Commission for Behavioral Health

Meeting Materials Packet

Commission Meeting
April 24, 2025
9:00 a.m. – 3:05 p.m.

1812 9th Street
Sacramento, CA 95811

(916) 500-0577
info@bhsoac.ca.gov

bhsoac.ca.gov

Commission for Behavioral Health

COMMISSION MEETING NOTICE AND AGENDA

April 24, 2025

NOTICE IS HEREBY GIVEN that the Commission will conduct a meeting on April 24, 2025, at 9:00 a.m.

This meeting will be conducted via teleconference pursuant to the Bagley-Keene Open Meeting Act according to Government Code sections 11123, 11123.5, and 11133. The location(s) from which the public may participate are listed below. All members of the public shall have the right to offer comment at this public meeting as described in this Notice.

DATE	April 24, 2025
TIME	9:00 a.m.
LOCATION	1812 9th Street, Sacramento, CA 95811 and Virtual

ZOOM ACCESS
Zoom meeting link and dial-in number will be provided upon registration.
Click Here for Free Registration

COMMISSION MEMBERS:
Mayra E Alvarez, *Chair*
Alfred Rowlett, *Vice Chair*
Pamela Baer
Michael Bernick
Mark Bontrager
Bill Brown, *Sheriff*
Keyondria D Bunch, Ph.D.
Robert Callan, Jr.
Steve Carnevale
Rayshell Chambers
Shuo (Shuonan) Chen
Christopher Contreras
Dave Cortese, *Senator*
Makenzie Cross
Dave Gordon
John Harabedian, *Assemblymember*
Karen Larsen
Mara Madrigal-Weiss
Gladys Mitchell
Rosielyn Pulmano, *Assembly Designee*
James L. Robinson III, Psy.D., MBA
Marjorie Swartz, *Senate Designee*
Marvin Southard, Ph.D.
Gary Tsai, MD

INTERIM EXECUTIVE DIRECTOR:
Will Lightbourne

Public participation is critical to the success of our work and deeply valued by the Commission. Please see the detailed explanation of how to participate in public comment after the meeting agenda.

Our Commitment to Excellence

The Commission's 2024-2027 Strategic Plan articulates four strategic goals:

- Champion vision into action to increase public understanding of services that address unmet behavioral health needs.
- Catalyze best practice networks to ensure access, improve outcomes, and reduce disparities.
- Inspire innovation and learning to close the gap between what can be done and what must be done.
- Relentlessly drive expectations in ways that reduce stigma, build empathy, and empower the public.

Meeting Agenda

It is anticipated that all items listed as "Action" on this agenda will be acted upon, although the Commission may decline or postpone action at its discretion. Items may be considered in any order at the discretion of the Chair. Public comment is taken on each agenda item. Unlisted items will not be considered.

9:00 a.m. **1. Call to Order and Roll Call**

Information

Chair Mayra E. Alvarez will convene the Commission meeting, and a roll call of Commissioners will be taken.

9:10 a.m. **2. Announcements and Caring Moment**

Information

Chair Mayra E. Alvarez, Commissioners, and staff will make announcements and give updates. We will also ask a Commissioner to share a Caring Moment to help us center ourselves on the purpose of our work and the people we serve.

9:30 a.m. **3. General Public Comment**

Information

General Public Comment is reserved for items not listed on the agenda. No discussion or action will take place.

9:50 a.m. **4. Consent Calendar**

Action

All matters listed on the Consent Calendar are routine or noncontroversial and can be acted upon in one motion. There will be no separate discussion of these items prior to the time that the Commission votes on the motion unless a Commissioner requests a specific item to be removed from the Consent Calendar for individual action.

1. March 26-27, 2025 Meeting Minutes
2. Monterey County: PADs - Multi County Collaborative - PHASE II up to $3,000,000
3. Mariposa County: PADs - Multi County Collaborative - PHASE II up to $160,740
4. Orange County Extension: PADs – Multi County Collaborative – PHASE II up to $2,739,601
5. Fresno County: The Lodge 2 for up to $4,200,000
6. Marin County Extension: Student Wellness Ambassador Program for up to $870,000
7. Ventura County: Collaborative Care for Youth: Integrating Collaborative and Behavioral Health Models up to $2,874,361
8. Immigrant and Refugee Advocacy Intent to Award
9. K-12 Advocacy Notice of Intent to Award
10. 0-5/Maternal Behavioral Health Mental Health Wellness Act Notice of Intent to Award

- Public Comment
- Vote

10:00 a.m. **5. Advocacy Spotlight**
Information

The Commission will hear a presentation from CalVoices on advocacy work conducted for clients and consumers. Presented by *Clare Cortright, Advocacy Director and Nicole Chilton, Program Manager.*

- Public Comment

10:30 a.m. **6. Update on Recent Allocations**
Information

The Commission will hear updates on recent allocations. Presented by *Will Lightbourne, Interim Executive Director.*

- Public Comment

10:45 a.m. **7. Committee Appointments**
Information

The Chair will appoint members to the Budget and Fiscal, Program, and Legislative and External Affairs advisory committees including the chair and vice chair positions for each. The Commission will also hear an update on the feedback received from the public members of the Client and Family Leadership Committee and the Cultural and Linguistic Competency Committee. Presented by *Mayra E. Alvarez, Commission Chair.*

- Public Comment

11:05 a.m. **8. Legislative Priorities**
Action

The Commission will consider supporting bills introduced in the 2025 legislative session including AB 96 (Jackson); AB 348 (Krell); AB 1037 (Elhawary); SB 320 (Limón); SB 531 (Rubio); and SB 862 (Senate Committee on Health). Presented by *Kendra Zoller, Deputy Director of Legislative and External Affairs.*

- Public Comment
- Vote

11:30 a.m. **9. Lunch and Closed Session**
Consideration of Personnel Matter per Government Code sections 11126(a).

- Public Comment

2:00 p.m. **10. Re-establish Quorum and Report Out from Closed Session**

Chair Alvarez will share any reportable actions that took place during closed session.

2:05 p.m. **11. Peer Respite Concept Paper**
Information

The Commission will receive an introductory presentation on the upcoming $20 million Mental Health Wellness Act grant focused on peer respite. Presented by *Kai LeMasson, Research Supervisor and Melissa Martin-Mollard, Chief of Research and Evaluation.*

- Public Comment

2:35 p.m. **12. Innovation Partnership Fund Update**
Information

The Commission will hear an update regarding the results from the "Call for Concepts" survey as well as a process moving forward for shaping the Innovation Partnership Fund grant program. Presented by *Will Lightbourne, Interim Executive Director.*

- Public Comment

3:05 p.m. **13. Adjournment**

Our Commitment to Transparency

In accordance with the Bagley-Keene Open Meeting Act, public meeting notices and agenda are available on the internet at www.bhsoac.ca.gov at least 10 calendar days prior to the meeting. Further information regarding this meeting may be obtained by calling (916) 500-0577 or by emailing bhsoac@bhsoac.ca.gov.

Our Commitment to Those with Disabilities

Pursuant to the Americans with Disabilities Act, individuals who, because of a disability need special assistance to participate in any Commission meeting or activities, may request assistance by calling (916) 500-0577 or by emailing bhsoac@bhsoac.ca.gov. Requests should be made one (1) week in advance, whenever possible.

Notes for Participation

For Public Comments: Prior to making your comments, please state your name for the record and identify any group or organization you represent.

Register to attend for free here:
https://bhsoac-ca-gov.zoom.us/meeting/register/6J_wjczyToGEjVCYtQQMQQ

Email Us: You can also submit public comment to the Commission by emailing us at publiccomment@bhsoac.ca.gov. Emailed public comments submitted at least 72 hours prior to the Commission meeting will be shared with Commissioners at the upcoming meeting. Public comment submitted less than 72 hours prior to the Commission meeting will be shared with Commissioners at a future meeting. Please note that public comments submitted to this email address will not receive a written response from the Commission. **Emailing public comments is not intended to replace the public comment period held during each Commission Meeting and in no way precludes a person from also providing public comments during the meetings.**

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

The Commission is not responsible for unforeseen technical difficulties that may occur. The Commission will endeavor to provide reliable means for members of the public to participate remotely; however, in the unlikely event that the remote means fail, the meeting may continue in person. For this reason, members of the public are advised to consider attending the meeting in person to ensure their participation during the meeting.

Public participation procedures: All members of the public have a right to offer comment at the Commission's public meeting. The Chair will indicate when a portion of the meeting is open for public comment. Any member of the public wishing to comment during public comment periods must do the following:

→ If joining in person. Complete a public comment request card and submit to Commission staff. When it is time for public comment, staff will call your name and you will be invited to the podium to speak. Members of the public should be prepared to complete their comments within 3 minutes or less, unless a different time allotment is needed and announced by the Chair.

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

→ If joining by computer, press the raise hand icon on the control bar. Pressing the raise hand will notify the meeting host that you wish to comment. You will be placed in line to comment in the order in which requests are received by the host. When it is your turn to comment, the meeting host will unmute your line, announce your name, and ask if you'd like your video on. The Chair reserves the right to limit the time for comment. Members of the public should be prepared to complete their comments within 3 minutes or less time if a different time allotment is needed and announced by the Chair.

In accordance with California Government Code § 11125.7(c)(1), members of the public who utilize a translator or other translating technology will be given at least twice the allotted time to speak during a Public Comment period.

AGENDA ITEM 4

Action

April 24, 2025 Commission Meeting

Consent Calendar

Summary:
The Commission will consider approval of the Consent Calendar which contains the following Items and Innovation plans:

1) March 26 – 27, 2025 Meeting Minutes
2) Monterey County: PADs - Multi County Collaborative - PHASE II up to $3,000,000
3) Mariposa County: PADs - Multi County Collaborative - PHASE II up to $160,740
4) Orange County Extension: PADs – Multi County Collaborate – PHASE II up to $2,739,601
5) Fresno County: The Lodge 2 for up to $4,200,000
6) Marin County Extension: Student Wellness Ambassador Program for up to $870,000
7) Ventura County: Collaborative Care for Youth: Integrating Collaborative and Behavioral Health Models up to $2,874,361
8) Immigrant and Refugee Advocacy Intent to Award
9) K-12 Advocacy Notice of Intent to Award
10) 0-5/Maternal Behavioral Health Mental Health Wellness Act Notice of Intent to Award

Background:
Items are placed on the Consent Calendar with the approval of the Chair and are deemed non-controversial. Consent Calendar items shall be considered after public comment, without presentation or discussion. Any item may be pulled from the Consent Calendar at the request of any Commissioner. Items removed from the Consent Calendar may be held for future consideration at the discretion of the Chair.

March 26 and 27, 2025 Meeting Minutes
The Behavioral Health Services Oversight and Accountability Commission will review the minutes from the March 26, 2025 and March 27, 2025 Commission meetings. Any edits to the minutes will be made and the minutes will be amended to reflect the changes and posted to the Commission Web site after the meeting. If an amendment is not necessary, the Commission will approve the minutes as presented.

Innovation Funding Requests
Six (6) counties are requesting Innovation funding approval. They are summarized below:

1. **Monterey County: Psychiatric Advance Directive – Multi County Collaborative – Phase II**

Monterey County is seeking approval to use innovation funds to join Fresno, Shasta, Orange*, Alameda and Tri-City in Phase Two of the Psychiatric Advance Directive (PADs) Multi-County Collaborative. This project will perform live testing and evaluation of the use of a digital Psychiatric Advance Directive utilizing the web-based platform. The overall goals of Phase Two will focus on engagement, collaboration, training, testing, evaluation, and transparency.

The first cohort of the Psychiatric Advance Directive (PAD) project was approved by the Commission on June 24, 2021, for a total of four years and is set to conclude on June 25, 2025. Partnering counties consisted of Fresno, Contra Costa, Mariposa, Monterey, Orange, Shasta, and Tri-City.

The overarching goal of Phase One was for participating Counties to work in partnership with various contractors, stakeholders, peers with lived experience, consumers, and advocacy groups to provide resources related to PADs training, a toolkit, as well as the creation of a standardized PAD template and a PADs technology-based platform to be utilized voluntarily by participating Counties.

