclusive of everyone at the table.

Ms. Samuelsen stated the language used to address individuals experiencing mental health challenges has a lasting impact that can cause shame, convey negative judgment, and reinforce deeply harmful and damaging stereotypes about individuals with mental health difficulties. She stated AB 46 is inspired by this fact and looks to replace outdated terminology such as crazy, lunatic, insane, evil-minded, mentally-defective, and abnormal with language that speaks of the person first and their disability second. She stated it is of utmost importance that the state law reflects the possibility of worthwhile treatment and recovery for all individuals experiencing mental health challenges.

Ms. Samuelsen stated AB 46 is meant to be a clean-up bill to promote the destigmatization of mental health challenges; the changes will be non-substantive.

### **Commissioner Questions**

Commissioner Mitchell asked how many times the language has been amended to remove derogatory terms. Ms. Samuelsen stated it varies in each code section and is situational. She noted that there is no one-size-fits-all solution. Currently, language is drafted that includes the Welfare and Institutions Code, the Penal Code, and the Harbors and Navigation Code.

Executive Director Ewing added that, with the way the legislative houses are organized, each code section generally is managed by a committee. He stated the process does not lend itself for this bill moving through five or six legislative committees or it will die of its own weight – there are too many committees. He stated staff has asked to meet with leadership that orchestrates

the bill process to make informed decisions about addressing all of the code sections and still getting through the process under the deadlines or focusing on one or two code sections and doing a follow-up approach at a later time for other code sections. These types of bills are difficult for the legislative process because they affect many code sections.

Commissioner Beall suggested reaching out to the chairs of the committees. He stated the chairs have some discretion on waiving presentation or they can put it on a consent calendar. He suggested that this is the kind of bill to do that to. He suggested asking the Rules Committee to designate a main committee and letting the other chairs notify them and try to get a waiver or consent calendar type of thing. He stated he will waive his committee, the Transportation Committee, presentation on this.

Commissioner Gordon thanked Commissioner Beall for his focus on youth, both the adolescents and the integrated school-based services. He stated it is past time that California started earlier to head off the kinds of problems that are not dealt with effectively later in life.

Commissioner Beall stated the Los Angeles School District issue will affect school programs. That strike created a momentum for programs in the schools. Something will be seen coming out of that. In the past, the CTA has not been supportive of mental health funds being used because they have felt that it takes funding from Proposition 98. Los Angeles teachers are now saying they want mental health services in the schools and they want state and local funds to be used for that. The Los Angeles County reversion funds are being looked at. The state should get more involved in mental health with the General Fund.

### **Public Comment**

Stacie Hiramoto spoke in support of the presented legislation. The speaker suggested providing a more in-depth staff analysis of the bills presented to the Commission, including how consumers and family members feel about them and whether they reduce disparities, and creating a Legislative Committee to make recommendations to the Commission on future legislation.

Rory O'Brien urged Commissioner Beall and his office to include another primary evidence-based method in the SB 12 Headspace model – that these interventions be youth-led and that youth be involved in the decision-making of where to place the center, what to paint the walls with, and every step of the way including evaluation. One concrete way to include that is to ensure that youth peers are included in the required staff listing for these centers.

Poshi Walker echoed Stacie Hiramoto's comments about having a more robust discussion around legislation before bringing it to a Commission meeting and about including stakeholders in that discussion. The speaker also echoed Rory O'Brien's comments. The speaker spoke in support of SB 10 but asked whether Medi-Cal billing is included and how to encourage the DHCS to do this.

Poshi Walker stated, with regards to SB 11, when it comes to mental health parity and medication, oftentimes individuals are forced to take a generic. Although generic medication is supposed to be the same as the brand name, they often do not behave the same in certain individuals' bodies. Also, not all generics are the same. It is important that individuals not be forced to take medication that does not work simply because it is the least expensive.

Poshi Walker stated, in reference to SB 12, one of the issues is parental consent and confidentiality. LGBTQ youth are afraid to access services because their identities might be revealed to their parents.

Smitha Gundavajhala spoke in support of the presented legislation.

Adrienne Shilton spoke in support of the presented legislation.

### **Commissioner Discussion**

#### Senate Bill 10

Chair Tamplen asked if Commissioner Beall is open to the Commission co-sponsoring SB 10. Commissioner Beall stated he loves co-sponsors. Co-sponsors are engaged in the refinement of the bill as it goes through the process.

Action: Chair Tamplen made a motion, seconded by Commissioner Berrick, that:

*The MHSOAC agrees to co-sponsor SB 10.*

Motion carried 10 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Alvarez, Beall, Berrick, Brown, Bunch, Danovitch, Gordon, Madrigal-Weiss, and Mitchell, and Chair Tamplen.

#### Senate Bill 11

Commissioner Madrigal-Weiss made a motion for the Commission to co-sponsor SB 11.

Commissioner Brown asked about the precedent for the Commissions sponsoring bills. He stated sponsoring bills potentially opens the Commission up to accusations of politicization. He cautioned that the only time the Commission should sponsor bills is when it takes a strong position on a bill. Executive Director Ewing stated it is common among other commissions to sponsor bills.

Commissioner Mitchell asked if sponsoring a bill increases staff's workload. Executive Director Ewing stated it is minimal support. Sponsoring a bill means that staff will write a letter and testify at a legislative hearing. He stated there is no difference between supporting and sponsoring a bill in some cases.

Action: Commissioner Madrigal-Weiss made a motion, seconded by Commissioner Danovitch, that:

*The MHSOAC agrees to co-sponsor SB 11.*

Motion carried 10 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Alvarez, Beall, Berrick, Brown, Bunch, Danovitch, Gordon, Madrigal-Weiss, and Mitchell, and Chair Tamplen.

#### Senate Bill 12

Commissioner Gordon made a motion for the Commission to co-sponsor SB 12 with the proviso lest the Commission be perceived as only supporting that aspect of youth programs. He clarified that the Commission is happy to anticipate also co-sponsoring a bill around integrated services at schools as well.

Commissioner Beall stated he will present that bill to the Commission at the next Commission meeting.

Commissioner Alvarez asked for clarification on the amount of funding required to implement SB 12.

Commissioner Beall stated the general operating costs per center will be approximately \$2 million annually for a total of \$200 million for 100 centers, but he anticipated that it will take three years to reach the 100-center goal. The operating expenses will come not only from the state General Fund, but from Medi-Cal and other funding sources. He stated it is a partnership proposal. The county, nonprofits, and other organizations will partner to provide fiscal support. He suggested leasing space for youth drop-in centers as opposed to new construction.

Commissioner Alvarez stated the fact that funding will be blended and braided for maximum impact is an important distinction to make.

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

*The MHSOAC agrees to co-sponsor SB 12.*

Motion carried 10 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Alvarez, Beall, Berrick, Brown, Bunch, Danovitch, Gordon, Madrigal-Weiss, and Mitchell, and Chair Tamplen.

#### Assembly Bill 46

Commissioner Alvarez made a motion for the Commission to sponsor AB 46.

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

*The MHSOAC agrees to sponsor AB 46.*

Motion carried 10 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Alvarez, Beall, Berrick, Brown, Bunch, Danovitch, Gordon, Madrigal-Weiss, and Mitchell, and Chair Tamplen.

### **INFORMATION**

#### **5: Executive Director Report Out**

**Presenter:**

- Toby Ewing, Ph.D., Executive Director

This item was tabled to the next Commission meeting.

### **GENERAL PUBLIC COMMENT**

Danny Marquez, California Association of Social Rehabilitation Agencies (CASRA), provided an overview of CASRA's Employment Initiative Concept Paper that CASRA has been presenting to statewide entities and gathering support for the past year. Commissioners and staff will receive an electronic copy for their review. The paper is intended to provide a conceptual framework for describing, understanding, and developing strategies to support employment services. The speaker asked the Commission to partner with CASRA and offered to meet offline to discuss the paper.

Alison von Horn, Distance Learning Student, Southern New Hampshire University, is working on her master's degree in public health. The term paper is on the MHSA. The speaker was in attendance to learn more about the Commission.

Stacie Hiramoto stated taking agenda items out of order makes it difficult for members of the public who take time off work and travel distances in order to attend meetings for specific agenda items.

Stacie Hiramoto questioned the phrase “to maintain a quorum.” She stated her understanding that, when a quorum is achieved at roll call, the quorum is maintained throughout the entire day. She stated the phrase is confusing because it implies that a quorum has to be present for a vote.

Poshi Walker, NorCal MHA, #Out4MentalHealth, stated most of the work done by #Out4MentalHealth is not done at this Commission meeting; it is a small part of what they do. #Out4MentalHealth holds trainings and convenes task forces across the state, will be doing a statewide survey, is continuing the work with sexual orientation and gender identity (SOGI) data collection and reporting to improve both processes, and has completed the Mapping the Road to Equity, the report on the state of LGBTQ communities in California. It has been posted on the #Out4MentalHealth website.

## **LUNCH BREAK**

Chair Tamplen welcomed everyone back from the lunch break. She introduced A’Keiona Moore, the TAY representative who joined the Commissioners around the table to learn the Commission process and to give her perspective on issues. Ms. Moore introduced herself.

## **ACTION**

### **6: City of San Francisco Innovation Plan**

#### **Presenters:**

- Farahnaz Farahmand, Ph.D., Assistant Director, San Francisco Department of Public Health
- William Martinez, Ph.D., Assistant Professor of Psychiatry, Director of the Child and Adolescent Services Clinic
- Angelina Romano, MSW/PPS, School Social Worker and District Coordinator for SFUSD’s RISE Program

Commissioner Berrick recused himself from the discussion and decision-making with regard to this agenda item and left the room pursuant to Commission policy.

Chair Tamplen stated the Commission will consider approval of \$1,500,000 to support the San Francisco County’s Fuerte School-Based Prevention Groups Innovation Plan. She asked the representatives from the City of San Francisco to present this agenda item.

The presenters provided an overview, with a slide presentation, of the need, proposed project to address the need, the innovative components, evaluation, budget, and sustainability of the proposed innovation project.

#### **Commissioner Questions**

Commissioner Bunch asked the presenters to further explain the curriculum. William Martinez, Ph.D., Assistant Professor of Psychiatry, Director of the Child and Adolescent Services Clinic, stated the curriculum is based on seven modules, each having a different theme. It has principles similar to trauma-focused cognitive behavioral therapy but is more of a prevention program. The groups are less about it being a one-stop shop for trauma and more about helping youth who may need help but are not accessing any type of service to understand what trauma is and how it may be impacting them.

Commissioner Madrigal-Weiss asked if there are already trauma-sensitive approaches being developed or embraced by the schools. Angelina Romano, MSW/PPS, School Social Worker and District Coordinator for SFUSD’s RISE Program, stated SFUSD has been working for a few

years to create more trauma-informed and trauma-responsive classrooms and has been training teachers and support staff on what trauma looks like in the classroom. The hope is to add onto the continuum of care within the schools about trauma-informed practices and to create spaces for young people where they can get psychoeducation around what trauma is, what it looks like for them, and ways of coping, reaching out for help, and being connected to community providers.

Commissioner Gordon asked about the children who are younger than age 12, including preschool age. He asked if there is a set of intersections for those children as well. Ms. Romano stated the school districts already have other interventions. She stated there are social workers and wellness programs in the schools. The hope for the proposed project was to focus on older young people and their experiences of trauma in their country and along their pathway to the United States, separation from families, and reunification of family members. The county will evaluate and disseminate a group model. Younger students in elementary school have different needs.

### **Public Comment**

Adrienne Shilton spoke in support of the proposed project.

Ricardo Sainz-Ayon, California Pan-Ethnic Health Network (CPEHN), spoke in support of the proposed project.

Roban San Miguel, Mission Family Center, San Francisco, spoke in support of the proposed project.

Peter Cooch, M.D., Pediatrician, San Francisco, spoke in support of the proposed project.

Maureen Bauman spoke in support of the proposed project.

Smitha Gundavajhala spoke in support of the proposed project. The speaker suggested including a sibling-type peer mentorship program.

Stacie Hiramoto spoke in support of the proposed project.

Poshi Walker spoke in support of the proposed project. The speaker agreed with a previous speaker about the importance of peer support.

### **Commissioner Discussion**

Commissioner Brown referred to the last slide containing two pieces of artwork done by students. He suggested not using the artwork on the right as it includes comments about La Resistencia, which is a political party in El Salvador. He stated including it may unnecessarily bring controversy to the program.

Chair Tamplen agreed with Smitha Gundavajhala's comment about connecting with peer immigrant refugees for support.

Commissioner Madrigal-Weiss suggested partnering with the California Department of Education so they can get this information out to individuals right away. She asked if the county could share the results of the proposed project as soon as possible with the Student Mental Health Policy Workgroup through the California Department of Education.

Action: Commissioner Madrigal-Weiss made a motion, seconded by Commissioner Alvarez, that:

*The MHSOAC approves the City of San Francisco's Innovation Plan as follows:*

*Name: Fuerte School-Based Prevention Groups*

*Amount: \$1,500,000*

*Project Length: Five (5) Years*

Motion carried 7 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Alvarez, Brown, Danovitch, Gordon, Madrigal-Weiss, and Mitchell, and Chair Tamplen.

Commissioner Berrick rejoined the Commissioners at the dais.

## **ACTION**

### **8: Documentary Funding Authority**

#### **Presenters:**

- Toby Ewing, Ph.D., Executive Director, MHSOAC
- Tom Chiodo, Executive Producer, Special Projects, WETA
- Lisa Paulsen, Consultant, WETA; Co-Founder, Stand Up To Cancer
- Brandon Staglin, President, One Mind

Chair Tamplen stated the Commission will consider authorizing the Executive Director to enter into contracts not to exceed \$300,000 to support a documentary project on mental health. She invited the presenters for this agenda item to come to the presentation table.

Executive Director Ewing stated Tom Chiodo and Lisa Paulsen are working on a documentary series on mental health. Staff has been in conversation with them about ways the Commission could support that effort, such as shifting funds in the budget that is dedicated to documentaries, but more significantly, ways the Commission could help engage that project and help translate it into policy and practices. He stated staff invited them to share the work they are doing with the Commission, the excitement around the project, and the timeline. He asked the Commission to support the documentary and partner with this broader effort around the work they are doing.

Tom Chiodo, Executive Producer, Special Projects, Washington Educational Telecommunications Association (WETA), provided an overview of the background of WETA, its accomplishments over the years, and its ten-year commitment to making three films on mental health in a documentary series by Ken Burns. He stated Ken Burns is undoubtedly the preeminent documentary filmmaker in the nation. WETA has been working with Mr. Burns for more than 30 years.

Mr. Chiodo stated the first film, slated for 2022, will focus on the youth mental health crisis and will address current issues. He stated it will be a groundbreaking multimedia initiative and the largest initiative WETA has ever undertaken. The project is in the research and development phase. Teachers, students, family members, and peers in key communities will be engaged around the country for the first two years, including service deserts where there is the most need. Interviews will be conducted over a year and a half to two years.

Lisa Paulsen, Consultant, WETA, Co-Founder, Stand Up To Cancer, provided an overview of the media and entertainment industry engagement and stated every actor who wants to be in front of this initiative will be a great messenger for this important ten-year initiative.

Brandon Staglin, President, One Mind, stated One Mind is the research partner in this initiative. He summarized accomplishments of One Mind over the past 25 years. One Mind supports a learning healthcare network throughout California to bring early psychosis and serious psychiatric illness treatment centers together to share common data with each other on how



their young clients are doing so that best practices can be distributed and disseminated and innovations can be piloted throughout the network to test them on a large scale. He stated he is proud and excited to be a part of this initiative.

### **Commissioner Questions**

Commissioner Danovitch asked about the other supporters and stakeholders that are involved. Mr. Chiodo stated the project has yet to be officially announced but has twelve sponsors and six partners. He anticipated possibly twenty expert advisory committees will regularly convene for a project of this size – one of which will be the MHSOAC – to build educational content and ensure the accuracy of the films.

Commissioner Mitchell asked about the big picture idea for reducing stigma. Mr. Chiodo stated WETA will be outreaching to celebrities and PBS communities nationwide on social media during mental health awareness month saying it is all right to talk about mental health issues. The idea is to change the communication and language in communities by reaching American homes and creating education content.

Mr. Chiodo stated PBS Newshour has student reporting labs, which are journalism labs in high schools around the country. Students are funded and supported to learn journalism and create videos on issues that matter to them. The number one topic for students is mental health.

Commissioner Brown stated his understanding is that this is envisioned to be a series-type project and the Commission would be one of a number of sponsors who are providing funding for this. He asked about the total budget for the project.

Mr. Chiodo stated the Commission would be engaging in Film 1. The research phase would be from 2019 to 2022, it would premiere in 2022, and then the content lives on. The sponsors have a sponsor/partner pod at the beginning and end of every PBS episode. He stated the budget for the three-year process is in the range of \$15 million.

Commissioner Brown stated the Commission would be providing funding for Film 1. He asked if the Commission would be part of a consortium on the development of that film as well. Mr. Chiodo stated it would. He stated the Commission will be involved in developing what the initiative is around the country. He stated PBS Newshour is doing specials already on the topic and will do them during the duration of the initiative. The Commission will be a part of building the initiative as an engagement and education partner.

Commissioner Brown asked if the Commission will have an opportunity for editorial review and input. Mr. Chiodo stated there is a church and state system. He stated there is no editorial relationship between sponsors and film. The filmmakers must have the integrity to determine the content. The Commission's involvement will be what is built in the initiative. That is where the most profound effect will be seen. Ken Burns' films tend to deal with history, personal stories, innovation, and what currently exists. The filmmaker may want to interview experts who are involved with the Commission, but sponsors cannot influence the film. That is the reason for an advisory board. The Commission can recommend individuals who might be good for the advisory board and those names will be taken under consideration.

Commissioner Brown stated the previous work has been excellent; however, there is a difference in a historical documentary about the civil war versus the ongoing problem of mental health issues and the way that ultimately the film would portray the problem and the approaches to solving it, which are relevant to what the Commission does and many individuals who depend on this Commission do. He stated, if there was anything that was controversial or at odds with practices that are considered to be the state-of-the-art, it potentially could cause problems.

There is an opportunity to avoid those problems if the right individuals were working with the filmmaker.

Mr. Chiodo stated One Mind has provided, in the early relationship as the research partner, the top experts and thought leaders in the nation. The filmmaker will take the content from the experts into account. He stated, every day for the last year, the team curates more than 100 articles and distributes them to stakeholders every two weeks, including the filmmaker. WETA ensures that all stakeholders have that information. That is how it works. The track record speaks for itself.

Commissioner Brown stated the assumption that there were experts who steered the filmmaker towards what they were filming and doing. Mr. Chiodo agreed and stated the experts were on an advisory committee.

Commissioner Brown stated the Commission is being asked to vote to fund a project with taxpayer dollars where the panel of experts or exactly what the filmmaker will be doing with this project is unknown. He stated, although he is a fan of Ken Burns' documentaries and that he would love to see a good documentary made about destigmatizing mental health, the Commission needs more information before it can make a commitment of MHSA funding to do that.

Mr. Chiodo stated, if there are individuals that the Commission would recommend to any of the twenty advisory committees, they would certainly be received. It is a big project of which the best of the best are being brought in.

Commissioner Brown stated Bank of America and private funders do not have the same level of responsibility to the taxpayers that the Commission does.

Chair Tamplen stated it makes Commissioners nervous because of how the media has portrayed individuals with mental health challenges in the past. She stated the need to move the film in the direction of recovery, resilience, and hope. Mr. Staglin stated, as the research partner involved in this project, One Mind has recommended several individuals to be a part of the advisory committees who are knowledgeable in the field of mental health and has also recommended that the stories of individuals with lived experience be featured as part of the film.

Commissioner Mitchell stated the Commission has funded projects much larger than this with less knowledge of them. She stated she appreciated Commissioner Brown's concerns and comments. The documentary provides a good opportunity to reduce the stigma of mental illness. She stated Mr. Chiodo has a loved one with mental illness and she is trusting that the film will show loved ones in the most emotionally intelligent way as possible in whatever entertainment language is used to educate the public on mental illness. Mr. Chiodo stated everyone involved in the project will commit to the details. This project is far too important.

Executive Director Ewing stated, when the Commission provided funding for the documentary on veterans and mental illness, it was clear that the Commission had no role in the editorial content. The Commission currently provides funding to UCLA, which then passes through to journalists to do long-format stories, and has no editorial control over them. In this field, it is well-understood that the funding is meant to get the work off the ground, not to control the content. The content of the film will be up to the filmmaker.

Commissioner Berrick stated his first reaction to making a film about mental health is to run screaming into the woods, but with this opportunity with this filmmaker, he could not be more excited about it, especially with the first film being about youth. He stated the hope that individuals who see the film will understand that there is a crisis, that it is not seen in the way it needs to be, and that it will make an impact. He reiterated that on one hand he is fearful, but on

the other hand he has faith in the sensitivity that will be brought to this and the potential impacts that will come as a result of it.

### **Public Comment**

Smitha Gundavajhala stated there are many positive things with this proposal – a film is being used to approach the subject, youth mental health is being elevated, and the Commission is engaging early in the development process for input and collaboration. The speaker stated the hope that the presenters have a commitment to following up on issues that will be highlighted in the documentary.

Smitha Gundavajhala asked a series of questions:

- Is this the first documentary proposal that the Commission has considered?
- Have youth filmmakers been notified of these opportunities?
- Did young people choose Ken Burns to tell their story?
- Has Ken Burns spent time in the mental health space?
- Are young people getting to write the script, not just be featured in it?
- Are young people being paid for their participation and followed up with?
- Is there a youth advisory council?
- Is the story intersectional?
- Are youth of color, young people of all genders, and disabled youth being elevated?
- Are we leveraging Ken Burns' storied career and the star power that so many have spoken of to raise the profile of the systemic inequities that impact youth?
- Will the film generate revenue?
- Will that revenue be used to address those systemic issues via policy change and action once the credits roll?
- There is a lot of expertise being cited by scientists and professionals, but where is the lived experience of youth?

Smitha Gundavajhala emphasized the importance of self-determination and youth voice in the process of developing the documentary and ensuring that accurate stories are told about youth so they are agents of the storytelling process rather than anthropological subjects.

Joy Anderson, California Youth Connection's No Stigma, No Barriers Transition Age Youth Mental Health Board, echoed many points made by the previous speaker. The speaker asked a series of questions:

- What efforts are being put into place working with youth to prevent the tokenization of their stories?
- How many youths do you plan on engaging and what does that support coach and engagement look like?
- What leadership development opportunities will you be providing for those young people in the communities?
- What do the stipends look like to respect youths' professional experience?

- How will the young people be selected so that they are geographically diverse and diverse in their experiences in mental health systems both private and public?
- The student leads from the labs are the youths who are participating. What resources will you offer them in case of unintentional trauma expressed or harm taken in by the experiences?

Andrea Crook stated this is incredibly scary and triggering, yet exciting. If done well, it could make such a difference in the stigma associated with mental illness. If not done with careful consideration, it could end up taking ten steps backwards. That is what is terrifying – the power and importance of language. Being defined by a diagnosis is incredibly harmful for individuals living with a mental health condition.

Andrea Crook stated it is important that the documentary be done in a very respectful way, which includes consulting with individuals with lived experience who have been traumatized by the media where there is that mistrust. When addressing public and private mental health services, it is important to have individuals with lived experience on the public mental health side because there is much more associated stigma. The speaker thanked Commissioner Brown for pausing because the Commission needs to pause to ensure that this is done right and with the utmost care.

