



WELLNESS • RECOVERY • RESILIENCE

---

## May 23, 2019 PowerPoint Presentations and Handouts

- Tab 2:**
- PowerPoint: Orange County Innovation Behavioral Health System Transformation
  - Handout: Position Letters Regarding Orange County Innovation Plan
- Tab 3:**
- PowerPoint: Ventura County Innovations: Conocimiento: Addressing ACEs Through Core Competencies
- Tab 4:**
- PowerPoint: The T.R.I.E.S.T.E. Project: True Recovery Innovation Embraces Systems That Empower
  - Handout: Hollywood Entertainment District Resolution Supporting the Trieste Project Innovation Proposal
  - Handout: Position Letter Regarding Los Angeles County Innovation Plan
- Tab 5:**
- Handout: Options for Streamlined Review of County Innovation Plans
- Miscellaneous:**
- Handout: Motions Summary from the April 25, 2019 Meeting
  - Handout: Evaluation Dashboard
  - Handout: Innovation Dashboard
  - Handout: Innovation Presentation Guidelines
  - Handout: Calendar of Tentative Agenda Items
  - Handout: Department of Health Care Services Revenue and Expenditure Reports Status Update
  - Handout: Northbay Biz Article: Leading the Way
  - Handout: Legislative Tracking Report.
  - Handout: Legislative Report to the Commission

# Orange County Innovation Behavioral Health System Transformation

Identifying the building blocks for a culturally responsive and inclusive system



## Community Planning Revealed Key Challenges in Orange County



### Cross-Sector Fragmentation

People can't get the right care at the right time due to **lack of coordination** across public and private behavioral health systems and difficulty with figuring out how to pay for out-of-network services (if they have insurance coverage).

### Insurance Networks do not Support Person-Centered Access and Service Delivery

People must access care based on insurance status and/or provider networks rather than their cultural needs and preferences, leaving many populations **unserved and underserved** (e.g., Veterans, LGBTQ, deaf and hard of hearing, monolingual communities, ethnic communities, etc.).

### Inadequate Knowledge of Existing Resources, Services & Benefits and How to Navigate Them

Available resource directories have **outdated information**. Additionally, people often don't understand what services are available to them, or how to navigate both public and private behavioral health systems.

### Available Care is Not Delivered Optimally

Families and other county stakeholders want a system based on **quality** and **recovery-oriented** outcomes, **not quantity**-based measures, such as numbers served or units of service provided.

*\* See supplemental handout for supporting data and Appendix C for additional details on community planning feedback*

## Innovative Solution

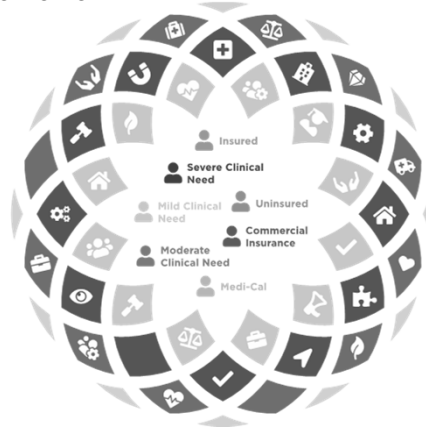
**Create a payer agnostic system** with cross-sector fiscal and administrative coordination that supports local providers in serving ALL Orange County residents, regardless of insurance status, type or level of clinical need.

### Today



Fragmented public and private systems, **operating in silos**

### Tomorrow



Integrated payer agnostic system, **sharing care and braiding funds**

## Project Activities & Deliverables



### Align Legal, Fiscal & Regulatory Requirements to Improve Quality of and Access to Services

#### Activities

- **System Discussions** with the State, local behavioral health organizations and private health plans to explore how to braid funds and streamline reporting on their regulatory requirements
- **Community Discussions** with peers, consumers, family members and local stakeholders to establish metrics that reflect personal recovery and program success

#### Deliverables

- **Develop, procure and execute contracts** that braid funds and incentivize community-defined values and performance-based metrics (as well as regulatory requirements)
- **Provide technical assistance** to prepare local providers for new contracting and program performance standards

#### Goals

- Leverage collaborations and partnerships with accountability
- **Share learning** through templates, sample RFPs, contracts for different types of services, white papers, presentations, etc.



### Align Local Organizations to Improve Service Navigation

#### Activities

- **Community Discussions** with peers, consumers, family members, providers and other local stakeholders to consolidate and integrate existing directories, and to develop criteria that will help determine which programs and services are included

#### Deliverables

- **Build and deploy a digital resource navigator** that allows for optional, automated filtering and recommendations guided by identified social determinants; begin with a small-scale pilot and gradually expand in scope until it is available to all Orange County residents

#### Goals

- Improve system navigation to appropriate resources and level of care, increase use of data and performance metrics
- Leverage technology
- **Share learning** through templates, white papers, digital navigator

## Learning Objectives



### Legal-Fiscal-Regulatory Learning Objectives

Identify successful and unsuccessful strategies employed throughout the various project activities, including inter-agency and inter-departmental meetings and workgroups.



Develop a model that braids public and private funds to create a behavioral health system that serves all County residents, regardless of payer source or level of clinical need



Streamline and improve compliance, reporting and regulatory requirements in order to support providers participating in the payer agnostic system



Understand the conditions under which authentic cross sector partnership and collaboration succeeds

### Local Community Learning Objectives

Determine successful ways to engage a diverse group of community stakeholders and elicit meaningful participation, guidance and feedback.



Community members' values are considered as part of determining a behavioral health program's effectiveness and worth



Community values are translated into performance metrics and program standards and community members are satisfied with the result



New outreach strategies result in increased meeting attendance by stakeholders from underserved and unserved communities



Understand the conditions under which authentic community engagement and collaboration succeeds

## Evaluation Approach: *Developmental Evaluation*

### Framework Approach and Benefits

Developmental Evaluation is a specific subtype of a formative evaluation and focuses on innovation and strategic learning rather than traditional project outcomes



Grounded in systems thinking  
Well-suited for innovative projects where the exact path to success is not clear



Provides deep understanding of context and real-time insights about how an innovative project should be developed and adapted in response to changing circumstances and learning along the way



Values active involvement of diverse stakeholders in framing the focus, which helps improve chances of lasting change and widespread adoption

### Methods Design Features

Developmental Evaluation blends rapid cycle and traditional qualitative methods



Evaluate impact of processes and changes to processes



Collect and analyze real-time data to produce results quickly for mid-course improvement in approach, strategies  
Use observational data, surveys, focus groups, interviews, etc.



Incorporate a participatory strategy to actively involve a diverse group of stakeholders

## Budget

| CATEGORY                     | FY 18-19 | FY 19-20    | FY 20-21    | FY 21-22    | Total               |
|------------------------------|----------|-------------|-------------|-------------|---------------------|
| Project Office               | \$49,875 | \$1,521,520 | \$1,437,231 | \$1,047,541 | \$4,056,168         |
| Professional Consultation    |          | \$1,475,530 | \$694,950   | \$515,242   | \$2,685,722         |
| Local Community Consultation |          | \$4,145,062 | \$2,112,119 | \$1,067,665 | \$7,324,846         |
| Evaluation                   | \$9,975  | \$579,630   | \$542,224   | \$365,888   | \$1,497,717         |
| Administrative               |          | \$1,258,899 | \$735,380   | \$440,979   | \$2,435,258         |
| <b>Calculated Total</b>      | \$59,850 | \$8,980,641 | \$5,521,905 | \$3,437,315 | \$17,999,710        |
| <b>Requested Total</b>       |          |             |             |             | <b>\$18,000,000</b> |

**Thank You  
and Be Well!**



**Proposed Motion**

The Commission approves Orange County's Innovation plan as follows:

Name: Behavioral Health System Transformation  
Amount: Up to \$18,000,000 in MHSA INN funds  
Project Length: Three (3) Years





**STEINBERG  
INSTITUTE**

1121 L Street, Suite 300  
Sacramento CA 95814  
T 916.553.4167  
[steinberginstitute.org](http://steinberginstitute.org)

**ADVANCING BRAIN HEALTH POLICY & INSPIRING LEADERSHIP**

April 11, 2019

Mental Health Services Oversight and Accountability Commission  
1325 J. Street, Suite 1700  
Sacramento, CA 95814

**RE: Support for Orange County MHSA Innovation Program**

Dear Commissioners,

The Steinberg Institute is a nonprofit, public policy institute that seeks to advance sound public policy and inspire leadership on the issue of brain health. We are pleased to support Orange County's proposed MHSA Innovation Project, which will ensure that everyone can access the mental health care they need, at the right time and the right place, no matter who is paying.

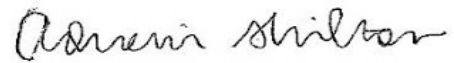
Orange County residents have identified significant obstacles to accessing effective and appropriate health care. Many diverse communities (Veterans, LBGTQ, deaf and hard of hearing, monolingual communities, ethnic communities, etc.) remain unserved or underserved because clients must engage with providers based on their approved insurance networks, rather than their cultural needs and preferences. Those who lack familiarity with behavioral health systems are often marginalized from services as they often have difficulties navigating the complex and outdated resource directories, program listings, and potential services that fall within their insurance plans. One of the most significant underlying barriers to addressing the challenges in access also involves the siloed public and private behavioral health systems.

Orange County seeks to implement a program that aims to break down the silos to quality health care by establishing a public/private partnership. One component involves developing provider contracts that pay for achieving meaningful client, clinical, and administrative outcomes. This project includes a component to ensure that the providers can meet these new contracting requirements. We are especially proud of the work Orange County has done to contemplate roles, responsibilities, and training for peers who will be located within the proposed Wellness Campus.

Access to quality care is a basic right, and no one should be left suffering with a mental health illness because of an issue with insurance coverage. By prioritizing the person over the payer, this proposal seeks to accomplish what no other California project has: ensure that all residents in need of mental health or substance use care receive timely, culturally responsive, and quality services for as long as they need them, regardless of payer source.

It is for these reasons that we are proud to support the Orange County Innovation Project.

Sincerely,

A handwritten signature in black ink that reads "Adrienne Shilton". The script is cursive and fluid, with the first name and last name clearly legible.

Adrienne Shilton  
Government Affairs Director



Appendix D  
Letters of Support



**LISA A. BARTLETT**

CHAIRWOMAN  
ORANGE COUNTY BOARD OF SUPERVISORS  
SUPERVISOR, FIFTH DISTRICT

ORANGE COUNTY HALL OF ADMINISTRATION  
333 W. SANTA ANA BLVD  
10 CIVIC CENTER, SANTA ANA, CALIFORNIA 92701  
PHONE (714) 834-3550 FAX (714) 834-2670  
<http://bos.ocgov.com/fifth/>

April 17, 2019

MHSOAC  
1325 J Street, Suite 1700  
Sacramento, CA 95814

Re: Support for Orange County Innovation Project for Behavioral Health System Transformation

Dear Commissioners:

I am writing to express my support for Orange County's proposed MHS Innovation Project for Behavioral Health System Transformation.

Orange County consumers, family members, providers, and other stakeholders have identified several barriers to accessing needed behavioral health services. To address these barriers, the community, including the County of Orange, has come together to develop a partnership between public and private health care organizations that can work together to build a culturally responsive and inclusive system that allows everyone to get the behavioral health care they need, at the right time and the right place, no matter who is paying.

The proposed Behavioral Health System Transformation project will help establish the building blocks to create a system that serves all Orange County residents, regardless of payer source. Achieving this vision will require system transformation and alignment at many levels, blending public and private behavioral health systems and altering the current methods of service delivery. Through this project, Orange County will explore the feasibility of several interwoven components focused on transforming the county's approach to doing business and enhancing consumers' experience of behavioral health services.

I fully support this project and am proud to have been part of the community engagement process that has developed and honed the underlying concepts. We look forward to continuing to partner with consumers, family members, providers, HCA, and other stakeholders to advance this critical system transformation work.

If you have any questions about our role in this effort, please don't hesitate to contact me.

Sincerely,

A handwritten signature in blue ink that reads "Lisa Bartlett".

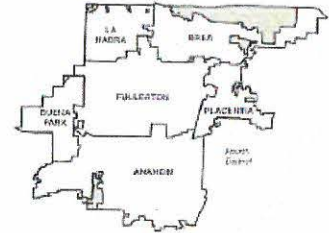
Chairwoman Lisa Bartlett

Orange County Board of Supervisors, 5<sup>th</sup> District



**DOUG CHAFFEE**  
ORANGE COUNTY BOARD OF SUPERVISORS  
SUPERVISOR, FOURTH DISTRICT

ORANGE COUNTY HALL OF ADMINISTRATION  
333 W. SANTA ANA BLVD.  
SANTA ANA, CALIFORNIA 92701  
PHONE (714) 834-3440 FAX (714) 834-2045  
doug.chaffee@ocgov.com  
bos.ocgov.com/fourth



April 12, 2019

MHSOAC  
1325 J Street, Suite 1700  
Sacramento, CA 95814

Re: Support for Orange County Innovation Project for Behavioral Health System Transformation

Dear Commissioners:

I am writing to express my support as an Orange County Supervisor for Orange County's proposed MHSOAC Innovation Project for Behavioral Health System Transformation.

Orange County has seen a growing need to address the general public's access to behavioral health services. To address the first step of increasing the level of behavioral health services that exist, the County of Orange will be launching campaign efforts that aim to destigmatize the public opinion surrounding behavioral health services. As this effort is on-going, the County of Orange has also been undertaking efforts to identify and overcome additional barriers that limit an individual's access to behavioral health services.

Orange County consumers, family members, providers, and other stakeholders have identified several barriers to accessing needed behavioral health services. To address these barriers, the community has come together to develop a partnership between public and private health care organizations that can work together to build a culturally responsive and inclusive system that allows everyone to get the behavioral health care they need, at the right time and the right place, no matter who is paying.

The proposed Behavioral Health System Transformation project will help establish the building blocks to create a system that serves all Orange County residents, regardless of payer source. Achieving this vision will require system transformation and alignment at many levels, blending public and private behavioral health systems, and altering the current methods of service delivery. Through this project, Orange County will explore the feasibility of several interwoven components focused on transforming the County's approach to doing business and enhancing consumers' experience of behavioral health services.

I fully support this project and am proud to have been part of the community engagement process that has developed and honed the underlying concepts. I look forward to continuing to partner with consumers, family members, providers, HCA, and other stakeholders to advance this critical system transformation work.

If you have any questions about our role in this effort, please don't hesitate to contact me.

Sincerely,

A handwritten signature in blue ink that reads "Doug Chaffee".

Doug Chaffee  
Supervisor, 4th District  
County of Orange, Board of Supervisors

KAY WARREN

April 10, 2019

MHSOAC  
1325 J Street, Suite 1700  
Sacramento, CA 95814

Re: Support for Orange County Innovation Project for Behavioral Health System Transformation

Dear Commissioners:

I am writing to express Acts of Mercy Foundation's support for Orange County's proposed MHSA Innovation Project for Behavioral Health System Transformation.

Orange County consumers, family members, providers, and other stakeholders have identified several barriers to accessing needed behavioral health services. To address these barriers, our community has come together to develop a partnership between public and private health care organizations that can work together to build a culturally responsive and inclusive system that allows everyone to get the behavioral health care they need, at the right time and the right place, no matter who is paying.

The proposed Behavioral Health System Transformation project will help establish the building blocks to create a system that serves all Orange County residents, regardless of payer source. Achieving this vision will require system transformation and alignment at many levels, blending public and private behavioral health systems and altering the current methods of service delivery. Through this project, Orange County will explore the feasibility of several interwoven components focused on transforming the county's approach to doing business and enhancing consumers' experience of behavioral health services.

Acts of Mercy Foundation fully supports this project and is proud to have been part of the community engagement process that has developed and honed the underlying concepts. We look forward to continuing to partner with consumers, family members, providers, HCA, and other stakeholders to advance this critical system transformation work.

If you have any questions about our role in this effort, please don't hesitate to contact me.

Sincerely,



Kay Warren  
Founder Acts of Mercy  
Cofounder Saddleback Church



California Pan-Ethnic Health Network

**BOARD OF DIRECTORS**

**Michelle Doty Cabrera**  
Healthcare and Research Director  
California State Council of the Service  
Employees International Union

**James Gliner, MA**  
President  
Cyrus Urban Network- Multicultural  
Community Ventures Initiative

**Sharad Jain, MD**  
Associate Dean for Students, UC Davis  
School of Medicine

**Iyanrick Jehn**  
Senior Policy Strategist  
Asian & Pacific Islander American Health  
Forum

**Norma Khalafani, PhD**  
Senior Vice President of Programs -  
Strategic Initiatives  
Essential Access Health

**Janet King, MSW**  
Program Manager of Policy and Advocacy  
Native American Health Center

**Mark LeBeau, PhD, MS**  
Executive Director  
California Rural  
Indian Health Board

**Tana Lapute**

**Nayamin Martinez, MPH**  
Director  
Central California Environmental Justice  
Network (CCEJN)

**Jeffrey Rayncso, PhD**  
Executive Director  
Latino Coalition for a Healthy California

**Elena Santamaria**  
Policy Advisor  
NextGen America

**Doretha Williams-Fournoy**  
President/CEO  
California Black Health Network

**Dorena Wong, Esq**  
Director, Health Access Project  
Asian Americans Advancing Justice, LA

**Saran de Guia, JD**  
Executive Director

**MAIN OFFICE**  
1221 Preservation Park Way,  
Suite 200  
Oakland, CA 94612

**SACRAMENTO OFFICE**  
1107 9<sup>th</sup> Street, Suite 410  
Sacramento, CA 95814

**LOS ANGELES OFFICE**  
672 S. Lafayette Park Place,  
Unit 30  
Los Angeles, CA 90057

April 11, 2019

MHSOAC  
1325 J Street, Suite 1700  
Sacramento, CA 95814

Re: Support for Orange County Innovation Project for Behavioral Health System Transformation

Dear Commissioners:

I am writing to express the California Pan-Ethnic Health Network's support for Orange County's proposed MHSA Innovation Project for Behavioral Health System Transformation. Orange County consumers, family members, providers, and other stakeholders have identified several barriers to accessing needed behavioral health services. To address these barriers, the community has come together to develop a partnership between public and private health care organizations that can work together to build a culturally responsive and inclusive system that allows everyone to get the behavioral health care they need, at the right time and the right place, no matter who is paying.

The proposed Behavioral Health System Transformation project will help establish the building blocks to create a system that serves all Orange County residents, regardless of payer source. Achieving this vision will require system transformation and alignment at many levels, blending public and private behavioral health systems and altering the current methods of service delivery. Through this project, Orange County will explore the feasibility of several interwoven components focused on transforming the county's approach to doing business and enhancing consumers' experience of behavioral health services.