Given the goals of Phase One have been achieved, Phase Two will focus heavily on the training and "live" use of PADs. At this time, Fresno and Shasta County are ready to pilot Phase Two; however, up to fifteen counties may join Phase Two by the end of the year. Phase Two goals include engagement for new counties, collaboration amongst stakeholders, training and accessibility, testing in a live environment, evaluation, and transparency through www.padsCA.org.

Behavioral Health Services Act Alignment and Sustainability

This project will focus on individuals with behavioral health needs who may be unhoused and need housing and supportive services, who receive services from Full-Service Partnerships, and other individuals who are in the behavioral health system of care, including but not limited to: Veterans, justice-involved, recently hospitalized in emergency room departments or inpatient units, and those with co-occurring substance use disorders.

The project also aligns with the current Commission Strategic Plan goals of advocacy for system improvement, supporting universal access to mental health services, participation in the change in statutes, and promoting access to care and recovery (see Appendices for Alameda and Tri-City, pages 56-69, for detailed information).

On April 23, 2024, the Commission was asked to support Assembly Bill 2352 (Irwin) which seeks to build out a legal framework for PADs in California that will work with Counties currently participating in Phase One of this project. Support of AB 2352 was granted with the stipulation that this bill continues to work with disability rights groups and ensures that the bill empowers peers and supports recovery. *PADs Phase Two has outlined efforts*

to collaborate and partner with Peer Support Specialists, Painted Brain, Disability Rights of California, NAMI California, and many others (for complete list of collaborating partners, see pages 18-22 of the project plan).

Regarding sustainability, PADs Phase One efforts have received support from current legislation (AB 2353, Irwin), and it is the hope that Phase Two will also be supported in part by future legislation. Phase Two intends to show the need and the utility of PADs, with the overarching goal of securing ongoing funding from various agencies.

Community Planning Process

Local Level

Monterey County's Community Planning engaged over 1,000 individuals utilizing surveys, focus groups and listening sessions comprised of diverse community partners and stakeholders which informed and prioritized needs identified within the community. All community engagement activities reflected inclusiveness and cultural responsiveness to better understand the needs of community members.

Monterey began their 30-day public comment period on January 27, 2025, followed by their local Mental Health Board hearing on March 27, 2025. Monterey is expected to appear before their Board of Supervisors at a date to be determined following Commission approval.

Monterey proposes to spend up to $3,000,000 in Innovation funding towards this multi-county collaborative.

See pages 78-83 of the plan for more detailed information on Monterey County.

Commission Level

This final project for Monterey to join the PADs Collaborative was shared with the Commission's community partners and listserv on March 21,2025. No comments were received in response to this sharing.

2. Mariposa County: Psychiatric Advance Directive – Multi County Collaborative – Phase II

Mariposa County is seeking approval to use innovation funds to join Fresno, Shasta, Orange*, Alameda and Tri-City in Phase Two of the Psychiatric Advance Directive (PADs) Multi-County Collaborative. This project will perform live testing and evaluation of the use of a digital Psychiatric Advance Directive utilizing the web-based platform. The overall goals of Phase Two will focus on engagement, collaboration, training, testing, evaluation, and transparency.

The first cohort of the Psychiatric Advance Directive (PAD) project was approved by the Commission on June 24, 2021, for a total of four years and is set to conclude on June 25, 2025. Partnering counties consisted of Fresno, Contra Costa, Mariposa, Monterey, Orange, Shasta, and Tri-City.

The overarching goal of Phase One was for participating Counties to work in partnership with various contractors, stakeholders, peers with lived experience, consumers, and advocacy groups to provide resources related to PADs training, a toolkit, as well as the creation of a standardized PAD template and a PADs technology-based platform to be utilized voluntarily by participating Counties.

Given the goals of Phase One have been achieved, Phase Two will focus heavily on the training and "live" use of PADs. At this time, Fresno and Shasta County are ready to pilot Phase Two; however, up to fifteen counties may join Phase Two by the end of the year. Phase Two goals include engagement for new counties, collaboration amongst stakeholders, training and accessibility, testing in a live environment, evaluation, and transparency through www.padsCA.org.

Behavioral Health Services Act Alignment and Sustainability

This project will focus on individuals with behavioral health needs who may be unhoused and need housing and supportive services, who receive services from Full-Service Partnerships, and other individuals who are in the behavioral health system of care, including but not limited to: Veterans, justice-involved, recently hospitalized in emergency room departments or inpatient units, and those with co-occurring substance use disorders.

The project also aligns with the current Commission Strategic Plan goals of advocacy for system improvement, supporting universal access to mental health services, participation in the change in statutes, and promoting access to care and recovery (see Appendices for Alameda and Tri-City, pages 56-69, for detailed information).

On April 23, 2024, the Commission was asked to support Assembly Bill 2352 (Irwin) which seeks to build out a legal framework for PADs in California that will work with Counties currently participating in Phase One of this project. Support of AB 2352 was granted with the stipulation that this bill continues to work with disability rights groups and ensures that the bill empowers peers and supports recovery. *PADs Phase Two has outlined efforts to collaborate and partner with Peer Support Specialists, Painted Brain, Disability Rights of California, NAMI California, and many others (for complete list of collaborating partners, see pages 18-22 of the project plan).*

Regarding sustainability, PADs Phase One efforts have received support from current legislation (AB 2353, Irwin), and it is the hope that Phase Two will also be supported in part by future legislation. Phase Two intends to show the need and the utility of PADs, with the overarching goal of securing ongoing funding from various agencies.

Community Planning Process

Local Level

In Phase Two, Mariposa is continuing to prioritize individuals who access crisis support services. The County states that due to the isolation of their geographic location, there are high utilization rates of crisis response programs and overburdened local hospitals. The County believes this project will assist individuals by doing the following:

- Improve outcomes for individuals in crisis who are unable to advocate for themselves in a time of need.
- Provide appropriate resources for first responders for the needs of the individual in crisis.
- Reduce visits to the emergency rooms during crisis.
- Empower individuals with their own recovery and resilience by having a voice.

Additionally, the County hopes this project will promote collaboration among agencies that provide services to individuals within Mariposa County.

In 2021, the community began discussions surrounding the use of PADs and decided to join Phase One. The community, which included representatives of law enforcement and peer support specialists, provided input on the building and launching of the PADs platform and continues to show support for joining Phase Two of this multi-county collaborative. During Phase Two, law enforcement, hospitals, and peers will support the live roll-out of the digital platform.

The County's 30-day public comment period began on January 6, 2025 and held their public health board hearing on February 5, 2025. Stakeholders, community partners, consumers, and family members were invited to provide feedback on innovation projects. The community was supportive of the County joining Phase One and is eager to begin Phase Two. The County is expecting to appear before their Board of Supervisors in May or June 2025.

Mariposa County proposes to spend $160,740.55 in Innovation funding towards this multi-county collaborative.

See pages 71-77 of the project plan for more detailed information on Mariposa County.

Commission Level

This final project for Mariposa to join the PADs Collaborative was shared with the Commission's community partners and listserv on March 21, 2025. No comments were received in response to this sharing.

3. **Orange County: Psychiatric Advance Directive – Multi County Collaborative – Phase II Extension**

Orange County's addition to Phase Two of the Psychiatric Advance Directive (PADs) was originally approved on August 22, 2024 for up to $4,980,470 of innovation funding over four years to perform live testing and evaluation of the use of a digital PAD utilizing a web-based platform. The overall goals of Phase Two will focus on engagement, collaboration, training, testing, evaluation, and transparency.

For this extension, the County is requesting additional funding up to $2,739,601, making a total of up to $7,720.071 Innovation dollars for Phase Two altogether. The duration of the project will remain at four years.

This extension request will not change the goals, learning objectives, or alignment with the Behavioral Health Services Act. All information related to this extension request remains identical to the information previously discussed in this analysis. The following section of this staff analysis will focus on the rationale for Orange County's request to increase their funding allocation.

Extension Request

Orange County is now requesting Commission approval for an additional amount up to $2,739,601 in innovation funding to build on the approved plan to continue Phase Two of the PADs collaborative.

Orange County was approved for PADs Phase One in June 2025; however, due to a significant delay in executing standard agreements, the project officially began in May 2022, nearly one year later. Once started, the County experienced additional delays due to establishing another business agreement to pilot the digital platform. The delays from Phase One resulted in unspent funds.

Although Phase One will end in June 2025 and although already approved for Phase Two, Orange County would like to utilize the unspent funding from Phase One and carry those unspent funds over to Phase Two.

The increase in funding will go towards collaborative costs to support the experts who are leading project activities.

Behavioral Health Services Act Alignment and Sustainability

This project will focus on individuals with behavioral health needs who may be unhoused and need housing and supportive services, who receive services from Full-Service Partnerships, and other individuals who are in the behavioral health system of care, including but not limited to: Veterans, justice-involved, recently hospitalized in emergency room departments or inpatient units, and those with co-occurring substance use disorders.

The project also aligns with the current Commission Strategic Plan goals of advocacy for system improvement, supporting universal access to mental health services, participation in the change in statutes, and promoting access to care and recovery (see Appendices for Alameda and Tri-City, pages 56-69, for detailed information).

On April 23, 2024, the Commission was asked to support Assembly Bill 2352 (Irwin) which seeks to build out a legal framework for PADs in California that will work with Counties currently participating in Phase One of this project. Support of AB 2352 was granted with the stipulation that this bill continues to work with disability rights groups and ensures that the bill empowers peers and supports recovery. *PADs Phase Two has outlined efforts to collaborate and partner with Peer Support Specialists, Painted Brain, Disability Rights of California, NAMI California, and many others (for complete list of collaborating partners, see pages 18-22 of the project plan).*

Regarding sustainability, PADs Phase One efforts have received support from current legislation (AB 2353, Irwin), and it is the hope that Phase Two will also be supported in part by future legislation. Phase Two intends to show the need and the utility of PADs, with the overarching goal of securing ongoing funding from various agencies.

Community Planning Process

Local Level

In Phase Two, Orange County is continuing to prioritize individuals who access crisis support services. The following are crisis services utilization data collected between January 1, 2024 through June 30, 2024:

- 22,084 calls received through County's Behavioral Health Line
    - 6,267 of these calls were a possible crisis
        - 1,249 were resolved via phone support
        - 5,018 required mobile crisis dispatch

Many of the mobile crisis calls that were dispatched (77%) were to assess adults over 18 years of age, with 40% requiring hospitalization or involuntary holds. The County indicates that behavioral health providers and law enforcement would benefit greatly by having access to an individual's PAD increase the ability to provide quality care and treatment.

Throughout Phase One of the collaborative, the County states their community has made tremendous progress in terms of awareness and engagement surrounding PADs and is eager to test the platform in Phase Two.

The County's 30-day public comment period began on March 4, 2025 through April 4, 2025, followed by a public health board hearing on April 9, 2025. The County is expected to seek Board of Supervisor approval after Commission approval.

Orange County proposes to spend $2,719,453 of additional Innovation funding with this extension request for a total project amount of $7,720,071 over four years.

Commission Level
This extension request was shared with the Commission's community partners and listserv on March 21, 2025. No comments were received in response to the sharing of this extension request.

4. **Fresno County: The Lodge 2**

Fresno County (County) is requesting up to $4,200,000 of Innovation spending authority to test the use of a dignity-first model to increase engagement in individuals who are homeless or at risk for homelessness and have a severe mental illness (SMI), chronic mental illness, substance use disorder, or co-occurring disorder, **and** who also have limited motivation or willingness to access treatment, supportive services, or housing services.

The Lodge 2 is building off of its previously approved innovation project: The Lodge, approved by the Commission on June 3, 2020. The Lodge was an Innovation funded demonstration project that sought to explore how utilizing peer support in low barrier lodging focused on meeting basic needs of unhoused individuals with serious mental illness who were in a precontemplation stage of change and how they could be engaged more effectively.

Fresno would like to test if utilizing a low-barrier model – similar to what was used in the original Lodge – would prove to be successful for individuals who need temporary housing and have a co-occurring disorder or who may have a **substance use disorder only**.

Behavioral Health Services Act Alignment and Sustainability

The Lodge 2 project aligns with BHSA priorities by providing outreach and engagement efforts to individuals who are unhoused, have a serious mental illness, substance use disorder, or co-occurring disorders and increasing their access to care, supports, and housing. Those with substance use disorders have been identified as a priority population within the BHSA.