Poshi Walker echoed the questions that Smitha Gundavajhala had and wanted to ensure that the presenters listen to the comments given by the youth and that they ask Smitha Gundavajhala for a copy of the questions to carry with them.

Poshi Walker stated, when Proposition 63 was being voted on, there was a saying: “there is nothing about us without us.” That is not just true for adults and may be even truer for youth. It needs to be the banner statement while going through the entire process of making this film. The speaker stated there should be a predominant youth voice on the advisory committee.

Poshi Walker stated the concern that the Commission is being asked to approve a \$300,000 expenditure without more information. The speaker stated they have never seen a true representation of mental illness, recovery, or therapy in a regular dramatic or comedy forum and would hate to have that happen in a documentary and then see the name of the Commission as one of the funders scrolling on the screen. It is difficult to understand how the Commission can be a partner and then be unable to say anything about what is being made. The Commission should be allowed to speak to the filmmakers to give them perspective. This is not dictating to the filmmakers, but it is informing them and ensuring nothing about us without us.

Steve Leoni echoed the comments of the previous speakers and agreed with Commissioner Brown’s pause button. The presenters clearly have good intentions when speaking about having some of the best academic experts and allowing individuals with lived experience to tell their stories, but it sounds patronizing. Many individuals with lived experience have developed their own understanding about what mental illness is and what their issues are. They can speak for themselves. The speaker asked the presenters to look at the National Empowerment Center and the National Self-Help Clearinghouse and their materials, and speak with Bill Anthony, Professor, Boston University, who did research that made recovery respectable in academia and was very open about the fact that he got his ideas from the consumer community.

Tiffany Carter, ACCESS California, NorCal MHA, echoed the comments of the previous speakers and encouraged the language piece. It is important to ensure that the language that is used is empowering, uplifting, and recovery-based, that the advisory committee is predominately peer-driven, and that their feedback is utilized. It is imperative to have the youth at the table to ensure that their representation is accurate.

Kristina Saffran, as a youth and peer, volunteered to be on the youth advisory board. Stories have the power to change hearts and minds in a way that nothing else does. The speaker suggested including eating disorders as part of the mental health crisis. It represents 10 percent of the population. Next to opioids, it has the highest mortality rate of all mental illnesses. 80 percent of the individuals with eating disorders are not getting treatment. Eating disorders are stigmatized; the film could do a huge service to the community to include it and share stories.

### **Commissioner Discussion**

Commissioner Brown stated he is not against the project, the concept, or the idea but he does not think that enough information has been presented to make a prudent decision. He suggested getting something to vet prior to voting in the future rather than voting on a concept. He stated he agreed with the comments that this could be an extraordinary way to get a much-needed message out. The odds are that it will be.

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

*The MHSOAC authorizes the Executive Director to enter into contract(s) not to exceed \$300,000 to support the Youth Mental Health Crisis documentary project.*

Motion carried 7 yes, 1 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Alvarez, Berrick, Danovitch, Gordon, Madrigal-Weiss, and Mitchell, and Chair Tamplen.

The following Commissioner voted "No": Commissioner Brown.

### **ACTION**

#### **9: Innovation Incubator Implementation**

##### **Presenters:**

- Toby Ewing, Ph.D., Executive Director, MHSOAC
- David Smith, Consultant, X-SECTOR LAB

Chair Tamplen stated the Commission will consider adoption of an implementation plan for the development of the Innovation Incubator. She invited the presenters for this agenda item to come to the presentation table.

Executive Director Ewing stated the Commission received approximately \$2.5 million in this year's budget and will receive \$2.5 million in next year's budget to support the ability to incubate high-quality innovations with the intent to support the ability of counties to make collaborative, strategic investments around Innovation that have the potential for transformational change.

Executive Director Ewing stated, as part of that, the Commission will provide technical assistance to counties to support high-quality Innovations, and disseminate the lessons learned with the understanding that, in order for the Innovation components of the MHSA to drive systemic change, it is not just about having the counties change how they practice, it is also about how the state supports the counties and creates the environment for the counties to be successful. He stated that at a prior Commission meeting Commissioner Brown asked staff to add into the work the notion of the Commission retaining some managerial control over the incubator.

Executive Director Ewing stated David Smith clarified the functional pieces of the incubator on pages 1 and 2 of the handout, which documents the idea of engaging the community around needs, designing and building solutions, facilitating the Innovation approval, technical assistance, evaluation, advocacy, and sharing of best practices.

Executive Director Ewing stated David Smith also identified three potential approaches: to do this work in-house, to contract out with an external organization, and a hybrid of the two. He stated there are pros and cons to these options, but Option C, the hybrid, seems to be the model that would allow the Commission to have engagement and managerial control over the work that the incubator does, but not have to do the content and project work that is important in terms of technical assistance to the counties.

David Smith, Consultant, X-SECTOR LAB, provided an overview, with a slide presentation, of the goals, key functions, management approach, and evaluation of the Innovation Incubator. He agreed with Executive Director Ewing that Option C is the recommended option for the Commission to take. The process of Innovation is to understand that a minimal viable product must be made that can be moved out to market, see what works, build on that, see what does not work, and learn from that.

### **Commissioner Questions**

Commissioner Alvarez stated she was trying to understand the timeline and the Commissioners' role in the process. She asked if the Commission was voting on an option today.

Executive Director Ewing stated it was; the Legislature has already authorized the funding to be spent. If the Commission was a department, that decision would have already been made through the internal management process of the department. The legislation directed that this funding focus on individuals who are justice-involved. The idea is to build on the early psychosis project model the Commission did in December, where the Commission contracted out to facilitate engagement across counties, which resulted in the counties pulling together their funds for a multi-county Innovation collaborative, but then the project comes back to the Commission for review and approval. He suggested authorizing Option C, which would require requesting that the Legislature modify the funding authority moving forward, and contracting out the design engagements, learning piece, and assessing community need to subject matter experts.

Commissioner Mitchell asked when staff will begin obtaining this expertise and hiring additional staff to manage the incubator. Executive Director Ewing stated there are two components to that: a staffing component where staff will speak with the Legislature to begin to build an internal staffing structure to manage and support this work, and a subject matter expert component, which is more difficult. He stated he envisions that the incubator will be tasked to take on all the issues that fall under the jurisdiction of the MHS. The questions are what should be sustained from an internal staff perspective to support the Innovation component, and when staff should turn to external experts whose expertise is dynamic because needs are changing.

Mr. Smith stated that in terms of the operational plan, the question is what is the ultimate size of the entity and how to make that as lean as possible. The Commission may not be able to employ all of the incredible subject matter experts but they could be part of the network where they could come to meetings and be engaged in the incubator in a formal capacity, but not have to be a full-time staff member of it.

Commissioner Berrick stated he agreed with Commissioner Mitchell but also understood the urgency. He stated the hope that in the construction of the contract the Commission would retain an extraordinary amount of control and flexibility so that, as the process moves from process-oriented to content-oriented, the Commission could continue to access resources in the community, the consumer voice, and the experts rather than being stuck in a contract that does not allow that.

Executive Director Ewing stated the goal is for the Commission to maintain editorial control while tapping external expertise.

“Keke” Moore thanked the Commission for inviting her to participate.

### **Public Comment**

Stacie Hiramoto raised concerns about the cultural competency aspect of the project, the rushed timeline, and the Commission being asked to vote on a \$5 million project without a committee process. Many issues voted on by the Commission are complex and deserve more discussion, understanding, and public comment.

Nicki King, REMHDCO, expressed concern about what the metrics will be for determining the success of this project. \$5 million is too much to spend on something with vague outcomes and an external contractor. Even building it in-house, there have to be firm goals, objectives, and metrics to determine if it has been a successful way to proceed. The speaker asked what those are going to be.

Steve Leoni agreed that Option C is the best option. The speaker stated the incompetent to stand trial is a tricky piece because research has shown that the uptick in incompetent to stand trial did not have to do with an uptick in acuity of people, it had to do with making legal changes. The problem being looked at with this project started with a legal change, not with a change in the population.

Steve Leoni agreed with the previous speaker that the metrics and how to evaluate require further study. Unless that is taken seriously, this project will not do well. The speaker stated none of the Design Labs discussed ways to simulate creative thinking. Looking at a problem in different ways helps with innovation.

### **Commissioner Discussion**

Commissioner Mitchell suggested, in response to Stacie Hiramoto’s comments, that the Cultural and Linguistic Competence Committee could vet some big upcoming projects and make recommendations to the Commission regarding cultural relevance, sensitivity, understanding, and acknowledgement of communities’ interests.

Commissioner Berrick stated Steve Leoni’s comments exactly reflected his own concerns.

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

*The MHSOAC adopts “Option C: manage internally with contractor support” to implement the development of the Innovation Incubator.*

Motion carried 5 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted “Yes”: Commissioners Alvarez, Berrick, Gordon, and Mitchell, and Chair Tamplen.

### **ACTION**

#### **10: Immigrant and Refugee Request for Proposal (RFP) Outline**

##### **Presenters:**

- Norma Pate, Deputy Director, MHSOAC
- Tom Orrock, Chief, Commission Operations and Grants, MHSOAC
- Angela Brand, Contract Lead, Stakeholder Engagement, MHSOAC

Chair Tamplen stated the Commission will consider approval of an outline and authorize the release of the Immigrant and Refugee Request for Proposal (RFP). She invited the presenters for this agenda item to come to the presentation table.

Norma Pate, Deputy Director, MHSOAC, stated the purpose of this agenda item is to present the Commission with an outline for the Immigrant and Refugee Stakeholder RFP and to present findings from the Listening Sessions and surveys that were conducted to better understand the needs of this population. This is the first contract the Commission will enter into to address the needs of immigrants and refugees. She stated the Budget Act of 2018-19 added an additional \$670,000 annually to support immigrant and refugee advocacy. The intended goal is to release this RFP and have the contract in place prior to June 30, 2019.

Angela Brand, Contract Lead, Stakeholder Engagement, MHSOAC, discussed the community engagement efforts that were facilitated as part of the RFP process consistent with what was done for prior stakeholder RFPs. She stated the Community Listening Sessions were held in Los Angeles, San Diego, Sacramento, and Oakland. She stated those areas were chosen specifically because there are higher concentrations of immigrant and refugee populations living in those communities and the goal was to reach as many community members as possible. She reviewed the Summary of the Community Engagement Efforts to Support the Development of the Immigrant and Refugee Stakeholder RFP document, which was included in the meeting packet.

Tom Orrock, Chief, Commission Operations and Grants, MHSOAC, provided an overview, with a slide presentation, of the structure of the Immigrant and Refugee Stakeholder contracts, scope of work, funding, and minimum qualifications for the local programs contracts and the state-level contractor.

### **Commissioner Questions**

Commissioner Gordon stated his understanding that all procurements would not be contracted at the same time but that the state-level contract would be contracted later. Mr. Orrock stated the projected timeline is August of 2019 when a Request for Qualifications (RFQ) would go out for a state-level contractor.

Commissioner Gordon asked if what is learned about how the first four did initially could influence what is done with the state-level contractor. He suggested not being specific in terms of dollars or goals until there was a feel for how the initial four were doing because one of the four initial contractors may emerge as someone who is capable of doing the overall work. He suggested making it flexible.

Mr. Orrock stated it would be done in conjunction with the four local program contracts who would be involved in that process in determining the qualifications of the state-level contractor.

Commissioner Gordon stated another reason for raising the question is, with the four, some distribution of the contractors around the state will need to be achieved. He stated there may be a huge demand that cannot be met by the local contractor. The state contractor would then be assisting them while they do not have enough resources to meet the demand. He suggested including the flexibility to make adjustments.

Chair Tamplen echoed Commissioner Gordon's concerns. She stated increasing, not reducing, the funding annually would be a better approach. She stated concern that agencies may have to cut employees when funding is reduced.

Mr. Orrock continued the slide presentation and discussed the next steps.

Commissioner Mitchell asked if it is unfair to find contractors in those particular cities with the larger populations of these communities. Executive Director Ewing stated, in addition to the Listening Sessions, staff surveyed approximately 50 organizations that are recognized as serving immigrant and refugee populations in California to ensure that there was alignment between how this opportunity is structured and who these organizations are. If the Commission



wants to improve advocacy on behalf of these populations, recognizing that they face tremendous barriers in accessing appropriate care, these organizations can give guidance.

Executive Director Ewing stated the question is how to distribute the funds, given this tremendous need. He stated the other stakeholder contracts had a single partner who did both local- and state-level work, but the message from these community advocates was that that will not work in this instance because of the diversity in the communities, the diversity of needs, the cultural differences, and the disparities between counties.

Executive Director Ewing stated staff then considered making several smaller contracts because many of the organizations are excluded from larger contracts because they do not meet the general requirements needed to take on a \$2 million contract. Now there are four but the question of distribution remains. Staff considered breaking it up by region, by continent, or by awarding funds to the four highest-scoring entities. He stated the four highest-scoring entities may likely come from the communities identified because of the concentration of need and the concentration of nonprofit entities who are already there.

Executive Director Ewing stated there clearly is not enough funding to meet the need so staff determined to get the greatest amount of money out there, hence the increased funding for the first year and the decreased funding in subsequent years. Staff plans to talk with the four contractors to learn about additional supports required to translate the message into a statewide message, and then do a fifth contract that is designed to support those four.

Commissioner Mitchell asked if a requirement of the RFP could be that bids will only be accepted from those four communities with high concentrations of need. Executive Director Ewing stated it is possible but the downside is that the best proposal may come from someone who is not in one of those four counties.

Commissioner Alvarez stated she was disheartened that the Commission was discussing this when this Commission meeting should have ended five minutes ago because it is so important, particularly to California's demographics. She stated it is also a missed learning opportunity for the Commissioners who needed to leave. She stated she was disappointed that it was the last agenda item.

Commissioner Alvarez stated she was encouraged that the Commission wants to support local organizations, but it has been mentioned that many of them do not have the capacity and require technical assistance. The timeline requires that they turn around a state RFP application in a limited amount of time. Many of them may not have applied for these grants before. She stated her concern that the very organizations the Commission is looking to fund will be unable to turn around an RFP in the allotted amount of time because of the challenges already called out.

Commissioner Alvarez asked if there is an opportunity in the RFP that there be a commitment from these organizations to either learn from others or work with others in that cohort in order to allow best practices to be shared. She stated, with the economics of today, more and more immigrant communities are moving to the suburbs. It is important to ensure that those communities are also heard and represented. She stated the Commission would be limited if it only allowed the big-city organizations to apply for the RFP.

Commissioner Alvarez asked if the other stakeholder contractors' expertise was utilized in the development of the Listening Session questions or if they were invited to attend the Listening Sessions. She asked what that relationship looks like. There was a lot of work done on the California Reducing Disparities Project (CRDP) and the California Department of Public Health (CDPH) work. To ensure that the Commission is not starting from scratch, there are individuals

and expertise to build on to ensure that this opportunity is done right so that, when the Commission goes to the Legislature to ask for more funding, they will be ready to allocate it.

Deputy Director Pate stated in this situation current stakeholders had an opportunity to apply for this grant. Because it is a competitive process, staff had to be careful about how much they were involved so that it would not preclude them from applying for this next round of grants. She stated staff has discussed working internally because there is more work that needs to be done with a small amount of funding. It was helpful to have the individuals in the room at the Listening Sessions and enabling them to not only speak with staff but to speak with each other and learn from each other. The goal is to not stop with the procurement process, but to continue to hold community forums to bring people together to help address the needs of this population and to continue to learn about this community and their needs. She stated staff has also discussed developing resource guides in multiple languages.

Commissioner Mitchell suggested limiting proposals to these four cities because that is where the majority of the populations are. Executive Director Ewing stated one consideration may be to modify the distribution by awarding one for Los Angeles, one for the Bay Area, and two that are open to balance between the two large population centers and two that could be in areas with large or small populations.

Commissioner Gordon suggested writing a prequalifying letter of intent to gauge the level of interest and where it comes from and then adjusting the procurement based on the range of services they would provide throughout the state, perhaps prompting proposals elsewhere.

Chair Tamplen asked how shifting things impacts the timeline and the ability to pull down the dollars for this fiscal year. Deputy Director Pate stated a letter of intent is part of the process so staff would have that information ahead of time.

Commissioner Alvarez asked about the timeline on the letter of intent. Deputy Director Pate stated it is normally five days after the release but it can be increased to ten days to give individuals more time, yet not delay the awarding of the funding. The issue with the awarding of the funding is that the Commission must encumber the funds by June 30<sup>th</sup> but it is also important to give individuals enough time to write and submit proposals.

Commissioner Berrick asked why engaging potential providers in the stakeholder process would preclude them from bidding. Deputy Director Pate stated staff cannot have individual conversations with people who want to apply. Staff tried to make it a transparent process so more information was not provided to one organization than another.

Commissioner Berrick stated it could be done in community forums with multiple people. Deputy Director Pate agreed and stated that is why it was opened up so anyone can attend the Listening Session even if they had a current contract.

### **Public Comment**

Patrick Namwembe, Refugee Advocate, Nile Sisters Development Initiative of San Diego, thanked the Commission for having the Immigrant and Refugee Stakeholder Contract and looked forward to working with the Commission in the future.

Nicki King suggested growing the grants rather than reducing them and including technical assistance from the beginning; bringing the technical assistance team on in the second year defeats the purpose of having technical assistance. The speaker asked how the cultural competence of particular vendors will be vetted – receiving letters from unknown agencies may not get the Commission what it wants.

Stacie Hiramoto stated, if the four highest bidders are for one ethnicity or are all from one city, it may cause hard feelings. The speaker suggested involving the community in the decision-making so the result will not be the Commission's fault. The speaker asked how the Commission will ensure that the reviewers are qualified, who will select the scoring panels, and if there will be training for the reviewers.

Chair Tamplen stated staff will work with Stacie Hiramoto to ensure those questions are answered.

Kiran Savage, CPEHN, agreed that the statewide technical assistance is needed in the beginning. The speaker suggested smaller dollar amounts spread over three years but to start in year one and, as an alternative, to think about how the Commission can provide some of the technical assistance teaching individuals how county mental health works and what the MHSA is. This is needed to get the right people in the room.

Kiran Savage echoed Commissioner Alvarez's comments. As the Commission is diving into awarding funding and becoming a leader on this issue, it is important to educate Commissioners by convening a panel or workshop with experts on this issue.

Kiran Savage stated there is an urgent need for advocacy on state-level issues. The speaker stated CPEHN has a list of things the state could do to make it easier for immigrants and refugees to access mental health care. Even if it is not through the RFP process, the Commission could facilitate bringing individuals together around that state advocacy.

Lee Lo, Southeast Asian Resource Action Center, spoke against the recommendation to grant the contracts to the four cities where the Listening Sessions were held because it would essentially pit immigrant and refugee communities against each other in that city. Additionally, it would keep the Southeast Asian-American Refugee communities from having access to this funding to do this type of service for the communities.

Lee Lo asked what measures the Commission is considering to ensure that an array of immigrant and refugee communities will be meaningfully served through this RFP and not just be engaged to check off a certain box. The speaker asked how the Commission is measuring or scoring whether potential organizations are community-informed and engaged with immigrant and refugee communities.

Poshi Walker stated NorCal MHA is one of the stakeholder contract holders, has no intention of going after this contract, and would be happy to forego the opportunity to apply for this in order to voice concerns. One concern is that staff is talking to service-providing organizations. The speaker asked, if they are not advocacy organizations and have no idea how or where to do advocacy and are starting from scratch, why they would need \$100,000. There is a different way to look at this and figure out how to bring coalitions together under a big umbrella.

Poshi Walker agreed with Stacie Hiramoto about the top four submittals being from the same city, region, or population. This will be a problem. Many of the issues that refugees and immigrants face in this country have federal ramifications. There has been no discussion about advocacy on a federal level. This is imperative – this issue cannot only be worked on from a California perspective when the federal government can swoop in and take it all away.

Poshi Walker urged the Commission not to rush into this vote with only a few individuals left in the room and to work with staff to come up with something that will not get everyone into trouble.

Rory O'Brien stated it is possible to argue that the LGBTQ communities should have four local contracts and a statewide contract. There is incredible diversity among both LGBTQ people and immigrant and refugee communities. The speaker asked the Commission not to mire these

contracts in the administrative costs associated with four different organizations doing local work. The speaker spends several days every month putting together an often 200-page plus report to the Commission on work done on NorCal MHA's stakeholder contract. It would be difficult to put together an in-depth report with less funding and less time to dedicate to it and it is important that this process is effective with great impact for immigrant and refugee communities.

Elizabeth Oseguera, CPCA, echoed some of the concerns of the previous speakers and Commissioner Alvarez. It is important not to rush through this process and that it is thoughtful and intentional. It is also important to ensure that the organizations that are funded represent the diversity of the immigrant community. The speaker suggested ensuring that everyone is able to collaborate and work together to make sure that the needs are met and that stigma is addressed.

David Van Hofwegen, Program and Development Director, War Relief Sacramento, echoed many of the concerns of the previous speakers. The speaker addressed the geographic issue raised by Commissioner Mitchell. The recently-arrived refugee population is one of the populations that is in need of the services offered by this advocacy RFP. Language interpretation is a big part of that. Sacramento has been the largest destination for refugee resettlement in the entire country. The speaker urged against geographic preferencing because it is counterintuitive.

### **Commissioner Discussion**

Chair Tamplen asked the Executive Director to explore ways to focus on this and obtain more funding.

Commissioner Alvarez asked how many technical assistance calls or webinars are scheduled between February 15<sup>th</sup> and April 5<sup>th</sup> and if there can be a few extra. Deputy Director Pate answered in the affirmative.

Action: Commissioner Alvarez made a motion, seconded by Chair Tamplen, that:

*The Commission approves the proposed outline for the immigrant and refugee RFP.*

*The Commission authorizes the Executive Director to initiate a competitive bid process.*

Motion carried 5 yes, 0 no, and 0 abstain, per roll call vote as follows:

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

### **GENERAL PUBLIC COMMENT**

Rory O'Brien requested information regarding outcomes to the strategic planning discussion on the quorum rules for the MHSOAC.

### **ADJOURN**

There being no further business, the meeting was adjourned at 5:45 p.m.

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# AGENDA ITEM 2

Action

February 28, 2019 Commission Meeting

## Immigrant and Refugee Request for Proposal (RFP) Revision

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**Summary:** The Commission will consider approval of a revision to the Immigrant and Refugee RFP outline.

**Background:** At the January 2019 meeting, the Commission approved the proposed outline of the scope of work for the Immigrants and Refugees RFP and authorized the Executive Director to initiate a competitive bid process. The Commission was presented with an outline that would provide funding to four local programs. Also presented to the Commission was the plan to provide funds in years 2 and 3 to be awarded to a state level organization to conduct advocacy on behalf of the four local programs.

The Commission raised concerns with how the funds would be awarded to the four local programs. The Commission discussed awarding funds by population, world regions, a California regional approach, and to the four highest overall scorers. Concern was voiced that awarding the contracts to the four highest scorers could result in all four contracts being awarded to organizations in the same county and or region, and/or potentially serving the same populations. While the outline of the scope of work was approved by the Commission, how the funds would be distributed was not determined.

The RFP, which was released on February 15, 2019, was developed based on the approved outline and feedback received by the Commission at the January meeting. It includes a plan to award funding to the four highest scoring proposals based on a California regional approach. However, there are five regions in California: Central, Superior, Bay Area, Southern, and Los Angeles. As the approved outline only provided funds for four local programs, the Central and Superior regions are combined. There are insufficient funds for a contract to be awarded to one local program in each of the five California regions.