In August 2018, CPEHN hosted a regional listening session in Orange County to discuss local advocates' regional policy issues, including the state of mental health. The listening sessions confirmed the urgent mental health issues affecting the wellbeing of Orange County residents and highlighted the need for innovation in their behavioral health delivery and payment system.

The California Pan-Ethnic Health Network therefore fully supports this project and is proud to have been part of the community engagement process that has developed and honed the underlying concepts. We look forward to continuing to partner with consumers, family members, providers, HCA, and other stakeholders to advance this critical system transformation work.

If you have any questions about our role in this effort, please don't hesitate to contact me at [cvalle@cpehn.org](mailto:cvalle@cpehn.org)

[www.cpehn.org](http://www.cpehn.org)

Sincerely,

Carolina Valle  
Policy Manager



**STEINBERG  
INSTITUTE**

1121 L Street, Suite 300  
Sacramento CA 95814  
916.553.4167  
steinberginstitute.org

**ADVANCING BRAIN HEALTH POLICY & INSPIRING LEADERSHIP**

April 11, 2019

Mental Health Services Oversight and Accountability Commission  
1325 J. Street, Suite 1700  
Sacramento, CA 95814

**RE: Support for Orange County MHSA Innovation Program**

Dear Commissioners,

The Steinberg Institute is a nonprofit, public policy institute that seeks to advance sound public policy and inspire leadership on the issue of brain health. We are pleased to support Orange County's proposed MHSA Innovation Project, which will ensure that everyone can access the mental health care they need, at the right time and the right place, no matter who is paying.

Orange County residents have identified significant obstacles to accessing effective and appropriate health care. Many diverse communities (Veterans, LGBTQ, deaf and hard of hearing, monolingual communities, ethnic communities, etc.) remain unserved or underserved because clients must engage with providers based on their approved insurance networks, rather than their cultural needs and preferences. Those who lack familiarity with behavioral health systems are often marginalized from services as they often have difficulties navigating the complex and outdated resource directories, program listings, and potential services that fall within their insurance plans. One of the most significant underlying barriers to addressing the challenges in access also involves the siloed public and private behavioral health systems.

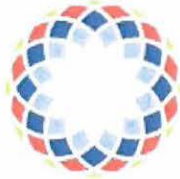
Orange County seeks to implement a program that aims to break down the silos to quality health care by establishing a public/private partnership. One component involves developing provider contracts that pay for achieving meaningful client, clinical, and administrative outcomes. This project includes a component to ensure that the providers can meet these new contracting requirements. We are especially proud of the work Orange County has done to contemplate roles, responsibilities, and training for peers who will be located within the proposed Wellness Campus.

Access to quality care is a basic right, and no one should be left suffering with a mental health illness because of an issue with insurance coverage. By prioritizing the person over the payer, this proposal seeks to accomplish what no other California project has: ensure that all residents in need of mental health or substance use care receive timely, culturally responsive, and quality services for as long as they need them, regardless of payer source.

It is for these reasons that we are proud to support the Orange County Innovation Project.

Sincerely,

Adrienne Shilton  
Government Affairs Director



Mind OC  
5020 Campus Dr  
Newport Beach, CA 92660

April 12, 2019

**Mental Health Services Oversight and Accountability Commission**  
1325 J Street, Suite 1700  
Sacramento, CA 95814

**Re: Support for Orange County MHSA Innovation Project**

Dear Commissioners:

Mind OC is a not-for-profit organization created by the Orange County community to advance the Be Well OC movement, and to actualize the shared vision of the community: Optimal mental health and wellness for all Orange County residents. To accomplish this, Mind OC is focused on the collective power of public-private partnership to transform mental health service delivery, and to ensure everyone that needs care gets care. With an ardent commitment to create a model that is replicable for other communities, we are very pleased to support the Orange County Health Care Agency and the proposed MHSA Innovation Project for Mental Health System Transformation.

The proposed project will establish foundational elements needed to build and unify a system that serves all residents, regardless of payer source. To achieve this aspirational and attainable system transformation requires alignment at many levels, connecting public and private systems and altering the current methods of service delivery. Through this project, Orange County will explore the feasibility of several interwoven components that together demonstrably improve access, experience, outcomes and cost.

Mind OC is in full support of this MHSA Innovation Project. We look forward to the continued partnership with mental health care consumers, family members, providers, and all others to advance this critical system transformation.

If you have any questions about our role in this effort, please contact me.

Sincerely,

*Richard Afable M.D.*

Richard Afable M.D. (Apr 12, 2019)

Richard Afable, MD  
President, Mind OC



April 10, 2019

MHSOAC  
1325 J Street, Suite 1700  
Sacramento, CA 95814

Re: Support for Orange County Innovation Project for Behavioral Health System Transformation

Dear Commissioners:

I am writing on behalf of CalOptima to express our strong support for Orange County's proposed MHSA Innovation Project for Behavioral Health System Transformation.

Orange County consumers, family members, providers, and other stakeholders have identified several barriers to accessing needed behavioral health services. To address these barriers, the community has come together to develop a partnership between public and private health care organizations that can work together to build a culturally responsive and inclusive system that allows everyone to get the behavioral health care they need, at the right time and the right place, no matter who is paying.

The proposed Behavioral Health System Transformation project will help establish the building blocks to create a system that serves all Orange County residents, regardless of payer source. Achieving this vision will require system transformation and alignment at many levels, blending public and private behavioral health systems and altering the current methods of service delivery. Through this project, Orange County will explore the feasibility of several interwoven components focused on transforming the county's approach to doing business and enhancing consumers' experience of behavioral health services.

CalOptima is Orange County's community health plan, providing access to quality health care services to nearly 800,000 low-income residents of Orange County, including children, seniors, and people with disabilities. As such, we recognize the importance of increasing access to care in order to support the community's behavioral health needs.

CalOptima fully supports this project and is proud to have been part of the community engagement process that has developed and honed the underlying concepts. We look forward to continuing to partner with consumers, family members, providers, HCA, and other stakeholders to advance this critical system transformation work.

If you have any questions about our role in this effort, please don't hesitate to contact me.

Sincerely,

A handwritten signature in blue ink that reads "Michael Schrader".

Michael Schrader, CEO



April 10, 2019

MHSOAC  
1325 J Street, Suite 1700  
Sacramento, CA 95814

Re: Support for Orange County Innovation Project for Behavioral Health System Transformation

Dear Commissioners:

I am writing to express Beacon Health Options' support for Orange County's proposed MHSO Innovation Project for Behavioral Health System Transformation. Beacon has partnered with Orange County to deliver services to residents for more than five years. We are excited about the ambitious goals of system transformation and their possibility to improve individuals' abilities to achieve their fullest potential, which is Beacon's mission.

Orange County consumers, family members, providers, and other stakeholders have identified several barriers to accessing needed behavioral health services. To address these barriers, the community has come together to develop a partnership between public and private health care organizations that can work together to build a culturally responsive and inclusive system that allows everyone to get the behavioral health care they need, at the right time and the right place, no matter who is paying.

The proposed Behavioral Health System Transformation project will help establish the building blocks to create a system that serves all Orange County residents, regardless of payer source. Achieving this vision will require system transformation and alignment at many levels, blending public and private behavioral health systems and altering the current methods of service delivery. Through this project, Orange County will explore the feasibility of several interwoven components focused on transforming the county's approach to doing business and enhancing consumers' experience of behavioral health services.

Beacon fully supports this project and is proud to have been part of the community engagement process that has developed and honed the underlying concepts. We look forward to continuing to partner with consumers, family members, providers, HCA, and other stakeholders to advance this critical system transformation work.

If you have any questions about our role in this effort, please don't hesitate to contact me.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sarah Arnquist", written in dark ink.

Sarah Arnquist

VP Account Partnerships

Beacon Health Options



April 9, 2019

MHSOAC  
1325 J Street, Suite 1700  
Sacramento, CA 95814

**Re: Support for Orange County Innovation Project for Behavioral Health System Transformation**

Dear Commissioners:

I am writing to express Kaiser Permanente Orange County's support for the County of Orange's proposed MHSA Innovation Project for Behavioral Health System Transformation.

Throughout the last few years, Orange County consumers, family members, health care providers, and other key stakeholders have identified several barriers to accessing needed behavioral health services within our County. To address these barriers, our community has come together to develop a public-private partnership that will come together to build a culturally responsive and inclusive system that allows everyone to get the behavioral health care they need - at the right time and the right place.

The proposed Behavioral Health System Transformation project will help establish the building blocks to create a system that serves all Orange County residents, regardless of payer source. Achieving this vision will require system transformation and alignment at many levels, blending public and private behavioral health systems and altering the current methods of service delivery. Through this project, Orange County will explore the feasibility of several interwoven components focused on transforming the county's approach to doing business and enhancing consumers' experience of behavioral health services.

Kaiser Permanente Orange County fully supports this project and is proud to have been part of the community engagement process that has developed the Behavioral Health System Transformation project. I hope that you will look favorably on the submitted request and fund this very critical project.

If you have any questions about our role in this effort, please don't hesitate to contact me.

Respectfully,



John E. Stratman, Jr.  
Senior Director, Public Affairs & Brand Communications

1851 East First Street, Suite 1140  
Santa Ana, California 92705-4017  
(714) 796-2660  
Fax: (714) 796-2687

April 17, 2019

MHSOAC  
(Mental Health Services Oversight and Accountability Commission)  
1325 J Street, Suite 1700  
Sacramento, CA 95814

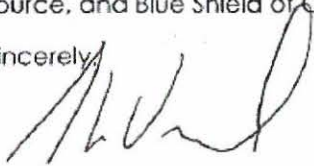
Re: Support for Orange County Innovation Project for Behavioral Health System Transformation

Dear Commissioners:

I am writing to express Blue Shield of California's support for Orange County's proposed Mental Health and Substance Abuse (MHSA) Innovation Project for Behavioral Health System Transformation.

Orange County consumers, family members, providers, and other stakeholders have identified barriers in accessing needed behavioral health services. The community has proposed a partnership between public and private health care organizations that can work together to build a culturally responsive and inclusive system that will help consumers to get the behavioral health care they need, at the right time and in the right place, no matter who is paying. The proposed Behavioral Health System Transformation project will strive to create a system that will serve all Orange County residents, regardless of payer source, and Blue Shield of California supports this effort.

Sincerely,



Dr. James L. Voiland  
DNP, MBA, MSN, RN, FACHE, CMCN  
Vice President, Medical Care Solutions  
Blue Shield of California

**From:** Susan Parmelee [<mailto:susan@www.wpc-oc.org>]  
**Sent:** Tuesday, May 14, 2019 2:15 PM  
**To:** MHSOAC <[MHSOAC@mhsoc.ca.gov](mailto:MHSOAC@mhsoc.ca.gov)>  
**Subject:** Support for the Orange County Innovation Project

Behavioral Health System Transformation: Identifying the building blocks for a culturally responsive and inclusive system no matter who is paying.

Please count this email as support for the proposal form Orange County for transfer of MHSA Innovation funds from the state to Orange County. As a non-profit provider of services for teens and their families, I have witnessed first hand the damage that our fractured and inadequate system of care cause our teens and families. Orange County is large and many communities lack access to MedICAL providers and noticeably privately insured youth often have fewer options as many mental health providers in our higher income areas often do not bill insurances.

I have participated in BeWell planning meetings and it is clear to me that we need to be working on solutions as our vulnerable youth are paying the price for the gaps in care and the difficulty in accessing services.

I am excited to be part of the process that builds a new system to care for our youth and adults.

Sincerely,  
Susan Parmelee

--

---

**SUSAN PARMELEE** *Executive Director, LCSW 75769*  
700 Avenida Pico, San Clemente, California 92673  
[susan@www.wpc-oc.org](mailto:susan@www.wpc-oc.org)  
c 949.680.0516  
[www.wpc-oc.org](http://www.wpc-oc.org)

---





May 23, 2019

# VENTURA COUNTY INNOVATIONS:

## Conocimiento: Addressing ACEs Through Core Competencies

Kiran Sahota, MHSA Sr. Manager, Hilary Carson INN Administrator

### Program Overview

#### INNOVATIONS

**Program Goal:** Prevention program aiming to utilize community collaboration to reduce adverse outcomes in adolescents living in poverty or with ACEs by increasing core competencies and building resilience.

**Primary Purpose:** To promote interagency and community collaboration related to mental health services

**Community Planning Process:** Submitted and reviewed by the community during summer 2017.

**Time Limited:** 4 Years



## Program Focus

### Population

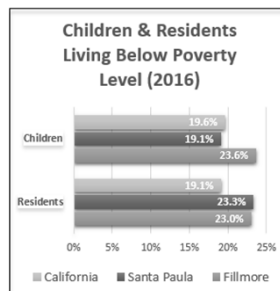
Santa Paula: 30,441  
 Fillmore: 15,420  
 Piru: 2,063

### Youth & Families Experiencing

- Effects of adverse childhood experiences (ACEs)
- Stress due to poverty
- Stress due disparities in equity

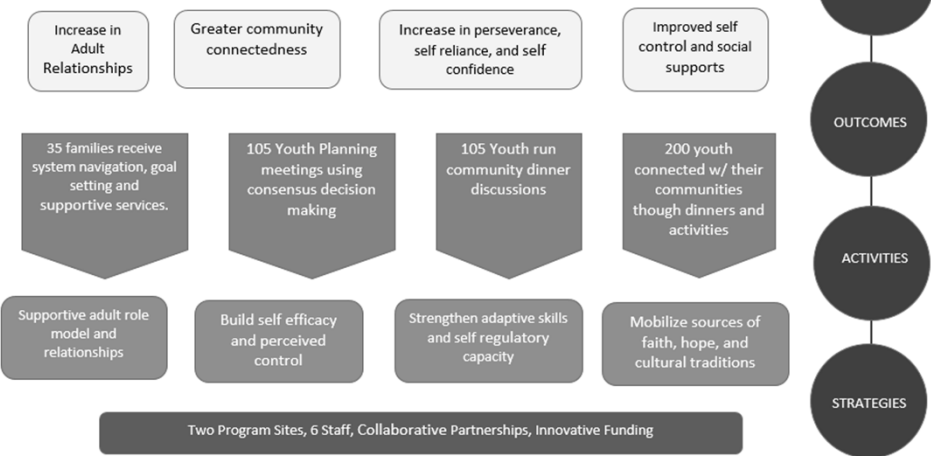
### Community Stress

- Disconnected youth
- Low academic performance scores High Schools
- Higher Suspension/Expulsion rates than state average
- Low Income
- Limited Transportation
- Small Rural Communities



## Proposal

Resilient and connected youth who are less likely to develop mental illness



## Evaluation: Questions and Measurable Outcomes

| Primary Learning Goal   | Measures Under Consideration   | Indicator  |
|---|--|--|
| Q.1. To what degree does the program have an effect on youth's resilience?                      | Resilience Scale 14 (RS-14)  | Improved Resilience, Perseverance, Equanimity, Self-Reliance, Authenticity |
| Q.1. To what degree does the program have an effect on youth's resilience?                      | Self-Control scale of the social emotional and character development scale (SECDS-4) | Improved Self-Control  |
| Q.1. To what degree does the program have an effect on youth's resilience?                      | Community Engagement and Connections Survey-Connection to Community Subscale (CEC-5) | Improved Community Connectedness   |
| Q.2. Does program involvement increase the number of supportive adult relationships youth have? | Presence of a Very Important Adult Scale   | Improved Adult Relationships – Non-Parent                                  |
| Q.3. To what degree are youth's core competencies improved as a result of the program?          | Revise Implicit Theories of Intelligence (RITI-3)                                    | Improved Growth Mindset – Academics  |
| Q.4. To what degree was there a change in parenting self-efficacy?                              | Multicultural Inventory of Parenting Self-Efficacy                                   | Improved Parental Self-Efficacy and Positive Control                       |



5

## Evaluation: Secondary Qualitative Questions and Outcomes

| Secondary Learning Goals  | Measures   | Indicator                                    |
|---|--|--|
| Q.5. Were youth satisfied with the weekly meal programming?                   | Focus Groups /Likert Satisfaction Scale Question   | Degree of Satisfaction with Program Elements |
| Q.6. Do youth have a connection to faith and cultural tradition?              | Focus Groups /Modified versions of FICA Spiritual Assessment and the HOPE Spiritual Assessment | Degree of Connection to Faith and Culture    |
| Q.7. How satisfied were families with the program?                            | Focus Groups /Likert Satisfaction Scale Question   | Degree of Satisfaction with Program Elements |
| Q.8. To what degree did families feel less stress due to program involvement? | Brief Family Distress Scale  | Lower Family Stress                          |

\*Institutional Review Board Approval March 28<sup>th</sup> 2019



6

## Budget

| BUDGET TOTALS                  | FY 19/20         | FY 20/21         | FY 21/22         | FY 22/23         | TOTAL              |
|--------------------------------|------------------|------------------|------------------|------------------|--------------------|
| Personnel                      |                  |                  |                  |                  |                    |
| Direct Costs                   | \$213,591        | \$203,890        | \$209,862        | \$216,014        | \$843,357          |
| Indirect Costs                 | \$50,501         | \$49,600         | \$51,066         | \$52,576         | \$203,743          |
| Non-recurring costs            |                  |                  |                  |                  |                    |
| Other Expenditures             |                  |                  |                  |                  |                    |
| <b>TOTAL INNOVATION BUDGET</b> | <b>\$264,092</b> | <b>\$253,490</b> | <b>\$260,928</b> | <b>\$268,590</b> | <b>\$1,047,100</b> |

Sustainability Plan: If successful, Project will be considered for a PEI program



## Questions?

Kiran Sahota  
 805-981-2262  
[kiran.sahota@ventura.org](mailto:kiran.sahota@ventura.org)

Hilary Carson  
 805-981-8496  
[hilary.carson@ventura.org](mailto:hilary.carson@ventura.org)



## Proposed Motion

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

**Name:** Conocimiento: Addressing ACEs through Core Competencies  
**Amount:** Up to \$1,047,100 in MHSA INN funds  
**Project Length:** Four (4) Years