Regarding sustainability, the County states that once Innovation dollars expire, this model may be funded through the BHSA's Housing component as well as drawing from Medi-Cal reimbursements.

Community Planning Process

Local Level

Fresno County conducts a robust community planning process, which results in innovation projects brought forward by their community and identifies priorities within their community.

This particular project came out of a need expressed by Fresno's community to address unhoused individuals with SUD/co-occurring needs. Participants in the original Lodge program were part of the community planning process and provided input on how this project could be helpful to those with SUD needs. The feedback received indicated that

having onsite detox services and the presence of either a nurse or wellness staff would be greatly beneficial, and the County incorporated this recommendation into the project.

This project meets MHSA general standards of collaborating with the community, being culturally competent, and being client and family driven with an emphasis on wellness, recovery, and resiliency.

The project was posted for 30-day public comment period between February 14, 2025 and March 16, 2025, followed by their Mental Health Board public hearing on March 16, 2025. It is scheduled for Board of Supervisor approval following Commission approval. See pages 30-37 of the project plan for detailed community surveys and responses.

Commission Level

Commission staff shared this project with its community partners and the Commission's listserv on January 30, 2025. No comments of support or opposition were received by Commission staff.

5. **Marin County Extension: Student Wellness Ambassador Program**

This extension proposal is requesting use of an additional $870,000 over 1 year. Marin County's Student Wellness Ambassador Program (SWAP) was first approved by the Commission in September 2021 for up to $1,648,000 in Innovation funding over a 3.5 year timeframe. The purpose of the project is to promote the wellness of students grades 6-12 during particularly critical and transitioning periods of their lives by using a centralized and county-wide approach. Services are provided by peers and community partners onsite at school campuses, with the goals of increasing access to mental health resources and reducing stigma associated with mental health challenges. Students from diverse backgrounds will have access to these services, with a specific focus on English language learners, African Americans, LatinX, and LGBTQ+ youth.

Including this extension, the total funding amount of the SWAP project altogether would be $2,518,000 over a total length of 4.5 years.

Behavioral Health Services Act Alignment and Sustainability

Marin County's SWAP aligns with the BHSA's focus on early intervention, as it aims to reduce stigma and increase awareness of mental and behavioral health services for local youth through a peer approach and advocacy efforts.

Assuming success of the project, the County plans to continue its collaboration with the County Office of Education and determine how to best build sustainability and integration of SWAP components directly into the existing school structure. Some examples of areas of integration may include, but are not limited to, wellness programming, school clubs, a course elective, and other peer-led initiatives. This will reduce future reliance on external funding resources.

Community Planning Process

Local Level

The County's 30-day public comment period began on November 14, 2024 and ended March 11, 2025, at which time a public hearing was held to discuss the SWAP extension. During this public comment period, the County received only comments of support from their community. At the public hearing and across numerous other community planning meetings, the extension proposal received overwhelming support. One individual expressed the need for data on recipients of the peer support services. To affirm the importance of this point, the SWAP extension proposal aims to measure increased access of services to BIPOC students and ensure that the individuals served by this project are representative of Marin County school districts' student population. The extension proposal received unanimous support from the County's Behavioral Health Board.

Commission Level

This extension request was initially shared with the Commission's community partners and listserv on February 25, 2025. In response to the Commission's request for feedback, a member of the public requested further details on the plan, specifically around education credits and training/internship opportunities. Commission staff forwarded the comment to Marin County staff, who then responded with additional information on the project. A copy of the public comment and the County's response can be provided to Commissioners upon request.

The final proposal was shared on March 14, 2025. No comments were received in response to the final sharing of this extension request.

6. **Ventura County: Collaborative Care for Youth – Integrating Collaborative and Behavioral Health Models**

Ventura County plans to address the growing concerns of provider shortages by leveraging the county's existing health care and behavioral health care workforce and infrastructure to screen for and meet the needs of children and youth before a serious mental illness occurs. The Collaborative Care Model is an evidence-based practice in which a primary care provider collaboratively works alongside behavioral health staff to identify, treat, and manage clients with potential mental health issues. The Behavioral Health Integration model will integrate that care specifically into the primary care setting where children and youth are already being seen. These two methods combined make up what the County is calling the Collaborative Care Model for Youth (CCMY).

The overarching goal of the CCMY is to utilize a comprehensive team approach to identify early signs and symptoms of mental health issues and to prevent amassing concerns that may otherwise be caught too late. The County will be partnering with a local health care network, Community Memorial Healthcare, to pilot the CCMY, which aims to expand access to comprehensive mental health services for children and TAY-aged community members. Care teams will consist of a primary care provider, psychiatrist, psychiatry residents, behavioral health interventionists, a program coordinator, a clinical supervisor, and other mental health professionals. In addition to tending to a client's physical needs, primary

care providers will perform comprehensive screenings for mental health risks and conditions, with support from behavioral health interventionists, and be able to provide mild-to-moderate prescription treatments as needed. Services will also include case management by a behavioral health care manager in charge of care coordination, and behavioral health interventionists will assist with individualized treatment plans, goals, and outcomes. The team will also provide warm handoffs and referrals for parents and caregivers in need of further support.

Behavioral Health Services Act Alignment and Sustainability

According to the BHSA, 35% of funds are allotted for Behavioral Health Services and Supports (BHSS), and fifty-one percent (51%) of this amount must be used for Early Intervention services, with a focus on people 25 years and younger. The Collaborative Care for Youth project aligns with the BHSA category of early intervention, focusing primarily on the youth and transition age youth populations of Ventura County through community-defined and evidence-based practices to reduce disparities in behavioral health. Given this alignment, successful piloting of this plan may be sustained through BHSA BHSS dollars. There is also the option of supporting services that meet Medi-Cal billing requirements and/or other federal and state funding sources, as applicable.

Community Planning Process

Local Level

The County released a call for Innovation concepts and received twenty-eight (28) Innovation ideas in total. The community identified a need for immediate positive outcomes for community wellbeing, and this project strives to address that need. The local MHSA Stakeholder Planning Committee – consisting of individuals with SMI, family members, religious leaders, and CBOs – chose this project as one of their top three (3) priorities, and a 30-day public comment period to refine the plan occurred from January 27, 2025 to February 26, 2025. Two comments were received, and both were in support of the project. A copy of the public comments can be provided upon request.

The plan was presented to the local behavioral health board on February 24, 2025 and is tentatively scheduled for Board of Supervisors review on April 29, 2025.

Commission Level

Commission staff shared this project with its community partners and the Commission's email distribution list on January 30, 2025, and comments were directed to County MHSA staff. No comments were received in response to the Commission's request for feedback.

Procurement Updates

In the November 2024 meeting, the Commission approved three new procurements. Those procurements have been completed, and the Awardees will be announced for the following initiatives: 0-5/Maternal Behavioral Health, Immigrant/Refugee Advocacy, and K-12 Advocacy. The list of awardees will be provided in a handout during the meeting.

Presenter(s): None

Enclosures (9): (1) March 26, 2025 Minutes; (2) March 26, 2025 Motions Summary; (3) March 27, 2025 Minutes; (4) March 27, 2025 Motions Summary; (5) Commission Community Engagement Process; (6) Monterey County, Mariposa County, and Orange County (Extension) Analysis: PADs Phase II; (7) Fresno County Analysis: The Lodge 2; (8) Marin County Analysis: Student Wellness Ambassador Program; (9) Ventura County Analysis: Collaborative Care for Youth

Handouts: Awardee Announcement Handout for New Procurements

Additional Materials (#): Links to the final Innovation projects are available on the Commission's website at the following URLs:

Monterey County, Mariposa County, and Orange County (Extension): PADs – Multi County Collaborative – Phase II

Fresno County: The Lodge 2

Marin County Extension: Student Wellness Ambassador Program

Ventura County: Collaborative Care for Youth

Proposed Motion: That the Commission approve the Consent Calendar that includes:

1) March 26 – 27, 2025 Meeting Minutes
2) Monterey County: PADs - Multi County Collaborative - PHASE II up to $3,000,000
3) Mariposa County: PADs - Multi County Collaborative - PHASE II up to $160,740
4) Orange County Extension: PADs – Multi County Collaborate – PHASE II up to $2,739,601
5) Fresno County: The Lodge 2 for up to $4,200,000
6) Marin County Extension: Student Wellness Ambassador Program for up to $870,000
7) Ventura County: Collaborative Care for Youth: Integrating Collaborative and Behavioral Health Models up to $2,874,361
8) Immigrant and Refugee Advocacy Intent to Award
9) K-12 Advocacy Notice of Intent to Award
10) 0-5/Maternal Behavioral Health Mental Health Wellness Act Notice of Intent to Award

State of California

BEHAVIORAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION

Commission Meeting Minutes

Date March 26, 2025

Time 9:00 a.m.

Location BHSOAC
1812 9th Street
Sacramento, California 95811

Members Participating:

Mayra Alvarez, M.H.A., Chair
Alfred Rowlett, M.B.A., M.S.W., Vice Chair
Michael Bernick*
Mark Bontrager, J.D., M.S.W.
Sheriff Bill Brown, M.P.A.
Robert Callan, Jr.
Steve Carnevale
Rayshell Chambers, M.P.A.
Christopher Contreras
Senator Dave Cortese, J.D.
by Marjorie Swartz[1]
Makenzie Cross
David Gordon, Ed.M.
Assembly Member John Harabedian
by Rosielyn Pulmano
Karen Larsen
Mara Madrigal-Weiss, M.Ed., Immediate Past Chair
Gladys Mitchell, M.S.W.
Jay Robinson, Psy.D., M.B.A.
Gary Tsai, M.D., DFAPA, FASAM

*Participated remotely
[1] a.m. only

Members Absent:

Pamela Baer
Keyondria Bunch, Ph.D.
Shuo Chen, J.D.
Marvin Southard, Ph.D.

BHSOAC Meeting Staff Present:

Will Lightbourne, Interim Executive Director
Sandra Gallardo, Chief Counsel
Tom Orrock, Deputy Director, Program Operations
Norma Pate, Deputy Director, Administration and Performance Management
Kendra Zoller, Deputy Director, Legislation
Andrea Anderson, Chief, Communications
Melissa Martin-Mollard, Ph.D., Chief, Research and Evaluation
Amariani Martinez, Administrative Support
Lester Robancho, Health Program Specialist
Cody Scott, Meeting Logistics Technician

DAY 1: March 26, 2025

[Note: Day 1 Agenda Items 3 and 8 were taken out of order. These minutes reflect these Agenda Items as listed on the agenda and not as taken in chronological order.]

1: Call to Order and Roll Call

Chair Mayra Alvarez called the meeting of the Behavioral Health Services Oversight and Accountability Commission (BHSOAC, Commission, or Commission for Behavioral Health (CBH)) to order at 9:15 a.m. and welcomed everyone. The meeting was on Zoom, via teleconference, and held at the BHSOAC headquarters, located at 1812 9th Street, Sacramento, California 95811.

Chair Alvarez noted for the record that the Commission is required by the Bagley-Keene Open Meeting Act to have a minimum of 14 Commissioners in person to establish a quorum to conduct business today.

Sandra Gallardo, Chief Counsel, called the roll and confirmed the presence of a quorum. Attending in Person: Chair Alvarez, Vice Chair Rowlett, and Commissioners Bontrager, Brown, Callan, Carnevale, Chambers, Contreras, Cortese, Cross, Gordon, Harabedian, Larsen, Madrigal-Weiss, Mitchell, Robinson, and Tsai. Attending Remotely: Commissioner Bernick.

Amariani Martinez, Commission staff, reviewed the meeting protocols.

2: Announcements and Updates

Chair Alvarez invited everyone to gather on the third floor of the Hyatt House Hotel in Midtown at 5 p.m. today for an opportunity to connect and mingle. Beverages and snacks will be available for purchase in a relaxed, no-host setting.

Public Comment

Stacie Hiramoto (attended remotely via Zoom), Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), stated the Rules of Procedure, Section 6.1 (A.2), Structure, states “ideally each standing committee shall have a maximum of 14 members ….” The speaker questioned the use of the word “ideally,” which was adopted at the November 2024 Commission meeting, but was not included in the proposed changes listed in the meeting materials.