To ensure that funds are more evenly distributed across the state, staff is recommending a revision to the Immigrant and Refugee RFP to increase the number of local program contracts from four to five contracts. As a result, funding would be awarded to one local program in each of the five regions of the state and would make an award available to a local program in both the Central and Superior regions. By distributing the funding throughout the five California regions it will maximize the opportunity to meet the needs of multiple populations across the state.

There are two options to fund a fifth contract:

**Option 1:** Invest the full contract amount into local advocacy programs. Divide the total funding (\$670,000 per year) into five contracts and eliminate the statewide contract.

	Contract 1	Contract 2	Contract 3	Contract 4	Contract 5
Year 1	\$122,500	\$122,500	\$122,500	\$122,500	\$122,500
Year 2	\$130,000	\$130,000	\$130,000	\$130,000	\$130,000
Year 3	\$150,000	\$150,000	\$150,000	\$150,000	\$150,000

**Option 2:** Keep the statewide funding of \$200,000 per year in years 2 and 3, and divide the remaining funds into five local program contracts.

	State Level Contract	Local Contract 1	Local Contract 2	Local Contract 3	Local Contract 4	Local Contract 5
Year 1	0	\$90,000	\$90,000	\$90,000	\$90,000	\$90,000
Year 2	\$200,000	\$110,000	\$110,000	\$110,000	\$110,000	\$110,000
Year 3	\$200,000	\$122,000	\$122,000	\$122,000	\$122,000	\$122,000

**Enclosures:** None

**Handout (1):** A PowerPoint will be presented at the meeting.

**Presenter:** Norma Pate, Deputy Director, MHSOAC

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# AGENDA ITEM 3

## Information

February 28, 2019 Commission Meeting

Strategic Planning Update

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**Summary:** The Commission will hear an update from Applied Survey Research on the progress and status of the Commission's strategic planning process and engage in a facilitated discussion.

**Background:** The Commission began a strategic planning process in the fall of 2018 with the help of Applied Survey Research, or ASR. With ASR's facilitation, the Commission held two public meetings, including breakout sessions with the public, and two half-day meetings with Commission staff to receive their feedback and input into the process. Additionally, ASR conducted personal interviews, focused conversations, and received over 400 online survey responses from consumers, providers, families, and stakeholders.

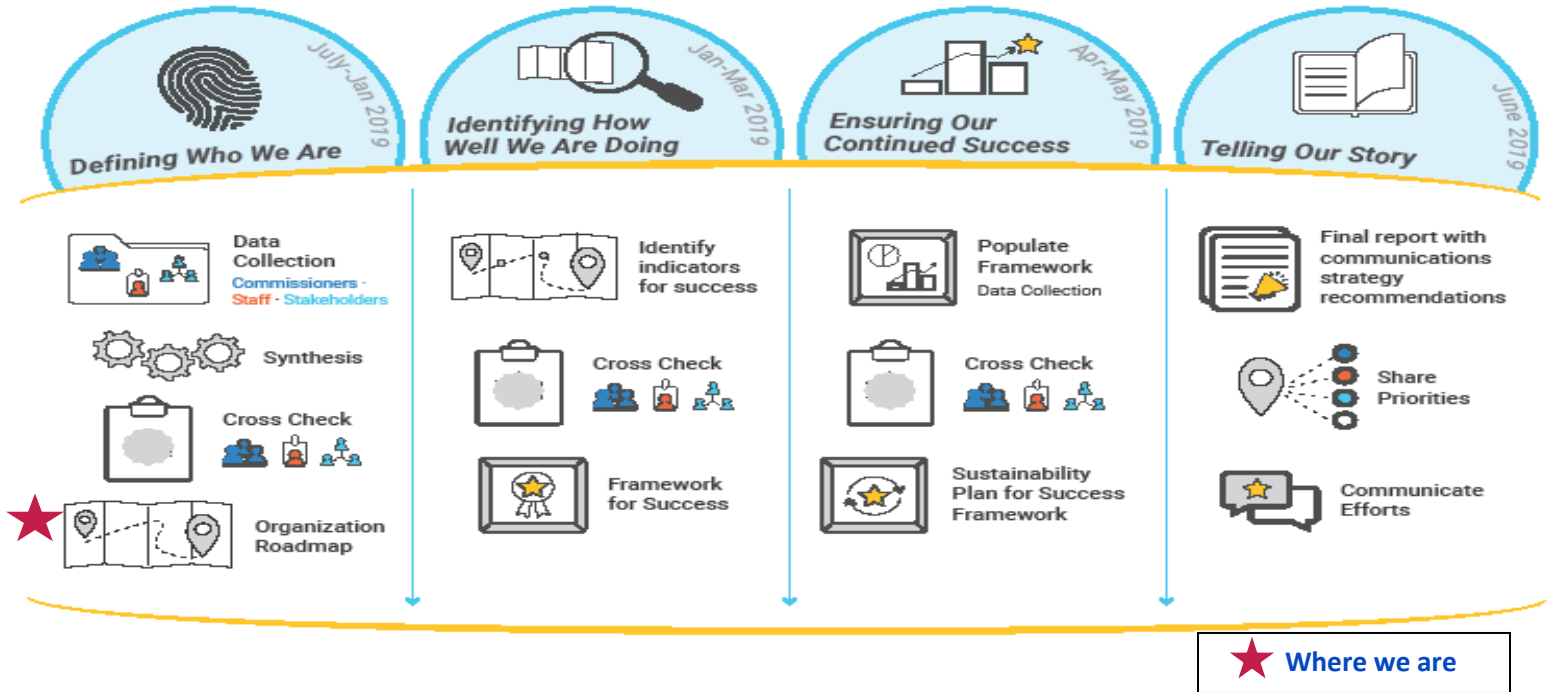
**Presenters:**

- Susan Brutschy, President, Applied Survey Research
- Lisa Colvig, Vice President of Evaluation, Applied Survey Research

**Enclosure (1):** Strategic Planning Process Update.

**Handouts (2):** (1) PowerPoint presentation; (2) Organizational Roadmap.

## Strategic Plan Process Map Summary



### Where We've Been

Throughout the fall of 2018, ASR worked closely with the Commission's project design team to continue moving forward with the results based strategic planning efforts. The Commission meeting held on November 15, 2018 generated valuable feedback and learnings, in terms of how the Commissioners view their role in transforming the mental health system for the state of California as well as initial thoughts about where the opportunities lie in order to achieve transformation. This meeting served as a second opportunity for members of the public to work with Commissioners and discuss their thoughts and opinions and provide feedback about the strategic planning process. In addition, a working version of the Commission's organizational roadmap was shared, with an opportunity for the Commissioners to provide preliminary feedback for ASR. We are continuing to revise this working document as we gather more information and generate high level takeaways from these meetings.

### Where We're Going

In the early spring, the Commission will begin moving into results-based-planning, prioritizing, and identifying indicators for success. In late spring or early summer, the ASR team will present a draft of the Strategic Plan to the Commission at a regular Commission meeting, with opportunity for public comment and feedback.

If you have any questions, please email ASR President, Susan Brutschy, at [susan@appliedsurveyresearch.org](mailto:susan@appliedsurveyresearch.org).



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# AGENDA ITEM 4

Action

February 28, 2019 Commission Meeting

Legislative Priorities

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**Summary:** The Commission will consider legislative and budget priorities for the current legislative session.

**Early Psychosis Programs:** In January, the Commissioner received a presentation from the Department of Finance on the Governor's budget priorities for Fiscal Year 2019-20. Among those priorities is a \$25 million investment in an Early Psychosis Program, which would be administered by the Department of Health Care Services.

In 2018, under the terms of AB 1315, the Commission was directed to establish the Early Psychosis Plus Program, through which the Commission would raise private funds and make those funds available to the counties through grants to support the development and improvement of early psychosis intervention and related programs. Staff is working with the Department of Finance and the Senate and Assembly Budget Committees to encourage alignment between these two programs, recognizing that the Commission is working to establish the Early Psychosis Plus Program, without state funding, which DHCS would launch a newly created program with General funds.

The Commission may wish to consider requesting the Governor and Legislature to shift the proposed \$25 million in General funds into the Commission's Early Psychosis Plus Program or to transfer that program to DHCS along with the \$25 million in related funding.

**Mental Health Information Clearinghouse and Technical Assistance Strategy:** During the Commission's work to design the Innovation Incubator, through a series of meetings with counties and other stakeholders, the Commission was asked to pursue three efforts:

- **Identify a Roadmap for Innovation Project Approval.** Counties asked the Commission to clarify criteria for approving innovation spending to guide their plan development. The Commission is implementing this as part of the work of the Innovation Subcommittee and through the launch of the Innovation Incubator.
- **Design and Develop the Innovation Incubator.** At its January 2019 meeting, the Commission directed staff to make available an initial investment of \$2.5 million to support county innovations relating to criminal justice diversion – as directed through the 2018-19 Budget

Act – and to develop a funding request for the Commission to receive on-going funding to support this work.

- **Establish an Information Clearinghouse and Technical Assistance Strategy.** Through the Commission’s design labs, supported by California Forward and X Sector Labs, counties asked the Commission to support improved access to information on how counties are currently delivering services, model approaches to service delivery, and expand access to technical assistance to improve the delivery of care.

While the Commission is moving forward in response to the first two goals, as outlined above, staff efforts to address the third goal have been limited to date. However, staff is aware of legislative interest in understanding how best to respond to county-identified needs and in potential options to developing an Information Clearinghouse and Technical Assistance Strategy.

The Commission may wish to consider directing staff to work with the Department of Finance and the Legislature to develop a proposal to establish an Information Clearinghouse and Technical Assistance Strategy.

**Other Priorities:** As the legislative and budget process gets underway, the Commission may wish to direct staff to pursue other priorities.

**Presenters:**

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

**Enclosures:** None.

**Handout:** A PowerPoint will be presented.

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# AGENDA ITEM 5

Action

February 28, 2019 Commission Meeting

Nevada County Innovation Plan

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**Summary:** The Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) will consider approval of Nevada County's request to fund the following Innovative project:

(A) **Homeless Outreach and Medical Engagement (HOME) Team - \$2,395,892.02**

In an effort to reduce the population of those who are considered to be chronically and unsheltered homeless, Nevada County proposes to implement a Homeless Outreach and Medical Engagement (HOME) Team consisting of a Nurse, a Peer Specialist, and a Personal Services Coordinator. The HOME Team will conduct outreach and linkages for medical care, mental health, substance use disorders, and offer low-barrier housing units that do not require sobriety or engagement with the County's behavioral health services.

The Mental Health Services Act (MHSA) requires that an INN project does one of the following: (a) introduces a new mental health practice or approach, including but not limited to prevention and early intervention; (b) makes a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community; (c) introduces to the mental health system a promising community-driven practice/approach, that has been successful in non-mental health contexts or settings; or (d) participates in a housing program designed to stabilize a person's living situation while also providing supportive services on site. The law also requires that an INN project address one of the following as its primary purpose: (1) increase access to underserved groups, (2) increase the quality of services including measurable outcomes, (3) promote interagency and community collaboration, or (4) increase access to services.

**Presenters for Nevada County's Innovation Project:**

- Phebe Bell, MSW, Director, Nevada County Behavioral Health
- Priya Kannall – MHSA Coordinator, Nevada County
- Gayatri Havighurst, RN – Peer Specialist, SPIRIT Peer Empowerment Center

**Enclosures (3):** (1) Biographies for Nevada County’s Innovation Presenters; (2) Homeless Outreach and Medical Engagement (HOME) Team Staff Analysis; (3) Homeless Outreach and Medical Engagement (HOME) Team Project Brief.

**Handout (1):** PowerPoint will be presented at the meeting.

**Additional Materials (1):** A link to the County’s Innovation Plan is available on the Commission website at the following URL:

<http://mhsoac.ca.gov/document/2019-02/nevada-county-innovation-project-homeless-outreach-and-medical-engagement-february>

**Proposed Motion:** The Commission approves Nevada County’s Innovation Project, as follows:

<b>Name:</b>	<b>Homeless Outreach and Medical Engagement (HOME) Team</b>
<b>Amount:</b>	<b>\$2,395,892.02</b>
<b>Project Length:</b>	<b>Five (5) Years</b>



## NEVADA COUNTY HEALTH & HUMAN SERVICES AGENCY

### BEHAVIORAL HEALTH DEPARTMENT (Mental Health, Drug and Alcohol Program)

Health & Human Services  
Agency Director:  
Michael Heggarty, MFT

Behavioral Health Director:  
Phebe Bell, MSW

Behavioral Health Medical  
Director: Aubrey Eubanks, M.D.

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## Homeless Outreach and Medical Engagement (HOME) Team: Nevada County Innovation Plan Presenter Biographies

### **Phebe Bell, MSW**

#### **Director of Behavioral Health, Nevada County**

Phebe has been the Director of Behavioral Health in Nevada County since May of 2018. She previously worked in a shared position for Placer and Nevada Counties managing all Health and Human Services programs in the Tahoe Truckee region. Prior to that, Ms. Bell worked in community based non-profits in the Truckee region. She will provide administrative oversight and leadership to this project.

### **Priya Kannall**

#### **Mental Health Services Act Coordinator, Nevada County**

Priya Kannall is the Mental Health Services Act Coordinator for Nevada County Behavioral Health. She has served in this position since May 2018, and was previously an Analyst for the Nevada County Health and Human Services Agency. Priya received her Bachelor's Degree in Economics from the University of California, Berkeley. She will assist with the implementation of the program and with reporting requirements.

### **Gayatri Havighurst, RN, MSN, MA Clinical Health Education**

#### **Peer Specialist, SPIRIT Peer Empowerment Center**

Gayatri currently is a contracted Trainer at SPIRIT Peer Empowerment Center in Grass Valley. Gayatri is a Peer Specialist, Yoga teacher and Advanced Level WRAP Facilitator. She previously worked for numerous years as an RN in acute psychiatric and medical units, as an ER Manager and at in-patient 12 Step units. Gayatri also worked as an RN in a Residential Psychiatric Unit for Incarcerated Individuals in Oakland.



## STAFF ANALYSIS— NEVADA COUNTY

<b>Innovation (INN) Project Name:</b>	<b>Homeless Outreach and Medical Engagement Team (HOME)</b>
<b>Total INN Funding Requested:</b>	<b>\$2,395,892.02</b>
<b>Duration of Innovative Project:</b>	<b>Five (5) Years</b>

### **Review History:**

Approved by the County Board of Supervisors:	January 8, 2019
County submitted INN Project:	December 19, 2018
MHSOAC consideration of INN Project:	February 28, 2019

### **Project Introduction:**

In an effort to reduce the population of those who are considered to be chronically and unsheltered homeless, Nevada County proposes to implement a Homeless Outreach and Medical Engagement (HOME) Team to conduct outreach and linkages for medical care, mental health, and substance use disorders. The County would like to offer low-barrier housing first options to those who are homeless and will also work in conjunction with law enforcement and county jail staff so that individuals who are incarcerated may benefit from housing and services upon release. The County hopes to learn if incorporating a team to include a Nurse, a Peer Specialist, and a Personal Services Coordinator will reduce the number of individuals who are chronically homeless and help rebuild trust with the homeless community.

*In the balance of this brief we address specific criteria that the Commission looks for when evaluating Innovation Plans, including:*

- *What is the unmet need that the county is trying to address?*
- *Does the proposed project address the need?*
- *Are there clear learning objectives that link to the need?*
- *Will the proposed evaluation allow the county to make any conclusions regarding their learning objectives?*

*In addition, the Commission checks to see that the Innovation meets regulatory requirements, that the proposed project aligns with the core MHSA principles, promotes learning, funds exploration of a new and/or locally adapted mental health approach/practice, and targets one of the four (4) allowable primary purposes: increases access to mental health services to underserved groups; increases the quality of mental health services, including better outcomes; promotes interagency collaboration; and increases access to services, including, but not limited to, services provided through permanent supportive housing.*

The County asserts this innovation project meets project requirements by making a change to an existing practice in the mental health field, including but not limited to application to a different population by increasing access to mental health services, including services provided through permanent supportive housing.

### **The Need**

Nevada County has identified the need to create an innovative solution to provide mental health services for the chronically homeless population in their county.

According to the Housing and Urban Development Department, a chronically homeless person is defined as either (1) an unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more, or (2) an unaccompanied individual with a disabling condition who has had at least four episodes of homeless in the past three years.

The County states they are above the state average for those considered chronically homeless: the state average is 28%; however, 44% of those surveyed during a Point in Time (PIT) count in 2018 met the definition of being chronically homeless. Currently, the County's Homeless Management Information System (HMIS) identifies this number as being greater than 526 individuals, so the County believes the actual number of homeless population in their County is greater than the PIT count. Additionally, the County states homeless populations may move far into rural country to include wooded areas or extremely secluded areas within the County.

Of those who are surveyed during the PIT count, 41% (n=112) self-disclosed having a chronic health condition; 43% (n=117) disclosed having a physical disability; while 70% (n=190) reported having some type of criminal justice involvement. The large population of chronically homeless within the County with criminal justice involvement catapulted the County to create a team of professionals from various county agencies in an effort to collaborate to reduce the number of incarcerated individuals with a mental illness. Reducing the large population of homeless who also have a high rate of incarceration is a priority for the County.

The County asserts untreated physical health conditions may also prevent individuals from seeking other services to treat other conditions such as substance abuse and overcoming barriers to finding permanent housing. Although the County has mental health services that can be provided, they state they have been unable to efficiently engage this population and have been unable to effectively meet their needs. The County

claims that engaging and offering services to this population will assist the County in reducing the costs spent in the local Emergency Room Departments and Crisis Stabilization Units.

Nevada County states they have previously provided programs to link those who are mentally ill with linkage to services; however, they indicate they continue to be ineffective with reaching those who are chronically homeless. The County offers a program (Bridges to Housing) that offers housing to individuals but there are behavioral expectations that are part of that program. With this project, the County will not require either sobriety or mental health service engagement from individuals.

The County states they have made efforts to address the homeless challenge in their County including the hiring of a Housing Resource Program Manager who will focus efforts on large projects within the County to address homelessness. The County states they are also attempting to secure funds with the No Place Like Home Project to acquire housing units along with the development of a day navigation center which will serve as a day service center for those experiencing homeless. There are also housing programs available under the Health and Human Services Agency umbrella; however, program involvement is required. The County states they have utilized other outreach models; however, they have never utilized a Peer Specialist or embedded medical outreach as part of their homeless outreach efforts.

Adding to the challenge, the County states recent wildfires and the removal of homeless encampments have increased the distrust of those who are homeless and as a result, are apprehensive to engage with behavioral health linkages and supports.

### **The Response**

In order to address the needs of those who are chronically homeless as well as provide services to those who have untreated physical health conditions, the Homeless Outreach Medical Engagement (HOME) team will offer physical health care services, provide linkages to services to those individuals who are interested in receiving services, and will offer low-barrier housing that does not require the individual to maintain sobriety or engagement with behavioral health services.

Nevada County will utilize low barrier housing units that do not require sobriety or engagement of behavioral health services (**see pgs. 6-7 of County plan**). Low Barrier housing is defined as housing where a minimum number or expectations are placed on people who wish to live there. The aim is to have as few barriers as possible to allow more people access to services. The County will locate and secure a minimum of twelve (12) master-leased units by working in collaboration with AMI Housing (Advocates for the Mentally Ill). Nevada County states AMI Housing has worked and developed a positive relationship with landlords within their County and will work closely with the Personal Services Coordinator for this innovation project. The actual acquisition of the units will occur within the first year of the project and will likely be located in areas close to services.

The HOME team will provide referrals to individuals and the Personal Services Coordinator will be pivotal in assisting and supporting individuals as they enter housing. As individuals move into the housing units, signed agreements (similar to lease



agreements) will be required and clients may stay for a one-year period and if needed, individuals may be eligible to stay for an additional year. **The County may wish to discuss how they will address any possible NIMBY-ism issues since master-leased units will be in residential areas. The County may wish to discuss what effort has been made to overcome any NIMBY concerns in preparation for this plan.** Nevada County states they hope this innovation project will be a pathway for those who are chronically homeless and will work with all individuals to help secure permanent and sustainable housing to fit their needs. If desired, the Personal Services Coordinator will also provide linkages to substance use and behavioral health treatment as well.

The Peer Specialist will have an essential role that will include building trust and forming relationships with the homeless individuals due to their own lived experience. The County states the peer will have lived experiences with homelessness as well as mental health challenges and/or substance use. Peers will be able to relay their own personal challenges and share their own stories of resilience in an effort to create and build relationships.

Research conducted by the County revealed that incorporating and offering medical care and assessment within an outreach team is effective when engaging homeless individuals. By incorporating a full time Nurse as part of the HOME team, individuals will be able to be assessed and treated. The HOME team will have accessibility to a van to transport those who need intensive medical care, as needed.

The County states the HOME Team will be trained in Mental Health First Aid as well as Motivational Interviewing. The Peer Specialist will have completed the County's local peer training course while the Personal Services Coordinator will have knowledge and background in substance use services and will have a CADAC (Certified Alcohol and Drug Abuse Counselor) credential.

For those who are involved with the criminal justice system, the HOME Team will work collaboratively with County jail, law enforcement staff, the probation office as well as the public defender's office to provide support and housing to individuals upon their release from incarceration. The County states that it anticipates the HOME Team will meet with individuals to begin developing a relationship prior to their release to assess housing and other services that may be needed while still incarcerated.

Nevada County states that utilizing a relationship-based approach, as well as utilizing a Peer Specialist as a core component on this team, will likely increase engagement. Further, the County states, and their stakeholder process affirms, that offering physical health services is less stigmatizing than mental health services, which may result in increased engagement as opposed to offering mental health services only.

**It is well known that many counties within California have a significant homeless population and this challenge is shared statewide. The Commission may want to support and encourage the abilities of counties to engage in more collaborative opportunities around shared challenges.**

## **The Community Planning Process**

Nevada County held their 30-day public comment period beginning on November 6, 2018 thru December 6, 2018. The County's local Mental Health Board held a public hearing and issued approval on December 7, 2018 and received subsequent Board of Supervisor approval on January 8, 2019.

Nevada County states that consistent community feedback from stakeholders meetings highlighted the need to focus County efforts to alleviate homelessness. Feedback was also given that seeking help for physical health conditions appeared less stigmatizing as compared for seeking help for a mental health illness. These meetings included, but were not limited to consumers, peers, family members, county staff, community based organizations, mental health professionals and schools.

After receiving community feedback from a total of 11 meetings (meeting dates and locations provided in the plan, **see pg 14 of County plan**) throughout the County, the plan was developed and posted on the County's website along with an email containing the plan which was shared with members of the community. Focus group guests at the homeless shelter were also in support of offering low-barrier housing without sobriety requirements.

The County states stakeholders have been and will continue to be actively involved in all phases of the innovation project. There will also be biweekly Homeless Outreach Team (HOT) meetings open to anybody in the community to discuss ongoing outreach efforts and will likely be attended by law enforcement, advocates, and local service providers.

The Commission shared this Innovation Project with stakeholders beginning November 7, 2018 while the County was in their public comment period. As a result of feedback received during their public comment period, the County increased the nurse from a half-time position to a full-time position. In addition, the salary of the Peer Specialist was also increased to be competitive in relation to other peer positions in the industry. Comments received during the public comment period were addressed or incorporated by the County; however, no letters of opposition or support were received at the Commission from internal stakeholders in response.