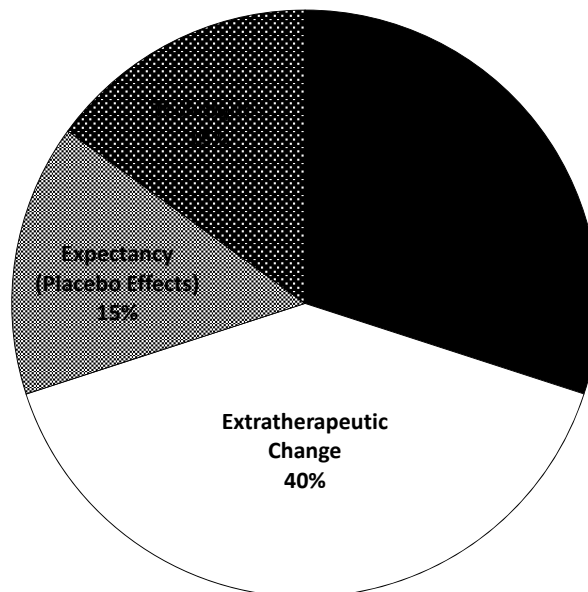




# The T.R.I.E.S.T.E. Project: True Recovery Innovation Embraces Systems That Empower

An Innovation Proposal to  
the Mental Health Services Oversight and Accountability Commission  
by the Los Angeles County Department of Mental Health  
May 23, 2019

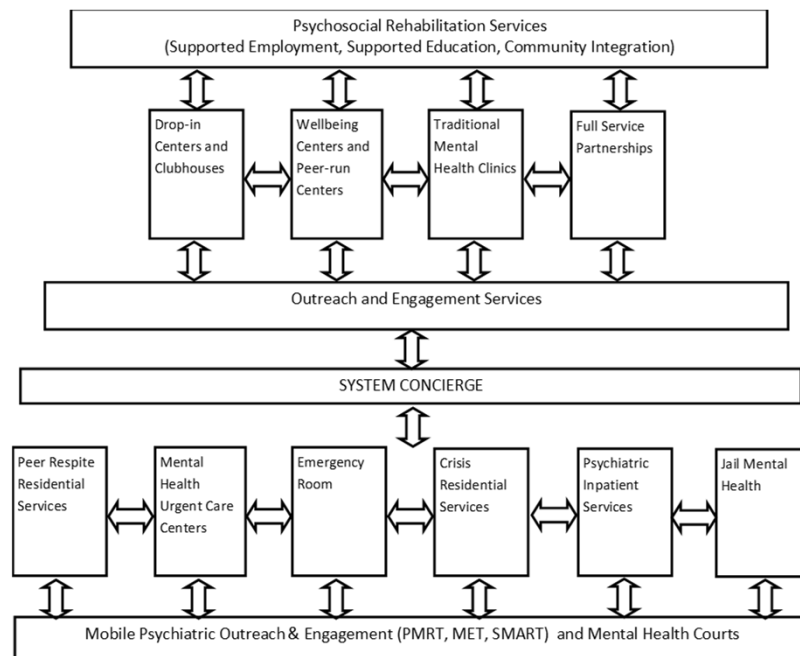
**Percentage of Improvement in Psychotherapy Patients  
as a Function of Therapeutic Factors**



## Addressing the “Whole Person”

1. Residential (HOME & HEALTH)
2. Employment (PURPOSE)
3. Education (PURPOSE)
4. Financial (HOME & HEALTH)
5. Independence (HOME & HEALTH, PURPOSE)
6. Physical Health (HOME & HEALTH)
7. Substance Use / Abuse (HOME & HEALTH)
8. Legal (HOME & HEALTH)
9. Family / Intimate / Social relationships (LOVE & BELONGING)
10. Mental Health (HOME & HEALTH)
11. Leisure / Recreation (PURPOSE, LOVE & BELONGING)
12. Spirituality/Identity (PURPOSE, LOVE & BELONGING)

## MOVING AWAY FROM ILLNESS TOWARD WELLBEING



Proposed Motion:

The Commission approves Los Angeles County's Innovation Project, as follows:

Name: Trieste

Amount: Up to \$116,750,000 in MHSA Innovation funds

Project Length: 5 years



---

**RESOLUTION SUPPORTING THE  
TRIESTE PROJECT INNOVATION PROPOSAL**

**WHEREAS**, the California Mental Health Services Act imbues a recovery approach that goes beyond treating the symptoms of mental illnesses and instead focuses on ensuring that people with mental illnesses have appropriate housing, social connection, belonging and purpose in their lives, and

**WHEREAS**, across Los Angeles County, more than 50,000 individuals are experiencing homelessness and it is estimated that as many as one-third of that population are living with mental illnesses; and

**WHEREAS**, citizens in Los Angeles County have responded to the homelessness epidemic with care and concern by supporting Measure H and Proposition HHH that will collectively levy over a decade more than \$5 B in public funding to support efforts to house and support individuals and families experiencing homelessness; and

**WHEREAS**, the programs and initiatives funded by Measure H and Proposition HHH are designed to deliver new income-restricted affordable housing, outreach efforts, emergency shelters, rapid re-housing, supportive housing, homelessness prevention efforts, job training, and veteran's programs; and

**WHEREAS**, these investments will help address the broader homelessness epidemic, but are insufficient in addressing the more unique challenges associated with the confluence of homelessness and mental illness; and

**WHEREAS**, an individual's mental illness may lead to cognitive and behavioral problems that make it difficult to earn a stable income or to carry out daily activities in ways that encourage stable housing; and

**WHEREAS**, the combination of mental illness and homelessness can also lead to other factors such as increased levels of alcohol and drug abuse, violent victimization, debilitating physical illness and ultimately death; and

**WHEREAS**, the increasing numbers of homeless people with a mental illness and the system's relative inability to help people achieve true community inclusion suggests that there is something missing in the way that the recovery vision is being implemented; and

**WHEREAS**, these challenges inspired leaders to develop the TRIESTE proposal based on the proven, World Health Organization (WHO)-recognized system of mental healthcare utilized by the community of Trieste, Italy; and

**WHEREAS**, the TRIESTE proposal hypothesizes that current mental health funding systems, coupled with the bureaucratic requirements to document patient interactions predicated upon a medical model, constrain and restrict the best intentions of government and nonprofit service providers to meet the "whole person" needs of people living with mental illness in our communities; and

**WHEREAS**, the TRIESTE proposal also envisions a social recovery model which requires the development of community-based opportunities for participation of mentally ill residents in vocational training and supported employment, adult learning, inclusion in cultural experiences and greater access to families and friends; and

**WHEREAS**, the TRIESTE project team is led by a team of experts whom have faith that the innovations outlined in the proposal will improve the effectiveness of care, increase morale among caregivers, and improve satisfaction with the experience of care; and

**WHEREAS**, the TRIESTE project team believes that the optimal place in Los Angeles County to test this pilot is in the Hollywood community because of Hollywood's commitment to supporting policies and services to address homelessness; Hollywood's tradition of working together across nonprofit, business, government and faith sectors; and the visible need in Hollywood to provide more effective care and support for people living with mental illness;

**NOW, THEREFORE, BE IT RESOLVED**, that the Hollywood Property Owners Alliance Board of Directors encourages the Mental Health Services Oversight and Accountability Commission to support and fund the TRIESTE Project Innovation Proposal submitted by the Los Angeles County Department of Mental Health.

Adopted this 16<sup>th</sup> day of May, 2019.

Email received in the MHSOAC mailbox on Wednesday, May 15, 2019 7:14 AM:

Please forward the following comment to those who are reviewing public input concerning the TRIESTE proposal.

My adult son, husband and I attended the May 13 TRIESTE meeting at 560 S. Vermont on Monday, May 13. My son receives mental health care through LACDMH. He did not want to make a comment but agreed I could send in what he told me afterward.

My son said: "It felt like a 2x4 to the face when 2 people made comments about wanting to force mentally ill people into hospitalization or ways around HIPPA laws. It feels like they don't look at me as a human being. They look at me as less than."

He also said he felt the proposed program is intriguing. He would like to be treated as a whole person by the mental health system. He would like to see if we can get closer to the TRIESTE model.

I am thankful we were able to attend this public meeting and learn about ways people are working to humanize a system that is so important to so many people but can be very frustrating - especially to those who are already experiencing problems.

Sincerely,

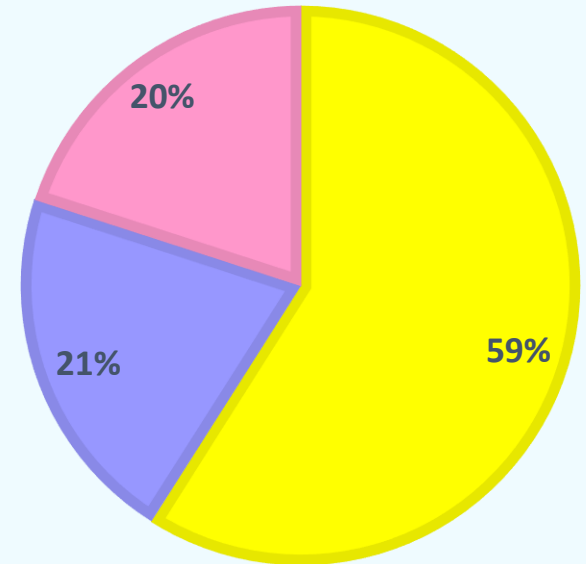
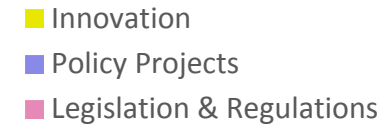
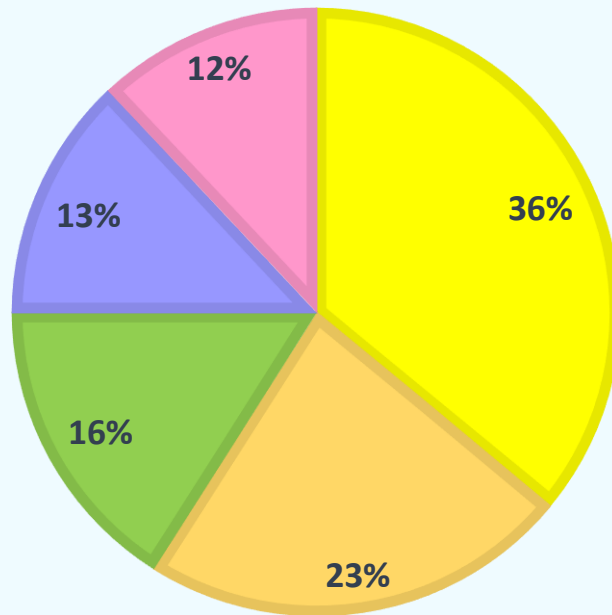
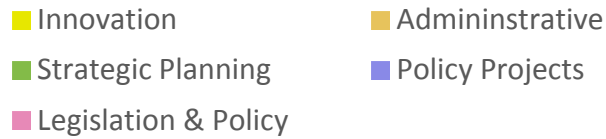
(Name redacted)

# Options for Streamlined Commission Approval of Innovation Plans

Brian R. Sala, Ph.D., Deputy Director  
May 23, 2019  
Agenda Item 5



# Commission agenda time



Commission agenda time, 2018





# Options for Consideration

- Enhance the role of the Innovation Subcommittee
- Establish Consent Agenda
- Extend delegated authority



# Enhance the role of the Innovation Subcommittee

- Option: Maintain status quo role of Subcommittee
- Option: Delegate review and approval and/or recommendation role to the Subcommittee
- Option: Lead Innovation Incubator



# Develop Consent Agenda

- Option: Maintain status quo on Commission review process
- Option: Establish criteria for Consent Agenda
  - Adequate evidence
    - ◆ E.g., staff analysis identifies no concerns in plan or public comment
  - Checks and balances
    - ◆ E.g., Chair pre-approval, any Commissioner may remove an item for regular consideration



# Expand delegated authority

- Current: Approve extensions of below \$500K or 15 percent
- Option: Expand to include all plans
  - Checks could include Chair approval, reporting requirements
- Option: Expand to include only some plans
  - Checks could include Chair approval, maximum budget, prior Commission approval or sponsorship, reporting requirements



# Staff Recommendation

- Enhance the Role of the Innovation Subcommittee
  - Direct the Subcommittee to oversee implementation of the Innovation Incubator
  - Clarify that plans consistent with Subcommittee recommendations are eligible for Consent Agenda or delegated approval



# Staff Recommendation

(Continued)

- Utilize a Consent Agenda
  - Limit to plans for which staff analysis has identified no significant concerns, including from public comment
  - Require approval of the Chair
  - Allow any Commissioner to remove a plan from the Consent Calendar prior to a vote



# Staff Recommendation

(Continued)

- Expand delegated authority to Staff
  - Authorize the Executive Director, with the consent of the Chair, to approve county plans that meet any of the following conditions:
    - ◆ The county INN budget is \$500,000 or less
    - ◆ The county plan proposes to join an existing project and would contribute to statewide learning
    - ◆ The plan has been developed in partnership with the Commission, such as through the Innovation Incubator



# Proposed Motion

- The MHSOAC adopts the recommendations listed in the staff memo.





OPTIONS FOR STREAMLINED REVIEW OF COUNTY INNOVATION PLANS

In April 2019 the Commission directed staff to prepare options for reviewing county Innovation plans. This memo outlines options for retaining the existing process, utilizing a subcommittee, developing a consent calendar, extending the delegated authority of the Director or a combination of the above.

Background

In recent years, the Commission has experienced an increase in its Innovation plan workload as the state has worked to enforce MHSA reversion policies.

| County Innovation Plans Considered |         |         |                      |
|------------------------------------|---------|---------|----------------------|
| 2015-16                            | 2016-17 | 2017-18 | 2018-19 (July-April) |
| 23                                 | 33      | 34      | 45                   |

Over the last four years, the Commission has reviewed 135 county Innovation plans or extensions. The Commission has approved 129 of these 135 plans (95.6 percent) brought to a vote, including all 45 considered to date in 2018-19. Funding for approved plans ranged from less than \$100,000 to more than \$33 million.

| Plan Budget Authority | <\$100,000 | \$100,000-\$500,000 | \$500,000-\$1M | \$1M-\$5M | >\$5M |
|-----------------------|------------|---------------------|----------------|-----------|-------|
| Number of Plans       | 4          | 23                  | 28             | 62        | 12    |

Over the last two years, the Commission also has expanded its role in supporting the development of county Innovation plans, primarily through its support for multi-county innovation opportunities that have the potential for statewide impact. The development of the Commission’s Innovation Incubator is an example of this work.

As a result of increased county interest in multi-county initiatives, such as the Early Psychosis Project and the Technology Suite, the scale of county Innovation plans also has increased. The Technology Suite has 15 county partners and more than \$100 million in investments. The Commission’s work in this area is part of a broader strategy to encourage multi-county collaboration to improve learning opportunities and support strategies to move proposals developed in individual counties toward statewide adoption.

The increased workload the Commission has experienced, in terms of total plans placed on the Commission's agenda, has led to delays in its ability to attend to other priorities. While Innovation spending represents five percent of MHSAs revenues and less than one percent of overall mental health spending, the Innovation review process consumes more than 50 percent of the Commission's meeting time. Recognizing the demands that Innovation approvals places on the Commission, Commissioners asked staff to explore options for improving the efficiency of its process.

### Streamlined Review and Approval of Selected County Plans

Boards and commissions in California commonly use a range of approaches for review and approval of contracts and other business, including full Commission review, using a consent calendar on an agenda, using a subcommittee process and delegating authority to staff. Those options are explored below.

**1. Full Commission Review of County Innovation Plans.** The Commission's current review process for county Innovation plans includes the development of a staff analysis which reviews the county proposal for alignment with Commission regulations, mandatory local review requirements, public posting and the county approval process. Staff analyses also raise questions or concerns for the Commission to consider. Commission meetings include a county presentation of its Innovation plan, public comment, a question and answer period with the county or members of the public, Commission discussion and deliberation, and a roll-call vote.

The Commission has the option of approving a county plan, rejecting a plan, or recommending amendments to the plan, as part of its approval, or by encouraging the county to revise its plan and return at a later date.

The current process allows the Commission the opportunity to understand the county proposal, hear public comment and formally vote on a county Innovation plan. Yet it is not clear that all county Innovation plans require this process, particularly plans that are substantially similar to proposals that have already been approved by the Commission, projects that are being extended or projects that have included substantial investments from the Commission as part of the planning process.

**2. Develop a Subcommittee Process.** Many boards and commissions delegate decision-making authority to a subcommittee of its members. Using a subcommittee can facilitate more in-depth discussion of a topic and permit subcommittee members to develop a level of expertise on a topic. The Commission uses subcommittees for its policy projects. In the case of its policy work, the subcommittee recommends policy positions to the full Commission. As currently designed, decisions of a Commission subcommittee do not replace the authority of the full Commission, rather they facilitate Commission decision-making. Subcommittees typically draw upon the expertise of individual Commissioners, such as the Commission's work on Suicide Prevention led by Consumer Empowerment Director Wooten and on school mental health led by Superintendent Gordon, and extend the work of the Commission between full Commission meetings.

The Commission currently has an Innovations Subcommittee, which has worked to strengthen the Commission's review and staff analysis process, but was not designed to review county Innovation plans prior to full Commission review.

The Commission may want to consider delegating Innovation plan approval, for some or all county Innovation plans, to its Innovations Subcommittee. Under that option, all existing staff work and public postings would continue to be done. The Commission could delegate approval authority to the subcommittee, without the need for full Commission approval or with subsequent approval by the Commission, perhaps through a consent item on the agenda as proposed below.

Pursuing this approach without other changes to the Commission's approval process would be unlikely to improve the efficiency of the Commission's work. Primary review using a subcommittee largely shifts the work from the full Commission to the subcommittee and would result in duplicate review for those plans not accepted for consent or another process that avoids subsequent, regular Commission review.

Develop Consent Items for the Commission Agenda. Many boards, commissions and other bodies, including the Legislature, use a consent process to approve items that are non-controversial, consistent with prior decisions or that do not raise concerns in an analysis. Typically, a consent process is overseen by the entity's chair. For example, the Legislature uses a consent calendar that allows for a vote on non-controversial items in a streamlined process without formal presentation and deliberation. Legislative rules allow any member of the body to remove an item from Consent with notice to the Chair, without the need for justification.

The Commission may want to consider adopting criteria for use of a consent calendar. As outlined above, those criteria could include the discretion of the Chair with opportunities for any Commissioner to remove without explanation an item from consent at any time.

Recognizing that county Innovation plans involve county travel to Commission meetings, items that are removed from consent – which are not subsequently approved by the Commission at a given meeting – may need to be moved to a future agenda to allow county representatives to attend and present their proposal.

#### Extend the Delegated Authority of the Executive Director.

The Commission currently delegates to the Executive Director authority to approve extensions or amendments of previously approved county Innovation plans that include a budget increase of up to \$500,000 or 15 percent of the previously approved budget, whichever is less.