[Note: Agenda Item 3 was taken out of order and was heard after the introduction to Agenda Item 5.]

3: Special Presentation

Chair Alvarez stated this agenda item is in the spirit of what Commissioner Robinson named “a caring moment,” an opportunity to begin Commission meetings by centering everyone on the purpose of the work of the Commission and the people it seeks to serve. This practice is meant to remind everyone why the Commission does what it

does and why stories and moments must be listened to that might impact others in ways that are not always seen, and provides an opportunity to reflect on how to better serve the community in these times.

Chair Alvarez stated the Commission will hear a presentation from award-winning poet, Barbara Fant. Ms. Fant's work reflects the beauty, struggles, and resilience of the Black experience. In a time when representation and authenticity matter more than ever, Ms. Fant uses her craft to tell stories that offer a unique perspective that invites the listener to reflect, learn, and grow. Her work is a reminder of the importance of lifting voices that have been historically marginalized and celebrating the richness that diversity brings to the collective experience.

Chair Alvarez thanked Ms. Fant for helping the Commission launch this practice. She asked Ms. Fant to introduce herself and share some of the amazing work she is doing in behavioral health.

Ms. Fant, Program Director, Homeboy Art Academy of Homeboy Industries, stated she is a poet, writer, performer, and facilitator. She has worked for many years with young people and adults who are incarcerated, teaching art as a form of healing. She performed her poem, "Magic Before, Before Magic."

Commissioner Comments & Questions

Vice Chair Rowlett stated words spoken succinctly and powerfully help to advance healing and hope in an affirming way. He thanked Ms. Fant for confirming this truth in her poem and for emphasizing that healing and hope can be achieved in spite of the distractions that happen in life.

4: General Public Comment

There was no public comment.

5: Governance and Legal Requirements

Chair Alvarez stated the Commission will receive an overview of the principles and statutes that guide the work of the Commission and the legal requirements for Commission meetings and Commissioners. She asked staff to present this agenda item.

Chief Counsel Gallardo provided an overview, with a slide presentation, of the role of the Chief Counsel, the Commission's Rules of Procedure, and three important laws: the Bagley-Keene Open Meeting Act, the Political Reform Act Conflict of Interest Laws, and the California Public Records Act. She provided a summary of the types of meetings, purpose, notice, and other requirements of the Bagley-Keene Open Meeting Act. She reviewed a sample Commission agenda and noted the differences between action and informational agenda items. She described the recusal process when Commissioners have a conflict of interest with an agenda item.

Commissioners asked clarifying questions about the rules and procedures.

Public Comment

There was no public comment.

6: Portfolio of Projects

Chair Alvarez stated the Commission will be briefed on key programs and projects, including their history, objectives, and progress, and given an overview of how the budget allocates resources to support each work stream. She asked staff to present this agenda item.

Interim Executive Director Will Lightbourne provided an overview, with a slide presentation, of the Commission in the California behavioral health landscape. He discussed support for behavioral health in the public system, both non-specialty "mild to moderate" needs and specialty mental health and substance use disorder (SUD).

Commissioner Comments & Questions

Commissioner Mitchell asked if the $2 million Substance Abuse and Mental Health Services Administration (SAMHSA) grants are the only federal funding available to the state.

Interim Executive Director Lightbourne stated it is not and noted that the $2 million SAMHSA grant section of the chart on the presentation slide should be $234 million. He asked staff to correct the slide.

Presentation, continued

Interim Executive Director Lightbourne continued the slide presentation and discussed recent California initiatives including peers (Senate Bill (SB) 803), California Advancing and Innovating Medi-Cal (CalAIM), Behavioral Health Community Investment Project, Children and Youth Behavioral Health Initiative (CYBHI), 988 crisis support, Proposition 1, and Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT). He reviewed a detailed slide on each initiative, beginning with peers.

Commissioner Comments & Questions

Commissioner Chambers stated, because of the expansion of CalAIM and Enhanced Care Management (ECM), peers have been operating as community health workers in the commercial plans but have not been given credit. Peers have been educating the commercial plans about the peer workforce and expertise. This is an opportunity for the Commission to uplift the peer workforce. She stated leaving it to the counties was a missed opportunity because counties were overly restrictive with the peer workforce that specializes in physical and behavioral health conditions.

Commissioner Chambers stated peers have stepped up on county integrated teams due to the clinician workforce shortage.

Commissioner Brown asked about the number of county "peers" who are contracted from non-governmental organizations (NGOs) or other organizations rather than members of departments.

Interim Executive Director Lightbourne stated most peers are contracted through community-based organizations. More exploration is required to determine barriers for peers. County behavioral health departments have expressed concerns about liability

and supervision issues. It is not about bad intensions, but the fact that it has not been mapped out and problem-solved as fully as it can.

Commissioner Gordon responded to Commissioner Chambers's comment about peers not being given credit for their expertise. He stated peers in many other job classifications are not trained through the California Mental Health Services Authority's (CalMHSA) training and certification process. There are different training components for different roles. For example, the Department of Health Care Access and Information (HCAI) wellness coach pipeline has been successful and is in the process of being expanded.

Commissioner Madrigal-Weiss asked for a printout of the demographic details shared during the presentation.

Vice Chair Rowlett stated 80 percent of the behavioral health services provided in Sacramento County are done by community-based organizations under contract with the county. All community-based organizations employ credentialled peers who can now draw down federal financial participation (FFP).

Interim Executive Director Lightbourne stated the reason that California was slow in recognizing peer certification is because the people pushing that agenda wanted the state to pick up the non-federal share of the cost, while the state felt it already had provided the funding through Realignment.

Presentation, continued

Interim Executive Director Lightbourne reviewed a detailed slide on the next recent California initiative: CalAIM. He stated CalAIM was created to determine if the Medi-Cal system can be used to address the social determinants of health. Another part of CalAIM that was critical was the recognition of community health workers as a Medi-Cal-reimbursable provider, although the rates are low. Integrating community health workers, peer workers, and wellness coaches is one of the challenges.

Interim Executive Director Lightbourne stated one of the biggest challenges to the success of CalAIM is the difficulty that community-based organizations have in working with Medi-Cal Managed Care. Managed care plans do not know who the community-based organizations are and do not have relationships with them, and community-based organizations do not have billing capacity or Medicaid coding knowledge. This disconnect is something that, across the whole system, will take a lot of work over the next couple of years to address. It is a huge leap for community-based organizations to become Medi-Cal providers.

Commissioner Comments & Questions

Commissioner Chambers stated CalAIM provides a good opportunity to bridge these gaps.

Interim Executive Director Lightbourne stated he highlighted this in his presentation because it is a place where, if the Commission chooses, it can be a value-added player in the near- to mid-future.

Commissioner Gordon agreed. He stated it is helpful to learn the evolution of how CalAIM was put together. It highlights the fact that the biggest problem is access for the

most underserved communities, families, and young people. There are First 5 California Commissions in every county that focus on the 0-5 population. CalAIM is now directing that managed care plans should have Memorandums of Understanding (MOUs) with First 5 California to increase services to the 0-5 population. This is a complicated process with often multiple managed care plans that need to be negotiated.

Commissioner Gordon stated the issue is straightforward: bringing better access to services. He suggested bringing in First 5 California as a way to simplify the process. First 5 California has one person dedicated to this process, but expanding and refining that model makes sense.

Presentation, continued

Interim Executive Director Lightbourne reviewed a detailed slide on the next recent California initiative: Behavioral Health Community Investment Project.

Commissioner Comments & Questions

Commissioner Chambers stated there is an opportunity for the Commission to ensure that community-based organizations stay connected.

Interim Executive Director Lightbourne stated, when there is an urgency to get the funding out, often only organizations that previously contracted with the county make themselves available because they already understand the process. He stated the Commission has an opportunity to address areas with great unmet need in areas such as peer respite.

Presentation, continued

Interim Executive Director Lightbourne reviewed a detailed slide on the next recent California initiative: CYBHI. He reviewed the ongoing and time-limited resources available in this large initiative.

Commissioner Comments & Questions

Commissioner Cross stated community-based organizations are at the center of the CYBHI; yet, only some are well-known. Putting community-based organizations in schools allows them to be noticed more and to present wellness on campuses. She noted that campus clubs are a perfect space to put a community-based organization.

Commissioner Cross highlighted the Take Space to Pause Campaign for ages 13 to 17, which is in schools with an online self-help care plan at takespacetopause.org. She suggested including this campaign along with a helpful app, such as Finch or Soluna, for mental and physical wellbeing. She suggested apps that help youth feel comfortable rather than pressured.

Commissioner Brown stated the challenge is that the time-limited funding will roll off in 2026. He asked about the anticipated amount of funding that will be lost.

Interim Executive Director Lightbourne stated most of the $4.6 billion will roll off in 2026. There is a share of state cost in the ongoing virtual platforms and dyadic services, but that amount is relatively small. He noted that the biggest piece of all this is the permanently-authorized all-payer fee schedule with standardized rates. This will be

permanently funded by all health coverage plans in the state to support children and youth.

Commissioner Gordon stated this makes sense with major amendments. The all-payer fee schedule is not intended to supplant the work of managed care. The managed care work with schools and young people needs to be increased with the basic ongoing funds, but the fee schedule provides the schools with an opportunity to augment services with backup ancillary services, such as the apps mentioned by Commissioner Cross. This will not replace the main funding. The two have to work together: the managed care plans need to see the value of the relationships that schools have with young people and the access that schools can provide them.

Commissioner Gordon stated the need for the HCAI wellness coach training work to morph into something more ongoing with their pipeline to bring young people through the system. He stated his county is piloting a stipend program for young people as they go through community college, four-year institutions, and technical training to be a clinician. He stated schools are eager to provide this essential pathway that begins in junior high.

Commissioner Bontrager asked if wellness coaches have been approved as a provider type under the Medicaid Section 1115 demonstration waiver.

Interim Executive Director Lightbourne stated he will get an update on the status and report back.

Interim Executive Director Lightbourne reported back later in the meeting that the Department of Health Care Services (DHCS) is in the process of completing the proposed State Plan Amendment (SPA) 25-0014 to add certified wellness coach services as a preventive service, to support non-clinical behavioral health needs, and promote physical and behavioral health. The DHCS plans to submit the proposed SPA to the Centers for Medicare and Medicaid Services (CMS) for approval at the end of this month. If approved, it will be retroactive to January 1, 2025.

Presentation, continued

Interim Executive Director Lightbourne reviewed detailed slides on the next recent California initiatives, 988 crisis support, Proposition 1, and BH-CONNECT. He stated early intervention services and supports elevate Community-Defined Evidence Practices (CDEPs) in addition to all the evidence-based practice requirements that are contained in the Behavioral Health Services Act (BHSA). CDEPs are developed local systems of service and support that are particularly relevant to communities of color. He stated the importance of considering ways to elevate CDEPs.

Interim Executive Director Lightbourne stated the Commission's role of reviewing county three-year Integrated Plans for Behavioral Health Services and Outcomes prior to them being submitted to the DHCS for approval is an opportunity to look at areas that are of specific interest to the work of the Commission. He noted that county integrated plans address the use of BHSA funds, but also include Realignment I and II and Medi-Cal funds. Counties will now identify all county behavioral health resources that are being deployed, including the Commission's Advocacy Contract Grantees. There is a huge role for these grantees here. The required participants in the Integrated Plans are a

much broader group than what has historically been in the county behavioral health planning system. Helping these grantees to bring people together and understand who the players are will be important.

Commissioner Comments & Questions

Commissioner Larsen stated the Commission's strategic plan is disconnected from the statewide initiatives it is supposed to be focusing on and its charge legislatively. She suggested revisiting the strategic plan to better align the work.

Presentation, continued

Interim Executive Director Lightbourne continued his slide presentation and discussed the Commission's purpose, tools, funding, and portfolio intersections to drive policy, practice, and transformation. He stated the Commission can highlight gaps, illuminate problems, applaud what is working, and put more resources where something is missing. He noted the importance of being respectful with Commission partners and stated the Legislature values the role of the Commission to be an honest voice. That is something to be preserved.

Commissioner Comments & Questions

Commissioner Robinson stated health systems are looking at scenarios in which 20 to 25 percent cuts to Medicaid is possible, and are exploring contingencies that exist and how to respond if this happens. He asked if behavioral health is doing this.