As part of MHSAs General Standards, Nevada County states this innovation project will depend heavily upon community collaboration and coordination of services among various community based organizations. Further, the County states their desire to hire a bilingual and/or bicultural Peer Specialist to meet the needs of their Latino/a community. Culturally sensitive services will be provided to the County's various communities to include LGBTQ, adults and older adults, consumers, and family members with emphasis on the basis of recovery, wellness, and resilience.

## **Learning Objectives and Evaluation**

Nevada County has proposed implementing a project to address the specific needs of individuals experiencing chronic homelessness. Specifically, the County will target individuals 18 years or older. The County hopes to engage with 30 individuals annually and a total of 150 individuals over the duration of the project.

While the main learning goal for the project is to determine if the composition of the HOME team as well as their capacity to link individuals served to housing, provides access to mental health services, Nevada County has also proposed a number of learning questions to guide their project (**see pgs. 12-13 of County plan**). The questions and the measures that will be used include:

1. Will creating a HOME team increase the number of homeless individuals who engage in services?  
**Measures:** referrals and linkages to services; number of contacts and duration of services; number of services; location of services.
2. Will the HOME team nurse's ability to address the individual's health care needs help develop a trusting relationship and help engage individuals in services?  
**Measures:** types of health care services delivered by the nurse to engage each individual; time to link individual to services.
3. Will offering a low barrier housing option increase the number of individuals who move into a safe and stable housing situation?  
**Measures:** amount of time from HOME team engagement to date of moving into low barrier housing; length of time stably housed.
4. Will the HOME team's coordination with law enforcement and probation decrease the number of persons re-arrested?  
**Measures:** number of arrests; parole violations; days in jail; living situation at time of release from jail; length of time to being housed.
5. Will the HOME team's coordination with law enforcement increase the number of inmates leaving jail having a plan for securing housing?  
**Measures:** living situation at time of release; length of time to being housed.
6. Will the HOME team increase the number of homeless individuals who access health care services?  
**Measures:** number of people enrolled in a Federally Qualified Health Center (FQHC) or other health care services; perception of health on a Perception of Care survey.
7. Will the HOME team increase the number of individuals who access mental health and/or substance use services, including residential treatment?  
**Measures:** number of persons assisted by HOME team who receive mental health and/or substance use services; number and percentage of chronically homeless individuals with SMI that HOME team engages with; perception of improved mental health and/or substance use.
8. Will HOME team members develop positive social connections?  
**Measures:** number of persons assisted by the HOME team reporting improved social connections on a Perception of Care survey.
9. Will persons who receive HOME team services report improved outcomes and positive perception of services?  
**Measures:** number of persons assisted by the HOME team reporting improved social connections on a Perception of Care survey.

To gather the information necessary, the County will track the measures above as well as administer a Perception of Care survey annually to individuals being served. While the measures presented above are appropriate for determining whether an increase in access to services has been met, **the County may wish to discuss whether data access and agreements with participating agencies have been established to obtain the necessary information required of the project. Additionally, the County may wish to discuss how baseline data will be established to determine whether or not outcomes were met.** Because much of the project is centered on engagement of a vulnerable population that has traditionally distrusted traditional service delivery models, **the County may wish to consider adding a qualitative component to their evaluation plan. Doing so will allow for better insight into the impact that the HOME team has in improving trust amongst individuals as a component to engagement in comparison to older engagement practices.**

Nevada County states that the overall project will be implemented by an outside contractor, and similarly, the evaluation and final report will be completed by an outside entity. At the conclusion of the HOME project, the County will share findings with stakeholders at the local and statewide level. Additionally, ongoing data and evaluation activities will be conducted to refine services and strategies that can be used for other counties looking to engage similar populations into receiving services.

### **The Budget**

Nevada County's project plan is \$2,582,589.62; however, the County is seeking approval of MHSAs Innovation funds in the amount of \$2,395,892.02 for a total project length of five (5) years. Personnel costs for this project total \$1,291,897 (approximately 50% of the total budget). Staff that will be hired for this project will consist of a Nurse, a Peer Specialist, a Housing Coordinator, and a Personal Services Coordinator, which will be funded by a SAMHSA grant.

County states the operating costs totaling \$1,196,692 and will cover the rent, utilities, and furnishings along with any necessary repairs of the master-leased units (**see pgs. 20-21 of County plan**). Additionally, operating costs will cover any vehicle maintenance, medications and triage supplies. This amount also covers administrative support of this project provided by Nevada County Behavioral Staff to include a Program Manager, MHSAs Coordinator, and MHSAs Evaluator.

Nevada County has allocated a total of \$64,000 (2.5% of total budget) for the evaluation component to include the evaluation itself, as well as data collection and analysis. The County also hopes to make a one-time purchase of a van for outreach and engagement efforts in an amount up to \$30,000 (1.2% of total budget).

In terms of sustainability, the County states they will continue the program by utilizing both Community Services and Supports (CSS) and Prevention and Early Intervention (PEI) funding: CSS will likely support the housing component of this project while PEI will be utilized primarily for the outreach component. The County states they will also seek No Place Like Home Funding to secure additional housing.

Pursuant to Assembly Bill 114, Nevada County will utilize a total of \$493,460 in funds that were subject to reversion. Additionally, the County anticipates reimbursement from Federal Financial Participation (FFP) in the amount of \$186,698 to assist in the funding of this project.

### **Additional Regulatory Requirements**

The proposed project appears to meet the minimum requirements listed under MHSAs Innovation regulations.

### **References**

<https://www.hudexchange.info/resources/documents/DefiningChronicHomeless.pdf>

[http://streetsteam.org/causes?qclid=EA1aIQobChMI4NrywZSK4AIVCtkCh1E3AqKEAA YASAAEglxmfD\\_BwE](http://streetsteam.org/causes?qclid=EA1aIQobChMI4NrywZSK4AIVCtkCh1E3AqKEAA YASAAEglxmfD_BwE)

<https://www.ncbi.nlm.nih.gov/books/NBK218235/>

<https://www.tcbap.org/page/certification>

<http://www.heretohelp.bc.ca/visions/housing-and-homelessness-vol4/housing-glossary>

### **Full project proposal can be accessed here:**

<http://mhsoac.ca.gov/document/2019-02/nevada-county-innovation-project-homeless-outreach-and-medical-engagement-february>

## **Homeless Outreach and Medical Engagement (HOME) Team – Innovation Brief**

### **Summary of Innovation Plan**

Like many communities in California, homelessness is a significant problem in Nevada County. Perhaps somewhat unique to our community, though, is the proportion of our homeless population who has been unsheltered for more than a year and is considered chronically homeless. Nevada County is well above state averages for this group; 44% of people surveyed in our 2018 Point in Time count met the chronically homeless definition versus the state average of 28%. This exposes the urgent need in Nevada County to create programming that is more effective at engaging our most difficult and hard to reach homeless community members. The challenge in front of us is how to create strategies that address the unique attributes and characteristics of the experience of being homeless in a rural community.

Throughout our stakeholder process, our community has strongly expressed the desire to focus our Innovation project on those experiencing homelessness in Nevada County. In a rural county which covers over 956 square miles and has minimal public transportation, many of our homeless community members are physically isolated. In addition, a culture of independence and distrust of government permeates our county and adds to the challenges of engaging people in supportive services. Reaching this population is a high priority for the Nevada County Board of Supervisors. The Board has identified the Health and Human Services Agency's plan to address homelessness as a top board priority in early 2018. This plan specifically includes an increased supply of low barrier "Housing First" units within our community and an increased focus on outreach and engagement for people who are difficult to reach.

This project attempts to answer the critical question of what specific aggregation of strategies can be effective in helping transition chronically homeless people in a rural area into stability and housing. The components of our innovative program design are specifically selected to address this question. The Homeless Outreach and Medical Engagement Team (HOME) includes a Nurse, Personal Services Coordinator, and Peer Specialist to identify physical health, mental health, and substance use disorder needs in a welcoming and destigmatizing manner. The HOME team will meet with individuals who are experiencing chronic homelessness at locations in the community where they are living. This team will employ strategies directed at the specific needs of Nevada County community members struggling with chronic homelessness. The team will engage people through:

- Providing physical health care services first, which is a less stigmatized form of care than substance use or mental health services
- Embedding a person with lived experience in the team who will be able to address issues of mistrust in this population
- Offering low barrier, housing first options that do not require sobriety or service engagement for entrance
- Creating a close connection with the County jail and law enforcement staff so that people who are arrested or incarcerated are quickly offered services and housing

As part of the community planning process, Nevada County Behavioral Health held a focus group with about 50 guests at our local homeless shelter. Through this process, guests experiencing homelessness agreed that it was much easier and less stigmatizing to reach out for help with physical health needs as compared to mental health and/or substance use needs.

## Nevada County Behavioral Health

There was also enthusiastic support for the low-barrier housing model, as many housing options including the homeless shelter itself require sobriety to participate, which is often a barrier to the most vulnerable individuals experiencing chronic homelessness.

The HOME team will be able to make referrals to low barrier master-leased housing units, without preconditions of sobriety or engagement with traditional County Behavioral Health services. The County will most likely contract with AMI Housing (Advocates for the Mentally Ill) to master-lease private homes and/or apartment units. AMI Housing has already successfully master-leased several homes in our community for permanent supportive housing for our Full Service Partnership clients, and has developed good rapport with many local landlords in our community who are willing to rent their homes. The units will likely be located in one of the two incorporated cities in the Western side of our county in order to be close to services and amenities. The units will either be private homes with six or less units or individual apartment units so as not to require any special permits or licensing. There will be minimum of 12 master-leased units funded through our Innovation project, with a ramp-up period built in to the first year to allow for the location and acquisition of the units. These units will be supported by a housing Personal Services Coordinator who will provide a continuum of services and support as these individuals enter housing, including strategies for maintaining housing stability and linkage to benefits and other services such as substance use and behavioral health treatment, as applicable. The housing Personal Services Coordinator will also be involved in the acquisition of the master-leased units and will be the first point of contact for any issues that may arise with the units and/or neighbors.

In addition to field-based outreach, the HOME team will also work closely with key partners such as the hospital, homeless shelter, law enforcement, and jail. In order to divert people with mental illness and substance use challenges out of the criminal justice system as quickly as possible, the team will respond to requests from law enforcement and the jail. The team will attempt to engage individuals prior to arrest or incarceration and offer them support and housing instead. They will also collaborate with the existing Forensic Liaison to improve the warm handoff and supportive services available to those who would otherwise exit our jail into homelessness. This engagement is intended to result in a positive and measurable reduction in the cycle of homelessness and incarceration.

### **Budget**

The total requested Innovation budget is \$2,395,892.02 over the 5-year project period. Roughly half of the Innovation budget will cover the salary costs and flexible funds of the HOME team (Nurse and Peer Specialist) including the acquisition of a vehicle for the team's use, with the other half covering the rent of the master-leased low-barrier housing units and the Housing Personal Services Coordinator's salary.

### **Personnel Costs:**

- 1.0 Nurse at \$101,244.18 per year with anticipated Cost of Living Adjustments (COLA) for 5 years; Total = \$527,942.64
- 1.0 Peer Specialist at \$43,764.20 per year with anticipated Cost of Living Adjustments (COLA) for 5 years; Total = \$227,745.45
- 1.0 Housing Coordinator at \$53,387.29 per year with anticipated Cost of Living Adjustments (COLA) for 5 years; Total = \$277,829.58

## Nevada County Behavioral Health

- The 1.0 Personal Services Coordinator will be funded through federal grant funding via SAMHSA.

Direct Operating costs will total \$957,354.03 over the 5-year project period and will include mileage, vehicle maintenance, supplies, flexible funds for client program expenses including medications, and expenses for the master-leased units including rent, utilities, furniture, and repairs. Specifically, \$127,200 per year will be allocated for rent, utilities, and repairs for a minimum of 12 master-leased units, with a smaller amount of \$63,600 allocated for the first year to allow for a ramp-up period while locating and acquiring the units.

If the program proves successful, Nevada County Behavioral Health may sustain the program after the 5-year project period through another MHS funding component, Medi-Cal billing and/or Drug Medi-Cal billing, housing vouchers, No Place Like Home, and/or collaboration with local partners.

### **Address Areas Indicated in MHSOAC Staff Summary**

With regards to Nevada County's approach to addressing NIMBYism, the low-barrier housing units will either be private homes with 6 or less units or individual apartment units, so we won't need any special permit or licensing. The units will likely be master-leased through AMI (Advocates for the Mentally Ill) Housing, who has already developed relationships with several landlords in our community. The Housing Personal Services Coordinator (who will also likely be hired through AMI Housing) will be very involved in the acquisition of homes and will personally talk with neighbors so that they are the first point of contact if any issues arise with any of the houses. We also have a very collaborative relationship with both Grass Valley Police Department and Nevada City Police Department.

Most clients experiencing homelessness will have already signed a multi-disciplinary release of information through the Coordinated Entry process, as the Homeless Management Information System (HMIS) is a shared database across multiple providers in the community. Where that is not the case, the County will be sure to obtain any necessary authorizations for the proposed outcome measurements and data.

Baseline data will be determined with clients upon intake and/or first engagement with the HOME team, and progress will be tracked against the baseline measurements at periodic intervals.

The Perception of Care survey will include pre and post measurements of more qualitative outcomes such as level of trust with providers and HOME team members, and/or level of interest in services such as mental health and/or substance use services.



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# AGENDA ITEM 6

Action

February 28, 2019 Commission Meeting

Imperial County Innovation Projects

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**Summary:** The Mental Health Services Oversight and Accountability Commission will consider approval of Imperial County's request to fund two new Innovative projects:

(A) ***Link Crew Collaborative - \$ 1,911,084***

In order to test a solution to address the lack of successful outreach to adolescents in need of mental health services, Imperial County presents this innovation proposal as a collaboration with local high schools to adapt the Link Crew Curriculum, an existing approach and strategy in providing interventions to high school freshmen. The County will adapt the curriculum by adding behavioral health staff as part of the Link Crew to provide guidance, mentorship, advisory assistance, and education on basic mental health interventions/techniques to the Link Crew mentors.

(B) ***Positive Engagement Teams - \$ 3,120,109***

The County is proposing to utilize service animals as part of its outreach and engagement in order to increase trust, access to services, reduce stigma around mental health services and increase the participation of its residents who might require mental health services. The County believes that having a service animal present for both outreach activities and out-patient counseling services will "be a bridge in developing a treatment environment that could increase trust and build an alliance between client and mental health staff."

The Mental Health Services Act (MHSA) requires that an INN project does one of the following: (a) introduces a new mental health practice or approach, including but not limited to prevention and early intervention; (b) makes a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community; (c) introduces to the mental health system a promising community-driven practice/approach, that has been successful in non-mental health contexts or settings; or (d) participates in a housing program designed to stabilize a person's living situation while also providing supportive services on site. The law also requires that an INN project address one of the following as its primary purpose: (1) increase access to underserved groups, (2) increase the quality of services including measurable outcomes, (3) promote interagency and community collaboration, or (4) increase access to services.

**Presenters for Imperial County’s Innovation Projects:**

**Link Crew Collaborative:**

- John Grass, Deputy Director of Youth and Young Adult Services
- Sylvia Bazan, Behavioral Health Manager of Youth and Young Adult Services

**Positive Engagement Team (PET):**

- Leticia Plancarte-Garcia, Deputy Director of Children Services
- Maria Lara Wyatt, Behavioral Health Manager of Children Services

**Enclosures (5):** (1) Biographies for Imperial County Innovation Presenters; (2) Staff Analysis, Link Crew Collaborative; (3) County Brief, Link Crew Collaborative; (4) Staff Analysis, Positive Engagement Teams; (5) County Brief, Positive Engagement Teams.

**Handouts (1):** (1) PowerPoint Presentation

**Additional Materials (2):** Links to the County’s complete Innovation Plans are available on the Commission website at the following URLs:

PET: <http://mhsoac.ca.gov/document/2019-02/imperial-county-innovation-project-positive-engagement-team-february-28-2019>

Link Crew Collaborative: <http://mhsoac.ca.gov/document/2019-02/imperial-county-innovation-project-link-crew-collaborative-february-28-2019>

**Proposed Motions:** The Commission approves Imperial County’s Innovation plans as follows:

**Name:** *Link Crew Collaborative*  
**Amount:** \$1,911,084  
**Project Length:** Five (5) Years

**Name:** *Positive Engagement Team (PET)*  
**Amount:** \$3,120,109  
**Project Length:** Five (5) Years



## **Biographies for Imperial County Innovation Projects**

### **Link Crew Collaborative presenters:**

#### **John Grass, M.A, M.F.T.**

Deputy Director for Youth and Young Adult Services

Over 35 years of experience in the Mental Health field in both public and private sector, providing treatment services for all age groups, child custody mediation for the Superior Courts, program development, grant writing, staff development, public education, prevention services, community engagement, and interagency collaboration. A major portion of this experience has involved the collaboration and engagement of public schools.

#### **Sylvia Bazan, M.F.T.**

Behavioral Health Manager for Youth and Young Adult Services

Twenty- two years of experience in the Mental Health field providing treatment services for adults, older adults, young adults, and the adolescent population. With the last 12 years as a Program Supervisor for Imperial County Behavioral Health Adult Services and most recently as an Imperial County Behavioral Health Manager for the Youth and Young Adults division. A portion of this experience has involved providing direct services to clients, as well as collaboration and engagement with Imperial County public high schools.



### **Positive Engagement Team (PET) presenters:**

#### **Leticia Plancarte-Garcia, MSW, MPA**

Ms. Plancarte-Garcia has been employed with Imperial County Behavioral Health Services since 1992. She has worked in the Children and Adolescents Outpatient Services in different capacities. She started as a Mental Health Rehabilitation Technician and was later promoted to Mental Health Rehabilitation Specialist and was assigned to work as program lead for the Vista Sands Socialization Program and the Adolescent Habilitative Learning Program. These are school-based programs implemented in collaboration with the different school districts in Imperial County. In 1999 she was promoted to program supervisor in charge of the operations of a regional team. In 2001 she was promoted to Behavioral Health Manager overseeing the Children and Adolescents Outpatient Services. As manager she focused on improving services for children and their families, including children in foster care and probation. In 2005 she became Senior Behavioral Health Manager and was instrumental in the implementation of evidence-based models for children and adolescents. From 2006 to 2013 ICBHS took over the operations of the local children's shelter, Betty Jo McNeece Receiving Home and it was placed under the direction of Ms. Plancarte-Garcia. She became familiar with regulations related to the operations of a shelter and enhanced the access to mental health services for children in foster care. She was also directly involved in the plan development and implementation of the Mental Health Services Act (MHSA), Prevention and Early Intervention (PEI) program. In 2013, she was promoted to Deputy Director and is responsible for the operations of the Children and Adolescents Outpatient Services, MHSA – PEI, MHSA – Innovation, and the Clinical Development Training Unit.

Ms. Plancarte-Garcia obtained a Bachelor's Degree in Criminal Justice Administration and a Master Degree of Social Work from San Diego State University, and a Master Degree of Public Administration from National University.

#### **Maria Wyatt, M.A.**

Maria Wyatt, has been employed with Imperial County Behavioral Health Services since 1997. From 1997 to 2013, Maria worked in a substance use disorder program providing SUD prevention, early intervention and treatment to adolescents as well as working in the Perinatal program for pregnant and post-partum women with SUDs. In 2000, Maria was promoted from a Substance Abuse Counselor to a Program Supervisor overseeing the adolescent SUD program, expanding services under her supervision from 7 school sites to 18.

In 2003, Maria was promoted to a Behavioral Health Manager. In 2005, Maria assisted in the development and implementation of 3 MHSA FSP programs under the Community Supports and Services (CSS) component: Transitional Age Youth, Ward Assess to Supports and Services and the Adolescent Dual Diagnosis programs. Since 2013, Maria is the Behavioral Health Manager under the Children's program, overseeing the MHSA PEI program and a children's mental health socialization program collocated at 3 elementary schools. In 2014, Maria assisted in developing and implementing the MHSA Innovation Project: First Step to Success. Maria holds a Master's Degree in Educational Counseling from University of Redlands.



## STAFF ANALYSIS— IMPERIAL COUNTY

**Innovation (INN) Project Name:** Link Crew Collaborative  
**Total INN Funding Requested:** \$1,911,084  
**Duration of Innovative Project:** Five (5) Years

### **Review History:**

Approved by the County Board of Supervisors: December 18, 2018  
County submitted INN Project: January 10, 2019  
MHSOAC consideration of INN Project: February 28, 2019

### **Project Introduction:**

In order to test a solution for the lack of successful outreach to adolescents in need of mental health services, Imperial County presents this innovation proposal as a collaboration with local high schools to adapt the Link Crew Curriculum, an existing approach and strategy in providing interventions to high school freshmen. The County will adapt the curriculum by adding behavioral health staff as part of the Link Crew to provide guidance, mentorship, advisory assistance, and education on basic mental health interventions/techniques to the Link Crew mentors.

*In the balance of this brief we address specific criteria that the Commission looks for when evaluating Innovation Plans, including:*

- *What is the unmet need that the county is trying to address?*
- *Does the proposed project address the need?*
- *Are there clear learning objectives that link to the need?*
- *Will the proposed evaluation allow the county to make any conclusions regarding their learning objectives?*

*In addition, the Commission checks to see that the Innovation meets regulatory requirements, that the proposed project aligns with the core MHSA principles, promotes learning, funds exploration of a new and/or locally adapted mental health approach/practice, and targets one of the four (4) allowable primary purposes: increases access to mental health services to underserved groups; increases the quality of mental health services, including better outcomes; promotes interagency collaboration; and*

*increases access to services, including, but not limited to, services provided through permanent supportive housing.*

## **The Need**

The purpose of this project is to increase access to services for adolescents in need of mental health support by testing a school-based solution to address the lack of successful outreach to this population.

Specifically, the County reports services are needed for the adolescent population transitioning from middle school to high school citing national research showing that the first year of high school results in more misbehavior referrals, more missed classes and a lower grade point average than each subsequent year (Willens, 2013).

Discussions with stakeholders, evaluation of data received during the Community Planning Process, data from local high schools, and assessment of available services and service gaps, led the County to determine that services were needed and that an opportunity to adapt a current intervention model, Link Crew, to include a mental health component existed.

Prior to developing this innovation proposal, Imperial County Behavioral Health Services Youth and Young Adults Department initiated several different interventions aimed at connecting young adults to mental health education and services but report that the changes resulted in modest improvement in the number of student referrals. Outreach efforts included: education about mental illnesses and resources at local high schools and community colleges; outreach booths during lunchtime; and assigning clinicians to two Family Resource Centers located on high school campuses.

## **The Response**

Imperial County presents a thoughtful innovation proposal for Commission consideration. The innovation plan consists of a collaboration between Imperial County Behavioral Health Services and local Imperial County High Schools to adapt the high-school based Link Crew curriculum to include a mental health component.

The Link Crew program was implemented as an early intervention strategy to support 8<sup>th</sup> graders to transition successfully to high school. The basic structure of the program trains mentors from junior and senior classes to be positive role models and mentors to freshmen by addressing three transition needs: safety, information, and connection. The curriculum used to train the mentors focuses mainly on academic goals by engaging incoming freshman students who may be challenged with the stressors of transitioning into high school. In 2011, Applied Survey Research (ASR) was commissioned to evaluate the effectiveness of Link Crew and collected data from 21 schools. ASR reported a number of positive outcomes including, on average, a 37% decrease in the number of disciplinary referrals of participating 9<sup>th</sup> graders. **Considering that the current Link Crew curriculum is not freely available, the County may wish to provide the Commission with a copy and discuss the outcomes of the current Link Crew program in Imperial County.**

The County presents the adaptation of this academically-focused, early intervention strategy to include a program modification that expands the curriculum through the inclusion of mental health education, and basic training in prevention and early intervention.