Consistent with the Director's current delegated authority, the Commission should consider extending the Director's authority to approve county Innovation plans, with constraints. Those constraints might include budget limits, plans that are consistent with a plan previously approved by the Commission, or plans that are consistent with a Commission priority or recommendation, such as plans that are developed through the Commission's Innovation Incubator. Any delegated authority should continue to include a requirement for a staff analysis, opportunity for public input and public reporting of how the delegated authority is

used. The Commission should consider requiring the consent of the Chair as an option in some or all instances.

For example, the Commission has provided support for counties interested in developing or adapting the Headspace model from Australia and recently approved Santa Clara's Innovation plan to develop the *allcove* program, based on the Headspace model. The Commission also provided support to counties to develop a multi-county project to enhance Early Psychosis programming. That work followed from the Commission's prior investment in research and evaluation of existing early psychosis programs.

If the Commission elects to extend the Director's delegated authority as outlined in the comments above, any county wishing to develop Innovation plans that are substantially similar to previously approved plans or plans sponsored by the Commission, the county would follow the existing process, including all local posting, review and approval requirements, and Commission staff would continue to develop and post an analysis. However, the item would not be automatically placed on the Commission's agenda. With delegated authority, the Director could approve a county plan, or recommend a plan to be considered by the Commission. Any plan approved by the Director would be subject to reporting to the Commission at the next Commission meeting.

The Commission may wish to consider adopting one or more of these strategies to streamline the Innovation plan approval process. For instance, the Commission may elect to adopt a consent calendar process for non-controversial plans, expand the Director's existing delegated authority and direct some or all county Innovation plans to be reviewed by the Innovation Subcommittee.

The Commission may wish to require staff to report back on lessons learned by these changes, perhaps after two years, to allow the Commission to revisit and strengthen its Innovation plan approval process.

**Staff recommends the following options for consideration:**

Utilize the Innovation Subcommittee

Subject to available funding for the Innovation Incubator – direct the Innovation Subcommittee to lead the Commission's work in that area. Establish a policy that county Innovation plans consistent with the recommendations of the Innovation Subcommittee and that involve planning support from the Commission, are eligible for delegated approval from the Executive Director, with the consent of the Commission Chair.

Establish a Consent Calendar

The Commission should consider adopting a policy that reflects standard criteria for consent, such as the following:

*Any county Innovation plan that has not raised substantive issues or concerns in the staff analysis, including public comments received by the Commission prior to the posting of the agenda, shall be placed on a consent calendar or agenda, with approval of the*

*Commission Chair. Any member of the Commission may without explanation remove an item from the consent agenda, prior to a vote.*

### Delegate Authority to Staff

The Commission should consider adopting a policy that reflects additional delegated authority, such as the following:

*The Executive Director is authorized to approve a county Innovation plan on behalf of the Commission, with the guidance and consent of the Commission Chair, for any plan meeting one or more of the following circumstances:*

- A) The county Innovation plan, plan extension or modification does not raise any substantive issues in the staff analysis, and includes total MHSA Innovation spending authority of \$500,000 or less.*
- B) The county Innovation plan is substantially similar to a county Innovation proposal that has been approved by the Commission within the past three years, if in the judgement of the Executive Director, differences in the county Innovation proposal and a previously approved plan are not material to concerns raised by the Commission in its previous review, are non-substantive, and the new project furthers the ability of the previously approved Innovation plan to support statewide transformational change.*
- C) The county Innovation plan has been developed in partnership with the Commission, including proposals that have been developed through the Commission's Innovation Incubator.*

*The Executive Director shall publicly report to the Commission, at the first available opportunity, any county Innovation plan approved by the Executive Director on behalf of the Commission.*



**Motions Summary**  
Commission Meeting  
April 25, 2019

**Motion #: 1**

**Date:** April 25, 2019

**Time:** 9:37 AM

**Motion:**

The Commission approves the March 28, 2019 meeting minutes.

**Commissioner making motion:** Vice-Chair Ashbeck

**Commissioner seconding motion:** Commissioner Berrick

Motion carried 6 yes, 0 no, and 4 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 checked="" 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 checked="" type="checkbox"/> |
| 8. Commissioner Carrillo        | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 9. Commissioner Danovitch       | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 13. Commissioner Wooton         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 14. Vice-Chair Ashbeck          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 15. Chair Tamplen               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |



**Motion #: 2**

**Date:** April 25, 2019

**Time:** 10:49 AM

**Motion:** The Commission approves Butte County’s Innovation Plan as follows:

**Name:** Center Care Project

**Additional Amount:** Up to \$1,671,031 in MHSA Innovation funds

**Project Length:** Three (3) years, two (2) months

**Commissioner making motion:** Commissioner Gordon

**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 checked="" 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 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 type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Commissioner Wooton         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Vice-Chair Ashbeck          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Chair Tamplen               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



**Motion #: 3**

**Date:** April 25, 2019

**Time:** 12:03 PM

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

**Name:** Mental Health Technology 2.0

**Additional Amount:** Up to \$2,040,120 in MHSA Innovation funds

**Project Length:** 2.5 years

**Commissioner making motion:** Commissioner Anthony

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

Chair Tamplen and Commissioner Berrick recused themselves.

Motion carried 5 yes, 3 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 checked="" 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 type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7. Commissioner Bunch           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Commissioner Carrillo        | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 9. Commissioner Danovitch       | <input type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 13. Commissioner Wooton         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 14. Vice-Chair Ashbeck          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Chair Tamplen               | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |





**Motion #: 4**

**Date:** April 25, 2019

**Time:** 12:21 PM

**Motion:** For the organizations with the highest scoring proposals from each region, staff recommends the Commission:

- Authorize the Executive Director to issue a “Notice of Intent to Award Contract” to the highest scoring proposer from each region:

| Region      | Organization                                |
|-------------|---|
| Superior    | Hmong Cultural Center of Butte County       |
| Central     | Healthy House within a MATCH Coalition      |
| Bay Area    | Vision y Compromiso                         |
| Southern    | Boat People SOS                             |
| Los Angeles | African Communities Public Health Coalition |

- Establish May 2, 2019 as the deadline for unsuccessful bidders to file an “Intent to Protest” and May 9, 2019 as the deadline to file a letter of protest consistent with the requirements set forth in the RFP.
- Direct the Executive Director to notify the Commission Chair and Vice Chair of any protests within two working days of the filing and adjudicate protests consistent with the procedure provided in the Request for Proposals.
- Authorize the Executive Director to execute the contract upon expiration of the protest period or consideration of protests, whichever comes first.

**Commissioner making motion:** Commissioner Anthony

**Commissioner seconding motion:** Vice-Chair Ashbeck

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 checked="" 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 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 type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Commissioner Wooton         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Vice-Chair Ashbeck          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Chair Tamplen               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



**Motion #: 5**

**Date:** April 25, 2019

**Time:** 12:56 PM

**Motion:**

The MHSOAC supports Senate Bill 66 (Atkins).

**Commissioner making motion:** Vice-Chair Ashbeck

**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 checked="" 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 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 type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Commissioner Wooton         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Vice-Chair Ashbeck          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Chair Tamplen               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



**Motion #: 6**

**Date:** April 25, 2019

**Time:** 12:57 PM

**Motion:**

The MHSOAC supports Assembly Bill 512 (Ting).

**Commissioner making motion:** Commissioner Danovitch

**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 checked="" 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 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 type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Commissioner Wooton         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Vice-Chair Ashbeck          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Chair Tamplen               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



**Motion #: 7**

**Date:** April 25, 2019

**Time:** 12:58 PM

**Motion:**

The MHSOAC supports Assembly Bill 1352 (Waldron).

**Commissioner making motion:** Commissioner Danovitch

**Commissioner seconding motion:** Commissioner Wooton

Motion carried 5 yes, 3 no, and 2 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 checked="" 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 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 checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 11. Commissioner Madrigal-Weiss | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 12. Commissioner Mitchell       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 13. Commissioner Wooton         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 14. Vice-Chair Ashbeck          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 15. Chair Tamplen               | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

## Summary of Updates

### Contracts

No Changes

**Total Contracts:** 4

### Funds Spent Since the April Commission Meeting

|                             |                  |
|-----------------------------|------------------|
| <a href="#">17MHSOAC024</a> | \$23,400         |
| <a href="#">17MHSOAC081</a> | \$125,300        |
| <a href="#">17MHSOAC085</a> | \$50,205         |
| <a href="#">18MHSOAC020</a> | \$0              |
| <b>Total</b>                | <b>\$198,905</b> |

### Contracts with Deliverable Changes

[17MHSOAC81](#)

[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           | \$375,473          |

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 April 2019

(Updated May 14<sup>th</sup>, 2019)



## 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           | \$385,300          |

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)             | Complete    | 3/30/19  | Yes    |
| Summary Report (3 Public Engagements)             | Not Started | 6/30/19  | No     |

## MHSOAC Evaluation Dashboard Month April 2019

(Updated May 14<sup>th</sup>, 2019)

|  |             |          |    |
|--|-------------|----------|----|
| 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           | \$100,405           |

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

| Deliverable             | Status                | Due Date | Change |
|-------------------------|-----------------------|----------|--------|
| Final Online Survey     | Complete              | 02/04/19 | No     |
| FSP Program Data Sets   | Implementing Feedback | 05/06/19 | Yes    |
| FSP Formatted Data Sets | In Progress           | 09/07/19 | Yes    |
| FSP Draft Report        | Not Started           | 10/07/19 | No     |
| FSP Final Report        | Not Started           | 12/09/19 | No     |

**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     |

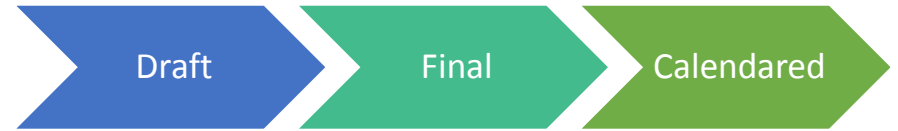
# INNOVATION DASHBOARD

MAY 2019

|                          | Number of Plans | Counties  | Dollars Requested    |
|--------------------------|-----------------|-----------|----------------------|
| Calendared*              | 5               | 5         | \$137,579,866        |
| Draft Proposals Received | 6               | 5         | \$6,914,516          |
| <b>TOTAL</b>             | <b>11</b>       | <b>10</b> | <b>\$144,494,382</b> |

Average Time from FINAL to COMMISSION CALENDAR

52 days+

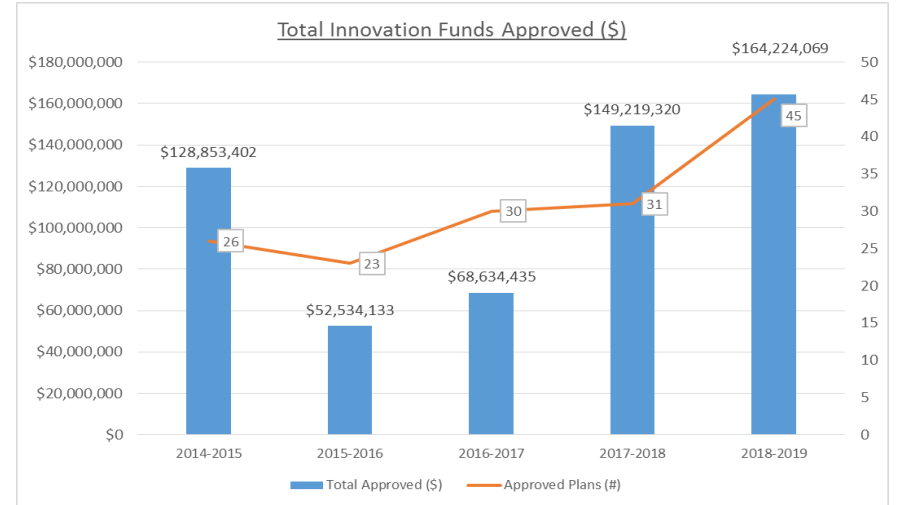


\* **MAY:** Ventura (1), Los Angeles (1), Orange (1)  
**JULY:** Glenn (1), Siskiyou (1)

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

## Previous Trends

|                                     | Fiscal Year   |              |              |               |                 |
|-------------------------------------|---------------|--------------|--------------|---------------|-----------------|
|                                     | 14/15         | 15/16        | 16/17        | 17/18         | 18/19 (to date) |
| APPROVED INN Dollars                | \$127,742,348 | \$46,946,755 | \$66,625,827 | \$144,046,714 | \$159,191,880   |
| APPROVED Ext. Dollars               | \$1,111,054   | \$5,587,378  | \$2,008,608  | \$5,172,606   | \$5,032,189     |
| Plans Received                      | N/A           | N/A          | 33           | 34            | 45              |
| Plans that Received Commission Vote | N/A           | N/A          | 33           | 34            | 45              |
| Plans APPROVED                      | 26            | 23           | 30           | 31            | 45              |
| Participating Counties              | 16            | 15           | 18           | 19            | 29              |
|                                     | 27%           | 25%          | 31%          | 32%           | 49%             |



**Number of Counties that have presented an INN Plan since 2013:**

55 Counties      93%

**Number of Counties that have NOT presented an INN Plan since 2013:**

4 Counties      7%

| STATUS     | COUNTY      | PLAN NAME   | FUNDING AMOUNT REQUESTED | PROJECT DURATION | DRAFT PROPOSAL SUBMITTED TO OAC | FINAL PLAN SUBMITTED TO OAC | COMMISSION MEETING |
|------------|-------------|---|--------------------------|------------------|---------------------------------|-----------------------------|--------------------|
| CALENDARED | Ventura     | Conocimiento – Addressing ACEs Through Core Competencies                    | \$1,047,100              | 4 Years          | 2/26/2019                       | 4/12/2019                   | MAY                |
| CALENDARED | Los Angeles | The TRIESTE Project: True Recovery Innovation Embraces Systems That Empower | \$116,750,000            | 5 Years          | 4/5/2019                        | 4/30/2019                   | MAY                |
| CALENDARED | Orange      | Behavioral Health System Transformation Project                             | \$18,000,000             | 2 Years          | 3/13/2019                       | 4/21/2019                   | MAY                |
| CALENDARED | Glenn       | Access, Response, and Triage Team (ARTT)                                    | \$787,535                | 5 Years          | \$43,550                        | PENDING                     | JULY               |
| CALENDARED | Siskiyou    | Integrated Care Project   | \$995,231                | 5 Years          | 2/14/2019                       | PENDING                     | JULY               |

**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 and 2/8/2019          | PENDING                     | PENDING            |
| DRAFT  | San Luis Obispo | SLOTAP (San Luis Obispo Threat Assessment Program)     | \$559,811                | 4 Years          | 3/21/2019                       | PENDING                     | PENDING            |
| DRAFT  | San Luis Obispo | Holistic Adolescent Health                             | \$500,000                | 4 Years          | 3/21/2019                       | PENDING                     | PENDING            |
| DRAFT  | Napa            | Statewide Early Psychosis Learning Health Care Network | \$251,286                | 5 Years          | 4/30/2019                       | PENDING                     | PENDING            |
| DRAFT  | Madera          | Living Well Madera                                     | \$200,000                | 5 Years          | 4/19/2019                       | PENDING                     | PENDING            |

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

## Calendar of Commission Meeting Draft Agenda Items

Proposed 05/10/19

Agenda items and meeting locations are subject to change

### June: Sacramento, CA Teleconference Meeting (Date and Time TBD)

- **Contracts Authorization for Fiscal Year 2018-19**  
The Commission will consider authorizing the Executive Director to enter into contracts for FY 2018-19.
- **Transition Age Youth Request for Proposal Outline**  
The Commission will consider approval of an outline for a Transition Age Youth RFP.

### July 25: Santa Cruz

- **Budget Overview**  
The Commission will consider approval of its Fiscal Year 2019-20 Operations Budget and will hear an update on expenditures.
- **Innovation Project: Glenn County**  
Access, Response, and Triage Team (ARTT)
- **Legislative Priorities**  
The Commission will consider legislative priorities for the 2019 legislative session.
- **Executive Director Report Out**  
The Executive Director will report out on projects underway and other matters relating to the ongoing work of the Commission.
- **Use of County Innovation Funds**  
The Commission staff will provide an overview of county uses of Innovation funds since implementation of Assembly Bill 1467 (Chapter 23, Statutes of 2012).
- **Strategic Planning Session**  
The Commission will continue its Strategic Planning process facilitated by Applied Survey Research.
- **Innovation Project: Siskiyou County (Extension)**  
Integrated Care Project

### August 22: TBD

- **Legislative Priorities**  
The Commission will consider legislative priorities for the 2019 legislative session.
- **Innovation Projects**  
The Commission will consider approval of county Innovation plans.
- **Executive Director Report Out**  
The Executive Director will report out on projects underway and other matters relating to the ongoing work of the Commission.
- **Suicide Prevention Strategic Plan**  
The Commission will be presented with the draft of the statewide Suicide Prevention Strategic Plan.
- **MHSOAC Conflict of Interest Code**  
The Commission will consider approving proposed amendments to the MHSOAC's Conflict of Interest Code needed due to new staffing classifications.
- **Awarding of the Transition Age Youth Stakeholder Contract**  
The Commission will consider awarding a stakeholder contract in the amount of \$1,840,000 to the highest scoring applicant in response to the Transition Age Youth Stakeholder RFP.

*\*Panel presentations for the Commission's SB 1004 project on statewide PEI prioritization, evaluation and technical assistance, and for the Commission's SB 1113 project on voluntary standards for Mental Health in the Workplace, will be scheduled contingent on further discussion with the Commission Chair and project chairs.*

# Calendar of Commission Meeting Draft Agenda Items

Proposed 05/10/19

Agenda items and meeting locations are subject to change

## September 26: TBD

- **Legislative Priorities**  
The Commission will consider legislative priorities for the 2019 legislative session.
- **Innovation Projects**  
The Commission will consider approval of county Innovation plans.
- **Executive Director Report Out**  
The Executive Director will report out on projects underway and other matters relating to the ongoing work of the Commission.

## October 24: San Diego, CA

- **Legislative Priorities**  
The Commission will consider legislative priorities for the 2019 legislative session.
- **Innovation Projects**  
The Commission will consider approval of county Innovation plans.
- **School Mental Health Policy Project**  
The Commission will be presented with a draft of the School Mental Health Policy Project findings.
- **Executive Director Report Out**  
The Executive Director will report out on projects underway and other matters relating to the ongoing work of the Commission.