Interim Executive Director Lightbourne stated the working assumption is that the 1115 Drug Medi-Cal Waivers are approved as they are. The one big fear here is if there is an attempt to change the Medicaid expansion share.

Commissioner Tsai stated his organization is establishing contingency plans for reductions and considering how to respond if there are reductions in the federal match for Medicaid. He thanked Interim Executive Director Lightbourne for outlining what is important for the Commission to understand in this complex and detailed subject matter in order to make informed decisions and express informed perspectives.

Vice Chair Rowlett stated virtually every community-based organization that receives FFP is also conducting budget drills and putting together contingency plans because many community-based organizations derive much of their funding by providing reimbursed services through the FFP match.

Commissioner Bernick suggested that the Commission look into how the $1.9 billion from BH-CONNECT to HCAI is planning to be spent in supporting workforce training, recruitment, and retention of behavioral health care practitioners.

Commissioner Gordon stated, in terms of the $16 million for the Behavioral Health Student Services Act (BHSSA) evaluation, many things happened to change the landscape statewide since the original bill was passed. He stated a retrospective look is helpful, but the Commission needs to see where it will go from here as the funding ends in 2027.

Commissioner Callan suggested highlighting successful programs at every meeting to use as models as a way for the Commission to applaud what is working, as mentioned

in the presentation. Hearing about successes from individuals in the field will add a layer of understanding over just looking at numbers.

Commissioner Mitchell asked if the Commission's current strategic plan is out of sync from statewide work. So much good work has been done. She asked how to take what the Commission has done in the past and tie that to today.

Interim Executive Director Lightbourne stated this afternoon's session will provide connection between the Commission's work and the dynamic universe that is bigger but reflective of the same thing. The question for the Commission is what it can do to add value going forward such as trying to help make the BHSA a success. He shared a quote told to him from a past leader: "Sympathy is seeing someone else's suffering and imagining how you would feel in their condition. Empathy is seeing someone else's suffering and imaging how they feel in that condition. Compassion is sharing the suffering and trying to lift it." He stated the hope that that is where the Commission would want to be.

Commissioner Cross shared an experience where she was able to show compassion. She stated the experience was empowering.

Commissioner Tsai stated he is a believer in the power of focus and in the need for people who have responsibilities placed on them to be informed by all the dots and to be able to connect those dots. He stated this presentation was the dots for Commissioners to consider. It is also important for Commissioners to determine the focus of the Commission, but the Commission cannot focus on all initiatives. It is important for Commissioners to have conversations and make clear decisions on the Commission's focus. The implementation of Proposition 1 and the BHSA should be a focus.

Chair Alvarez emphasized that Interim Executive Director Lightbourne recognized in this presentation that the Commission is part of a landscape and that much of the Commission's success is a collective success in collaboration with other organizations and the community. She suggested doing a power-mapping analysis of where the Commission has opportunities to influence. She stated members of the public come to the Commission uniquely to express their concerns about the system as a whole. She stated the need to consider how the system as a whole can leverage this Commission as that opportunity for connection.

Chair Alvarez gave credit to the role that advocacy plays as a behavioral health intervention in and of itself to empower communities. Empowering communities is a behavioral health intervention and should be treated as such. She asked how to recognize these unique contributions of organization and advocacy that improves the behavioral health of communities.

Vice Chair Rowlett stated Darrell Steinberg coined the phrase "a mile deep and an inch wide," thereby identifying the necessity of a specific focus. Vice Chair Rowlett agreed that this presentation had many dots for Commissioners to consider. There are specific focus opportunities that the Commission needs to agree upon and Proposition 1 should be one of those opportunities. While the DHCS has administrative responsibilities, this Commission is the doorway to convening and hearing the perspective of the diverse

community as articulated by community members. The community provides ongoing strands of evidence related to the effectiveness of the Commission as a convener and as a place where the community can come and share their perspectives regarding what is working and what is not working.

Vice Chair Rowlett stated the need to consider specific opportunities for the Commission to bring in the perspectives of the mild to moderate population and managed care, as those are often talked about but not engaged effectively. He suggested that the Commission facilitate improvement by inviting these individuals to gather together and discuss the data, what is working, and what is making a difference in the lives of people.

Vice Chair Rowlett agreed with the importance of having a strategic plan that is aligned with what Commissioners determine to be the priority of the Commission.

Public Comment

Lynn Rivas, Ph.D., (attended remotely via Zoom), Executive Director, California Association of Mental Health Peer-Run Organizations (CAMHPRO), asked that the Commission support modifying SB 803. One of the perverse outcomes of SB 803 is, even though it gave peers the ability to bill for services helping individuals with severe mental illness, it excludes them from billing to support individuals with mild to moderate mental illness.

Lynn Rivas stated, although some counties subcontract peer work to community-based organizations, the majority of counties are not doing that work. The speaker stated anything the Commission can do to support counties to subcontract with peer-run organizations will not only benefit those organizations but will improve the quality of support individuals receive.

Lynn Rivas stated individuals who can write 5150 holds and the populations that are susceptible to the Community Assistance, Recovery, and Empowerment (CARE) Court program are being increased. This makes it more likely that individuals with severe mental illness will be institutionalized; yet, nothing is being done to protect these individuals in institutions.

Mark Karmatz (attended remotely via Zoom), consumer and advocate, asked if underserved cultural communities be included in this proposal.

Ms. Martinez stated staff will reach out via email to answer this question.

Jay Calcagno (attended remotely via Zoom), Policy Analyst, California Behavioral Health Association (CBHA), expressed general support toward the Commission’s efforts to advance measures that increase access to comprehensive and integrated behavioral health care services for Californians. The speaker stated CBHA partners have expressed concern about the flexibility in funding allocations under Proposition 1, based on local needs. The speaker urged the Commission to consider measures that enhance accountability in county spending plans, increase flexibility in funding allocations between different categories, and increase provider input in determining local needs to inform where funds are allocated.

Laurel Benhamida, Ph.D., (attended remotely via Zoom), Muslim American Society – Social Services Foundation and REMHDCO, stated the presenter's degree of familiarity is what is needed in the Commission's Executive Director applicant chosen. The speaker stated, not only was everyone able to understand everything Interim Executive Director Lightbourne said, it was almost as if he took the Income Tax Code and made it understandable in a half-hour presentation. The speaker stated appreciation and stated this full presentation will be valuable in training administration, staff, and transition age youth (TAY) advocates, who are largely immigrants from countries where the people are not allowed to understand what the government is doing. The speaker thanked Interim Executive Director Lightbourne for his presentation.

Stacie Hiramoto thanked Interim Executive Director Lightbourne for his amazing presentation that made these complex issues as simple as possible. The speaker suggested sharing this presentation across the state. The speaker supported Lynn Rivas's comments and stated CAMHPRO is a good organization.

Stacie Hiramoto stated they are grateful that the state is taking note and supporting CDEPs; however, one of the biggest ways that CDEPs were going to be supported was with a round of funding specifically for CDEPs in the CYBHI, but this was cut when there was a budget shortfall. Black, Indigenous, and People of Color (BIPOC) and LGBTQ communities want and value CDEPs. So often, underserved communities are served last.

Vice Chair Rowlett stated the Commission will pause for a lunch break and return to continue with this agenda item.

7: Lunch

The Commission took a 30-minute lunch break.

Continuation of Portfolio of Projects

Chair Alvarez welcomed everyone back from the lunch break and stated this continuation of Agenda Item 6 will provide an opportunity to delve deeper into the specific work of the Commission and how Commission priorities align with the overarching landscape that Interim Executive Director Lightbourne presented on prior to the lunch break. She asked Commission staff to give their presentations.

Members of the executive staff provided an overview, with a slide presentation, of the Commission's incentive grants and contracts, initiatives, and Proposition 1 projects done in consultation with other departments.

Commissioner Comments & Questions

Chair Alvarez referred to the 0-5 Maternal Behavioral Health slide and stated the BHSA has moved prevention into the California Department of Public Health (CDPH) but, in the process, it was learned that in the Commission's commitment to uplifting community organizations, an opportunity was missed to engage with First 5 California, an important segment of the 0-5 landscape. Each First 5 looks different. Some are county public agencies while others are independent community-based organizations.

Chair Alvarez stated the Commission had a robust discussion about the need to support community-based organizations in this important work; however, this would have inadvertently closed the door to some First 5's that could have been important partners in helping move these resources forward in connecting services and building bridges between services. Even though the Commission moved forward as intended, potential situation highlighted the fact that Commissioner experiences and the expertise they bring strengthens the ability for the Commission to consider the many perspectives in these initiatives. This was an example of a potentially missed opportunity that can be course-corrected moving forward.

Commissioner Tsai referred to the Coordinated Specialty Care for First Episode Psychosis slide and stated clinical settings are often the focus in early psychosis programs, which is necessary, but an area being underleveraged is families and caregivers. Individuals are only in clinical settings for a certain number of hours but are around their family or caregiver all the time. One of the key barriers with early intervention for psychosis is connecting the clinical interventions with the caregivers who are first at detecting that something may be wrong. He suggested that the Commission provide education and engagement with the community on early warning signs to augment the effectiveness of early intervention programs.

Commissioner Chambers, lead on the Commission's peer respite work, shared that there were times when she was inappropriately hospitalized. The Commission is building a crisis continuum that will support individuals with an array of options to divert from hospitalization. This is what offers hope. She noted that individuals heal better in the community.

Commissioner Chambers stated Peer Support Specialists are a chief factor to her success and are a part of the behavioral health team. She stated the Commission has the opportunity to forge relationships with commercial plans and county behavioral health departments to incentivize them to identify barriers and opportunities for funding, such as the transitional housing benefit under CalAIM and drawing down the peer benefit. She suggested innovation that includes commercial, private, public, community, and client. This will increase the consumer workforce.

Commissioner Carnevale stated his innovation perspective is that this country is 250,000 behavioral therapists short. Peers are one of the major ways to address this gap in workforce. He stated the need to be creative across more categories. Peer respites are a great focus area for the Commission.

Commissioner Gordon referred to the SUD Medication-Assisted Treatment (MAT) Pilot slide and suggested, in addition to the SUD MAT pilot, starting the outlines for an approach to working with schools to a greater degree in this area.

Chair Alvarez referred to the Transparency Suite slide and asked about the different approach being taken to assuage concerns.

Melissa Martin-Mollard, Ph.D., Chief of Research and Evaluation, stated staff has solicited county perspectives to help interpret the data. The Commission's role is to highlight aspects of revenues, expenditures, and unspent funds as a way to start the

conversation and to bring in individuals including county partners to help understand these funding aspects and provide invaluable feedback.

Commissioner Madrigal-Weiss stated one of the issues with the Transparency Suite was delayed data. She asked if this issue has been resolved.

Dr. Martin-Mollard stated the DHCS works with counties to ensure the data is accurate and complete prior to being sent to the Commission. This; however, creates a data lag.

Commissioner Madrigal-Weiss asked when other suites will be added.

Dr. Martin-Mollard stated some are already on the website and others are forthcoming.

Commissioner Tsai stated the Behavioral Health Outcomes, Accountability, and Transparency Report (BHOATR) will cover all county funding streams and is one of the dots that can align with the Transparency Suite.

Commissioner Chambers stated BHOATR would be good for the data piece. She suggested that the Commission can provide input on measures of success.

Commissioner Gordon stated the initial hope was to post robust timely data on the website to help individuals understand the effects of some of the Commission's initiatives. This has not yet happened. He stated concern that the Commission will lose credibility if old data is posted on the website. He stated the need to post data that is reflective of the Commission's programs.

Commissioner Carnevale stated the second phase to the strategic planning process that never was finished was to create metrics around impacts, outcomes, and size of investments to help with decision-making. He encouraged completing that process to make the Commission much smarter as a body.

Commissioner Carnevale stated it is not just about aligning with the state and the California Health and Human Services Agency (CalHHS); it is about reporting out to the people, but no one has a measured system to understand how big this problem is or the percentage of the problem that has been addressed successfully.