Innovation dollars will be utilized to hire Mental Health Rehabilitation Technicians (MHRT) as group advisors to train Link Crew mentors on basic skills to identify early signs of mental health distress. If a mentor feels that a student is in need of additional support, the mentor will refer the student to the on-site MHRT who will conduct a pre-screen, if determined necessary. If the pre-screen identifies a mental health need, a referral will be made to a clinician located on site at the Family Resource Center.

**While the County does not provide local data of the mental health prevalence among adolescents transitioning to high school, research shows that lifetime prevalence rates reach as high as 49.5% when adolescents (aged 13-18) are able to report *any* mental health condition and, of those identified, 22.2% are identified as experiencing severe impairment (Prevalence, 2016). In addition, students with a mental health condition, age 14 and older, have the highest drop out of school rate of any disability group (Mental Health Facts, 2016).**

### **Comments**

**The Commission may wish to ask the County to discuss how student privacy will be ensured and describe the training that Link Crew leaders will receive.**

**The Commission may wish to ask the County to identify which pre-screen tool will be utilized as part of this adaptation.**

**The Commission may wish to ask the County to consider prioritizing Link Crew mentors who have lived mental health experience.**

### **The Community Planning Process**

In December 2017, Imperial County began their local Community Planning Process (CPP) to assess needs and obtain stakeholder input for the development of a new innovation plan. A total of 8 community forums, 9 focus groups (2 with transition age youth) and 13 informational groups were held throughout Imperial County between February 2018 and March 2018 resulting in 637 Community Input Forms completed (124 were completed by youth between the ages of 0-25).

Common themes included: 1) Prevalence of behavioral and emotional problems within the adolescent population; 2) Adolescent youth not being aware of available services provided by Imperial County Behavioral Health 3) Adolescent youth not accessing services because of mental health stigma; 4) Parents and school personnel not being prepared to coordinate the necessary interventions for the adolescent population; 5) Adolescent youth who have a sense of connectedness and purpose fair better emotionally as well as socially.

Initially, stakeholders asked for innovation funding to support a LGBTQ program but the Mental Health Board (MHB) did not support the request due to concerns about supplantation. The MHB instead recommended a project to address the needs of the larger population of adolescents, including adolescents who identify as LGBTQ, based on the input gathered during the CPP process.

In October 2018, additional stakeholder meetings were held with local high school staff where the CPP results were shared and this innovation proposal emerged as a potential solution to the unmet needs facing middle school age youth transitioning to high school. The County does not report receiving any comments during the 30-day public posting of this project from November 2, 2018 through December 1, 2018.

This proposal was shared with Commission stakeholders on November 9, 2018. Commission staff did not receive any responses.

### **Learning Objectives and Evaluation**

While no specific learning questions have been proposed, the overall goal of the Link Crew Collaborative project is to promote a successful transition to high school amongst incoming freshmen while also proactively addressing mental health needs. The County hopes to serve 100-students annually for a total of 500-students at three high schools. The County states that 50 randomly selected students from the program will be included in the evaluation sample. At the conclusion of their project, Imperial County hopes to meet the following *outcomes*:

1. Decrease in absenteeism  
**Measure:** school attendance
2. Decrease in truancy  
**Measure:** school attendance
3. Decrease in school disciplinary actions  
**Measure:** school disciplinary actions
4. Strong academic success  
**Measure:** not specified
5. Strong social support  
**Measure:** not specified
6. Positive attitude about school  
**Measure:** not specified
7. Increased enrollment in needed mental health services  
**Measure:** mental health referrals and services received

While some of the measurements for outcomes that will be utilized by the County have been identified, **specifics are needed into how outcomes such as academic success, social support, and attitudes about school will be measured.**

In order to gather the information necessary for evaluation, the County will collect information from academic reports from participating schools as well as referral and service data from the County Behavioral Health Services database. Additionally, The County states that surveys will be developed to measure whether a successful transition to high school has been made by participating individuals. To create baseline information



for comparisons, data collected from participating schools will be evaluated against the comparison high school. Additionally, referrals to the Mental Health Rehabilitation Technician as well as any resulting referrals to clinicians for intake assessments will be tracked.

While the overall evaluation plan appears sufficient to meet the primary purpose of increasing access to mental services, **the County may wish to consider examining the extent to which the mental health professional—through the training provided—is able to increase Link Crew Leaders’ knowledge and skills in identifying early signs of mental illness.** The County will contract with an outside evaluator to develop evaluation instruments and to complete the final evaluation report. At the conclusion of the project, Imperial County will engage the community through social media platforms in order to disseminate lessons learned and overall findings. The County will also share findings with stakeholders at the local (Probation, Sheriff’s Office, Social Services, Education, County CEO, Area Agency on Aging, San Diego Regional Center), and state level. Lastly, the County will utilize local media (magazine and newspaper articles, radio show broadcast) to inform Imperial County residents of the projects implementation.

### **The Budget**

The County is requesting \$1,911,084 in innovation dollars and expects to leverage an additional \$626,934 in Federal Financial Participation, 1991 Realignment and other funding, for a total budget of \$2,538,018 over five years. The majority of spending, \$1,979,591 will go toward personnel costs to manage the project and carry out daily operations. These positions include 3.0 FTE Mental Health Rehabilitation Technicians responsible for providing training, education, leadership, assessments, coordination and referral to services; 1.0 FTE Community Service Worker II responsible for providing training, education, outreach and leadership; 0.30 FTE Program Supervisor responsible for clinical supervision and overall program operations; and partial FTEs for a Behavioral Health Manager, Administrative Assistant, Office Assistant and the Deputy Director (See pages 25-28 of the plan for additional details).

Operating expenses total \$219,898.

Evaluation costs are budgeted at \$96,000 (3% of total budget) and will be fully funded with innovation dollars.

Based on the evaluation of the project, Imperial County Behavioral Health Services and stakeholders will determine whether or not to continue the program. If the program is successful, the County states that funding sources, such as MHSA CSS, PEI, Short-Doyle Medi-Cal or Realignment funds will be used with the goal of the project becoming self-sustaining.

### **Additional Regulatory Requirements**

The proposed project appears to meet the minimum requirements listed under MHSA Innovation regulations.

## References

Applied Survey Research (2011) The Effectiveness of Link Crew in the Freshman Year of High School as a Vehicle of Change for Academic Achievement and Adaptive School Behavioral Outcomes. Retrieved from

[http://www.boomerangproject.com/system/files/inline\\_files/linkcrewasr2011.pdf](http://www.boomerangproject.com/system/files/inline_files/linkcrewasr2011.pdf)

Mental Health Facts Children & Teens [PDF File] (2016). *NAMI*. Retrieved from <https://www.nami.org/NAMI/media/NAMI-Media/Infographics/Children-MH-Facts-NAMI.pdf>

Prevalence of Any Mental Illness (2016). *National Institute of Mental Health*. Retrieved from [https://www.nimh.nih.gov/health/statistics/mental-illness.shtml#part\\_155771](https://www.nimh.nih.gov/health/statistics/mental-illness.shtml#part_155771)

Willens, M (2013, November 1). Ninth Grade: The Most Important Year in High School. *The Atlantic*. Retrieved from

<https://www.theatlantic.com/education/archive/2013/11/ninth-grade-the-most-important-year-in-high-school/281056/>

### **Full project proposal can be accessed here:**

<http://mhsoac.ca.gov/document/2019-02/imperial-county-innovation-project-link-crew-collaborative-february-28-2019>

## **Imperial County Behavioral Health Services Youth and Young Adults Services Link Crew Collaborative**

### **Summary of Innovation Project:**

This MHSA Innovation Plan is a collaboration with local high schools to adapt their current approach and strategy in providing interventions to transitioning high school freshmen through Junior and Senior high school student mentors using their current Link Crew Curriculum. The focus of this collaboration will be centered on the adaptation of the current Link Crew Curriculum by adding a mental health component. The mental health component will equip student mentors with basic information and awareness of mental health signs and symptom, stigma, listening skills, community resources, and confidentiality. Behavioral Health staff will be embedded in the training of the Link Crew Mentors and throughout the implementation of Link Crew activities in order to provide the guidance, mentorship, advisory assistance, education on basic peer support techniques and direction on maintaining confidentiality. The collaboration will also include participating in the Mental Health Awareness Club that is currently active on the school campus. This will enhance and expand the curriculum's social and personal character development component. Furthermore, when a Link Crew Mentor determines that a student demonstrates a need for additional services and supports they will refer the student to a Mental Health Rehabilitation Technician (MHRT) located at our Family Resource Center (FRC) on campus. The mentor may also personally accompany the student to the FRC. This Behavioral Health professional will conduct a pre-screening to evaluate the further need for behavioral health services. If a need is identified, the MHRT will assist the student to make arrangements for an intake assessment with a Behavioral Health Clinician. Thus, the overall learning goal/project aim is to promote the successful transition to high school and proactively address any mental health needs by improving access to mental health services in a timely manner through Behavioral Health Professionals assigned and stationed on high school campuses where Link Crew programs have been implemented.

### **Budget:**

The estimated project cost for this 5-year plan is \$2,538,018. \$1,911,084 in innovation dollars and expects to leverage an additional \$626,934 in Federal Financial Participation, 1991 Realignment and other funding, for a total budget of \$2,538,018 over five years. The majority of spending, \$1,979,591 will go toward personnel costs to manage the project and carry out daily operations. Positions include 3.0 FTE Mental Health Rehabilitation Technicians responsible for providing training, education, leadership, assessments, coordination and referral to services; 1.0 FTE Community Service Worker II responsible for providing training, education, outreach and leadership; 0.30 FTE Program Supervisor responsible for clinical supervision and overall program operations; and partial FTEs for a Behavioral Health Manager, Administrative Assistant, Office Assistant and the Deputy Director .

If the program is successful, funding sources, such as MHSA CSS, PEI, Short-Doyle Medi-Cal or Realignment funds will be used with the goal of the project becoming self-sustaining.

**Address any areas indicated in MHSOAC Staff Summary:**

***Consider prioritizing Link Crew mentors who have lived mental health experience:***

In an attempt to prioritize Link Crew Mentors who have lived mental health experience ICHBS staff will further add to the collaborative effort to expand the Link Crew Mentor application by adding questions that will provide an option for the student to self-identify as having lived mental health experience. Consumers with lived experiences as Link Crew Mentors provide a unique perspective that enhances the overall relevance and value of the care provided. This can then be taken into consideration when choosing new Link Crew Mentors for each academic year.

***Discuss how student privacy will be ensured and describe the training that Link Crew leaders will receive:***

Freshman students' privacy and confidentiality will be given a high priority and will be ensured by incorporating confidentiality and privacy training to Link Crew school staff as well as the student Link Crew Mentors. This training will also include steps to take when students disclose child abuse, or when a student may be considered a possible danger to self or others. Upon completion of the aforementioned training, mentors will be required to sign a leader contract including a section on confidentiality/privacy. Additional training will focus on mental health awareness to include signs and symptoms, effective communication and listening skills, community resources, as well as certified training such as SafeTalk and Mental Health First Aid.

***Identify which pre-screen tool will be utilized as part of this adaptation:***

The pre-screening tool that will be utilized by the Mental Health Rehabilitation Technicians as part of this adaptation will be the Youth Outcome Questionnaire. The Youth Outcome Questionnaire will be utilized to identify problematic symptoms/ behaviors for high school youth ages 13 through 17.

***Specifics are needed into how outcomes such as academic success, social support, and attitudes about school will be measured:***

This project will necessitate the development of a Memorandum of Understanding (MOU) with local high schools to provide services as outlined in this Innovation Plan which includes the agreement with school districts to assist in the collection of data. This data will include statistics pertaining to absenteeism, grades, truancy, and school disciplinary actions. Strong academic success, strong social support, and positive attitude about school will be measured by a survey developed by the project evaluation consultant. The survey completed by a sample of students and parents at the beginning of the school year and at mid-year will focus on their experiences related to transitioning to high school. The statistical data and survey data will be compared for correlations and identifiable trends.

***Consider examining the extent to which the mental health professional—through the training provided—is able to increase Link Crew Leaders' knowledge and skills in identifying early signs of mental illness.***

Since students who participate in the Link Crew receive academic credit, exams and/or quizzes will be developed with the assistance of the school personnel that will test the Link Crew Mentors' knowledge of the mental health material taught during class.



## STAFF ANALYSIS— IMPERIAL COUNTY

<b>Innovation (INN) Project Name:</b>	<b>Positive Engagement Team (PET)</b>
<b>Total INN Funding Requested</b>	<b>\$3,120,109</b>
<b>Duration of Innovative Project:</b>	<b>Five (5) Years</b>

### **Review History:**

Approved by the County Board of Supervisors:	November 20, 2018
County submitted INN Project:	January 8, 2019
MHSOAC consideration of INN Project:	February 28, 2019

### **Project Introduction:**

The County is proposing to utilize service animals as part of its outreach and engagement in order to increase trust, access to services, reduce stigma around mental health services and increase participation of its residents who might require mental health services. The County believes that having a service animal present for both outreach activities and out-patient counseling services will “be a bridge in developing a treatment environment that could increase trust and build an alliance between client and mental health staff.” (Page 7)

In the balance of this brief we address specific criteria that the Commission looks for when evaluating Innovation Plans, including:

- What is the unmet need that the county is trying to address?
- Does the proposed project address the need?
- Are there clear learning objectives that link to the need?
- Will the proposed evaluation allow the county to make any conclusions regarding their learning objectives?

In addition, the Commission checks to see that the Innovation meets regulatory requirements, that the proposed project aligns with the core MHSA principles, promotes learning, funds exploration of a new and/or locally adapted mental health approach/practice, and targets one of the four (4) allowable primary purposes: increases access to mental health services to underserved groups; increases the quality of mental health services, including better outcomes; promotes interagency collaboration; and

increases access to services, including, but not limited to, services provided through permanent supportive housing.

### **The Need**

The County reports that the problems to be addressed through this Innovation are two pronged. The first of these problems is the County's penetration rate for mental health services. Based upon National Alliance for Mentally Ill (NAMI) data, one in every 5 adults experiences a mental illness. Imperial's population of approximately 182,000 would lead them to believe that as of 2017 approximately 36,000 county residents are likely to experience a problem with mental illness. In fact, in FY 17/18 the County reports that it only served 8,119 people or four percent (4%) of its population. This lack of penetration data is supported by respondents to the County's Community Input and Demographic Survey, whereby nearly 400 of the 637 respondents indicated that an increase in access and increases in services to underserved groups were the biggest needs in the County.

Previously, to address this concern, the County reports that it has opened several outpatient clinics in the remote parts of the County as well as provided clinics in some of the larger incorporated cities. It has collaborated with other agencies as well as schools, criminal justice, social services, non-profits and other health care providers in order to reach underserved populations and increase access to services. The County has also provided Spanish (its threshold language) and English brochures, notices, events, newspapers ads, as well as had bi-lingual, bi-cultural staff available to provide services. These efforts have not yielded increased engagement in mental health services.

**The County may wish to discuss any changes they have asked their clinical team to make in rapport and trust building in addition to the administrative changes described above.**

The second problem to be addressed with this Innovation is the lack of engagement and follow through of clients with their treatment and attendance at appointments. The County reports that between 23% to 33% of scheduled appointments, from initial intakes to psychotherapy, are missed. Initial intakes represent the highest number of misses (33%). This statistic alone suggests that the County is not engaging people sufficiently in order for them to attend an initial meeting despite the County's efforts. To address this problem, the County reports that they provide psychoeducation on the importance of keeping appointments, send reminder letters to consumers, have clinicians call and explain the intake process, make appointments at locations and times convenient to the consumer. Despite these efforts, the County is not seeing any difference attitudinally (trust, stigma) or logistically.

**The county may wish to discuss how they have measured increase (or not) in trust, stigma, and generally, the response to the efforts they have been making to increase participation.**

## **The Response**

To address these problems the County is proposing to introduce certified service dogs into both their outreach efforts and in the actual therapeutic process. The County plans to contract with the local Humane Society of Imperial County to transport and provide service animals, appropriately trained, groomed and fed. The Humane Society will also provide dog handlers who will be responsible for the care of the animal. The Society has a trainer who is certified as an evaluator for therapy dogs and training animals in obedience, therapy and law enforcement activities. The trainer will also train Imperial County behavioral health staff who will be participating in the project.

As to the first part of the project, improving outreach activities, the County intends to have the dogs work with staff as they introduce and engage hard to reach potential users of behavioral health services. Secondly, these dogs will also be used in various clinics in the reception areas and in the clinician rooms to help assuage fears, stigma and concerns regarding mental health services.

In its research, the County has found that while service animals have been used in various settings, they have not been used in outreach activities. **The County may wish to discuss how they will handle a situation or will know if the person(s) they are outreaching to has a phobia or not? Will there be a trauma-informed system incorporated into this outreach process that would take into account any possible trauma a client may have related to animals.**

The County feels that “incorporating animals in outreach activities will elicit and promote conversations that will assist in normalizing the access to needed mental health services,” (page 12). Furthermore, while service animals have been used in hospital, educational, vocational rehabilitative services, the County feels that using them during a “scheduled appointment will help facilitate a discussion with the mental health staff or can simply provide a friendly and welcoming environment, wordless comfort and an emotional release” (page 12).

Over the last few years, the use of service animals has changed from the more casual use of animals for emotional support to actual training and certification of service animals. The County has an established policy that only those animals who have been certified can be allowed on the premises. Certainly this shift in the culture of animals for support is echoed in the research. There are now definitions of “assistance animals”, based on whether they are service animals, therapy animals or emotional support animals (p. 1, Public Perceptions of Services Dogs, Emotional Support Dogs and Therapy Dogs) Based on each designation, there is required training. Based on this research it would appear that the County intends to comply with training at the service dog level.

The U.S Department of Justice, Civil Rights Division, both clarifies the rights of persons with disabilities as to the use of assistance animals as well as confirms this distinction as to type of animal and allowable venues for these types of animals.

**Given these various distinctions, in both training and perceptions about assistance animals, the County may wish to include in its “information campaign” its policy**

**as to the presences of animals in its clinics so that consumers of services are prepared for their personal animals being disallowed in County facilities unless they are certified.**

**Further, the County may wish to address the process it will utilize to address confidentiality for its consumers when the handler of any service animal is present either in the waiting room or in the actual treatment room.**

### **The Community Program Planning Process**

The CPP process for this proposal began in December 2017 with a stakeholder meeting and training as to the details of Innovation Guidelines. Over the next few months, 8 community forums were conducted throughout the county and 9 focus groups, representing adults/older adults, the LGBT community, the community of parents and stressed families, transitional age youth and foster parents were conducted. Additionally the County reached out on the radio, through various other social services department, school districts, religious organizations, children's groups and the Catholic Charities to name a few. In all, 637 people responded via a survey and showed that stakeholders were most interested in services for outreach using services animals and LGBT services. Because two thirds of the respondents reported interest in animal services, the County developed this plan, posted for a 30 day review and conducted a public hearing. Initially there was insufficient mental health board member support for the project since some members of the Board were interested in having an Innovation project to provide LGBT services and more information was required to substantiate the need based on stakeholder feedback. This was obtained and the proposal was revised to incorporate the public hearing information and ultimately the Board of Supervisors heard (along with the proviso that this was initially not supported by the entire mental health board) and approved the plan in December 2018.

### **Learning Objectives and Evaluation**

Imperial County has proposed implementing a project that will utilize animals as a strategy to reduce stigma, increase penetration rates, and improve appointment attendance. Specifically, the County will target individuals in the county that are at risk of a serious mental health illness or serious emotional disturbance. The County hopes to serve 2,500 individuals over the course of their 5- year project.

Imperial County has proposed four main learning questions to guide their project (**see pgs. 12-13 of County plan**). Specifically, the County hopes to learn whether the presence of animals during outreach activities or in outpatient clinics/programs can:

1. Increase the number of individuals that will access mental health services
2. Improve individuals' perception of mental health stigma associated with mental illness, and
3. Assist in engaging clients into treatment and reduce the number of individuals not attending appointments.



In order to gather the information necessary for evaluation, the County will collect information from client referrals, surveys administered to clients, parents/caregivers, appointment attendance, as well as by holding semi-structured interviews with staff and mental health providers. Specific **measures** include:

- Number of outreach activities conducted
- Location, date, topic, and number of participants in outreach activities
- Number of referrals generated from outreach activities
- Number/percentage of individuals attending mental health appointments
- Number of individuals accessing mental health services
- Satisfaction and attitude towards mental health
- Imperial County Behavioral Health Services staff perception of incorporating animals in clinics
- Number of animals trained for innovation project (**see pg. 14 of County plan**).

The County will contract with an outside evaluator to develop evaluation instruments and to complete the final evaluation report. At the conclusion of the project, Imperial County will engage the community through social media platforms in order to disseminate lessons learned and overall findings. Additionally, the County will share findings with stakeholders at the local (Probation, Sheriff's Office, Social Services, Education, County CEO, Area Agency on Aging, San Diego Regional Center), and state level.

### **The Budget**

The County is requesting MHA dollars in the amount of \$3,120,109. They are adding an additional amount of \$1,495 from "other funds" for a total Innovation cost of \$3,121,604 over the next five (5) years. County personnel salaries in the amount of \$1,936,493 represent 62% of the budget. County staff will consist of a manager and supervisor who will oversee the entire program, psychiatric social workers and community service workers who will manage the outreach, training and education to the community, and indirect support from the Deputy Director and analyst who will provide planning and support, respectively, to the program.

Contractor costs in the amount of \$702,333 represent 22% of the budget and include \$55,000 (2% of the budget) for the outside evaluator, \$12,000 (<1% of the budget) for training to county staff on working with animals, and \$635,333 (20% of the budget) for a county contract with the Humane Society of Imperial County to provide certified service animals.

Additional budget costs include \$198,996 (6% of the budget) for operating costs.

If the project is successful it will be sustained with Community Services and Support and Prevention and Early Intervention funds.

### **Additional Regulatory Requirements**

The proposed project appears to meet the minimum requirements listed under MHA Innovation regulations.

## References

[www.ncbi.nlm.nih.gov/pmc/articles/PMC586328](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC586328)

[www.ada.gov/service\\_animals\\_2010.htm](http://www.ada.gov/service_animals_2010.htm)

[www.usservicedogregistry.org/terms\\_training.php](http://www.usservicedogregistry.org/terms_training.php)

### **Full project proposal can be accessed here:**

<http://mhsoac.ca.gov/document/2019-02/imperial-county-innovation-project-positive-engagement-team-february-28-2019>



## **MHSA Innovation Project: Positive Engagement Team**

### **Problem**

Imperial County Behavioral Health (ICBHS) experiences difficulties in engaging hard to reach populations in need of mental health services. ICBHS has utilized several strategies in efforts to increase access to services that include conducting presentations, facilitating educational groups, providing trainings to community members, conducting a weekly radio shows focusing on mental health topics, and developing advertisement campaigns with billboards, newspaper, magazine and radio ads. The goal of this Innovation Project is to *increase access to services* for hard to reach populations by reducing stigma related to mental health, increasing penetration rate and improving appointment attendance.