## November 21: TBD

- **Innovation Projects**  
The Commission will consider approval of county Innovation plans.
- **Executive Director Report Out**  
The Executive Director will report out on projects underway and other matters relating to the ongoing work of the Commission.
- **Legislative Priorities**  
The Commission will consider legislative priorities for the 2019 legislative session.

*\*Panel presentations for the Commission's SB 1004 project on statewide PEI prioritization, evaluation and technical assistance, and for the Commission's SB 1113 project on voluntary standards for Mental Health in the Workplace, will be scheduled contingent on further discussion with the Commission Chair and project chairs.*



# **Financial Report**

May 23, 2019



Mental Health Services  
Oversight & Accountability Commission

Key Findings:

A. MHSA revenues are still 3.8% behind their FY 2017/18 pace through May but have caught up substantially since January.

B. DHCS estimates Medi-Cal reimbursements to Counties for Specialty Mental Health Services will decrease in FY 2018/19, but rebound in FY2019/20. Estimates relative to FY 2017/18 are down 3.5% for this year but up 7% for next year.

C. Three additional allocations from the State MHSA Administrative budget were prioritized in the May Revise.

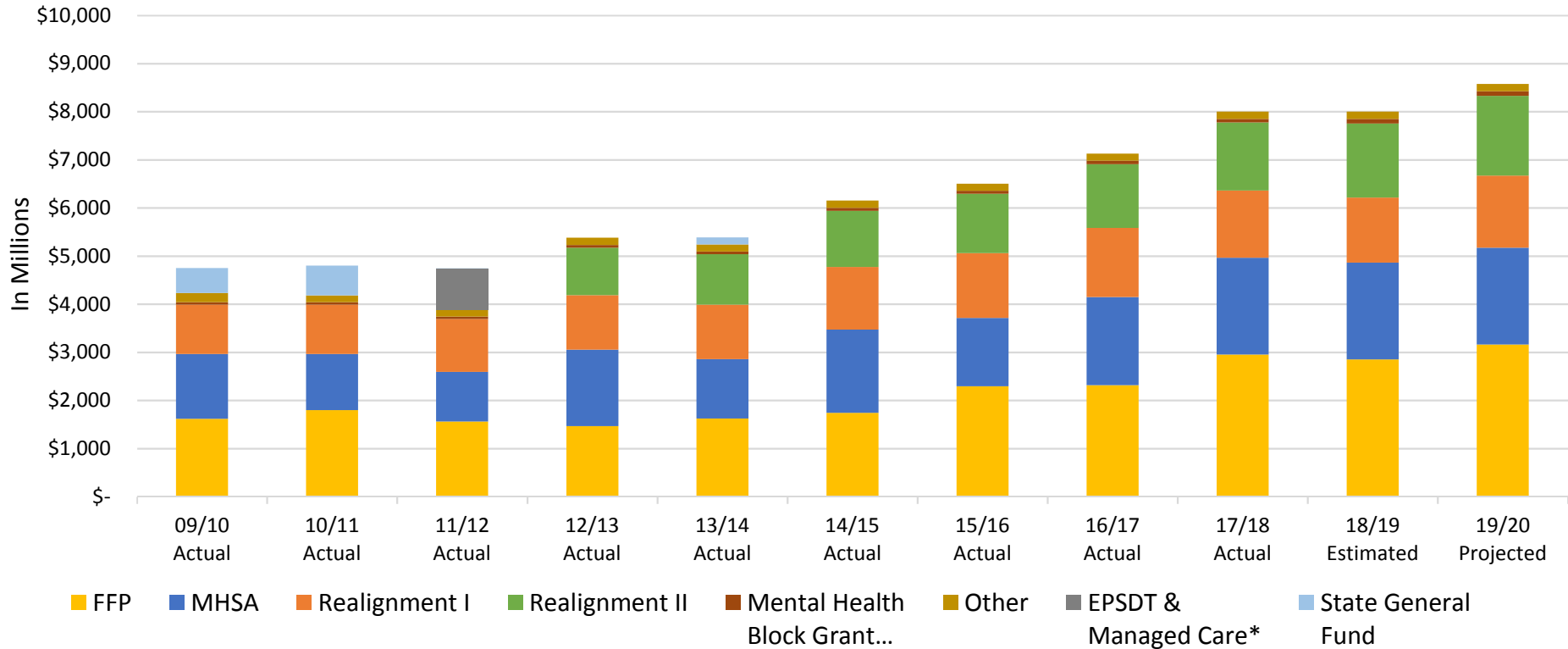
- OSHPD: \$100 million to implement the WET 2020-2025 5-Year Plan.
- DHCS: \$20 million for programs that focus on whole person care.
- DHCS: \$3.6 million to create a statewide peer-run mental health crisis line.



## Mental Health Funding at the Local Level

FY 09/10 - 19/20

The graph below displays local mental health funding levels from FY 2009/10 to 2019/20 from different funding sources. Projected funding to the counties in FY 2019/20 is 80.6 percent higher than in FY 2009/10 and 7.2 percent higher than FY 2017/18.



MHSA funding for counties shown above is from the Governor’s proposed budget. Actual amount distributed will be based on actual revenues deposited into the fund less the amount reserved and spent on administration.

Realignment I 1991: Transferred control of several health and mental health programs from the state to the counties, reduced State General Funds to the counties, and provided the counties with “new” tax revenues from increased sales tax and vehicle license fees dedicated to counties for their increased financial obligations for health and mental health programs.

Realignment II 2011: shifts “existing” state revenues from sales tax, vehicle license fee for various programs including EPSDT and mental health managed care. The total funds for the 2011 Realignment includes funds for Substance Use Disorders.

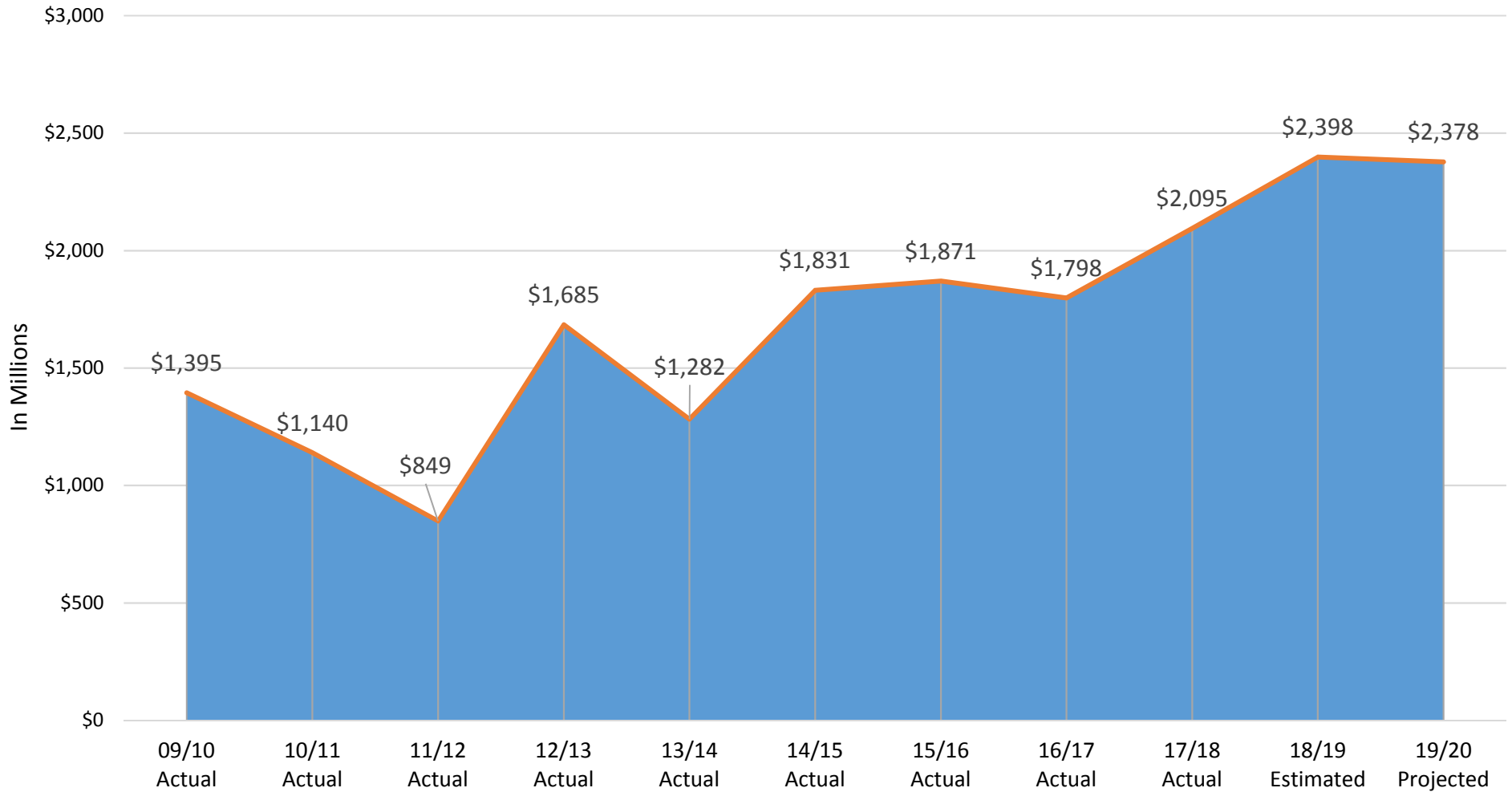
\* One time redirected MHSA funding for EPSDT and Mental Health Managed Care. State General Fund amounts for Mental Health were replaced by Realignment I and Realignment II.

State General Fund in 2013/14 was for the California Health Facilities Financing Authority Senate Bill (SB) 82 Grants.

## Total MHPSA Revenue

FY 09/10 - 19/20

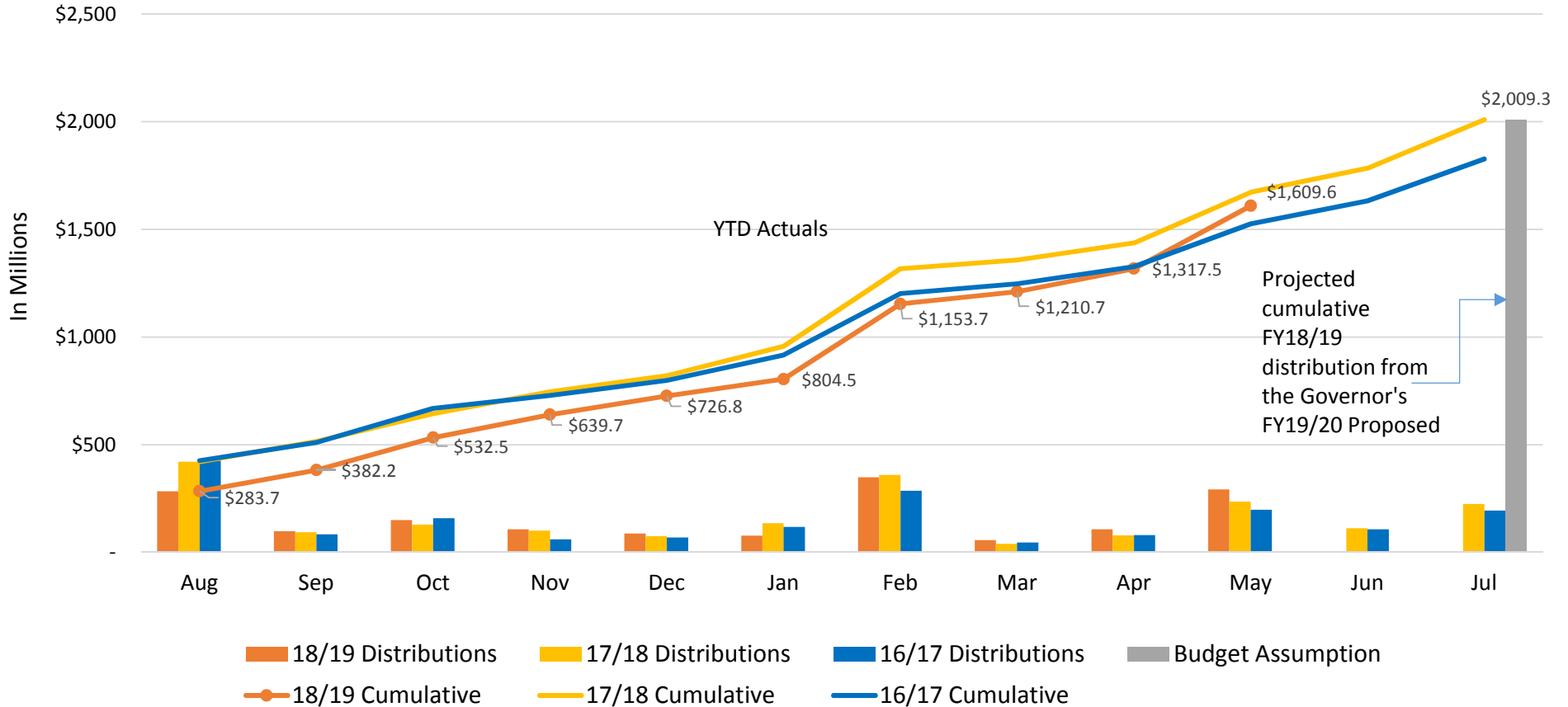
The graph below indicates the actual and estimated total MHPSA Revenues deposited to the fund from FY 2009/10 to 2019/20. MHPSA funding is susceptible to economic fluctuations as noted in the graph below. Each county is required to maintain a Prudent Reserve that is designed to preserve current levels of services in years with extreme decreases in revenue. Additionally, the State maintains a reserve for economic uncertainties in each special fund. The Governor's FY 2019/20 May Revised Budget includes several appropriations not in the January budget. As a result the projected increase in the Mental Health Services Fund reserve from FY2018/19 to FY 2019/20 is smaller than was forecast in January.



## Mental Health Services Funds Distributed to Counties

FY 2018/19

This chart reflects changes to distributions to the counties of MHA Funds from August 2018 to May 2019. Funds are distributed to the counties in monthly lump sums and attributed in county accounts to Community Services and Supports, Prevention and Early Intervention, and Innovation. The distribution in FY 2018/2019 represents actual Mental Health Services funds distributed for the first 10 months of the fiscal year. Also shown are monthly and cumulative distributions for FY2016/17 and FY2017/18 and the projected cumulative distribution for FY18/19 included in the Governor's Proposed Budget for FY19/20.



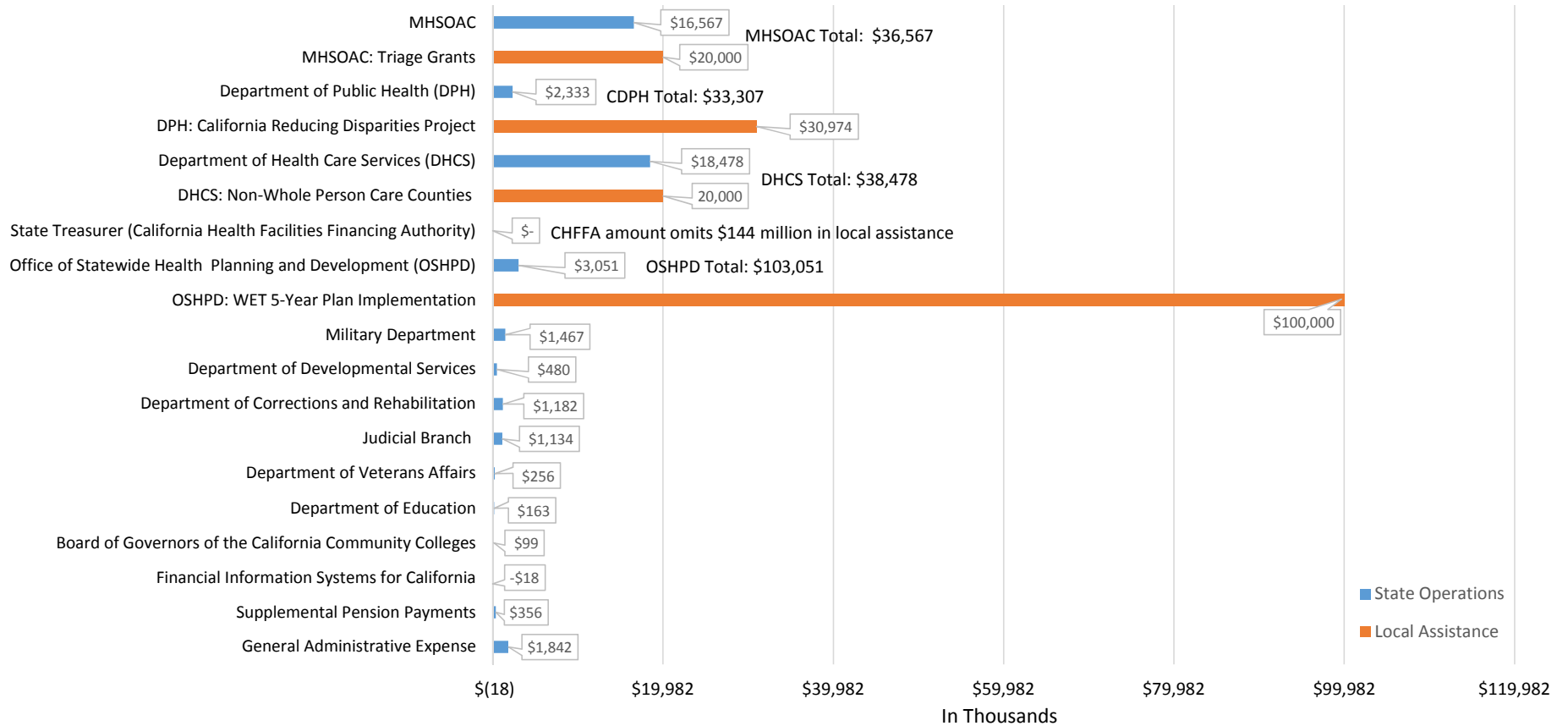
For a year to date, county by county summary of distributions, refer to the following link:

[https://www.sco.ca.gov/Files-ARD-Payments/mentalhealthservices\\_ytd\\_1819.pdf](https://www.sco.ca.gov/Files-ARD-Payments/mentalhealthservices_ytd_1819.pdf)

MHSA Administration Funds by Department (In Thousands)

FY 2019/20

This figure identifies the state entities that receive MHSA Administrative Funds. These funds are utilized for administration, services, research, etc. A portion of these funds were reappropriated from prior year administrative funds and are attributed to the 5% administrative cap for a different fiscal year than which they are expended. The Governor's FY 2019/20 May Revised Budget includes three additional allocations from the State MHSA Administrative budget. DHCS is allocated an additional \$3.6 million to create a statewide peer-run mental health crisis line and \$20 million in local assistance, available for multiple years, for programs that focus on whole person care. OSHPD has been allocated \$100 million in local assistance, available for multiple years, to implement the WET 2020-2025 5 Year Plan.