Interim Executive Director Lightbourne stated, although the fiscal data lags, which slows things down, the Commission has Data Use Agreements with organizations such as the Employment Development Department (EDD) for wage files, agreements pending with the Department of Justice (DOJ) for arrest information and HCAI data around hospitalizations, and possibly to come Medi-Cal encounter data from the DHCS. Putting this data together while holding aside the funding that lags, starts to provide, in more or less real time, the state of wellbeing of the people of California.

Commissioner Mitchell asked if the Commission can rely on counties for data since they are the first point of entry for data.

Dr. Martin-Mollard stated counties are not mandated to submit data directly to the Commission but they are under pressure because of their mandated responsibilities. The Commission is working to enter Data Use Agreements with outside state agency partners to get data directly from the source.

Commissioner Carnevale stated counties have financial expenditures but do not have outcome data.

Commissioner Tsai stated counties do have outcome data. For example, on the substance use side, there is the federal Treatment Episode Data Set (TEDS), the state California Outcomes Measurement System Treatment (CalOMS Tx) data, and local data that is added on top of those data sets. He stated it is not that the data is not there, but that it is perhaps a visibility issue.

Commissioner Chambers stated Proposition 1 was supposed to address this. A big part of Proposition 1 is data. She suggested that the Commission align with the state plan to support the counties.

Commissioner Callan stated, in business, when someone is given funding, there should be an outcome. He suggested making optics accessible on the website so members of the public can see the results of their tax money. He suggested using the data already gathered in an efficient way to celebrate the work of the Commission.

Commissioner Gordon referred to the Leveraging Strategic Partnerships slide on the short film “Hiding in Plain Sight: Youth Mental Illness” and stated these films can be enormously powerful. He suggested highlighting a film, which was produced by a high school junior, that has been shown all over the country on the impact of fentanyl on a community.

Commissioner Robinson asked what the Commission is doing in the social media space and how Commissioners can help.

Andrea Anderson, Chief of Communications, stated there are many opportunities for Commissioners to connect with the Commission’s social media platforms to help showcase the work of the Commission.

Commissioner Brown suggested posting the “Hiding in Plain Sight” film on the Commission’s website.

Commissioner Chambers asked Ms. Anderson to forward the Commission’s social media press kit to Commissioners to put out to their organizations’ social media followers. She committed to passing on any posts sent from Ms. Anderson’s staff to her social media followers.

Ms. Anderson stated she would love to leverage the Commissioners’ networks.

Commissioner Tsai stated he has long been a believer of the power of story to move hearts and minds. Although short films are great, they are resource and time intensive. He suggested collecting photo journals with stories created by the community and posting them on the website.

Assembly Designee Pulmano asked how the Commission is getting the word out about the Art With Impact and “Hiding in Plain Sight” films. She stated the Legislature is responsible for budget and funding; it is important that members of the Legislature are kept apprised of the Commission’s work by reviewing things such as the “Hiding in Plain Sight” short film.

Public Comment

Stacie Hiramoto commended Commission staff for their presentations and their exemplary work. The speaker stated the public trusts them and looks forward to working with them going forward.

Stacie Hiramoto stated the former Executive Director's lack of commitment to and understanding of programs and services that serve BIPOC and LGBTQ communities was obvious to many members of the community. The presentation on the Commission's portfolio illustrates this when reviewing the choice of programs that the Commission has chosen to fund and focus on over others. The speaker provided the following example: the allcove™ Youth Drop-In Centers, which is known for being set up more in schools serving upper income areas and few schools in low-income areas that primarily serve youth of color. Also, early psychosis identification may be affective and evidence based, but the speaker's colleagues at the county level have stated they would much rather have spent Mental Health Services Act (MHSA) prevention and early intervention dollars on other programs. Early psychosis identification is expensive and, as Commissioner Tsai noted, it is focused on a clinical setting as opposed to families and communities. With the shortage of bilingual, bicultural physicians and clinicians that early psychosis identification requires, it is no surprise that this is not a program that reduces disparities.

Stacie Hiramoto stated; although these are good programs, programs that would have definitely reduced disparities and are desired by BIPOC and LGBTQ communities, such as the California Reducing Disparities Project (CRDP), were not supported by the former Executive Director and this affected the knowledge and support of Commission staff and Commissioners.

Stacie Hiramoto stated they have concern regarding the Community Advocacy Grants but most of the shortcomings are due directly to the actions and values of the former Executive Director. Before the administration of these advocacy grants was placed under the Commission, staff of the grantees and representatives of the communities they serve were always present at Commission meetings, including this one. The grants were designed deliberately with this outcome in mind.

Mark Karmatz stated they and many individuals in underserved communities would like to see the Ken Burns short film, "Hidden in Plain Sight." The speaker asked where it can be accessed.

Laurel Benhamida thanked staff for the good presentation. Dr. Benhamida referred to the Fiscal Transparency Suite and stated the Refugee Resettlement Organizations and many who serve immigrants and refugees are currently being completely defunded and their business model is being broken, similar to what happened with the 2017 Presidential administration. At least one organization in California has already closed.

Dr. Benhamida asked the Commission to help community-based organizations in California to survive? The speaker asked if counties can release emergency funds or other funds that have not yet been spent to help community-based organizations through these tough times and to build new business models. If community-based organizations cannot survive, then behavioral health disparities will soar.

Dr. Benhamida stated REMHDCO is the Racial and Ethnic Mental Health Disparities Coalition, and, yet, both “mental health” and “disparities” are now on lists of banned words from the federal government.

Steve McNally (attended remotely via Zoom), family member and Member, Orange County Behavioral Health Advisory Board, speaking as an individual, suggested polling the local behavioral health advisory boards about their involvement with community engagement because their involvement is probably low. The Commission can spend 5 percent of BHSA funds on community engagement. The speaker stated California has been able to spend $100 million annually over the last five years to determine what works, what does not work, and what needs to be expanded in the community. The speaker stated concern that the same faces are at the table and very few are system users.

Steve McNally agreed with Commissioner Tsai that counties have lots of data and no one is asking for it, but they do not have an easy way to show it. It was estimated that Orange County would have to spend $90 million to address Proposition 1 reporting. The Open Data Portal has tons of data that is reported by other agencies across the state, some of which is what Commissioners asked for today.

Steve McNally asked that the Commission see itself as the leader to integrate Los Angeles, Riverside, San Barnardino, and Orange Counties. The speaker stated these four counties make up 45 percent of California. If Commissioners connected to the local behavioral health advisory boards, which connected to the California Behavioral Health Planning Council (CBHPC) and the Legislature across each area, that would be helpful in getting visibility across the state.

Steve McNally stated concern that there is a Sacramento bubble that either is acknowledged or not. Until it is acknowledged that no one really listens to anyone across the state but they just tell people what to do, problems cannot be solved.

[Note: Agenda Item 8 was taken out of order and was heard after Agenda Item 9.]

8: <u>Team Organization and Responsibilities</u>

Chair Alvarez stated Commissioners will learn more about the staffing structure of the Commission and the responsibilities of the various teams. She asked staff to present this agenda item.

Members of the executive staff provided an overview, with a slide presentation, of the roles and responsibilities of the Commission’s Executive team and their staff.

Commissioner Comments & Questions

Commissioner Robinson asked how the Commission monitors and assesses employee engagement.

Norma Pate, Deputy Director of Administration and Performance Management, stated the Commission’s organizational chart has recently been updated so staff are working with new managers and teams. Workloads and classifications have been considered to ensure their work and classification are in line with what the Commission needs to accomplish. Some duties have changed so the Executive staff is meeting with each

individual staff member to go over their work and discussing what needs to be accomplished with the Commission and ensuring that their duties align with the Commission's needs.

Commissioner Robinson asked if there is a consistent mechanism annually or twice a year to capture opinions about the workplace to ensure that staff feel engaged and that their voices are being heard.

Deputy Director Pate stated a confidential survey is being developed. Once it is complete, the plan is to send it to staff annually.

Commissioner Robinson asked if part of the process will be to gather and produce action plans from the survey results.

Deputy Director Pate agreed that that will be part of the process.

Commissioner Contreras asked if procurement lays within operations and programs in the charts.

Tom Orrock, Deputy Director of Program Operations, stated procurement does lay within operations and programs under the grant programs. He noted that procurement also is included in the Community Advocacy Contracts.

Commissioner Contreras asked for additional detail on the IT infrastructure and whether current systems can be better leveraged or if new systems will be required.

Deputy Director Pate stated federal and state requirements include specific policies and procedures to be in place in order to receive data from other departments. A new IT infrastructure will need to be built and Data Use Agreements will need to be negotiated. Also, every other year, there is an assessment by the Department of the Military to ensure that the Commission has a safe and secure environment while receiving data and that the information access on computers is in compliance. Oftentimes, an action plan is made from the results of the assessment.

Commissioner Contreras asked staff to share the Commission's organizational chart with Commissioners.

Commissioner Gordon asked if the plan is for the Commission to continue meeting once a month.

Vice Chair Rowlett stated Proposition 1 requires quarterly meetings; however, the Commission can determine if that is sufficient.

Interim Executive Director Lightbourne added that, although quarterly meetings may work in the future, the next few meetings will be monthly due to possible changes in the budget from the Governor's May Revise. He noted that there continues to be no meeting in June. Meeting frequency can be revisited after the July meeting and again after the new Executive Director and additional Commissioners are on board toward the end of the year.

Commissioner Gordon suggested scheduling two-day meetings well in advance.

Commissioner Gordon agreed with the new standing Advocacy Spotlight agenda item and with Commissioner Callan's suggestion about highlighting successful programs as

a standing agenda item to use as models so the Commission has the opportunity to learn about program results.

Commissioner Contreras suggested posting a video clip of someone talking about what behavioral health is on the website as a way to increase social media traffic.

Chair Alvarez stated there is excitement around Medi-Cal right now and the opportunity to better pay and sustain programs because of Medi-Cal. There are challenges to bringing in community-based organizations, peers, and community health workers. The intention, promise, and leadership in the state is there, while at risk of losing billions of dollars from the federal level.

Chair Alvarez stated organizations are often siloed and no one talks about how different health care components are that impact the work. If California loses billions of dollars in Medicaid funding, all the promises discussed today are at risk. She stated she does not know what that means for the work of the Commission and opportunities to engage with sister agencies. Community members are worried. She asked Commissioners how this is coming up in their organizations.

Vice Chair Rowlett agreed that a percentage reduction in the federal share is expected.

Commissioner Tsai stated Chair Alvarez's and community members' anxiety is shared. He stated Los Angeles County has expanded every service it offers as a way to compensate for future reductions. The loss of the federal match and potentially the federal waivers would be devastating.

Commissioner Robinson stated health systems are looking at this in detail. He stated his county is operating as though they had advance warning about the COVID-19 pandemic and are making preparations, such as alternative spaces for care, recommended changes to the Emergency Medical Treatment and Active Labor Act (EMTALA), and what will happen in emergency rooms and primary care.

Commissioner Gordon stated this is a large issue for schools. Clinicians are currently posted in approximately 60 schools in Sacramento County who bill back to Medi-Cal. It would be catastrophic if those clinicians were removed.

Public Comment

Steve McNally thanked the Chair for putting this conversation on the table. The speaker reminded everyone that there are 40 million Californians, 12 million of which are on Medi-Cal. The speaker asked the Commission to consider what it does to empower communities for success. The Commission's success is success for his son with schizophrenia and is success for all the agencies under the executive branch at the state not working in silos.

Steve McNally suggested using the BHSA as a pilot on how to lose money, since the MHSA essentially lost its entire budget at the county level every three years. That is the financial impact. It only actually lost 5 percent at the state, but it had restrictions put on the housing bundle.

Steve McNally stated the Commission has the most influence in the state of all the groups. The speaker stated there is confusion between CalAIM and serious mental

illness and having systems mirror each other. The speaker asked the Commission to use its influence to connect everyone together.

Steve McNally stated, when Proposition 1 was first proposed, advocates tried to get community-based organizations to seek their boards of directors' involvement with lack of success. Advocates also tried to get the current 5,000 Certified Peer Specialists connected by name and county, so that they could at least participate, and that was not successful either.

Steve McNally stated most community members have given up coming to their local county boards or going to state meetings. Very few individuals who attend meetings provide public comment. The speaker suggested providing an opt-in e-list at every meeting for participants to include their name and organization as a way to build capacity across the state. The public is looking for leadership. The speaker suggested that each Commissioner host a showing of the short film on a movie screen in their local county or at their organization. The Commission can organize town halls and pop-up health fairs as a way of reimagining the Commission's ability to connect back to the support systems and the end users, rather than always looking up to the funders.