The geographic composition of our community is also a barrier to accessing services. Imperial County expands over 4,597 square miles and is comprised of seven incorporated cities including Brawley, Calexico, Calipatria, El Centro, Holtville, Imperial, and Westmorland, and seven unincorporated areas, some of which are located more than 45 minutes apart from each other. To better serve the community and provide access to mental health services, ICBHS has opened several outpatient clinics across Imperial County. ICBHS has collaborated with several agencies that include, schools, law enforcement, social services, non-profit organizations, health care providers and other community agencies in an effort to increase access to services and provide mental health services to populations in need. However, despite all these efforts, ICBHS has not been able to reach the number of clients estimated to be in need of mental health services as the current penetration rate for Imperial County continues to be low.

According to the National Alliance on Mental Illness (NAMI), approximately 1 in 5 adults in the United States experience mental illness in a given year. In the 2017 Census, Imperial County's population was approximately 182,830. Based on NAMI's projections, the estimated number of individuals who suffer from mental illness in Imperial County in a given year would be approximately 36,566 (20%). During FY 17-18, ICBHS served a total of 8,119 individuals which represents only four percent (4%) of the Imperial Valley residents. This number indicates that approximately 28,447 (16%) individuals were not served and that penetration rate for individuals accessing and receiving services in Imperial County needs to increase.

### **The Innovation Project**

During the Community Planning Process, community members were active participants by providing valuable feedback on community needs and ideas on how the Innovation Project should be implemented. Feedback from community members was received during community forums, which were held in both in English and Spanish, and through the completion of surveys, also made available in English and Spanish. Stakeholders involved in this process included community members, consumers, consumer representatives or care givers, behavioral health

employees, and representatives from community agencies including education, probation, CASA, LGBT Resource Center and social services. Based on this feedback, an Innovation Project was developed focusing on increasing access to services and increasing client retention in services.

The innovative component of the Positive Engagement Team (PET) project is to utilize animals, not for therapy, but as a tool to engage clients into mental health treatment. Utilizing animals in a mental health setting is not innovative; however Imperial County's Innovation Project plans to integrate animals as a way to gain individual's interest during outreach activities and provide inviting and friendly clinic environment to increase *access to services*. This strategy will lead to the reduction of stigma related to mental health and increasing motivation to participate in treatment and keep appointments. The PET Project will have the following two components involving animals:

**Client Engagement:** Animals will be gradually incorporated into the different outpatient clinics in the Children, Youth and Young Adults, and Adults Department. Trained animals will be assigned to welcome clients in the waiting areas. Having animals in outpatient clinics will convey a positive association to mental health as the presence of animals will create a welcoming and relaxing environment for all populations. During scheduled appointments clients will be allowed to interact with the animals or take them into session, if requested. Having animals can help individuals facilitate a discussion with the mental health staff or simply provide a friendly and welcoming environment, wordless comfort, and emotional release. It is expected that utilizing animals will promote trust, increase client engagement into treatment and decrease stigma and discrimination associated to having a mental health illness resulting in improved attendance to appointments.

**Community Outreach:** ICBHS staff will conduct outreach activities in the community with the participation of an animal. Incorporating animals in outreach activities will elicit interest and promote conversations that will assist in normalizing the access to needed mental health services. During the outreach activities, animals will be utilized to destigmatize mental health, and increase the interest of hard to reach populations. 85% of Imperial County residents are of Hispanic origin, all outreach activities will be sensitivity to their linguistic and cultural background. It is expected that having animals during community outreach activities, will help engage individuals, and at the same time ICBHS staff will have the opportunity to provide information on how to access services and on available programs and services. This strategy may help create a positive association with mental health services and replace or eliminate the negative perception of mental illness.

To implement this Innovation Project and have trained animals for the engagement and outreach strategies, ICBHS will develop a contract with the local Humane Society of Imperial County (HSIC). The HSIC will provide dogs trained in obedience; trained dog handlers; training program for animals, handler and ICBHS staff; health care, grooming, and feeding of animals; and transportation for the daily delivery of animals to designated clinics or locations where services and outreach activities are provided.

HSIC has an existing collaborative relationship with a local trainer who is a member of the Association of Professional Dog Trainers (APDT) and is certified as an Evaluator for Therapy Dogs International. This trainer has years of experience in training animal handlers and animals in obedience, therapy and law enforcement activities. The trainer has agreed to work on the PET Project and will train all animals in obedience. ICBHS staff involved in this project will also be provided with training on how to handle the animals while on ICBHS facilities. Some of the training will include how to work with animals in a therapeutic setting, interpret animal body language, understand animal cognition and emotions, and understand the legal and ethical issues of working with animals.

### **Special Considerations:**

The animals used in this project will be trained in obedience, however ICBHS realizes that not all individuals feel comfortable interacting with animals or may not be able to interact due to health reasons. Therefore, a comprehensive plan will be implemented to ensure the needs of clients and staff are met. The plan will include creating posters and fliers providing information on the Innovation Project and the presence of animals in the clinics. Individuals will be notified of the presence of animals by phone or by mail, prior to their scheduled appointments, giving them the option to request for the animal be removed, if necessary.

ICBHS currently only allows service animals in the outpatient clinics. ICBHS uses the definition of service animals as outlined under the Americans with Disability Act (ADA) which indicates that service animals are individually trained to do work or perform tasks for individuals living with disabilities. Upon implementation of the PET program, ICBHS plans to allow pets at our outpatient clinics that have completed obedience training from a certified trainer and can provide proof of training completion.

### **Learning Goals**

The learning goals for this Innovation Project are to find out if the integration of animals in outreach activities and in the outpatient clinics and programs resulting in decreased stigma associated with mental illness, increased in penetration rates and increased attendance to appointments.

1. Will the presence of animals during outreach activities increase the number of individuals that will access mental health services?
2. Will the presence of animals during outreach activities improve individuals' perception of mental health and reduce stigma associated with mental illness?
3. Will the presence of animals in outpatient clinics or programs assist in engaging clients into treatment and reduce the number of individuals not attending appointments?
4. Will the presence of animals in outpatient clinics and programs improve individuals' perception of mental health and reduce stigma associated with mental illness?

## Evaluation

The evaluation of this project will have several components:

- Consumers/parents/guardians/caregiver will be periodically surveyed to obtain data about their experience related to the presence of animals at the clinic. Surveys include questions related to stigma and their perception of mental illness.
- ICBHS staff will participate in semi-structured interviews to obtain their feedback on perceived benefits of integrating animals during outreach activities and in outpatient clinics.
- Service-level data will be collected to measure the following:
  - Number of outreach activities,
  - Number of referrals generated from outreach activities
  - Pre and post data related to
    - Percentage of individuals attending mental health appointments
    - Individuals accessing mental health services
    - Individuals keeping appointments
  - Demographic information on individual completing the surveys
  - Number of animals trained for the project

ICBHS will contract with Todd Sosna, Ph.D. Management Consulting (TSMC) to evaluate and analyze the Innovation Project. Information collected on surveys, interviews, and reports will be submitted to TSMC on quarterly basis. TSMC will be providing semi-annual outcome reports to ICBHS to determine the effectiveness of the project and make modifications if necessary. Data will be presented to stakeholders and to the community on an ongoing basis.

## Budget

Imperial County is requesting funding for the Innovation PET Project:

Revenue Allocated	Fiscal Year	Total
MHSA FY 08/09	2018/2019 (Partial Year)	\$384,451
MHSA FY 09/10, 10/11	2019/2020	\$593,675
MHSA FY 16/17, 17/18, 18/19	2020/2021	\$553,563
MHSA FY 18/19, 19/20, 20/21	2021/2022	\$633,448
MHSA FY 20/21, 21/22, 22/23	2022/2023	\$645,884
MHSA FY 23/24	2023/2024 (Partial Year)	\$310,604
	<b>Total MHSA Revenue</b>	<b>\$3,120,109</b>
<b>Other Revenue</b>		
Other		\$1,495
	<b>TOTAL REVENUES</b>	<b>\$3,121,604</b>

<b>Expenses</b>	<b>Total</b>
Personnel	\$1,936,493
<b>Total Personnel</b>	<b>\$1,936,493</b>
Operating Expenses	
Training	\$12,000
Evaluation	\$55,000
Contracted Services	\$635,333
Program Expenses	\$198,996
<b>Total Operating Expenses</b>	<b>\$901,329</b>
Administrative Expenses	\$283,782
<b>Total Administrative Expenses</b>	<b>\$283,782</b>
<b>TOTAL EXPENSES</b>	<b>\$3,121,604</b>

### **INN Reversion Funds Plan**

Available MHSA Reversion funds \$977,651 will be utilized to cover the costs in Year 1 and 2:

	<b>FY 18/19</b>	<b>FY 19/20</b>	<b>Total</b>
Innovation Reversion	\$384,221	\$593,430	<b>\$977,651</b>
Other Funding	\$230	\$245	\$475
<b>Total</b>	<b>\$384,451</b>	<b>\$593,675</b>	<b>\$978,126</b>

Upon completion of this PET Project, and if proven that these strategies are effective, ICBHS plans to use dogs that have completed an obedience training and deemed to be in good health and appropriate to interact with clients and staff. Additionally, the Innovation Project: Positive Engagement Team will transition into the MHSA component: Prevention and Early Intervention (PEI) to continue providing services to ICBHS clients and community of Imperial County.

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# AGENDA ITEM 7

Action

February 28, 2019 Commission Meeting

San Bernardino County Innovation Plan

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**Summary:** The Mental Health Services Oversight and Accountability Commission will consider approval of San Bernardino County's request to fund the following Innovative project:

(A) **Innovative Remote Onsite Assistance Delivery (InnROADS) - \$17,024,309**

San Bernardino County proposes to utilize engagement and mobile treatment teams to outreach and engage the unsheltered homeless population in their County. These teams will provide counseling, medication and basic health screenings. Additionally, the County states they would like to test a multi-agency case management approach to determine its effectiveness in engagement with this population.

The Mental Health Services Act requires that an INN project does one of the following: (a) introduces a new mental health practice or approach, including but not limited to prevention and early intervention; (b) makes a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community; (c) introduces to the mental health system a promising community-driven practice/approach, that has been successful in non-mental health contexts or settings; or (d) participates in a housing program designed to stabilize a person's living situation while also providing supportive services on site. The law also requires that an INN project address one of the following as its primary purpose: (1) increase access to underserved groups, (2) increase the quality of services including measurable outcomes, (3) promote interagency and community collaboration, or (4) increase access to services.

**Presenters for San Bernardino County's Innovation Project:**

- Veronica Kelley, DSW, LCSW, Director, San Bernardino County Department of Behavioral Health
- Andrew Gruchy, MSW, LCSW, Deputy Director, Community Behavioral Health and Recovery Services
- C. Todd Holder, LCSW, Clinic Supervisor, Recovery Based Engagement & Support Team



**Enclosures (3):** (1) Biographies for San Bernardino County’s Innovation Presenters; (2) Innovative Remote Onsite Assistance Delivery (InnROADS) Staff Analysis; (3) Innovative Remote Onsite Assistance Delivery (InnROADS) Project Brief.

**Handout (2):** (1) A PowerPoint presentation will be presented at the meeting; (2) Letters of Support

**Additional Materials (1):** A link to the County’s Innovation Plan is available on the Commission website at the following URL:

<http://mhsoac.ca.gov/document/2019-02/san-bernardino-county-innovation-project-remote-onsite-assistance-delivery-february>

**Proposed Motion:** The Commission approves San Bernardino County’s Innovation Project, as follows:

<b>Name:</b>	<b>Innovative Remote Onsite Assistance Delivery (InnROADS)</b>
<b>Amount:</b>	<b>\$17,024,309</b>
<b>Project Length:</b>	<b>Five (5) Years</b>



## Behavioral Health

### Presenter Biographies

#### **Veronica Kelley, DSW, LCSW, Director**

San Bernardino County Department of Behavioral Health

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Dr. Veronica Arespacochaga Kelley, DSW, LCSW is the Director for the San Bernardino County Department of Behavioral Health and oversees the daily operations for both Mental Health and Substance Use Disorder Services. Dr. Kelley is a member of the Governing Board for the County Behavioral Health Directors Association of California (CBHDA), serving as the Secretary/Treasurer, she sits on the Executive Committee and serves as the Co-Chair for the Substance Abuse Prevention & Treatment (SAPT) Committee. She is also a Council Member to the California Behavioral Health Planning Council, Board Member to the California Mental Health Services Authority and Associate Member to the American Society of Addiction Medicine. She served as the Cultural Competency Officer for Orange County Behavioral Health Services for ten years and for San Bernardino County Behavioral Health for 2 years.

Dr. Kelley is a Professor at Mount St. Marys' University, an Adjunct Faculty at Loma Linda University Department of Social Work and Social Ecology, and a Contract Instructor at Cal State University, San Bernardino. She earned her doctorate of Social Work (DSW) from Capella University, earned her MSW from the University of Southern California and her BS in Psychology and Child Development from Mount Saint Mary's College in Los Angeles.

#### **Andrew Gruchy, MSW, LCSW, Deputy Director**

Community Behavioral Health and Recovery Services

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Andrew Gruchy, MSW, LCSW is a Deputy Director with San Bernardino County, Department of Behavioral Health where he provides administrative oversight of countywide Adult and Child Outpatient Services, Consumer Support Clubhouses, and DBH's Homeless Services. Mr. Gruchy has over 30 years' experience in Public Behavioral Health managing 24/7 crisis services and disaster response with a broad knowledge of both Inpatient and Outpatient services. Mr. Gruchy's experience includes serving as the department's Children's Coordinator during the implementation of the Children's System of Care, Therapeutic Behavioral Health Services, and the county's first Wraparound program as well as providing executive oversight for Adult and Juvenile Forensic Programs and Substance Use Disorders services. Mr. Gruchy is experienced in program development, concept marketing, building collaborative relationships, operations performance outcomes, and fiscal budgeting. He has been a licensed Clinical Social Worker since 1989, earned his MSW from the University of Southern California, and his BA in Psychology from California State University, Fullerton.

#### **C. Todd Holder, LCSW, Clinic Supervisor**

Recovery Based Engagement & Support Team

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C. Todd Holder, LCSW is a graduate of New York University and Columbia University School of Social Work. He is currently a Clinic Supervisor with San Bernardino County Department of Behavioral Health where he oversees the implementation of the Recovery Based Engagement and Support Team, an Innovation project. He also has maintained a private therapy practice for over eight years. Mr. Holder brings over 20 years of service in the field of Human Services and has experience with diverse populations including criminal justice, behavioral health, and child welfare systems. Through these programs, facilities and partnerships, Mr. Holder is a key contributor to DBH's mission of providing individuals, families, and communities' with access to services that promote prevention, intervention, wellness, recovery, and resiliency.



## STAFF ANALYSIS – SAN BERNARDINO COUNTY

<b>Innovation (INN) Project Name:</b>	<b>Innovative Remote Onsite Assistance Delivery (InnROADS)</b>
<b>Total INN Funding Requested:</b>	<b>\$17,024,309</b>
<b>Duration of Innovative Project:</b>	<b>Five (5) Years</b>

### **Review History:**

Approved by the County Board of Supervisors:	Pending MHSOAC approval* <i>Scheduled for March 12, 2019</i>
County submitted INN Project:	January 14, 2019
MHSOAC consideration of INN Project:	February 28, 2019

*\* If innovation project is approved, the County must receive and inform the Commission of the certification of approval from the San Bernardino County Board of Supervisors before any Innovation Funds can be spent.*

### **Project Introduction:**

In an effort to address the needs of the increasing population of unsheltered homeless in their County, San Bernardino proposes to utilize engagement and mobile treatment teams to outreach and engage this target population to provide counseling, medication and basic health screenings. Additionally, the County states they want to test a multi-agency case management approach to determine its effectiveness in engagement with this population. The County hopes to learn if incorporating the Listen, Empathize, Agree and Partner (LEAP) model is also appropriate and effective for outreach and engagement.

*In the balance of this brief we address specific criteria that the Commission looks for when evaluating Innovation Plans, including:*

- *What is the unmet need that the county is trying to address?*
- *Does the proposed project address the need?*
- *Are there clear learning objectives that link to the need?*
- *Will the proposed evaluation allow the county to make any conclusions regarding their learning objectives?*

*In addition, the Commission checks to see that the Innovation meets regulatory requirements, that the proposed project aligns with the core MHSA principles, promotes learning, funds exploration of a new and/or locally adapted mental health approach/practice, and targets one of the four (4) allowable primary purposes: increases access to mental health services to underserved groups; increases the quality of mental health services, including better outcomes; promotes interagency collaboration; and increases access to services, including, but not limited to, services provided through permanent supportive housing.*

The County states this innovation project promotes interagency collaboration related to mental health services, supports, or outcomes by introducing a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting.

### **The Need**

Similar to other counties in California, San Bernardino is experiencing a challenge in meeting the needs of the homeless population and in particular, the County claims their unsheltered homeless is concerning due to the size of their County. Covering 20,105 miles, San Bernardino County states they are the largest county, geographically, in the contiguous 48 states. Homeless communities are moving to areas of the County that are unincorporated, secluded, and distant from services and transportation. This makes service provision more difficult in reaching this vulnerable population.

The County states there has been a 13.5% increase in the homeless population from 2017-2018. The 2018 Point in Time (PIT) homeless count on January 25, 2018 reflected a total of 2,118 homeless individuals (**see pgs 22-23 of County plan for self-reported demographic information related to the homeless population**). Of those 2,118 that were homeless, 1,443 were identified as being unsheltered homeless.

In August 2009, the concern of the homeless population in the County resulted in the creation of the Interagency Council on Homelessness (ICH) which is comprised of two (2) members of the San Bernardino County Board of Supervisors and elected officials from 12 cities in the County. The ICH include robust active memberships of various agencies including, but are not limited to: San Bernardino County Department of Behavioral Health, Probation Department, Public Health, Aging and Adult Services, Children and Family Services, Housing Authority, the Community Department, Sheriff's Department, Veteran's Administration Health Care System, various schools and universities local to the area, as well as the community based organization Homeless Provider Network (HPN) representatives. The goal of the ICH is the policy development of sustainable, permanent housing to prevent homelessness. In June 2018, the ICH in collaboration with HPN, successfully moved the 1,000<sup>th</sup> veteran into permanent supportive housing.

Efforts to also address the challenge of homelessness in the County include offering four (4) programs as part of their Homeless Assistance Resources and Treatment (HART) Initiative, funded by MHSA Community Supports and Services monies. The four (4) programs within the HART initiative provide a variety of resources for their homeless

population. The County states that the learnings from each of these programs indicate additional tools are needed to improve outreach and engagement methods, especially in areas that are rural and hidden.

The County states that collaboration among various agencies having consistent contact with the homeless population is essential. One collaboration in particular, the Homeless Outreach and Proactive Enforcement (HOPE) Program and funded by the Sheriff's Department, has proven to be successful according to the County. The San Bernardino County Department of Behavioral Health paired up with the San Bernardino County Sheriff's Department in an effort to engage individuals in a proactive way prior to the homeless individual seeking assistance. The County states one of the benefits of this program is that the interaction between the Sheriff's Department and the homeless population have changed for the positive due to the proactive nature of this program. Typically, law enforcement is called due to members of the community feeling frightened or due to a public nuisance issue which usually results in the homeless individual having a negative experience with law enforcement. The County states the HOPE program has assisted in building a better rapport between the Sheriff's Department and the homeless population due to the proactive, positive engagement.

Although the HOPE program has been successful in terms of reducing homeless-related crime and finding housing for some homeless individuals, the County states there are not enough Sheriff's Department personnel and resources to engage the homeless population long-term in an effort to assess and provide a more permanent solution for housing as part of the HOPE program. As a result, the County states they want to innovate by collaborating with other agencies within the County to address the homeless challenge in their County.

## **The Response**

The County states this innovation project will focus on the testing of a collaboration between multidisciplinary and multiagency mobile engagement teams utilizing a field-based model to engage and provide treatment to individuals experiencing homelessness with no exclusion to age. The County states they will focus initial efforts of engagement by bringing needed services to increase an individual's physical health with the ultimate hope of transitioning individuals into housing.

San Bernardino County is proposing to utilize information that was learned from one of the County's previous innovation projects titled RBEST (Recovery Based Engagement Support Teams). RBEST innovation project was approved by the Commission back in March 2014 in the amount of approximately \$6.7 million. The goal of RBEST was to test outreach and engagement strategies with individuals in the community considered to be chronically mentally ill, inappropriately served or not served at all. According to the County, outcomes from RBEST were positive: there was a 189% increase in those accessing services for the first time as well as a decrease in the usage of psychiatric hospital utilization. In engaging with this population, the LEAP (Listen, Empathize, Agree, and Partner) model was used as many times as was needed in order to help the

individual. The County states there may be similarities with those who are resistant to care compared with those who are homeless.

As a result, the County would like to utilize the LEAP model to test if it is effective in terms of outreach and engagement with the homeless population as it was with those who were resistant to care. In its research of ways to innovate for this project, it was identified that an additional barrier, pets, may prevent a homeless individual from seeking services out of fear of having to give away their companion in lieu of seeking services or treatment. With this project, the County states they have gathered resources who will provide necessary care for the homeless individual's pets while the individual seeks appropriate treatment and then will be reunited afterward. The County hopes to learn if offering to provide care and resources for the individual's animal companion will assist in the trust-building and transition into more permanent housing.

Initially, there will be two (2) engagement teams and a mobile mental health unit. During the third year of the project, two (2) additional engagement teams will be added.

The engagement and mobile mental health unit teams will be comprised of the following full-time staffing model:

Engagement Team:

Clinical Therapist II  
Alcohol and Drug Counselor  
Peer and Family Advocate  
Public Health Nurse  
Aging / Adult Services Social Worker  
Deputy Sheriff

Mobile Mental Health Unit:

Behavioral Health Nurse  
Medical Assistant  
Driver  
Nurse Practitioner

Additionally, a project manager, office assistant, and staff analyst will oversee this innovation project, including the implementation and collection of data for the evaluation.

The engagement and mobile teams will implement this innovation project in four (4) phases and will incorporate the following components:

- Phase One: Pre-Engagement Phase (**see pgs 15-16 of County plan**)
  - Only the Engagement Teams will be part of this phase
  - The Engagement Teams will reach those homeless who are rural and hidden so the team may build rapport and provide services and incentives to include basic grooming and animal care services
- Phase Two: Engagement Phase (**see pgs 16-17 of County plan**)
  - Both Engagement Teams and the Mobile Team will operate in this phase and receive LEAP training and best practices for Substance Use
  - Engagement Teams will explore housing options with the homeless individuals
  - Engagement Teams will provide education and support with the housing process and assist individuals in obtaining resources for their physical and mental health needs

- The Mobile Team will provide treatments to include Telepsychiatry, counseling and substance use services as well as medication management
- Phase Three: Treatment Phase (**see pgs 17-18 of County plan**)
  - The Mobile Team will meet with the homeless individual where they are comfortable or near their homeless community and will provide linkages to housing, employment and/or probationary services, and veterinary services for their animal companions
- Phase Four: Stabilization Phase (**see pg 19 of County plan**)
  - This phase will transition individuals into housing via warm hand-off to a case manager who will then assist individuals with long-term care coordination and housing support
  - Case managers will work with clients to develop a plan to address barriers or challenges and will also coordinate any needed ongoing medical or mental health care

**It is well known that many counties within California have a significant homeless population and this challenge is shared statewide. The Commission may want to support and encourage the abilities of counties to engage in more collaborative opportunities around shared challenges.**

### **The Community Planning Process**

San Bernardino County states that community feedback regarding the need to prioritize and address the challenge of homelessness in their County dates back to 2005 which ultimately led to the creation and development of the HART initiative (**see pg 10 of County plan**). Although community feedback reflected positively of the efforts to address the homeless population in urban areas in the County, engagement strategies for the homeless populations in the unincorporated areas of the County did not appear to be as successful. As a result, the County focused on specific community planning to gather feedback regarding better engagement strategies for the homeless population in the rural areas of the County which has led to the development of this innovation project.