Amount Budgeted for Fiscal Year 2019/20 \$ 218,364 Projected

**Appendix 1: Mental Health Funding Levels at the Local Level (In Millions) FY 09/10 - 19/20**

|                                    | 09/10<br>Actual   | 10/11<br>Actual   | 11/12<br>Actual   | 12/13<br>Actual   | 13/14<br>Actual   | 14/15<br>Actual   | 15/16<br>Actual   | 16/17<br>Actual   | 17/18<br>Actual   | 18/19<br>Estimated | 19/20<br>Projected |
|------------------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|--------------------|--------------------|
| State General Fund                 | \$ 518.0          | \$ 619.4          | \$ 0.1            | \$ -              | \$ 142.5          | \$ -              | \$ -              | \$ -              | \$ -              | \$ -               | \$ -               |
| Realignment I                      | \$ 1,023.0        | \$ 1,023.0        | \$ 1,097.6        | \$ 1,131.3        | \$ 1,129.6        | \$ 1,303.3        | \$ 1,349.3        | \$ 1,435.4        | \$ 1,396.6        | \$ 1,351.9         | \$ 1,501.1         |
| Realignment II                     | \$ -              | \$ -              | \$ -              | \$ 987.3          | \$ 1,047.4        | \$ 1,163.3        | \$ 1,230.3        | \$ 1,328.6        | \$ 1,415.4        | \$ 1,542.1         | \$ 1,658.0         |
| Mental Health Block Grant (SAMHSA) | \$ 54.0           | \$ 53.7           | \$ 53.1           | \$ 57.4           | \$ 57.4           | \$ 62.2           | \$ 63.1           | \$ 69.2           | \$ 74.2           | \$ 95.2            | \$ 95.2            |
| FFP                                | \$ 1,619.2        | \$ 1,799.9        | \$ 1,562.5        | \$ 1,465.0        | \$ 1,624.0        | \$ 1,743.0        | \$ 2,293.5        | \$ 2,319.6        | \$ 2,954.1        | \$ 2,852.1         | \$ 3,161.5         |
| MHSA                               | \$ 1,347.0        | \$ 1,165.1        | \$ 1,029.9        | \$ 1,589.0        | \$ 1,235.0        | \$ 1,730.1        | \$ 1,418.8        | \$ 1,827.0        | \$ 2,009.3        | \$ 2,009.3         | \$ 2,009.3         |
| EPSDT & Managed Care*              | \$ -              | \$ -              | \$ 861.2          | \$ -              | \$ -              | \$ -              | \$ -              | \$ -              | \$ -              | \$ -               | \$ -               |
| Other                              | \$ 187.6          | \$ 139.4          | \$ 139.4          | \$ 150.0          | \$ 150.0          | \$ 150.0          | \$ 150.0          | \$ 150.0          | \$ 150.0          | \$ 150.0           | \$ 150.0           |
| <b>TOTAL</b>                       | <b>\$ 4,748.8</b> | <b>\$ 4,800.5</b> | <b>\$ 4,743.8</b> | <b>\$ 5,380.0</b> | <b>\$ 5,385.9</b> | <b>\$ 6,151.8</b> | <b>\$ 6,504.9</b> | <b>\$ 7,129.8</b> | <b>\$ 7,999.6</b> | <b>\$ 8,000.6</b>  | <b>\$ 8,575.2</b>  |

**State General Fund (SGF):** Prior to the Governor's FY 2011/12 Budget Proposal, the primary obligations of the SGF provided counties with mental health dollars to fund specialty mental health benefits of entitlement programs including Medi-Cal Managed Care, Early and Periodic Screening Diagnosis Treatment (EPSDT) and Mental Health Services to Special Education Pupils (AB 3632). State General Fund for Mental Health was replaced by Realignment I and Realignment II. State General Fund in 2013/14 was for the California Health Facilities Financing Authority Senate Bill (SB) 82 Grants. These grants subsequently were funded from the MHSF.

**Realignment I (1991):** In the 1991/92 fiscal year, State-Local Program Realignment restructured the state-county partnership by giving counties increased responsibilities and funding for a number of health, mental health, and social services programs. This realignment provides counties with dedicated tax revenues from the state sales tax and vehicle license fee.

**Realignment II (2011):** Realignment is the shift of funding and responsibility from the State to the counties to provide mental health services, social services and public health. There are two sources of revenue that fund realignment: 1.0625 cents of State sales taxes and a portion of State vehicle license fees. The primary mental health obligation of realignment is to provide services to individuals who are a danger to self/others or unable to provide for immediate needs. It is also a primary funding source for community-based mental health services, substance abuse services, State hospital services for civil commitments and Institutions for Mental Disease (IMDs) which provide long-term care services. Realignment II is for behavioral health services more broadly. The numbers displayed exclude the fixed set-aside for Women and Children's Residential Treatment.

**Mental Health Block Grant (SAMHSA):** Mandated by Congress, SAMHSA's block grants are noncompetitive grants that provide funding for substance abuse and mental health services.

**Federal Financial Participation (FFP):** FFP is the federal reimbursement counties receive for providing specialty mental health treatment to Medi-Cal and Healthy Families Program beneficiaries. The amount of federal reimbursement received by counties is based on a percentage established for California and which is called the Federal Medical Assistance Percentage (FMAP) and gives counties the funding responsibility for EPSDT and Mental Health Managed Care. California's FMAP for 2017 is 50 percent.

**Proposition 63 Funds (MHSA):** The MHSA is funded by a 1% tax on personal income in excess of \$1 million. The primary obligations of the MHSA is for counties to expand recovery based mental health services, to provide prevention and early intervention services, innovative programs, to educate, train and retain mental health professionals, etc.

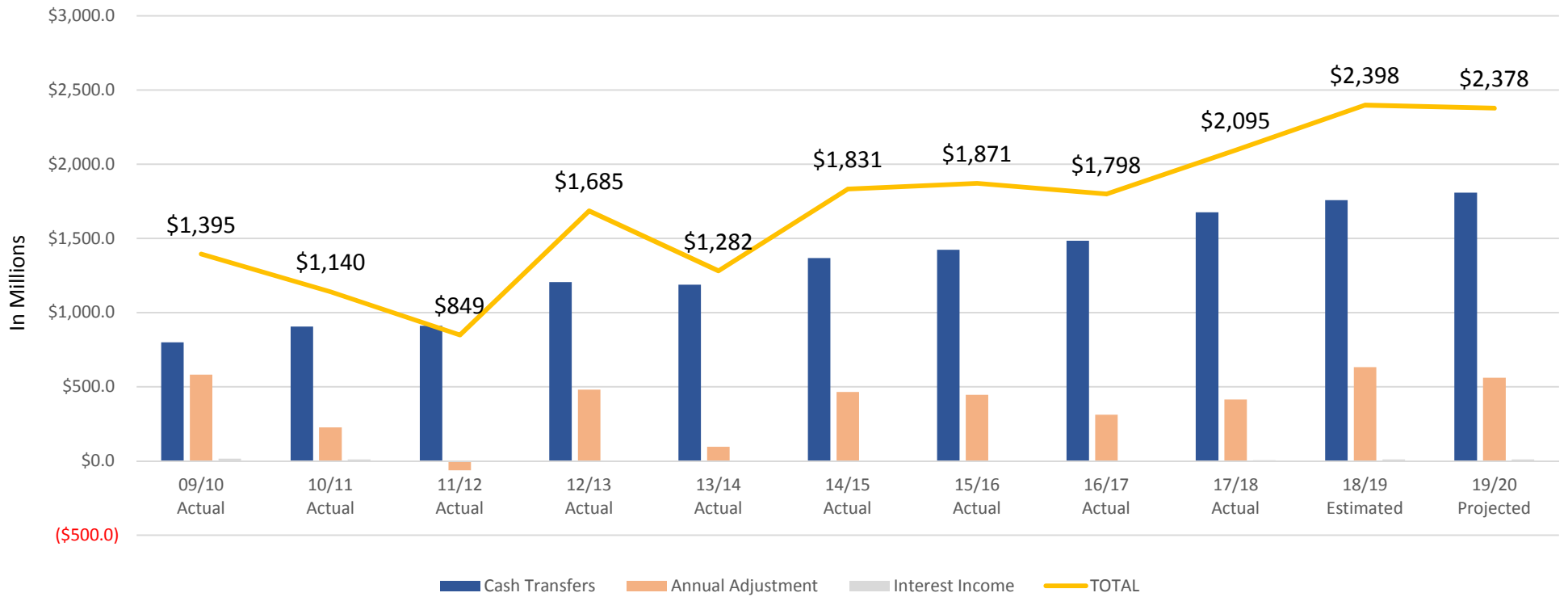
**Other:** Other revenue comes from a variety of sources--county funds are from local property taxes, patient fees and insurance, grants, etc. The primary obligation of the county funds is the maintenance of effort (the amount of services required to be provided by counties in order to receive Realignment funds). MHSOAC Fiscal Consultant Projections; these have not been updated since 2012/13.

\* One time redirected MHSA funding for EPSDT and Mental Health Managed Care.

Appendix 2: Total MHPA Revenue

FY 09/10 - 19/20

This graph and chart displays in more detail the information found on the graph on page two, Total MHPA Revenue. The dollars identified below tie to Fund Condition Statement figures published by DOF.



|                   | 09/10 Actual     | 10/11 Actual     | 11/12 Actual   | 12/13 Actual     | 13/14 Actual     | 14/15 Actual     | 15/16 Actual     | 16/17 Actual     | 17/18 Actual     | 18/19 Estimated  | 19/20 Projected  |
|-------------------|------------------|------------------|----------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| Cash Transfers    | \$799.0          | \$905.0          | \$910.0        | \$1,204.4        | \$1,187.4        | \$1,366.5        | \$1,423.5        | \$1,484.1        | \$1,675.45       | \$1,756.79       | \$1,808.2        |
| Annual Adjustment | \$581.0          | \$225.0          | (\$64.0)       | \$479.8          | \$94.3           | \$464.1          | \$446.0          | \$311.7          | \$414.0          | \$632.0          | \$560.0          |
| Interest Income   | \$14.9           | \$9.7            | \$2.7          | \$0.7            | \$0.5            | \$0.8            | \$1.2            | \$2.6            | \$5.3            | \$9.4            | \$9.4            |
| <b>TOTAL</b>      | <b>\$1,394.9</b> | <b>\$1,139.7</b> | <b>\$848.7</b> | <b>\$1,684.9</b> | <b>\$1,282.2</b> | <b>\$1,831.5</b> | <b>\$1,870.8</b> | <b>\$1,798.3</b> | <b>\$2,094.8</b> | <b>\$2,398.1</b> | <b>\$2,377.6</b> |

Sources: Health and Human Services budget details, FY2019-20 and staff projections  
 May 2019  
 Updated Annually



## 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.*

Attached below is a Status Report from the Department of Health Care Services regarding County MHSA Annual Revenue and Expenditure Reports received and processed by Department staff, dated May 6th, 2019.

This Status Report covers the FY 2014-15 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 8, Enclosure 5

| DHCS MHPA 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                     | 3/25/2019                       | 3/26/2019             | 4/9/2019                     |
| 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                     | 3/28/2019                       | 4/25/2019             | 4/30/2019                    |
| 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              | 2/11/2019                    |
| 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                     | 3/19/2019                       | 3/20/2019             | 3/22/2019                    |
| 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                       | 2/4/2019              | 2/11/2019                    |
| 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                    | 3/5/2019                        | 3/6/2019              |                              |
| 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                    | 3/8/2019                        | 3/8/2019              | 3/18/2019                    |
| 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              | 2/21/2019                    |
| 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                           | 53                              | 36                    | 52                           |

\* FY 2005-06 through FY 2013-14, all Counties are current

Current Through: 05/06/2019

**▶ LEADING THE WAY**

---

Workplace mental health issues cost the global economy a staggering \$3 trillion annually. It's the most significant employee health-related expense, and double that of cardiovascular disease and diabetes combined. Yet this crisis of high cost and human suffering has largely gone unrecognized—though this is changing. What's not so surprising, California is taking the lead. The private sector and the state government have rallied, and measures are being implemented to address this crisis.

**THE STAGLIN FAMILY**

---



In the private sector, Napa Valley vintners Shari and Garen Staglin have been involved longer than most. Twenty-nine years ago, their son, Brandon, then age 19, was diagnosed with schizophrenia, a mental disorder that impacts how a person thinks, feels, and acts. Devastated by what happened to him and grateful for his recovery, they resolved to help others. The couple started by organizing a concert at their Staglin Family Vineyard in Rutherford with proceeds going toward mental health research.

For even the most devoted, organizing a fund-raising music festival every year would be enough. But not so for the Staglins, who have grand ambitions of mimicking another acclaimed program, the CEO Roundtable on Cancer. In 2001, President George H.W. Bush established roundtable, made up of chief executives from top corporations in America. Their mandate was to establish a workplace gold standard focusing on prevention, early cancer detection, quality treatment, and elimination of the stigma associated with the “C” word in the workplace. “To a large extent, the roundtable succeeded,” says Garen. “We hope to do the same for mental health.”

**ONE MIND AT WORK**

---

The Staglins formed a nonprofit, dubbed One Mind, to address a range of mental health issues. Brandon Staglin, in addition to his role as director of marketing communications for the family winery, was appointed president. “My battle with schizophrenia and recognition of what I was dealing with has given me a purpose, and inspired me to help others,” says Brandon. Together with former U.S. Representative Patrick Kennedy, founder of The Kennedy Forum, and with funding provided by Janssen Pharmaceuticals, a unit of Johnson & Johnson, the Staglins started a program they named One Mind at Work.

One Mind at Work's first initiative centered on the workplace and the development of a standard for addressing mental health. “Mental disorders such as depression, anxiety, bipolar disorder, and attention deficit hyperactivity disorder (ADHD) affect one in four working-age adults,” says Garen. “These issues tend to manifest differently at work than at home and often go unrecognized and untreated due to stigma and discrimination. This results in needless distress and the cost to an employer's bottom line is significant.” As employees spend 50 percent or more of their waking hours at work, the structure of a workplace is the ideal environment to implement measures and establish a safety net of mental health support.

One Mind at Work gathered data from human resource departments at 13 major employers concerning best practices in mental health promotion and challenges faced. The employers, with an average size workforce of 70,000, represented a range of businesses. Most indicated a reduction of stigma as their priority.

The One Mind at Work program is hands-on and includes all employers, not just corporations. Its members' top executives must sign a charter committing to best workplace practices that include the elimination of mental health stigma and social prejudice and discrimination, the adoption of proactive preventive measures and early intervention and continuing education. Members have access to a network of experts as well as opportunities to learn and share best practices, and resources for implementation of the Workplace Mental Health Gold Standard. One Mind at Work's coalition includes Otsuka, Bank of America, UCLA, Levi's, Walgreens, Cognizant, Cigna, Farmers Insurance, Kaiser, Sutter Health, and ADP among others. Current membership covers 1.5 million employees. "Our goal is to have 10 million employees represented by 2020," Garen said.

The Staglin's are indefatigable in their pursuits. One success leads to another idea. One of those ideas brought about the creation of a forum. One Mind at Work will hold its third yearly such event in Napa in September. Global leaders representing research, advocacy and the business community are expected to attend. "We limit participation to a hundred. We want the workshops to be hands on, the discussions lively," Garen said. "The forums promote open science, are interactive and provide for an exchange of data. It's amazing all that we're able to accomplish."

Says Kathy Farmer, vice president of Global Benefits at Levi Strauss, "I attended the first One Mind at Work forum. The diversity of experience and range of thinking was phenomenal. Rather than trying to solve a difficult workplace mental health problems individually, there was synergy and a constructive exchange of ideas." Levi's membership in the One Mind coalition is a natural extension of its own corporate culture and focus on employee wellbeing. In an effort to reduce stigma, Levi invited a respected NFL player to speak about his battle with depression. Most people can't imagine that those who seem to have everything might suffer from a mental health disorder. Seeing an NFL player address that publicly helped others find their own inner courage. "We recently redesigned our mental health insurance coverage plan," Farmer said. "It can be difficult for employees to find adequate care through an in-plan network provider. Now we offer out-of-plan coverage as well." Levi has operations in 45 countries. Each location has an Employee Assistance Program (EAP). Included are 5 free counseling sessions. And there's special critical counseling related to terrorism and natural disasters. Levi's corporate wellness programs offer employees mindfulness training, meditation, yoga and coaching.

In partnership with Tufts Medical Center Institute for Clinical Research and Health Policy Studies, One Mind at Work undertook a study focused on workplace mental health, primarily depression, and associated costs. The report, titled "The High Cost of Mental Disorders: Facts for Employers," confirmed the extraordinary cost and adverse effects on the workplace. Findings did not address the higher and harder-to-define losses in productivity. The study revealed that employees suffering from depression miss anywhere from six to 25 days of work per annum, and suffer impaired performance on the job.

Few employers are cognizant of the high costs due to failed recognition, stigma and underreporting. Yet data shows that there's a good reason to pay attention. For every dollar invested in mental health programs, there's a \$3 to \$5 return on investment. Business leaders are in agreement that not enough is being done; yet they're unsure where to begin. Getting started, and implementation of standards, is where One Mind at Work can help.

Over the past 25 years, the Staglin's have raised more than \$390 million for mental health research. "We feel good about what we've accomplished," Garen said. "But in no way are we complacent. There's so much more to be done."

## LEGISLATION

---

In 2004, California implemented the Mental Health Services Act (MHSA) and established the Mental Health Oversight and Accountability Commission (MHOAC) to implement the Act's provision and develop strategies to overcome stigma. That 2004 legislation did not address the workplace, however.

John Boyd, PsyD., was appointed to the Mental Health Services Oversight and Accountability Commission. He began serving as the elected chairman of the commission in 2018. Boyd's credentials made him the ideal choice. He is chief executive officer of Mental Health Services at Sutter Health. Before joining Sutter Health in 2008, he was assistant administrator for Kaiser Permanente Sacramento Medical Center. He is a board member of National Mental Health America, and has also served in other appointed capacities, including City of Sacramento Planning Commissioner.

The Steinberg Institute, a nonprofit founded by Darrell Steinberg, mayor of Sacramento and former California Senate President pro tempore, partnered with MHSOAC to address workplace mental health in 2018. "Influencing policy making regarding mental health issues is an important part of our mandate," says Maggie Merritt, executive director at Steinberg.