9: Budget Update

Chair Alvarez stated the Commission will hear a presentation on the Commission's budget and expenditures for the 2024-25 fiscal year. She asked staff to present this agenda item.

Norma Pate, Deputy Director of Administrative Services and Performance Management, provided an overview, with a slide presentation, of the Commission's mid-year budget update for fiscal year 2024-25 and proposed budget for fiscal year 2025-26.

Commissioner Comments & Questions

Commissioner Gordon asked for more detail on the Integrated Care Certificate Pilot Program.

Interim Executive Director Lightbourne stated the Breaking Barriers contract has two parts: to support the annual symposium, as reported at a prior Commission meeting, and to experiment with how to help schools, health care workers, and social services staff learn how to collaborate on individual student needs. The curriculum is to help these disciplines, that often do not speak the same language, learn to work together as a team with a common vocabulary.

Assembly Designee Pulmano referred to the $3 million Mental Health Wellness Act Emergency Psychiatric Assessment, Treatment, and Healing (EmPATH) funds and asked if the "remaining $2 million to be divided among the other grantees" means the other nine programs, except Sutter Coast.

Deputy Director Pate stated it does.

Assembly Designee Pulmano stated this funding is for the grantees to expand their programs. She asked what that means.

Deputy Director Pate stated the grantees will be awarded funding to expand their programs based on expansion proposals submitted.

Commissioner Robinson asked about the length of time the Commission's 10 staff positions have been vacant.

Deputy Director Pate stated hiring positions were withheld for nine months, due to the budget reduction. Staff recruitments began three months ago for three Research Scientist III positions, one Manager III position, a few limited-term positions that were made permanent, and an Attorney position, which has recently been filled.

Public Comment

There was no public comment.

Action: Chair Alvarez asked for a motion to approve the budget. Commissioner Brown made a motion, seconded by Vice Chair Rowlett, that:

- *The Commission approves the Fiscal Year 2024-25 expenditure plan and associated contracts.*

Motion passed 13 yes, 0 no, and 1 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Bontrager, Brown, Callan, Carnevale, Chambers, Contreras, Cross, Gordon, Mitchell, Robinson, and Tsai, Vice Chair Rowlett, and Chair Alvarez.

The following Commissioner abstained: Commissioner Larsen.

10: Adjournment

Chair Alvarez invited everyone to gather on the third floor of the Hyatt House Hotel in Midtown at 5 p.m. for an opportunity to connect and mingle. Beverages and snacks will be available for purchase in a relaxed, no-host setting.

Chair Alvarez recessed the meeting at 3:48 p.m. and invited everyone to join the Commission for Day 2 of the meeting tomorrow morning at 9:00 a.m.

Commission for Behavioral Health

March 26, 2025 Commission Meeting
Commissioner Roll Call

	Name	Present In Person	Present Virtual	Absent	On Leave
1.	Commissioner Baer	☐	☐	☒	☐
2.	Commissioner Bernick	☐	☒	☐	☐
3.	Commissioner Bontrager	☒	☐	☐	☐
4.	Commissioner Brown	☒	☐	☐	☐
5.	Commissioner Bunch	☐	☐	☒	☐
6.	Commissioner Callan	☒	☐	☐	☐
7.	Commissioner Carnevale	☒	☐	☐	☐
8.	Commissioner Chambers	☒	☐	☐	☐
9.	~~Commissioner Chen~~	☐	☐	☐	☒
10.	Commissioner Contreras	☒	☐	☐	☐
11.	Commissioner Cortese (or Designee Swartz)	☒	☐	☐	☐
12.	Commissioner Cross	☒	☐	☐	☐
13.	Commissioner Gordon	☒	☐	☐	☐
14.	Commissioner Harabedian (or Designee Pulmano)	☒	☐	☐	☐
15.	Commissioner Larsen	☒	☐	☐	☐
16.	Commissioner Madrigal-Weiss	☒	☐	☐	☐
17.	Commissioner Mitchell	☒	☐	☐	☐
18.	Commissioner Robinson	☒	☐	☐	☐
19.	Commissioner Southard	☐	☐	☒	☐
20.	Commissioner Tsai	☒	☐	☐	☐
21.	Vacant	☐	☐	☐	☐
22.	Vacant	☐	☐	☐	☐
23.	Vacant	☐	☐	☐	☐
24.	Vacant	☐	☐	☐	☐
25.	Vacant	☐	☐	☐	☐
26.	Vice-Chair Rowlett	☒	☐	☐	☐
27.	Chair Alvarez	☒	☐	☐	☐
	Totals:	17	1	3	1

14 commissioners are needed in person to establish a quorum.

Commission for Behavioral Health

Motions Summary
March 26, 2025 Commission Meeting

Motion #: 1 (Agenda Item 9 – Commission's Mid-Year Budget Update)
Proposed Motion:

That the Commission approve the Fiscal Year 2024-25 expenditure plan and associated contracts.

Commissioner making motion: Brown
Commissioner seconding motion: Rowlett

Motion carried _X_ yes, __ no, and __ abstain, per roll call vote as follows:

	Name	Yes	No	Abstain	Absent	On Leave		Name	Yes	No	Abstain	Absent	On Leave
1.	Commissioner Baer	☐	☐	☐	☒	☐	15.	Commissioner Larsen	☐	☐	☒	☐	☐
2.	Commissioner Bernick	☐	☐	☐	☒	☐	16.	Commissioner Madrigal-Weiss	☐	☐	☐	☒	☐
3.	Commissioner Bontrager	☒	☐	☐	☐	☐	17.	Commissioner Mitchell	☒	☐	☐	☐	☐
4.	Commissioner Brown	☒	☐	☐	☐	☐	18.	Commissioner Robinson	☒	☐	☐	☐	☐
5.	Commissioner Bunch	☐	☐	☐	☒	☐	19.	Commissioner Southard	☐	☐	☐	☒	☐
6.	Commissioner Callan	☒	☐	☐	☐	☐	20.	Commissioner Tsai	☒	☐	☐	☐	☐
7.	Commissioner Carnevale	☒	☐	☐	☐	☐	21.	Vacant	☐	☐	☐	☐	☐
8.	Commissioner Chambers	☒	☐	☐	☐	☐	22.	Vacant	☐	☐	☐	☐	☐
9.	~~Commissioner Chen~~	☐	☐	☐	☐	☒	23.	Vacant	☐	☐	☐	☐	☐
10.	Commissioner Contreras	☒	☐	☐	☐	☐	24.	Vacant	☐	☐	☐	☐	☐
11.	Commissioner Cortese (or Designee Swartz)	☐	☐	☐	☒	☐	25.	Vacant	☐	☐	☐	☐	☐
12.	Commissioner Cross	☒	☐	☐	☐	☐	26.	Vice-Chair Rowlett	☒	☐	☐	☐	☐
13.	Commissioner Gordon	☒	☐	☐	☐	☐	27.	Chair Alvarez	☒	☐	☐	☐	☐
14.	Commissioner Harabedian (or Designee Pulmano)	☒	☐	☐	☐	☐		**TOTALS**	**14**	**0**	**1**	**6**	**1**

BEHAVIORAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION

Commission Meeting Minutes

Date March 27, 2025

Time 9:00 a.m.

Location BHSOAC
1812 9th Street
Sacramento, California 95811

Members Participating:

Mayra Alvarez, M.H.A., Chair
Alfred Rowlett, M.B.A., M.S.W., Vice Chair
Pamela Baer
Michael Bernick*[1]
Mark Bontrager, J.D., M.S.W.
Sheriff Bill Brown, M.P.A.
Robert Callan, Jr.
Steve Carnevale
Rayshell Chambers, M.P.A.
Christopher Contreras
Senator Dave Cortese, J.D.
by Marjorie Swartz
Makenzie Cross
David Gordon, Ed.M.
Assembly Member John Harabedian
by Rosielyn Pulmano
Karen Larsen
Mara Madrigal-Weiss, M.Ed., Immediate Past Chair
Jay Robinson, Psy.D., M.B.A.
Gary Tsai, M.D., DFAPA, FASAM

*Participated remotely
[1] a.m. only

Members Absent:

Keyondria Bunch, Ph.D.
Shuo Chen, J.D.
Gladys Mitchell, M.S.W.
Marvin Southard, Ph.D.

BHSOAC Meeting Staff Present:

Will Lightbourne, Interim Executive Director
Sandra Gallardo, Chief Counsel
Tom Orrock, Deputy Director, Program Operations
Norma Pate, Deputy Director, Administration and Performance Management
Kendra Zoller, Deputy Director, Legislation
Melissa Martin-Mollard, Ph.D., Chief, Research and Evaluation
Kallie Clark, Ph.D., Research Scientist Supervisor
Amariani Martinez, Administrative Support
Lester Robancho, Health Program Specialist
Cody Scott, Meeting Logistics Technician

[Notes: Day 2 Agenda Item 8 was taken out of order. These minutes reflect this Agenda Item as listed on the agenda and not as taken in chronological order.]

1: Call to Order and Roll Call

Chair Mayra Alvarez reconvened the Meeting of the Behavioral Health Services Oversight and Accountability Commission (BHSOAC, Commission, or Commission for Behavioral Health (CBH)) to order at 9:06 a.m. and welcomed everyone. The meeting was on Zoom, via teleconference, and held at the BHSOAC headquarters, located at 1812 9th Street, Sacramento, California 95811.

Chair Alvarez stated the Commission's Strategic Plan for 2024-27 was approved at the January 25th Commission meeting last year. She reviewed a slide about how today's agenda supports the Commission's Strategic Plan Goals and Objectives, and noted that the meeting agenda items are connected to those goals to help explain the work of the Commission and to provide transparency for the projects underway.

Chair Alvarez noted for the record that the Commission is required by the Bagley-Keene Open Meeting Act to have a minimum of fourteen Commissioners in person to establish a quorum to conduct business today.

Chief Counsel Gallardo, called the roll and confirmed the presence of a quorum. Attending in Person: Chair Alvarez, Vice Chair Rowlett, and Commissioners Baer, Bontrager, Brown, Callan, Carnevale, Chambers, Contreras, Cortese, Cross, Gordon, Harabedian, Larsen, Madrigal-Weiss, Robinson, and Tsai. Attending Remotely: Commissioner Bernick.

Ms. Martinez reviewed the meeting protocols.

2: Announcements and Updates

Chair Alvarez thanked everyone who attended the meeting yesterday, where Commissioners and the public had the opportunity to learn about what the Commission does, how it does it, and the procedures it must follow as a state body accountable to the public. She thanked staff for their presentations and the hard work they do. She invited Commissioner Bernick to share comments and reflections from yesterday's meeting.

Commissioner Bernick stated this is the best Commission to be a part of. He stated the prominence of and resources for behavioral health today is greater than it has been over the past 40 years. He stated the Committee structure that will be discussed later in today's agenda is important. He suggested utilizing Commissioner and staff expertise for specific work groups and issues.

Commissioner Bernick stated, as an independent Commission, this body can add value in challenging the system, not in an adversarial way but by continuing to push and ask questions about effectiveness, outcomes, and improvement. State government often gets too distant from the customer. He encouraged the Commission to continue to focus on what every issue means for the person with behavioral health issues in each county and in each region of this diverse state. This will be valuable.

Commissioner Bernick agreed with Commissioner Callan's suggestion yesterday about identifying successful programs at each meeting.

Chair Alvarez gave the announcements as follows:

Commission Representation

Vice Chair Rowlett will serve as an ex-officio member of the CBHPC on behalf of the Commission. The Council, made up of 32 members appointed by the DHCS, plays a key role in advising on behavioral health services across California. The next quarterly meeting of the Council will take place from April 15th to 18th in Folsom. The Commission looks forward to strengthening its partnership with the Council and hearing valuable updates from Vice Chair Rowlett.

Caring Moments

Commission meetings will begin with "a caring moment" as suggested by Commissioner Robinson to help Commissioners center themselves on the purpose of the work and the people served. This practice is meant to remind everyone why the Commission does what it does, why stories and moments must be listened to that might impact others in ways that are not always seen, and provides an opportunity to reflect on how to better serve the community. This practice was begun yesterday with poet Barbara Fant, who highlighted art as healing and art as a behavioral health intervention, particularly the practice of poetry.