The County states they have participated in an extensive community planning process with stakeholders to ensure their voices were heard and expressed. The community planning for this innovation project began in January 2018 with ten (10) meetings being held between January and May 2018 to ensure community input and participation. Additionally, the County states community meetings were held at several locations and regions within the County as well as at the Cultural Competence Advisory Committee meeting in an effort to solicit a large number of consumer responses. The County states this project received “overwhelming support” and the community input was reflective of the cultural, ethnic, and racial diversity that makes up the County. (**For specific stakeholder inclusion and engagement, see pgs. 33-37 of County plan**).

The County’s Office of Cultural Competency and Ethnic Services will work in coordination with San Bernardino County Behavioral Health Department to ensure cultural competency needs are being met. The County states they will try to ensure the mobile

teams are staffed with the diversity and cultural makeup representative of the community, including the use of bilingual staff, and that treatment decisions in the project will be client and family-driven.

The County shared this innovation project with their stakeholders at the local level beginning October 31, 2018 through November 30, 2018 and concluded with their Mental Health Board Meeting on January 3, 2019. The County submitted feedback from their public hearing along with this innovation project (**see pgs 39-42 of County plan**). San Bernardino County plans to appear before their Board of Supervisors on March 12, 2019 after presenting to the Commission.

The Commission Staff also shared this innovation project with stakeholders on October 3, 2018 and requested feedback to be directed toward the County. Two letters of support have been received from the San Bernardino Interagency Council and Homeless as well as the San Bernardino Public Health Administration. Both letters of support have been included as part of the handout in the Commissioner's packets.

### **Learning Objectives and Evaluation**

San Bernardino County has presented an evaluation plan to meet their primary purpose of promoting interagency collaboration relative to mental health and outcomes. Specifically, the County will target individuals that have been prevented from accepting the Housing First model; have experienced a substance use or mental illness, or an exacerbated pre-existing condition as a result; and are experiencing unsheltered homelessness within San Bernardino County. The County hopes that 280 individuals will be served by the project annually, totaling 1,400 over the duration of the project.

San Bernardino County has proposed four main learning goals/questions to guide their project (**see pgs. 25-28 of County plan**). The goals and the measures that will be used include:

1. What makes a mobile, multi-agency team effective in serving and supporting the needs of those individuals experiencing homelessness? How does collaboration to address multiple, interrelated needs save time, and resources for both consumers and partner agencies?

**Measures:** number of services provided; amount of time and number of encounters between engagement team and consumer until linkage/participation in services; linkage to resources and/or family unit; engagement team observations; staff hours on case management and linkage to services for encampment community (**see pg. 25 of County plan**).

2. What techniques can be used to build trust with those who are experiencing homelessness in order to support/encourage openness to engaging in services?



What are the different techniques that are particularly well-suited for different age groups, cultural groups, family structures, and diagnoses?

**Measures:** engagement activities used; count of incentives provided; Quality of Life Measure; “Non-Clinical” Functioning Measure; Consumer Satisfaction Measures; patterns between Engagement Team activities and consumer use of treatment team services (**see pg. 26 of County plan**).

3. What services, treatments, and ways of relating in the field are most effective for those who are experiencing homelessness? What are the different services, treatments, and ways of relating that are particularly well-suited for different individuals?

**Measures:** treatments provided; Clinical Functioning Measure (CANS/ASNA); continuity between services in the field and conventional clinic settings; Consumer Satisfaction survey; use of Department of Behavioral Health (DBH) outpatient services; use of DBH crisis services; psychiatric bed days and hospitalizations (**see pg. 27 of County plan**).

4. How can geographic information system (GIS) be used as a collaborative tool to better understand patterns, needs, and opportunities for continuous quality improvement?

**Measures:** geolocation of encounters linked with quality of life measures; individual/family-identified observations about community/encampment; number of notes added to geocoded sites from engagement/treatment encounters (**see pg. 28 of County plan**).

To gather the information necessary for the evaluation, the County will track the measures above as well as collect qualitative data through interviews, focus groups, or other participatory evaluation exercises with staff, consumers, and/or family members. To establish changes, the County will compare data to other programs, such as RBEST or existing county or DBH data as a baseline. The County has also proposed a number of intended outcomes from the project, including increased engagement compared to standard services; increase in clients served; increase in penetration rates; improved outcomes, among others (**see pgs. 25-28 of County plan**).

Overall, San Bernardino County has presented a robust evaluation plan that will provide extensive learnings beyond their primary purpose of *promoting interagency collaboration*. The qualitative methods proposed will provide a better picture of the degree to which the Engagement Team is effective in assisting the homeless population in the county. The County states that the Staff Analyst II in DBH’s Research and Evaluation Unit will conduct the evaluation and complete the final evaluation report. At the conclusion of the InnROADs project, the County will share findings with stakeholders at the local and statewide level. Additionally, the County intends to engage the community in attending these events via social media platforms.

## **The Budget**

San Bernardino County is requesting MHSA innovation funding for this five (5) year project in the amount of \$17,024,309.

Total personnel costs for this project are estimated to be \$13,343,389 (78.4% of total project amount) which includes salaries, wages, and benefits. Total operating costs are estimated to be \$988,934 (5.8% of total project amount). Operating costs will cover travel, communications, office rental space, mileage costs, and supplies. Non-recurring costs are estimated to be \$265,477 (1.6% of total project amount) and will cover computer equipment, software equipment and the purchase of nine (9) vehicles. Consultant costs for this project will be \$425,000 (2.5% of total project amount) and the administrative costs for this project are estimated to be \$2,001,508 (11.8% of total project amount).

In regards to sustainability, the County anticipates the program could be continued with a combination of Medi-Cal and MHSA Community Services and Supports funds.

In reference to Assembly Bill 114 (AB114), the County states they will be utilizing funds in the amount of \$2,518,253 deemed to be reverted for this innovation project from Fiscal Year 08/09. The County was unaware of their unused innovation funds and was notified via an appeal process with DHCS in March 2018 that approximately \$2.7 million dollars was subject to reversion.

## **Additional Regulatory Requirements**

The proposed project appears to meet the minimum requirements listed under MHSA Innovation regulations; however, if Innovation Project is approved, the County must receive and inform the Commission of this certification of approval from the San Bernardino Board of Supervisors before any Innovation Funds can be spent.

## **Full project proposal can be accessed here:**

<http://mhsoac.ca.gov/document/2019-02/san-bernardino-county-innovation-project-remote-onsite-assistance-delivery-february>



# InnROADs

Innovative Remote Onsite Assistance Delivery

## Target Population

Individuals that are:

- Prevented from accepting the Housing First model due to serious and persistent mental illness
- Experiencing homelessness in San Bernardino County’s rural and unincorporated communities
- Experiencing unsheltered homelessness within San Bernardino County

## Basic Concept

The focus of the project will be the creation of an intensive, field-based engagement model that supports multidisciplinary/multiagency teams that meet, engage, and provide treatment to consumers and their families where they live within homeless communities. Simply put, **this project will seek to disrupt the existing model of engagement and treatment that requires individuals to “come to” services and supports in favor of the creation of a system where the needed services and supports “go to” the individual in need, no matter where they are located within San Bernardino County.**

The InnROADs innovative model will be comprised of four main components:

- Pre-Engagement
- Engagement and Treatment
- Stabilization
- Mobile Treatment and Services

InnROADs will also test a multi-agency case management model to provide innovative outreach and engagement to individuals experiencing homelessness in San Bernardino County. Teams will be stationed regionally throughout the county in conjunction with services provided by a Mobile Treatment Unit, possible treatment could include counseling, medication and basic physical health screenings. A mobile Hygiene Unit will also be a part of the team to provide basic hygiene, a critical component to wellness.

Ideal Multi-Agency Engagement Team	Proposed Position/Job Classification		County Agency/Department
	Social Service Practitioners or Social Worker II		Aging & Adult Services
	Peer and Family Advocate		Behavioral Health
	Licensed Clinician		Behavioral Health
	Public Health or Registered Nurse		Public Health
	Alcohol and Other Drug (AOD) Counselor		Behavioral Health
	Law Enforcement Representative		Sheriff’s Department
Ideal Mobile Treatment Unit	Proposed Position/Job Classification		County Agency/Department
	Driver	Possibility one position could fill both roles (e.g. EMT)	TBD
	Medical Assistant		TBD
	Mental Health Nurse		Behavioral Health
	Nurse Practitioner		Public or Behavioral Health

Proposed Position/Job Classification should be considered descriptive and not directly referencing a specific classification within a department.

## PRE-ENGAGEMENT PHASE

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This phase will be the initial introduction of the InnROADs project into a specific homeless community. Incentives will be used by the engagement teams as a means to encourage future participation with engagement and physical/behavioral treatments by engendering the trust of individuals experiencing homelessness and the larger homeless community that they might reside in. The incentives used for this project will be non-traditional and service-based. Many of the service-based incentives will be provided or coordinated by collaborating County agencies and community partners, to include faith-based organizations. Examples of service-based incentives include, but are not limited to: animal care services (such as grooming or vaccines), haircuts/barber services, health screenings (dental and eye care included), and access to mobile hygiene services. The ability to provide a service will be open to all County Departments and community partners and would only be limited by the identified needs of the homeless community and the individuals experiencing homelessness.

### TEAM ASSIGNED AND POSSIBLE RESPONSIBILITIES:

- Mobile Engagement and Case Management Team
  - Initial relationship building within the community
  - Identification of community-level needs
  - Identification and referral for those individuals who are immediately ready and receptive of the Housing First model and/or other treatment
  - Facilitate the delivery of incentive services

## ENGAGEMENT & TREATMENT PHASE

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Phase 2 of the InnROADs engagement model is the Engagement & Treatment Phase. Activities during this Phase will be handled by two different types of teams: 1) Mobile Multiagency Engagement & Case Management Team, and 2) Mobile Treatment Unit.

All teams will be trained in the use of the Listen-Empathize-Agree-Partner (LEAP) model of engagement. The LEAP model was specifically created to train behavioral healthcare professionals on how to quickly gain trust. This training focuses on not trying to convince the other person that they are wrong or misguided and to instead listen in ways that convey respect for the person's point of view. LEAP focuses on transforming the relationship first so that later recommendations concerning treatment are trusted. LEAP was originally created for mental health care professionals and family members, but with this project the training will be adapted to be used by everyone working in the field as part of the InnROADs project.

The activities in this phase will primarily be comprised of intensive case management. This will include education on the housing process, navigating medical benefits for both physical and mental needs, and navigating County services. This Phase will also include assistance with acquiring any paperwork or identification necessary to apply for available benefits. Much of the focus will be on treatment readiness and increasing system understanding so individuals can understand and make informed decisions about their "care path" and the additional supports that may be available to them.

Another significant part of the mobile case management model will be the linking of the individual experiencing homelessness and the appropriate treatments offered by the Mobile Treatment Team. Individual participating in the InnROADs project need not wait or leave their community to receive certain treatments. Possible treatments offered by the Mobile Treatment Team are: Telehealth, Counseling services, Substance Use Disorder (SUD) services, and Medication Management Services. Location and times of mobile treatment will be coordinated by members from the Mobile Engagement and Case Management Team. The goal of providing mobile treatment will be to have a dependable

(as to times and locations) and consistent services. Stakeholder feedback and learning from previous Innovation projects has shown that reliability and dependability are key to increasing the trust factor within a community.

TEAM ASSIGNED AND POSSIBLE RESPONSIBILITIES:

- **Mobile Engagement and Case Management Team**
  - Provide field-based psychoeducation, system navigation training, health navigation training, and other types of individual and community education as needed
  - Evaluate an individual's readiness for treatment, to include assessments, intake, and care plans developed in partnership with consumer.
  - Identify individuals that would benefit from visits from the Mobile Treatment Team
  - Establish a consistent schedule for mobile treatment visits
  - Establish a link for the individual into the Coordinated Entry System
  
- **Mobile Treatment Team**
  - Coordination with Mobile Engagement and Case Management Team on providing treatments at designed locations for identified individuals
  - Responsible for the medication delivery, as needed
  - Link consumers to services within the SBC-DBH, primary health, and other systems of care, as appropriate

## STABILIZATION PHASE

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The final phase of the InnROADs Engagement model is the Stabilization Phase. Individuals enter this phase once they are ready to be transitioned, via warm handoff, to the most appropriate case manager within the existing SBC-DBH system of care, including Mental Health Home programs. The InnROADs teams will transition individuals to case managers who will be responsible for any long-term care coordination and permeant supportive housing placement. These hand-offs will be guided with the engagement teams in order to foster relationship building between the consumer, engagement team, and new case manager. To avoid returning consumers to the same system barriers that contributed to their initial isolation, these case managers will be responsible for developing a plan, with the consumer, that will address access barriers to care for those requiring ongoing medical and/or psychiatric care.

TEAM ASSIGNED AND POSSIBLE RESPONSIBILITIES:

- **Mobile Engagement and Case Management Team**
  - Facilitate the transition from an InnROADs case manager to a case manager within the existing SBC-DBH system of care. Focus will be given to establishing a trusting relationship between the consumer and his or her new case manager.
  - Collaborate with new case manager to develop a care plan for the consumer that will address access barriers to care for those requiring ongoing medical and/or psychiatric care.

## LEARNING GOAL SUMMARY

### Learning Goal 1

Impact/effectiveness of a **multi-disciplinary team** on the consumers' experience AND for the partner agencies.

*Measured by:* Records of engagement, notes, DBH system data, interviews with staff, consumers and family members.

### Learning Goal 2

Effectiveness of **ENGAGEMENT** techniques for treatment readiness.

*Measured by:* Records identifying engagement techniques, use of incentives, quality of life measure, consumer satisfaction, interviews or participatory evaluation with consumers.

### Learning Goal 3

Effectiveness of **MOBILE TREATMENT and SERVICES** for recovery.

*Measured by:* Treatment records including CANS/ANSA; continuity of service in the field and in conventional clinic settings; access to outpatient services, use of crisis services, psychiatric bed days and hospitalizing (pre/post InnROADs intervention)

### Learning Goal 4

Effectiveness of **Geographic Information Systems (GIS)** as a continuous quality improvement tool.

*Measured by:* Geolocation of encounters linked with quality of life measures, SWOT type observations from individuals/family and about community/encampments, interviews with staff about the use of GIS.

## BUDGET

	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	5 Year Total
<b>Personnel Costs</b>	\$1,860,334	\$1,916,144	\$3,095,186	\$3,188,042	\$3,283,683	<b>\$13,343,389</b>
<b>Operating Expenses</b>	\$171,391	\$171,391	\$215,384	\$215,384	\$215,384	<b>\$988,934</b>
<b>One Time Costs</b>	\$157,477	\$0	\$108,000	\$0	\$0	<b>\$265,477</b>
<b>Consultant Costs</b>	\$50,000	\$75,000	\$100,000	\$100,000	\$100,000	<b>\$425,000</b>
<b>Other</b>	\$279,050	\$287,422	\$464,278	\$478,206	\$492,522	<b>\$2,001,508</b>
<b>Total INN Funding</b>	<b>\$2,518,253</b>	<b>\$2,449,957</b>	<b>\$3,982,848</b>	<b>\$3,981,632</b>	<b>\$4,091,619</b>	<b>\$17,024,309</b>

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# AGENDA ITEM 8

Information

February 28, 2019 Commission Meeting

Executive Director Report Out

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

**Presenter:** Toby Ewing, Executive Director

**Enclosures (6):** (1) Motions Summary from the January 24, 2019 Meeting; (2) Evaluation Dashboard; (3) Innovation Dashboard; (4) Presentation Guidelines; (5) Calendar of Commission Meeting Draft Agenda Items; (6) Department of Health Care Services Revenue and Expenditure Reports Status Update.

**Handouts:** None.



**Motions Summary**  
Commission Meeting  
January 24, 2019

**Motion #: 1**

**Date:** January 24, 2019

**Time:** 9:49 AM

**Motion:**

The Commission approves the minutes from the November 14-15, 2018 meeting.

**Commissioner making motion:** Commissioner Mitchell

**Commissioner seconding motion:** Commissioner Madrigal-Weiss

Motion carried 6 yes, 0 no, and 3 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Commissioner Alvarez	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Commissioner Anthony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Berrick	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Commissioner Boyd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Bunch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Danovitch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Gordon	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Commissioner Madrigal-Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Wooton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Vice-Chair Ashbeck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Chair Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





**Motion #: 2**

**Date:** January 24, 2019

**Time:** 9:50 AM

**Motion:**

The Commission approves the minutes from the December 17, 2018 meeting.

**Commissioner making motion:** Commissioner Mitchell

**Commissioner seconding motion:** Commissioner Danovitch

Motion carried 5 yes, 0 no, and 4 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Commissioner Alvarez	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Commissioner Anthony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Berrick	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Commissioner Boyd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Brown	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Commissioner Bunch	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Danovitch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Gordon	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Commissioner Madrigal-Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Wooton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Vice-Chair Ashbeck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Chair Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Motion #: 3**

**Date:** January 24, 2019

**Time:** 10:45 AM

**Motion:**

The MHSOAC approves San Benito County’s Innovation Project, as follows:

**Name:** Behavioral Health-Diversion and Reentry Court  
**Amount:** \$2,264,566  
**Total Project Length:** Five (5) years

**Commissioner making motion:** Commissioner Beall

**Commissioner seconding motion:** Commissioner Brown

Motion carried 10 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Commissioner Alvarez	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Commissioner Anthony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Beall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Berrick	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Boyd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Bunch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Danovitch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Madrigal-Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Wooton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Vice-Chair Ashbeck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Chair Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Motion #: 4**

**Date:** January 24, 2019

**Time:** 11:18 AM

**Motion:**

The MHSOAC approves Calaveras County’s Innovation Project, as follows:

**Name:** Enhancing the Journey to Wellness Peer Specialist Program  
**Amount:** \$706,366  
**Total Project Length:** Five (5) years

**Commissioner making motion:** Commissioner Beall

**Commissioner seconding motion:** Commissioner Alvarez

Motion carried 10 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Commissioner Alvarez	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Commissioner Anthony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Beall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Berrick	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Boyd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Bunch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Danovitch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Madrigal-Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Wooton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Vice-Chair Ashbeck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Chair Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Motion #: 5**

**Date:** January 24, 2019

**Time:** 12:34 PM

**Motion:**

The MHSOAC agrees to co-sponsor Senate Bill 10 (Beall).

**Commissioner making motion:** Chair Tamplen

**Commissioner seconding motion:** Commissioner Berrick

Motion carried 10 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Commissioner Alvarez	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Commissioner Anthony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Beall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Berrick	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Boyd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Bunch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Danovitch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Madrigal-Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Wooton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Vice-Chair Ashbeck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Chair Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Motion #: 6**

**Date:** January 24, 2019

**Time:** 12:39 PM

**Motion:**

The MHSOAC agrees to co-sponsor Senate Bill 11 (Beall).

**Commissioner making motion:** Commissioner Madrigal-Weiss

**Commissioner seconding motion:** Commissioner Danovitch

Motion carried 10 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Commissioner Alvarez	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Commissioner Anthony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Beall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Berrick	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Boyd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Bunch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Danovitch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Madrigal-Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Wooton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Vice-Chair Ashbeck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Chair Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Motion #: 7**

**Date:** January 24, 2019

**Time:** 12:44 PM

**Motion:**

The MHSOAC agrees to co-sponsor Senate Bill 12 (Beall).

**Commissioner making motion:** Commissioner Gordon

**Commissioner seconding motion:** Commissioner Berrick

Motion carried 10 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Commissioner Alvarez	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Commissioner Anthony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Beall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Berrick	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Boyd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Bunch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Danovitch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Madrigal-Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Wooton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Vice-Chair Ashbeck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Chair Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Motion #: 8**

**Date:** January 24, 2019

**Time:** 12:47 PM

**Motion:**

The MHSOAC agrees to sponsor Assembly Bill 46 (Carrillo).

**Commissioner making motion:** Commissioner Alvarez

**Commissioner seconding motion:** Commissioner Bunch

Motion carried 10 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Commissioner Alvarez	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Commissioner Anthony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Beall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Berrick	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Boyd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Bunch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Danovitch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Madrigal-Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Wooton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Vice-Chair Ashbeck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Chair Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Motion #: 9**

**Date:** January 24, 2019

**Time:** 2:44 PM

**Motion:**

The MHSOAC approves San Francisco County’s Innovation plan as follows:

**Name:** Fuerte School-Based Prevention Groups  
**Amount:** \$1,500,000  
**Total Project Length:** Five (5) years

**Commissioner making motion:** Commissioner Madrigal-Weiss

**Commissioner seconding motion:** Commissioner Alvarez

Commissioner Berrick recused himself.

Motion carried 7 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Commissioner Alvarez	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Commissioner Anthony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Berrick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Boyd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Bunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Danovitch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Madrigal-Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Wooton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Vice-Chair Ashbeck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Chair Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





**Motion #: 10**

**Date:** January 24, 2019

**Time:** 3:56 PM

**Motion:**

The Commission authorizes the Executive Director to enter into contract(s) not to exceed \$300,000 to support the Youth Mental Health Crisis documentary project.

**Commissioner making motion:** Commissioner Danovitch

**Commissioner seconding motion:** Commissioner Gordon

Motion carried 7 yes, 1 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Commissioner Alvarez	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Commissioner Anthony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Berrick	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Boyd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Brown	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Bunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Danovitch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Madrigal-Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Wooton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Vice-Chair Ashbeck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Chair Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Motion #: 11**

**Date:** January 24, 2019

**Time:** 4:37 PM

**Motion:**

The Commission adopts “Option C: manage internally with contractor support” to implement the development of the Innovation Incubator.

**Commissioner making motion:** Commissioner Berrick

**Commissioner seconding motion:** Commissioner Mitchell

Motion carried 5 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Commissioner Alvarez	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Commissioner Anthony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Berrick	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Boyd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Brown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Bunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Danovitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Madrigal-Weiss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Wooton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Vice-Chair Ashbeck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Chair Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Motion #: 12**

**Date:** January 24, 2019

**Time:** 5:41 PM

**Motion:**

- The Commission approves the proposed outline for the immigrant and refugee RFP.
- The Commission authorizes the Executive Director to initiate a competitive bid process.