In September 2018, the California legislature passed SB 1113, which was co-sponsored by MHSOAC and Steinberg Institute. The new legislation's mandate is: "To establish a framework and voluntary standard for mental health in the workplace that serves to reduce mental health stigma; increase public, employee, and employer awareness of the recovery goals of the Mental Health Services Act; and provide guidance to California's employer community to put in place strategies and programs as determined by the commission, to support the mental health and wellness of employees." MHSOAC, with responsibility for developing the standards, will rely on existing best practices developed by corporations and the highly successful model implemented in Canada. Significant work has also been conducted by One Mind at Work, a global coalition of leaders from diverse sectors, including business, medicine, research, education, law enforcement, the military and civil society. These leaders have joined together with the goal of transforming approaches to mental health and addiction. The Steinberg Institute and the MHSOAC have been partners in this effort.

With passage of SB 1113, California became the first state in the nation to institute mental health workplace guidelines. "We are proud to have been part of helping to pass this important, historic legislation," Merritt said.

In the workplace, employees don't hesitate to ask their employer for time off to deal with physical ailments, yet refrain from discussing mental health issues, concerned as to how that might be perceived. Employers are now providing gym membership and other similar perks to address employee well-being. SB 1113 is intended to bring that same focus on workplace mental health.

The Canadian approach has taken the lead in addressing mental health in the workplace. In 2013, a Standard for psychological health and safety in the workplace was introduced. Then in 2017, Donna Hardaker made a presentation to California's legislature on the Canadian model. Hardaker is now manager of Workplace Mental Health and Peer Engagement at Sutter Health.

"Seventeen years ago, I struggled with my own mental health issues. I missed many days of work, had extended sick leave, and disruptive behaviors," says Hardaker. "My employer didn't know what to do with me. I had to leave. It was heartbreaking." Hardaker made a career change and ended up in the then emerging field of workplace mental health at the Canadian Mental Health Association. Her timing was good. It was a magical moment when Canada's leaders were looking at what to do. "My story became part of the message about transforming workplaces."

The Standard in Canada is voluntary. "We didn't want measures to be punitive," says Hardaker. "We wanted change to come about through a corporate example of fulfilling employee expectations of being in a psychologically healthy and safe work environment." Setting the example, Canada's largest employer, the federal government, is implementing the Standard in its offices throughout the country. 'Psychological health and safety in the workplace' is a Canadian term that's commonplace in the country. The thoughts link logically. And in the U.S., that linkage is becoming more apparent.

## HEALTH CARE PROVIDERS

---

Boyd first met Hardaker after he heard her speak at an event in San Francisco. "We met afterwards," Hardaker said. "It became evident we shared a common vision. Sutter's made a commitment to advances and innovation in the field of mental health. Two years ago, I joined them."

Hardaker is pioneering a workplace program at Sutter that will be comprehensive and holistic. Rollout is expected later this year. "It's not often an organization undertakes an internal program and then makes it available to others for free," Hardaker said.

In addition to Hardaker's initiative, within the Sutter organization there's an aptly named 'Joy to Work' program where more than 40 clinician leaders focus on improving workplace well-being. This includes the provision of tools and support to address burnout, and bringing joy to the everyday aspects of work. Last year, Sutter hosted its first Well-Being Summit, with 50 practicing clinicians, clinical leaders and executives from across the network assembled to share ideas and best practices. A second summit is scheduled for May this year.

Northern California integrated major health care provider, Kaiser Permanente launched a "Find Your Words" anti-stigma media campaign several years ago, focusing on TV, theater and radio spots. The ads and broadcasts direct viewers to a website with more information about mental health and wellness. The campaign has been successful and is ongoing. "In addition to the media blitz, Kaiser made a \$2 million contribution across the Northern California region to support community organizations with their own anti-stigma mental health efforts," says Dr. John Mackey, M.D., chief of mental health and addiction medicine at Kaiser Permanente. Of those monies, \$90,000 went to LifeWorks of Sonoma County, and \$90,000 to North Marin Community Services.

Kaiser's Employee Assistance Program (EAP) occupies space in a separate facility so employees will feel more comfortable going there for services. The EAP is active and supportive. "During the recent flooding and in the aftermath of the October 2017 fires, our EAP provided assistance to employees affected by those disasters," MacKey add. Kaiser Permanente also has a physician wellness program, as well as a physician well-being program that focuses on physician wellness, activities, health care and dealing with stress.



## BENEFITS

---

Arrow Benefits Group, with offices throughout California, including Petaluma and Napa, focuses on de-stigmatizing workplace mental health issues and making its clients aware of specific coverage and available benefits. "To help employees at work, we make corporate culture a part of what we discuss," says Andrew McNeil, principal and benefits advisor. "This makes us unique among insurance brokers. Most don't have that level of discussion." Creating an environment where employees look forward to going to work can affect a business' bottom line. Estimated costs for replacing an employee range from 10 to 30 percent of annual salary.



"In the wine, construction and manufacturing industries with a high percentage of Latino workers, there's often cultural stigma surrounding mental health, especially in group workplace settings," said Rosario Avila, benefits advisor, Alianza Spanish Language Division. HIPAA (Health Insurance Portability and Accountability Act of 1996) provides data privacy and security provisions for safeguarding medical information. "Though HIPPA ensures employee confidentiality, some Spanish-speaking employees worry about filing claims. They're afraid their employer might find out." For employees with those concerns, Arrow offers a hotline where Spanish speakers can call with questions.

Currently, 97 percent of U.S. companies with more than 5,000 employees offer employee assistance plans (EAP). For smaller companies that percentage is 75 to 80 percent. EAP's were started fifty years ago to address alcoholism in the workplace. Now EAP's cover a range of issues —depression, drug abuse, stress, divorce, career concerns, financial problems, and family care for children and elders. These plans can be offered as part of an employer's disability coverage, or as a stand-alone benefit through a contractual agreement with a third-party provider. As might be needed, EAP's can put an employee in contact with experts.

Though available and helpful, the plans are not that widely used. Benefits are often not well-communicated within an organization. And some employees are under the impression that the plans are there to address major medical issues, not day-to-day issues such as wellness, nutrition and work/life balance. And as with filing claims, employees worry about confidentiality. But information can only be released if the employee signs a written statement specifying exactly what can be divulged and to whom. EAP's are an important tool available to address mental health and well-being. More direction and management awareness might unearth this hidden workplace benefit. Driven by legislation and private sector interests, California is in the vanguard of bringing focus and attention to workplace mental health issues in the US. It's the hope that over time, stigma will disappear and employees will no longer be wary of seeking, and finding, services.

The Music Festival for Brain Health will celebrate its 25-year anniversary in Napa Valley on September 14. Last year's event with singer-actress Jennifer Hudson, renowned chefs and local wineries raised more than \$5 million. A portion of the monies from the concerts goes to fund Rising Star Awards. That recognition allows emerging scientists with the means to further cutting-edge research on neuropsychiatric disorders, such as anxiety, addiction, bipolar disorder, depression, post-traumatic stress, and schizophrenia. In 2019, up to five recipients will each receive \$250,000 to be distributed over three years.

For more information, visit [www.music-festival.org](http://www.music-festival.org).



## THE COST OF DEPRESSION

Employers can tally the cost of employee depression to their own organization by using the online cost calculator available on One Mind at Work's website. It's interactive and enables employers to input their own relevant data.

For more information, visit [onemindatwork.org/at-work/serious-depression-calculator/](http://onemindatwork.org/at-work/serious-depression-calculator/)

## WHY FOCUS ON WORKPLACE MENTAL ILLNESS?

**1 in 4:** Ratio of working-age adults in the U.S. experiencing a mental disorder, regardless of gender, age, race/ethnicity, or occupation.

**13%-29%:** The percentage of time at work in which depressed employees have impaired performance.

**\$24 billion:** Amount spent annually in the U.S. on lost work productivity due to depression alone.

**\$1 trillion:** Amount the U.S. spends on mental health each year, and increasing.

**8.4 million:** People in the U.S. who care for a loved one with a mental illness.

*Source: One Mind at Work*



## **LEGISLATION TRACKING REPORT**

as of May 17, 2019

| <b>MENTAL HEALTH SERVICES ACT</b> |                    |  |   |
|-----------------------------------|--------------------|--|---|
| <b>Bill No.</b>                   | <b>Author</b>      | <b>Title</b>   | <b>Description</b>  |
| <b>AB 43</b>                      | <b>Gloria</b>      | Mental Health  | Current law authorizes the Legislature to add provisions to clarify procedures and terms of the Mental Health Services Act (MHSA) by majority vote. This bill would clarify that the planning process for innovative programs is to be completed in collaboration with stakeholders and is to comply with open meetings laws.   |
| <b>AB 306</b>                     | <b>Ramos</b>       | Mental Health Services Fund                                  | The act establishes the Mental Health Services Fund, which is continuously appropriated to, and administered by, the State Department of Health Care Services to fund specified county mental health programs. This bill would make technical, nonsubstantive changes to those provisions.  |
| <b>SB 389</b>                     | <b>Hertzberg</b>   | Mental Health Services Act                                   | Would authorize the counties to use MHSA moneys to provide services to persons who are participating in a presentencing or postsentencing diversion program or who are on parole, probation, postrelease community supervision, or mandatory supervision.   |
| <b>AB 563</b>                     | <b>Quirk-Silva</b> | Mental Health: Funding                                       | Would appropriate \$16,000,000 from the General Fund to the State Department of Health Care Services to distribute to the North Orange County Public Safety Task Force. The bill would require 1/2 of the moneys to be distributed on January 1, 2020, and 1/2 to be distributed on January 1, 2021, and would require the moneys to be used to provide a range of programs, services, and activities designed to assist individuals and families experiencing mental health crises. (HELD IN COMMITTEE)  |
| <b>SB 539</b>                     | <b>Caballero</b>   | Mental Health Services Act: Workforce Education and Training | Would amend the Mental Health Services Act by requiring the Controller, in any fiscal year in which the Department of Finance estimates that the revenues to be deposited into the Mental Health Services Fund for the fiscal year will exceed the base amount of \$1,900,000,000, to, no later than the last day of each month and before any transfer or expenditure from the fund for any other purpose for the following month, reserve in the fund an amount that is equal to 15% of 1/12 of the estimated amount of increased revenue for the fiscal year, except as specified. (HELD IN COMMITTEE)                             |
| <b>SB 604</b>                     | <b>Bates</b>       | Mental Health Services Act: Centers of Excellence            | Would require the Mental Health Services Oversight and Accountability Commission, by January 1, 2021, to establish one or more centers of excellence to provide counties with technical assistance to implement best practices related to elements of the act. The bill would require those centers of excellence to be funded with state administrative funds provided under the act. In implementing these provisions, the bill would require the commission to determine the areas of focus for the centers of excellence, including, but not limited to, the areas of service delivery that need improvement. (HELD IN COMMITTEE) |

**GENERAL MENTAL HEALTH**

| <b>Bill No.</b> | <b>Author</b>      | <b>Title</b>   | <b>Description</b>  |
|-----------------|--------------------|--|---|
| <b>AB 66</b>    | <b>Atkins</b>      | Medi-Cal: federally qualified health center and rural health clinic services | This bill will facilitate the ability to seamlessly transition patients from primary care to an onsite mental health specialist on the same day, to ensure that a patient receives needed care and follows through with treatment. This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit  |
| <b>AB 480</b>   | <b>Salas</b>       | Mental Health: Older Adults  | Would establish within the California Department of Aging an Older Adult Mental Health Services Administrator to oversee mental health services for older adults. The bill would require that position to be funded with administrative funds from the Mental Health Services Fund. The bill would prescribe the functions of the administrator and its responsibilities, including, but not limited to, developing outcome and related indicators for older adults for the purpose of assessing the status of mental health services for older adults, monitoring the quality of programs for those adults, and guiding decisionmaking on how to improve those services. |
| <b>AB 512</b>   | <b>Ting</b>        | Medi-Cal: specialty mental health services                                   | Current law requires the State Department of Health Care Services to implement managed mental health care for Medi-Cal beneficiaries through contracts with mental health plans, and requires mental health plans to be governed by various guidelines, including a requirement that a mental health plan assess the cultural competency needs of the program. This bill would require each mental health plan to prepare a cultural competency assessment plan to address specified matters, including disparities in access, utilization, and outcomes by various categories, such as race, ethnicity and immigration status.   |
| <b>AB 577</b>   | <b>Eggman</b>      | Medi-Cal: maternal mental health   | Would extend Medi-Cal eligibility for a pregnant individual who is receiving health care coverage under the Medi-Cal program, or another specified program, and who has been diagnosed with a maternal mental health condition, for a period of one year following the last day of the individual's pregnancy if the individual complies with certain requirements. The bill would define "maternal mental health condition" for purposes of the bill.  |
| <b>AB 734</b>   | <b>Maienschein</b> | Resource families: supportive services pilot program                         | Would require the State Department of Social Services to establish and facilitate a pilot program, including, but not limited to, services similar to the Kinship Support Services Program, in up to 5 counties that voluntarily apply and are selected by the department, to increase placement stability for foster youth and facilitate greater resource family retention through the provision of community-based and family support services, including strengths-based, skills-based, trauma-informed coaching.   |

**GENERAL MENTAL HEALTH (Cont.)**



| Bill No. | Author   | Title   | Description  |
|----------|----------|---|--|
| AB 898   | Wicks    | Early and Periodic Screening Diagnosis, and Treatment services: behavioral health | Would require, by March 30, 2020, and monthly thereafter, the California Health and Human Services Agency, under the oversight of the Governor, to convene the Children's Behavioral Health Action Team, which would consist of no fewer than 30 individuals, including the Director of Health Care Services, Director of Social Services, the Director of Managed Health Care, and representatives from community-based behavioral health agencies, to maximize the well-being of children in California who receive EPSDT services and health care through the Medi-Cal program.   |
| AB 1275  | Santiago | Mental health services: county pilot program                                      | Would require each county to establish an outreach team to provide outreach services to homeless and at-risk individuals with a history of mental illness or substance use disorders who are unable to provide for urgently needed medical care. The bill would require the outreach team to facilitate early intervention and treatment for these individuals in the least restrictive environment and to provide intensive outreach, case management, and linkage to services, including housing and treatment services.   |
| AB 1352  | Waldron  | Community mental health services: mental health boards                            | The Bronzan-McCorquodale Act governs the organization and financing of community mental health services for persons with mental disorders in every county through locally administered and locally controlled community mental health programs. Current law generally requires each community mental health service to have a mental health board consisting of 10 to 15 members who are appointed by the governing body, and encourages counties to appoint individuals who have experience with and knowledge of the mental health system. This bill would require a mental health board to report directly to the governing body, and to have the authority to act, review, and report independently from the county mental health department or county behavioral health department, as applicable.                      |
| AB 1474  | Wicks    | Community mental health services: vocational rehabilitation systems               | Current law sets forth the principles that should guide the development of community vocational rehabilitation systems, including that staffing patterns at all levels should reflect the cultural, linguistic, ethnic, racial, disability, sexual, and other social characteristics of the community the program serves. This bill would revise the principles regarding staffing patterns to also state that they should reflect the age and other demographic or social characteristics of the community the program serves. (2-year bill - May be acted upon Jan 2020)   |
| AB 1634  | Gloria   | Mental health: community-based services   | The Investment in Mental Health Wellness Act of 2013 requires funds appropriated by the Legislature to the California Health Facilities Financing Authority for the purposes of the act be made available to selected counties or counties acting jointly. The act authorizes the authority to consider making grant awards to private nonprofit corporations and public agencies in an area or region of the state if a county, or counties acting jointly, affirmatively supports this designation and collaboration in lieu of a county government directly receiving grant funds. This bill would delete that limitation and authorize the authority to consider making grant awards to private nonprofit corporations and public agencies in an area or region of the state. (2-year bill - May be acted upon Jan 2020) |

**GENERAL MENTAL HEALTH (Cont.)**

| Bill No. | Author | Title | Description |
|----------|--------|-------|-------------|
|----------|--------|-------|-------------|

|                |                   |  |  |
|----------------|-------------------|--|--|
| <b>SB 640</b>  | <b>Moorlach</b>   | Mental health services: gravely disabled | The Lanterman-Petris-Short Act provides for the involuntary commitment and treatment of a person who is a danger to themselves or others or who is gravely disabled. This bill would change the definition of "gravely disabled" for these purposes to read, in part, a condition in which a person, as a result of a mental health disorder, is incapable of making informed decisions about, or providing for, the person's own basic personal needs for food, clothing, or shelter without significant supervision and assistance from another person and, as a result of being incapable of making these informed decisions, the person is at risk of substantial bodily harm, dangerous worsening of a concomitant serious physical illness, significant psychiatric deterioration, or mismanagement of the person's essential needs that could result in bodily harm. (2-year bill - May be acted upon Jan 2020) |
| <b>AB 1676</b> | <b>Mainschein</b> | Health care: mental health               | Would require health care service plans and health insurers, by January 1, 2021, to establish a telehealth consultation program that provides providers who treat children and pregnant and postpartum persons with access to a psychiatrist, as specified, in order to more quickly diagnose and treat children and pregnant and postpartum persons suffering from mental illness. The bill would require health care service plans and insurers to communicate information relating to the telehealth program at least twice a year in writing. (HELD IN COMMITTEE)  |

**SCHOOLS, CHILDREN and YOUTH**

| <b>Bill No.</b> | <b>Author</b> | <b>Title</b>   | <b>Description</b>   |
|-----------------|---------------|--|--|
| <b>AB 8</b>     | <b>Chu</b>    | Pupil Health: mental health professionals                | Would require, on or before December 31, 2022, a school of a school district or county office of education and a charter school to have at least one mental health professional, as defined, for every 400 pupils generally accessible to pupils on campus during school hours. The bill would require, on or before December 31, 2022, a school of a school district or county office of education and a charter school with fewer than 400 pupils to have at least one mental health professional generally accessible to pupils on campus during school hours, to employ at least one mental health professional to serve multiple schools, or to enter into a memorandum of understanding with a county agency or community-based organization for at least one mental health professional employed by the agency or organization to provide services to pupils. |
| <b>AB 175</b>   | <b>Gipson</b> | Foster Care: Rights                                      | Current law provides that it is the policy of the state that all minors and nonminors in foster care have specified rights, including, among others, the right to receive medical, dental, vision, and mental health services and the right to be placed in out-of-home care according to their gender identity, regardless of the gender or sex listed in their court or child welfare records. This bill would revise these various rights and would include additional rights, including, among others, the right to be referred to by the youth's preferred name and gender pronoun, the right to maintain the privacy of the youth's lesbian, gay, bisexual, transgender, queer, and questioning status and gender identity, except as provided, and the right to have reasonable access to computer technology and the internet.                               |
| <b>AB 826</b>   | <b>Reyes</b>  | Medi-Cal: speciality mental health service: foster youth | Current law requires the State Department of Health Care Services to issue policy guidance concerning the conditions for, and exceptions to, presumptive transfer of responsibility for providing or arranging for specialty mental health services to a foster youth from the county of original jurisdiction to the county in which the foster youth resides, as prescribed. This bill would make those provisions for presumptive transfer inapplicable to foster youth placed in a short-term residential therapeutic program (STRTP) outside of their county of original jurisdiction, as specified.  |
| <b>AB 875</b>   | <b>Wicks</b>  | Pupil health: in-school support services                 | The Healthy Start Support Services for Children Act establishes the Healthy Start Support Services for Children Program Council, specifies the members of the council, and provides for the duties of the council, which include assisting a local educational agency or consortium with local technical assistance, as provided. The act authorizes a local educational agency or consortium to contract with other entities, including county agencies and private nonprofit organizations or private partners, to provide services to pupils and their families. This bill would revise the list of entities that qualify for a grant and the eligibility criteria for a grant, as provided. The bill would rename the council to the Healthy Start Support Services for Children Initiative Council and would revise its membership.                             |

**SCHOOLS, CHILDREN and YOUTH (cont.)**

| Bill No. | Author     | Title   | Description  |
|----------|------------|---|--|
| AB 895   | Muratsuchi | School-based early mental health intervention and prevention services | The School-Based Early Mental Health Intervention and Prevention Services for Children Act of 1991, authorizes the Director of Health Care Services, in consultation with the Superintendent of Public Instruction, to provide matching grants to local educational agencies to pay the state share of the costs of providing school-based early mental health intervention and prevention services to eligible pupils at schoolsites of eligible pupils, subject to the availability of funding each year. This bill would enact a similar program to be known as the Pupil Mental Health Services Program Act.   |
| AB 1546  | Kiley      | Pupil Health: mental health   | Would authorize a county mental health plan to contract with a local educational agency (LEA) to provide EPSDT services, including mental health assessments, and mental health, social work, and counseling services, to Medi-Cal eligible pupils. The bill would require the department to permit an LEA to make claims for federal financial participation directly to the department for EPSDT services, to examine methodologies for increasing LEA participation in the Medi-Cal program, and to seek federal approval to implement these provisions.  |
| AB 1547  | Kiley      | Special Education Funding: mental health services                     | Would express the intent of the Legislature to later enact legislation that would increase the flexibility of the use of funds appropriated in the Budget Act of 2011 for providing educationally related mental health services, including out-of-home residential services for emotionally disturbed pupils, required by an individualized education program. (2-year bill - May be acted upon Jan 2020)   |
| SB 428   | Pan        | Pupil health: school employee training: youth mental health first aid | Would require the State Department of Education to identify an evidence-based training program for a local educational agency to use to train classified and certificated school employees having direct contact with pupils on youth mental health first aid, as specified. The bill would appropriate an unspecified sum from the General Fund to the department, for expenditure for the 2019–20 fiscal year to the 2021–22 fiscal year, inclusive, for purposes of these provisions.   |
| SB 660   | Pan        | Postsecondary Education: mental health counseors                      | Would require the Trustees of the California State University and the governing board of each community college district to have one full-time equivalent mental health counselor with an applicable California license per 1,500 students enrolled at each of their respective campuses to the extent consistent with state and federal law. The bill would define mental health counselor for purposes of this provision. The bill would require those institutions, on or before January 1, 2021, and every 3 years thereafter, to report to the Legislature how funding was spent and the number of mental health counselors employed on each of its campuses, as specified. |

**CRIMINAL JUSTICE/INCARCERATION**

| <b>Bill No.</b> | <b>Author</b>  | <b>Title</b>                    | <b>Description</b>  |
|-----------------|----------------|---------------------------------|---|
| <b>AB 914</b>   | <b>Holden</b>  | Medi-Cal: Inmates: Eligibility  | Would, subject to federal approval, for individuals under 26 years of age, require the suspension of Medi-Cal eligibility to end either on the date that the individual is no longer an inmate of the public institution or is no longer otherwise eligible for benefits under the Medi-Cal program, whichever is sooner, and would require the department, in consultation with specified stakeholders, to develop and implement a simplified annual redetermination of eligibility for individuals under 26 years of age whose eligibility is suspended pursuant to these provisions.   |
| <b>SB 666</b>   | <b>Stone</b>   | Mental Health Diversion         | Current law authorizes a court to grant pretrial diversion, for a period no longer than 2 years, to a defendant suffering from a mental disorder, on an accusatory pleading alleging the commission of a misdemeanor or felony offense, in order to allow the defendant to undergo mental health treatment. Current law conditions eligibility on, among other criteria, a court finding that the defendant's mental disorder played a significant role in the commission of the charged offense. Current law makes defendants ineligible for the diversion program for certain offenses. This bill would make defendants ineligible for the diversion program for charges of robbery if the defendant was armed with a weapon at the time of the offense, assault with a deadly weapon, elder abuse, and child abuse, as defined. (2-year bill - May be acted upon Jan 2020) |
| <b>SB 433</b>   | <b>Monning</b> | Youth development and diversion | Would require the State Department of Social Services, in consultation with the State Department of Public Health to establish and oversee a 3-year pilot program known as the Office of Youth Development and Diversion (OYDD) Pilot Program. The purpose of the program would be to advance a comprehensive, coordinated, and expanded approach to youth diversion, with the goal of minimizing youth contact with the juvenile or criminal justice systems. The bill would require the department to award grants to up to 5 counties to establish a local OYDD. (HELD IN COMMITTEE)   |

## HOMELESSNESS

| Bill No.       | Author             | Title  | Description   |
|----------------|--------------------|--|---|
| <b>AB 14</b>   | <b>Caballero</b>   | Multifamily Housing Prgram: homeless youths: homeless families   | Would appropriate an unspecified sum from the General Fund into the Housing Rehabilitation Loan Fund to be expended under the Multifamily Housing Program to fund housing for homeless youths and homeless families in accordance with certain requirements, including that the department prioritize loans to housing projects in disadvantaged communities, as defined, and that unspecified amounts be set aside for both certain homeless youths and certain homeless families.   |
| <b>AB 1235</b> | <b>Chu</b>         | Homeless youth prevention centers                                | The California Community Care Facilities Act provides for the licensing and regulation of runaway and homeless youth shelters by the State Department of Social Services. Current law requires these shelters to offer short-term, 24-hour, nonmedical care and supervision and personal services to homeless youth and runaway youth, as those terms are defined, who voluntarily enter the shelter. Existing law defines "short-term" to mean no more than 21 consecutive days. This bill would rename these facilities "homeless youth prevention centers," and would expand the categories of youth for which the center is required to provide services to also include youth at risk of homelessness and youth exhibiting status offender behavior, as those terms are defined by the bill.   |
| <b>SB 744</b>  | <b>Caballero</b>   | No Place Like Home   | Would require a lead agency to prepare concurrently the record of proceeding for a No Place Like Home project, as defined, with the performance of the environmental review of the project. Because the bill would impose additional duties on the lead agency, this bill would impose a state-mandated local program. The bill would require the lead agency to file and post a notice of determination within 2 working days of the approval of the project. The bill would require a person filing an action or proceeding challenging the lead agency's action on the grounds of noncompliance with CEQA to file the action or proceeding within 10 days of the filing of the notice of determination.  |
| <b>AB 1295</b> | <b>Quirk-Silva</b> | Mental Health: temporary housing and supportive services program | Current law prohibits the admission of a person to a developmental center except under certain circumstances, including when the person is experiencing an acute crisis and is committed by a court to the acute crisis center at the Fairview Developmental Center or the Sonoma Developmental Center. Current law requires the State Department of Developmental Services, on or before October 1, 2015, to submit to the Legislature a plan or plans to close one or more developmental centers, as provided. This bill, notwithstanding the provisions described above, would require the State Department of Developmental Services and the Department of General Services, in consultation with local cities, counties, and other relevant stakeholders, to establish a temporary mental health program on the premises of one currently operating developmental center on or before July 1, 2019, to assist individuals with severe mental illness in need of housing and supportive services. (HELD IN COMMITTEE) |

## SUICIDE PREVENTION

| Bill No.       | Author            | Title  | Description   |
|----------------|-------------------|--|---|
| <b>AB 916</b>  | <b>Muratsuchi</b> | Suicide prevention   | Three California Suicide Prevention Act of 2000 authorizes the State Department of Health Care Services to establish and implement a suicide prevention, education, and gatekeeper program to reduce the severity, duration, and incidence of suicidal behaviors. Current law authorizes the department to contract with an outside agency to establish and implement a targeted public awareness and education campaign on suicide prevention and treatment. Existing law requires the target populations to include junior high and high school students. This bill would additionally require the target populations to include community college, 4-year college, and university undergraduate and graduate students. |
| <b>AB 1767</b> | <b>Ramos</b>      | Pupil Suicide Prevention Policies                            | Would require the governing board or body of a local educational agency that serves pupils in kindergarten and grades 1 to 6, inclusive, to, before the beginning of the 2020–21 school year, adopt, and update as prescribed, a policy on pupil suicide prevention that specifically addresses the needs of high-risk groups. The bill would require this policy to be age appropriate and delivered and discussed in a manner that is sensitive to the needs of young pupils. By imposing additional duties on local educational agencies, the bill would impose a state-mandated local program.  |
| <b>SB 331</b>  | <b>Hurtado</b>    | Suicide-prevention: strategic plans                          | The California Suicide Prevention Act of 2000 authorizes the State Department of Health Care Services to establish and implement a suicide prevention, education, and gatekeeper training program to reduce the severity, duration, and incidence of suicidal behaviors. This bill would require counties to create and implement, and update as necessary, a suicide-prevention strategic plan that places particular emphasis on preventing suicide in children who are less than 19 years of age and includes specified components, including long-term suicide prevention goals and the selection or development of interventions to be used to prevent suicide.  |
| <b>SB 656</b>  | <b>Hueso</b>      | San Diego-Coronado Bridge: Physical Suicide Deterrent System | Would require the Director of Transportation to select members for an advisory committee to provide input into the selection of a suicide deterrent system for the San Diego-Coronado Bridge that would include a representative from law enforcement, the mental health community, a local suicide prevention community group, a resident of the Barrio Logan/Sherman Heights community, and representatives of specified city and county governments. The bill would also provide for the selection to the advisory committee of one representative each by the Assembly Members or State Senators whose districts include the San Diego-Coronado Bridge.   |

## IMMIGRATION

| Bill No.       | Author          | Title  | Description  |
|----------------|-----------------|--|--|
| <b>AB 1615</b> | <b>Arambula</b> | Mental Health: anti-immigration activites and rhetoric | Current law governs the operation and financing of community mental health services for the mentally disordered in every county through locally administered and locally controlled community mental health programs.This bill would state the intent of the Legislature to enact legislation to mitigate the impact of anti-immigration activities and rhetoric on the mental health and well-being of children in immigrant families in California by, among other things, investing in community-based treatment modalities. (2-year bill - May be acted upon Jan 2020) |



## 2019 Legislative Report to the Commission May 17, 2019

### SPONSORED LEGISLATION

#### **Senate Bill 10 (Beall)**

**Title:** Mental health services: peer support specialist certification.

**Summary:** Would require the State Department of Health Care Services to establish, no later than July 1, 2020, a statewide peer certification program, as a part of the state's comprehensive mental health and substance use disorder delivery system and the Medi-Cal program.

**Status/Location:** 5/16/19 Action From APPR. SUSPENSE FILE: Do pass as amended.

**Co-Sponsors:** Steinberg Institute

#### **Senate Bill 11 (Beall)**

**Title:** Health care coverage: mental health parity.

**Summary:** Would require the Department of Managed Health Care and the Department of Insurance annually to report to the Legislature the information obtained through activities taken to enforce state and federal mental health parity laws.

**Status/Location:** 5/16/19 May 16 hearing: Held in committee and under submission.

**Co-Sponsors:** The Kennedy Forum; Steinberg Institute

#### **Senate Bill 12 (Beall)**

**Title:** Mental health services: youth.

**Summary:** This bill would require the commission, contingent on appropriation, to administer an Integrated Youth Mental Health Program for purposes of establishing local centers to provide integrated youth mental health services, as specified. The bill would authorize the commission to establish the core components of the program, subject to specified criteria, and would require the commission to develop the selection criteria and process for awarding funding to local entities for these purposes. The bill would authorize the commission to implement these provisions by means of an informational letter, bulletins, or similar instructions.

**Status/Location:** 5/16/19 Action From APPR. SUSPENSE FILE: Do pass as amended.

## SPONSORED LEGISLATION

### **Assembly Bill 46 (Carrillo)**

**Title:** Individuals with mental illness: change of term.

**Summary:** Current law refers to an insane or mentally defective person in provisions relating to, among other things, criminal proceedings, correctional facilities, and property tax exemptions. This bill would state the intent of the Legislature to enact legislation to replace derogatory terms, including, but not limited to, “insane” and “mentally defective,” with more culturally sensitive terms when referring to individuals with mental illness.

**Status/Location:** 5/16/19 In Senate. Referred to Com. on JUD.

**Co-Sponsors:** Disability Rights California

## SUPPORTED LEGISLATION

### **Senate Bill 66 (Atkins)**

**Title:** Medi-Cal: federally qualified health center and rural health clinic services.

**Summary:** This bill will facilitate the ability to transition patients from primary care to an onsite mental health specialist on the same day, to ensure that a patient receives needed care and follows through with treatment. Right now, California is one of only a handful of states that does not allow health centers to provide and bill for mental and physical health visits on the same day. This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit.

**Status/Location:** 5/16/19 From committee: Do pass. (Ayes 6. Noes 0.) (May 16). Read second time. Ordered to third reading.

### **Senate Bill 582 (Beall)**

**Title:** Youth mental health and substance use disorder services.

**Summary:** Would require the Mental Health Services Oversight and Accountability Commission, when making grant funds available on and after July 1, 2021, to allocate at least 1/2 of those funds to local educational agency and mental health partnerships, as specified. The bill would require this funding to be made available to support prevention, early intervention, and direct services, as determined by the commission. The bill would require the commission, in consultation with the Superintendent of Public Instruction, to consider specified criteria when determining grant recipients.

**Status/Location:** 5/16/19 Action From APPR. SUSPENSE FILE: Do pass as amended.

## SUPPORTED LEGISLATION

### **Senate Bill 604 (Bates)**

**Title:** Mental Health Services Act: centers of excellence.

**Summary:** Would require the Mental Health Services Oversight and Accountability Commission, by January 1, 2021, to establish one or more centers of excellence to provide counties with technical assistance to implement best practices related to elements of the act. The bill would require those centers of excellence to be funded with state administrative funds provided under the act. In implementing these provisions, the bill would require the commission to determine the areas of focus for the centers of excellence, including, but not limited to, the areas of service delivery that need improvement.

**Status/Location:** 5/16/19 May 16 hearing: Held in committee and under submission.

### **Assembly Bill 512 (Ting)**

**Title:** Medi-Cal: specialty mental health services.

**Summary:** Current law requires the State Department of Health Care Services to implement managed mental health care for Medi-Cal beneficiaries through contracts with mental health plans, and requires mental health plans to be governed by various guidelines, including a requirement that a mental health plan assess the cultural competency needs of the program. This bill would require each mental health plan to prepare a cultural competency assessment plan to address specified matters, including disparities in access, utilization, and outcomes by various categories, such as race, ethnicity and immigration status.

**Status/Location:** 5/16/19 Joint Rule 62(a), file notice suspended. From committee: Amend, and do pass as amended. (Ayes 13. Noes 0.) (May 16). Read second time and amended. Ordered returned to second reading.

### **Assembly Bill 713 (Mullin)**

**Title:** Early Psychosis Intervention Plus (EPI Plus) Program.

**Summary:** Current law establishes the Early Psychosis and Mood Disorder Detection and Intervention Fund, and authorizes the commission to allocate moneys from that fund to provide competitive grants to counties or other entities to create, or expand existing capacity for early psychosis and mood disorder detection and intervention services and supports. Current law requires the commission to adopt regulations to implement these provisions, but provide that the adoption of those regulations and the implementation of the grant program are contingent upon the deposit into the fund of at least \$500,000 in nonstate funds for those purposes. This bill would delete the prohibition on General Fund moneys being appropriated for purposes of those provisions and would delete the requirement that the minimum \$500,000 deposit be from nonstate funds.

**Status/Location:** 5/16/19 From committee: Do pass. (Ayes 18. Noes 0.) (May 16).

## **SUPPORTED LEGISLATION**

### **Assembly Bill 1126 (O'Donnell)**

**Title:** Mental Health Services Oversight & Accountability Commission.

**Summary:** Would require the Mental Health Services Oversight and Accountability Commission, by January 1, 2021, to establish technical assistance centers and one or more clearinghouses to support counties in addressing mental health issues of statewide concern, with a focus on school mental health and reducing unemployment and criminal justice involvement due to untreated mental health issues.

**Status/Location:** 5/16/19 In committee: Held under submission.

### **Assembly Bill 1352 (Waldron)**

**Title:** Community mental health services: mental health boards.

**Summary:** The Bronzan-McCorquodale Act governs the organization and financing of community mental health services for persons with mental disorders in every county through locally administered and locally controlled community mental health programs. Current law generally requires each community mental health service to have a mental health board consisting of 10 to 15 members who are appointed by the governing body, and encourages counties to appoint individuals who have experience with and knowledge of the mental health system. This bill would require a mental health board to report directly to the governing body, and to have the authority to act, review, and report independently from the county mental health department or county behavioral health department, as applicable.

**Status/Location:** 5/16/19 Read third time. Passed. Ordered to the Senate. In Senate. Read first time. To Com. on RLS. for assignment.

### **Assembly Bill 1443 (Maienschein)**

**Title:** Mental health: technical assistance centers.

**Summary:** Would require, subject to available funding, the Mental Health Services Oversight and Accountability Commission to establish one or more technical assistance centers to support counties in addressing mental health issues, as determined by the commission, that are of statewide concern and establish, with stakeholder input, which mental health issues are of statewide concern. The bill would require costs incurred as a result of complying with those provisions to be paid using funds allocated to the commission from the Mental Health Services Fund. The bill would state the finding and declaration of the Legislature that this change is consistent with and furthers the intent of the act.

**Status/Location:** 5/16/19 From committee: Do pass. (Ayes 18. Noes 0.) (May 16).