**Commissioner making motion:** Commissioner Alvarez

**Commissioner seconding motion:** Chair Tamplen

Motion carried 5 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Commissioner Alvarez	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Commissioner Anthony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Berrick	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Boyd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Brown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Bunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Danovitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Madrigal-Weiss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Wooton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Vice-Chair Ashbeck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Chair Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Summary of Updates

### Contracts

No Changes

**Total Contracts:** 4

### Funds Spent Since the January Commission Meeting

<a href="#">17MHSOAC024</a>	\$12,150
<a href="#">17MHSOAC081</a>	\$0
<a href="#">17MHSOAC085</a>	\$50,200
<a href="#">18MHSOAC020</a>	\$0
<b>Total</b>	<b>\$62,350</b>

### Contracts with Deliverable Changes

[17MHSOAC85](#)

**The iFish Group: Hosting & Managed Services (17MHSOAC024)**

MHSOAC Staff	Rachel Heffley
Active Dates	12/28/17 - 6/30/19
Total Contract Amount	\$423,923
Total Spent	\$324,118

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	12/28/17	No
Visualization Portal	Complete	12/28/17	No
Data Management Support Services	In Progress	06/30/19	No

**MHSOAC Evaluation Dashboard Month September 2018**  
 (Updated September 6<sup>th</sup>, 2018)



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

MHSOAC Staff	Michelle Adams
Active Dates	7/1/2018-7/31/2020
Total Contract Amount	\$1,200,000
Total Spent	\$260,000

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	In Progress	3/30/20	No
Summary Report (3 Public Engagements)	Not Started	3/30/19	No
Summary Report (3 Public Engagements)	Not Started	6/30/19	No

## MHSOAC Evaluation Dashboard Month September 2018

(Updated September 6<sup>th</sup>, 2018)

Outcomes Reporting Draft Report —3 Sections	Not Started	9/31/19	No
Outcomes Reporting Draft Report – 4 Sections	Not Started	12/31/19	No
Outcomes Reporting Final Report	Not Started	06/01/20	No
Outcomes Reporting Data Library & Data Management Plan	Not Started	06/01/20	No
Data Fact Sheets and Data Briefs	Not Started	06/01/20	No

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

MHSOAC Staff	Rachel Heffley
Active Dates	07/01/18 - 12/31/19
Total Contract Amount	\$234,279
Total Spent	\$50,200

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	Yes
FSP Program Data Sets	Not Started	05/06/19	Yes
FSP Formatted Data Sets	Not Started	09/07/19	Yes
FSP Draft Report	Not Started	10/07/19	Yes
FSP Final Report	Not Started	12/09/19	Yes



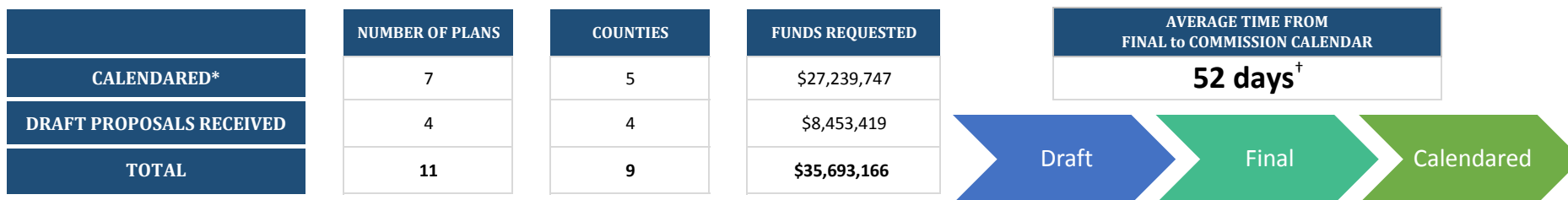
**The iFish Group: Hosting & Managed Services (18MHSOAC020)**

MHSOAC Staff	Rachel Heffley
Active Dates	01/01/19 - 12/31/19
Total Contract Amount	\$306,443
Total Spent	\$261,443

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	Not Started	12/31/19	No

## INNOVATION DASHBOARD - FEBRUARY 2019 (Current)

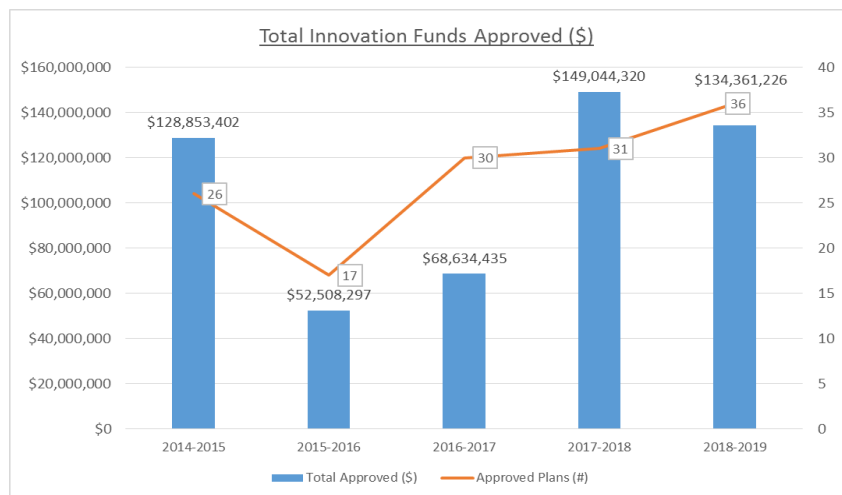


\* **February:** Nevada (1), Imperial (2), San Bernardino (1)

**March:** Mono (1), Tulare (2)

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

### Previous FY Trends:



Number of Counties that have presented an INN Plan to the Commission since 2013 †	
54	92%

† Number of counties that have NOT presented an INN Plan to the Commission since 2013: 5 (8%)

	FY 14/15	FY 15/16	FY 16/17	FY 17/18	FY 18/19 (to date)
APPROVED INN Funds:	\$127,742,348	\$46,920,919	\$66,625,827	\$143,871,714	\$130,963,972
APPROVED Ext. Funds:	\$1,111,054	\$5,587,378	\$2,008,608	\$5,172,606	\$3,397,254
Plans Received:	N/A	N/A	33	34	36
Plans APPROVED:	26	17	30 (91%)	31 (91%)	36 (100%)
Participating Counties:	16	15	18 (31%)	19 (32%)	24 (41%)
Participating Counties APPROVED:	N/A	N/A	17 (94%)	16 (84%)	24 (100%)

STATUS	COUNTY	PLAN NAME	FUNDING AMOUNT REQUESTED	PROJECT DURATION	DRAFT PROPOSAL SUBMITTED TO OAC	FINAL PLAN SUBMITTED TO OAC	COMMISSION MEETING
CALENDARED	Nevada	Homeless Outreach and Medical Engagement (HOME) Team	\$2,395,892.02	5 Years	11/6/2018	1/29/2019	FEBRUARY
CALENDARED	Imperial	Positive Engagement Team (PET)	\$3,120,109	5 Years	10/9/2018	1/8/2019	FEBRUARY
CALENDARED	Imperial	Link Crew Collaborative	\$1,911,084	5 Years	11/8/2018	1/10/2019	FEBRUARY
CALENDARED	San Bernardino	Innovative Remote Onsite Assistance Delivery (InnROADS)	\$17,024,309	5 Years	10/23/2018	1/14/2019	FEBRUARY
CALENDARED	Mono	Eastern Sierra Learning Collaborative: A County Driven Regional Partnership	\$84,935	2 Years 9 Months	11/19/2018	1/17/2019	MARCH
CALENDARED	Tulare	Addressing Metabolic Syndrome and Its Components in Consumers Taking Antipsychotic Medication	\$1,382,734	5 Years	11/15/2018	1/17/2019	MARCH
CALENDARED	Tulare	Connectedness2Community	\$1,320,684	5 Years	11/15/2018	1/17/2019	MARCH

**CALENDARED: County has met all the minimum regulatory requirements for Innovation - Section 3580.010, and three (3) local approval**

STATUS	COUNTY	PLAN NAME	FUNDING AMOUNT REQUESTED	PROJECT DURATION	DRAFT PROPOSAL SUBMITTED TO OAC	FINAL PLAN SUBMITTED TO OAC	COMMISSION MEETING
DRAFT	Colusa	Social Determinants of Rural Mental Health Project	\$403,419	3 Years	8/30/2018	(PENDING)	(PENDING)
DRAFT	Alameda	Supportive Housing Community Land Trust (CLT)	\$5,000,000	5 Years	11/2/2018	(PENDING)	(PENDING)
DRAFT	San Mateo	LGBTQ Behavioral Health Coordinated Services (The Pride Center)	\$1,550,000	2 Years	1/3/2019	(PENDING)	(PENDING)
DRAFT	Butte	Center CARE Project	\$1,500,000	5 Years	2/4/2019	(PENDING)	(PENDING)

**DRAFT: A County plan submitted to the OAC that contains some of the regulatory requirements, including but not limited to a full budget**

## COMMISSION MEETING PRESENTATION GUIDELINES

These recommendations for innovation plan presentations have been developed to support the dialogue between the Commission and the counties. Please note that the recommendations below regarding length, the county brief, PowerPoint presentation and presenter information are to ensure that counties and the Commission have ample opportunity to engage in a dialogue to gain a better understanding of the needs in the county, how the innovation plan meets those needs, why it is innovative and how will it be evaluated to support shared learning.

### 1. Length of Presentation

- a. County presentations should be no more than 10-15 minutes in length
- b. The Commission will have received the Innovation Project Plan as well as the Staff Analysis prior to the meeting
- c. The remaining time on the agenda is reserved for dialogue with the Commission and for public comment

### 2. County Brief

- a. Recommend 2-4 pages total and should include the following three (3) items:
  - i. Summary of Innovation Plan / Project
  - ii. Budget
  - iii. Address any areas indicated in the Staff summary

### 3. PowerPoint Presentation

- a. Recommend 5 slides and include the following five (5) items:
  - i. Presenting Problem / Need
  - ii. Proposed Innovation Project to address need
  - iii. What is innovative about the proposed Innovation Project? How will the proposed solution be evaluated (learning questions and outcomes)?
  - iv. Innovation Budget
  - v. If successful, how will Innovation Project be sustained?

### 4. Presenters and Biographies

- a. We request no more than a few (2-4) presenters per Innovation Project
  - i. If the county wishes to bring more presenters, support may be provided during the public comment period
- b. Recommend biography consisting of brief 1-2 sentences for individuals presenting in front of the Commission
  - i. Include specific names, titles, and areas of expertise in relation to Innovation Plan / Project

*Note: Due dates will be provided by Innovation Team upon Commission calendaring for the following items: Presenter Names, Biographies, County Brief, and PowerPoint presentation.*

# Calendar of Commission Meeting Draft Agenda Items

Proposed 02/20/19

Agenda items and meeting locations are subject to change

## March 28: Sacramento, MHSOAC

- **Innovation Project: Mono County**  
Eastern Sierra Learning Collaborative: A County Driven Regional Partnership – EXTENSION
- **Innovation Project: San Mateo County**  
LGBTQ Behavioral Health Coordinated Services (The Pride Center)
- **Innovation Project: Tulare County (2)**  
Addressing Metabolic Syndrome and Its Components in Consumers Taking Antipsychotic Medication, and Connectedness2Community
- **Legislative Priorities**  
The Commission will consider legislative priorities for the 2019 legislative session.
- **Strategic Planning Session**  
The Commission will continue the facilitated strategic planning discussion about the role of the Commission, and the goals and objectives of the Strategic Plan which will be developed through the strategic planning process led by Susan Brutschy, President of Applied Survey Research.

## April 25: Anaheim

- **Awarding of the Immigrant/Refugee Stakeholder Contracts**  
The Commission will consider awarding stakeholder contracts to four organizations in the amount of \$1,610,000 to the highest scoring applicants for the Immigrant and Refugee Stakeholder RFP.
- **Innovation Projects**  
The Commission will consider approval of county Innovation plans.
- **Use of County Innovation Funds**  
The Commission staff will provide an overview of county uses of Innovation funds outside of Innovation approval.
- **Senate Bill 1004 Prevention and Early Intervention Project Panel**  
The Commission will hear presentations on current understandings of statewide mental health needs and outcomes relating to prevention and early intervention programming and evaluation.

## May 23: TBD

- **Innovation Projects**  
The Commission will consider approval of county Innovation plans.
- **Governor's May Budget Revise Update**  
The Commission will be presented with information regarding the impact of the Governor's May Revision on the Mental Health Services Act and community mental health.
- **Transition Age Youth RFP Outline**  
The Commission will consider approval of an outline for a Transition Age Youth RFP.
- **School Mental Health Panel**  
The Commission will hear presentations on current mental health needs of students and trends in the provision of mental health services on school campuses.

## June: No Meeting

No meeting is planned for June

## July 25: TBD

- **Suicide Prevention Strategic Plan**  
The Commission will be presented with the first read of the statewide Suicide Prevention Strategic Plan.
- **Budget Overview**  
The Commission will consider approval of its Fiscal Year 2019-20 Operations Budget and will hear an update on expenditures.
- **Workplace Mental Health**  
The Commission will hear presentations on strategies to support workplace mental health in the private sector.

## August 22: TBD

- **School Mental Health Policy Project**  
The Commission will be presented with the first read of the School Mental Health Policy Project findings.

Agenda Item 8, Enclosure 6: DHCS Status Chart of County RERs Received  
February 28, 2019 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 February 8, 2019.

This Status Report covers the FY 2012-13 through FY 2017-18 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.

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 year FY 2016-17 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](http://www.dhcs.ca.gov/services/MH/Pages/Annual%20MHSA%20Revenue%20and%20Expenditure%20Reports%20by%20County%20FY%2016-17.aspx). County RERs for reporting year FY 2017-18 are not yet accessible through the Department's website.

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 [http://mhsoac.ca.gov/documents?field\\_county\\_value=All&date\\_filter%5Bvalue%5D%5Byear%5D=&field\\_component\\_tid=46](http://mhsoac.ca.gov/documents?field_county_value=All&date_filter%5Bvalue%5D%5Byear%5D=&field_component_tid=46).

On July 1, 2018 DHCS published a report detailing MHSA 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). The report details all funds deemed reverted and reallocated to the county of origin for the purpose the funds were originally allocated. The report can be accessed at the following webpage:

[http://www.dhcs.ca.gov/formsandpubs/Documents/Legislative%20Reports/MHSA Reversion Funds Report.pdf](http://www.dhcs.ca.gov/formsandpubs/Documents/Legislative%20Reports/MHSA%20Reversion%20Funds%20Report.pdf)

Agenda Item 6, Enclosure 6

DHCS MSHA Annual Revenue and Expenditure Status Update										
County	FY 14-15		FY 15-16		FY 16-17			FY 17-18		
	Electronic Copy Submission Date	Final Review Completion Date	Electronic Copy Submission Date	Final Review Completion Date	Electronic Copy Submission Date	Return to County Date	Final Review Completion Date	Electronic Copy Submission Date	Return to County Date	Final Review Completion Date
Alameda	9/14/2017	9/29/2017	9/29/2017	9/29/2017	1/2/2018		1/3/2018			
Alpine	6/26/2017	6/26/2017	11/22/2017	11/27/2017	7/23/2018		7/23/2018			
Amador	3/27/2017	3/27/2017	4/7/2017	4/10/2017	4/12/2018		4/13/2018	12/19/2018	12/19/2018	12/21/2018
Berkeley City	5/2/2016	7/26/2016	4/13/2017	4/13/2017	1/25/2018		2/1/2018	12/28/2018	1/2/2019	1/8/2019
Butte	4/4/2016	6/23/2016	4/17/2017	4/18/2017	5/4/2018		5/7/2018			
Calaveras	1/4/2016	1/13/2016	4/18/2017	4/19/2017	6/1/2018	6/14/2018	7/20/2018	1/10/2019		1/11/2019
Colusa	1/8/2016	2/10/2016	5/17/2017	5/17/2017	5/8/2018		5/9/2018			
Contra Costa	3/8/2016	3/14/2016	4/17/2017	4/18/2017	12/29/2017	1/5/2018	1/24/2018	12/31/2018	1/7/2019	1/22/2019
Del Norte	5/13/2016	5/16/2016	4/17/2017	5/19/2017	2/23/2018		2/26/2018	12/31/2018		1/2/2019
El Dorado	2/9/2016	2/11/2016	4/17/2017	4/19/2017	12/29/2017	1/5/2018	1/24/2018	12/28/2018	1/3/2019	1/25/2019
Fresno	12/14/2015	12/18/2015	4/17/2017	4/18/2017	12/29/2017	1/8/2018	5/7/2018	12/28/2018	1/2/2019	1/2/2019
Glenn	3/17/2016	3/24/2016	7/20/2017	7/20/2017	2/22/2018		2/22/2018	12/31/2018	1/7/2019	
Humboldt	9/30/2016	10/3/2016	4/13/2017	4/18/2017	12/21/2017	1/3/2018	4/25/2018	12/20/2018	12/21/2018	1/2/2019
Imperial	12/31/2015	1/4/2016	4/27/2017	4/27/2017	12/28/2017		1/9/2018	12/26/2018		1/2/2019
Inyo	2/24/2016	2/24/2016	5/9/2017	5/9/2017	7/6/2018		7/9/2018			
Kern	10/31/2016	10/31/2016	5/30/2017	2/7/2018	1/30/2018		2/7/2018	1/4/2019		1/7/2019
Kings	4/7/2016	5/2/2017	5/2/2017	5/24/2017	1/29/2018		1/29/2018	1/31/2019		
Lake	7/25/2018	7/26/2018	7/25/2018	7/26/2018	9/12/2018	9/12/2018				
Lassen	9/21/2016	9/29/2016	5/18/2017	5/25/2017	5/14/2018	5/16/2018	7/23/2018	1/8/2019	1/14/2019	1/31/2019
Los Angeles	4/20/2017	4/21/2017	1/31/2018	2/1/2018	6/29/2018	7/2/2018	7/20/2018	12/31/2018	1/14/2019	1/29/2019
Madera	12/6/2016	12/7/2016	5/12/2017	6/13/2018	3/27/2018	6/14/2018	7/26/2018	12/31/2018	1/7/2019	2/4/2019
Marin	10/21/2016	10/21/2016	5/10/2017	5/11/2017	1/31/2018		2/1/2018	12/21/2018	12/21/2018	12/21/2018
Mariposa	9/23/2016	9/28/2016	5/18/2017	5/19/2017	3/14/2018		3/14/2018	12/20/2018	1/3/2019	1/31/2019
Mendocino	5/31/2017	5/31/2017	8/31/2017	8/31/2017	4/27/2018		4/30/2018	12/31/2018		1/3/2019
Merced	3/28/2017	3/29/2017	7/21/2017	7/21/2017	2/1/2018		2/1/2018	12/21/2018	12/21/2018	12/31/2018
Modoc	3/24/2016	3/25/2016	4/17/2017	4/19/2017	4/20/2018		4/23/2018	1/16/2019	1/16/2019	1/24/2019
Mono	3/30/2016	4/6/2016	4/25/2017	6/20/2017	5/18/2018	5/22/2018	6/13/2018	12/28/2018	1/3/2019	1/17/2019
Monterey	3/29/2018	4/23/2018	10/4/2018	10/4/2018	10/4/2018		10/4/2018			
Napa	8/18/2017	8/25/2017	11/9/2017	11/13/2017	5/15/2018		5/15/2018	12/28/2018	1/2/2019	1/4/2019
Nevada	6/21/2018	6/21/2018	7/20/2018	7/25/2018	8/13/2018		8/13/2018	12/21/2018		12/21/2018
Orange	12/30/2015	12/30/2015	12/27/2016	4/13/2017	12/29/2017	1/17/2018	1/25/2018	12/28/2018	1/2/2019	1/31/2019
Placer	11/15/2016	11/17/2016	4/14/2017	4/18/2017	12/22/2017		1/23/2018	1/18/2019		1/22/2019
Plumas	6/8/2017	6/23/2017	3/27/2018	3/28/2018	10/8/2018		10/15/2018			
Riverside	5/12/2017	5/15/2017	6/9/2017	6/12/2017	12/29/2017	1/24/2018	1/25/2018	12/31/2018		1/29/2019
Sacramento	5/8/2017	5/8/2017	6/19/2017	6/20/2017	12/29/2017	1/24/2018	1/25/2018	12/31/2018	1/2/2019	1/2/2019
San Benito	10/24/2016	3/8/2016	9/8/2017	9/12/2017	9/25/2018		9/27/2018			
San Bernardino	5/19/2016	5/19/2016	5/1/2017	5/1/2017	6/29/2018		7/2/2018	12/31/2018		1/2/2019
San Diego	12/18/2015	5/26/2017	5/26/2017	5/26/2017	5/11/2018		6/11/2018	12/26/2018		1/15/2019
San Francisco	3/4/2016	3/4/2016	7/5/2017	9/18/2017	3/21/2018		3/27/2018	12/31/2018	1/3/2019	1/30/2019
San Joaquin	6/8/2017	6/13/2017	10/3/2017	10/4/2017	12/29/2017	1/24/2018	1/25/2018	12/31/2018		1/7/2019
San Luis Obispo	1/15/2016	1/15/2016	5/12/2017	5/16/2017	2/15/2018		2/16/2018	12/14/2018	12/18/2018	12/28/2018
San Mateo	5/9/2017	5/9/2017	10/10/2017	10/18/2017	4/20/2018		4/30/2018	12/31/2018		1/2/2019
Santa Barbara	5/24/2017	6/20/2017	5/24/2017	6/20/2017	12/22/2017	1/22/2018	1/25/2018	12/21/2018	1/3/2019	1/14/2019
Santa Clara	5/5/2017	5/11/2017	12/18/2017	1/4/2018	4/20/2018		4/23/2018	12/27/2018		1/2/2019
Santa Cruz	4/5/2018	4/9/2018	7/19/2018	7/20/2018	8/15/2018		8/16/2018	12/31/2018	1/3/2019	1/7/2019
Shasta	10/7/2016	10/7/2016	4/14/2017	4/17/2017	3/29/2018		4/23/2018	12/13/2018	12/17/2018	1/2/2019
Sierra	10/17/2016	10/17/2016	8/16/2017	5/25/2018	6/28/2018	6/28/2018	7/23/2018	12/28/2018		1/2/2019
Siskiyou	6/30/2017	7/10/2017	6/30/2017	7/10/2017	7/27/2018		1/15/2019			
Solano	12/29/2015	12/30/2015	3/23/2017	4/4/2017	12/28/2017	1/23/2018	1/25/2018	12/31/2018	1/3/2019	
Sonoma	4/10/2017	4/10/2017	6/26/2017	6/27/2017	7/13/2018		7/23/2018	1/16/2019	1/29/2019	2/1/2019
Stanislaus	12/22/2015	12/22/2015	4/5/2017	4/5/2017	4/27/2018		4/30/2018	12/26/2018		1/3/2019
Sutter-Yuba	8/15/2018	8/17/2018	8/15/2018	8/17/2018	8/15/2018	5/1/2018	8/17/2018	1/7/2019	1/28/2019	1/31/2019
Tehama	4/29/2016	5/11/2017	5/8/2017	5/16/2017	7/25/2018		7/26/2018			
Tri-City	12/30/2015	2/3/2016	4/6/2017	4/6/2017	12/29/2017	1/24/2018	2/15/2018	12/31/2018	1/3/2019	1/30/2019
Trinity	9/19/2016	9/23/2016	7/14/2017	7/14/2017	6/29/2018		7/2/2018	1/30/2019		2/7/2019
Tulare	3/17/2016	3/22/2016	4/12/2017	4/12/2017	12/26/2017	1/22/2018	1/25/2018	12/19/2018	12/21/2018	12/26/2018
Tuolumne	12/23/2015	12/28/2015	4/10/2017	5/18/2017	2/16/2018		3/1/2018	12/11/2018	12/12/2018	12/12/2018
Ventura	12/31/2015	1/4/2016	4/14/2017	4/27/2017	4/27/2018		5/25/2018	12/20/2018		12/21/2018
Yolo	6/21/2017	6/21/2017	3/9/2018	3/12/2018	3/23/2018		3/26/2018	1/30/2019	1/31/2019	1/31/2019
Total	59	59	59	59	59		58	48	30	45

\* FY 2005-06 through FY 2013-14, all Counties are current

Current Through: 02/08/2019