Commissioner Robinson shared a caring moment about the K-12 Advocacy Contractor Jakara Movement hosting a teen behavioral health conference at Yuba College on February 28th, where over 220 teams gathered in a supportive environment to explore behavioral health. It was an example of how education and support can uplift and empower communities.

Today's Closed Session

The Commission will be moving into Closed Session during the lunch break. The Executive Director Screening Committee held three meetings last week to interview potential candidates for the role. Today's Closed Session provides the opportunity for the Committee to present recommendations to the full Commission for their consideration. The Closed Session will also include an update on open litigation matters. Time adjustments were made to various agenda items to allow more time for the Closed Session. A report out will be done on any actions taken during Closed Session.

Commissioner Comments & Questions

Commissioner Brown stated last year the Commission supported a piece of legislation that had its genesis during a Commission meeting when a member of the public commented about being someone who struggled with mental illness and was in a dark place and was having suicidal ideation. This member of the public was an attorney who, while in a lucid moment, wanted to be placed on the Do Not Sell list for firearms but they found there was no way to do that through state or federal processes. As a result of that public comment, Commissioner Brown took that idea back, worked it up, and went to the state sheriffs who then proposed a bill sponsored by Senator Limon. It got through

one Committee but the Appropriations Committee killed the bill as they killed most of the bills last year.

Commissioner Brown stated, since that time, the bill has been reworked and Senator Limon has reintroduced the bill under now SB 320 and the bill has been co-sponsored by the Attorney General. SB 320 has passed through the Senate Public Safety Committee on Tuesday and is scheduled to go the Senate Judiciary Committee on either the 8th or the 22nd of April.

Commissioner Brown asked Commissioners to endorse SB 320 and the Commission to provide a letter of support to Senator Limon.

Interim Executive Director Lightbourne stated the Bagley-Keene requirements will not allow a non-agendized item as an action item; however, he noted that Commissioners can individually write to the appropriate Committees stating they support the bill and noting that the Commission will have an action item on the bill at its April Commission meeting.

Commissioner Brown asked staff to prepare the appropriate letters for Commissioners.

Commissioner Bontrager suggested including that the Commission has voted to support the previous bill.

Chair Alvarez asked Interim Executive Director Lightbourne to send in a letter of support referencing the previous Commission vote for the legislation. She thanked Commissioner Brown for bringing this to the Commission's attention and congratulated him on that great work.

Staff prepared and distributed letters to Commissioners providing the option for Commissioners to sign in support of SB 320. Staff will then send the letters of support to the appropriate legislative committees noting that the Commission will have an action item on the bill at its April Commission meeting.

3: General Public Comment

There was no public comment.

4: Consent Calendar

Chair Alvarez stated this month's Consent Calendar includes the approval of the meeting minutes from the February Commission meeting and six innovation plans – four from San Mateo County, one from Ventura County, and one from San Luis Obispo County. She reminded everyone that all matters listed on the Consent Calendar are routine or noncontroversial and can be acted upon in one motion. There will be no separate discussion of these items prior to the time that the Commission votes on the motion unless a Commissioner requests a specific item to be removed from the Consent Calendar for individual action.

Chair Alvarez stated these innovation proposals align with the BHSA and include plans for sustainability. She noted that the documents related to these projects and the staff analyses are included in the meeting materials. She provided a synopsis of each of the six innovation proposals:

Innovation Proposals:

- San Mateo County's first innovation funding request is for up to $580,000 of innovation spending authority to implement a program that provides peer support to peer workers. Peer support is an evidence-based practice that utilizes peers to improve outcomes and quality of life of community members experiencing mental health and/or substance use challenges.
    - This project follows the peer support approach to meet the behavioral health and recovery needs of individuals with lived experience who also serve as part of the behavioral health workforce.
- San Mateo County's second innovation funding request is for up to $990,000 of innovation spending authority to test a solution to a known barrier that affects the wellness and housing stability of San Mateo County clients: a lack of temporary animal care during times of functional decline.
    - The county reports that a significant number of clients living with mental health and/or substance use challenges rely on the comfort and support of their companion animals, and the county hypothesizes that temporary animal care would support wellness and increase housing stability. This project will 1) facilitate entry into higher levels of care, and 2) help housed clients maintain housing.
- San Mateo County's third innovation funding request is for up to $1,600,000 to join Sacramento and Santa Clara Counties in the allcove™ Multi-County Collaborative.
- San Mateo County's fourth innovation funding request is for up to $5,650,000 of innovation spending authority to prepare for implementation of Proposition 1 by joining a component of Orange County's Progressive Improvements for Valued Outpatient Treatment (PIVOT) Innovation Project. The Orange County PIVOT Project was approved on November 21, 2024. Specifically, the county is requesting to join the component seeking to develop capacity for Specialty Mental Health Plan services with diverse communities.
- Ventura County has submitted an innovation funding request for up to $2,587,377 of innovation spending authority to provide peer supports and resources for both veterans and emergency first responders who may encounter challenges transitioning to non-emergency and non-military civilian life.
- San Luis Obispo County has submitted an innovation funding request for up to $600,000 of innovation spending authority to prepare for implementation of Proposition 1 by assessing current systems and capacities and transitioning them into a more efficient and sustainable funding structure through direct and personalized technical assistance. Specific programs that this project will focus on include FSPs, school-based counseling and early intervention programs, peer support services, and other eligible behavioral health services.

Commissioner Comments & Questions

Commissioner Tsai asked if these projects were funded by the MHSA prior to the transition to the BHSA.

Chair Alvarez state they were.

Commissioner Tsai stated the need for innovation plans to include how counties are investing the BHSA in both mental health and SUD.

Public Comment

There was no public comment.

Action: Chair Alvarez asked for a motion to approve the Consent Calendar. Vice Chair Rowlett made a motion, seconded by Commissioner Robinson, that:

- *The Commission approves the Consent Calendar as presented.*

Motion passed 13 yes, 0 no, and 2 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Bontrager, Brown, Callan, Carnevale, Contreras, Cross, Harabedian by Assembly Designee Pulmano, Larsen, Madrigal-Weiss, Robinson, and Tsai, Vice Chair Rowlett, and Chair Alvarez.

The following Commissioners abstained: Commissioners Baer and Chambers.

5: Advocacy Spotlight

Chair Alvarez stated the Commission has advocacy contracts with organizations that represent the needs of consumers, diverse racial and ethnic communities, families of consumers, immigrants and refugees, K-12 students, LGBTQ communities, parents and caregivers, transition age youth, and veterans. These groups have unique challenges when attempting to access behavioral health resources. These contracts are intended to ensure that the interests of these groups are represented in local behavioral health planning and state-level policy making. To accomplish their work, the contracted advocacy organizations conduct advocacy activities, training, and outreach and engagement events around the state.

Chair Alvarez stated the Advocacy Spotlight is a new standing agenda item for the Commission. One contracted advocacy organization will be invited to share the work they are doing to provide advocacy around the state on behalf of and with marginalized and often underserved populations.

Chair Alvarez stated the Commission will hear a presentation from Mental Health America of California (MHAC) about their advocacy work conducted with LGBTQ communities. She asked the representatives from MHAC to present this agenda item.

Anthony Garibay-Mena, Project Manager, LGBTQ, Inclusivity, Visibility, Empowerment (LIVE) program, MHAC, and Danny Thirakul, Public Policy Coordinator, California Youth Empowerment Network (CAYEN), a youth-led program of MHAC, provided an overview, with a slide presentation, of the work, accomplishments, and impacts of MHAC's advocacy and engagement activities. The team stated community feedback indicates

the need for access to LGBTQ-competent behavioral health care; yet, the community often avoids seeking behavioral health care due to fear of discrimination.

A short video was shown titled, “Voices from the Community,” which included inspiring clips of events in the community featuring program participants.

Mr. Thirakul stated the Commission has an opportunity to formally recognize the LGBTQ community as a priority population under the Innovation Partnership Fund. Given the significant disparities in LGBTQ behavioral health access and outcomes, the community meets the requirements of the fund.

Mr. Garibay-Mena asked the Commission to support the community in creating and maintaining LGBTQ community-defined safe spaces that provide LGBTQ affirming care, culturally responsive supports and services, inclusive community integration, direct services, and increased belonging. He invited Commissioners and Committee staff to attend the upcoming MHAC WE LIVE: WERK’n Proud, LIVE’n Loud Annual Conference at The California Endowment in Sacramento on April 9, 2025.

Commissioner Comments & Questions

Commissioner Chambers asked what MHAC is doing to address issues with Black women and inclusion in the LGBTQ community. She offered to partner with MHAC on this issue.

Mr. Garibay-Mena stated MHAC meets the community where they are. Many Black women are engaged in MHAC activities throughout the state and are part of the community voice used in establishing policies for change.

Heidi Strunk, President and CEO, MHAC, stated MHAC is happy to work with Commissioner Chambers in any capacity.

Commissioner Brown asked if MHAC has a Narcan distribution program to help reduce suicides in the LGBTQ community.

Ms. Strunk stated it does not but MHAC is currently working with its legal team to put a plan in place this year.

Assembly Designee Pulmano asked about the work done and barriers in access to care in rural areas.

Mr. Garibay-Mena stated MHAC is establishing trusting relationships within rural communities and conducting workshops and power and asset mappings to connect members of the community. A barrier specifically seen in the Superior Region is access to care. Rural areas often do not have access to the internet to tap into online resources or access to transportation to attend activities. He stated Stonewall Alliance Center in Butte County, a LIVE program partner, connects community to behavioral health resources. He noted that affirming providers are expressing the need for additional support to help the community and to connect with other affirming therapists.

Chair Alvarez asked how the work and activities translate into civic and political advocacy opportunities.

Mr. Thirakul stated MHAC looks at state-level legislation that impacts this community directly – legislation that either supports and uplifts the community or tries to erase their

existence. Data shows a strong relationship with legislation that does not recognize the community, creates further disparities, and increases the number of suicide attempts.

Ms. Strunk stated part of what MHAC does during the education process is helping the community better understand the pathways through policy to guide them to appropriate places of advocacy to tap into funding.

Commissioner Chambers agreed with learning about and taking positions on bills and policies. She stated the need to support the community at the local level, and to mobilize the community to attend meetings to speak on issues and connect projects and county integrated plans.

Public Comment

Elizabeth Oseguera (attended in person), Director of Public Policy, California Alliance of Child and Family Services (CACFS), thanked MHAC for the work they do in helping communities in accessing behavioral health services, especially LGBTQ communities. The speaker stated the CACFS requests that the Commission continue its work with community-based organizations and invest and support in ensuring that special populations have access to behavioral health services.

Steve McNally stated parents attended the Orange County Board of Supervisors meeting for their children in middle and high school who are part of the transgender community. The parents pointed out that the nearest resources for their children are difficult to reach in Orange County.

Steve McNally thanked Mr. Thirakul and CAYEN for providing their assistance when the board of supervisors was looking for advocates who were knowledgeable about behavioral health issues in the state. The speaker encouraged Commissioners to review the Peer Empowerment Ladder, created by CAYEN and presented at a previous Commission meeting.

Steve McNally suggested that all Community Advocacy Contractors prepare a single page at every presentation of each of their advocacy programs. Commissioners and meeting participants may be interested in additional advocacy programs, along with the one being highlighted.

Jodie Geddes (attended remotely via Zoom), Safe Outside the System Program Director, Restorative Justice for Oakland Youth (RJOY), stated the importance of the history and the legacy left behind around advocacy and creating spaces for healing. The speaker asked about MHAC's approach to the theory of change and circle work and if it is a restorative justice approach.

Mark Karmatz stated the Los Angeles County community planning team meeting will take place online tomorrow. The speaker stated the hope that Commissioner Chambers will be in attendance as a liaison between the Commission and the community planning team.

6: **There was no Agenda Item 6.**

7: Formation of Committees

Chair Alvarez stated the Commission has two standing Committees: The Cultural and Linguistic Competency Committee (CLCC) and the Client and Family Leadership Committee (CFLC). These Committees are composed of both Commissioners and community members. These Committees have been on hiatus while the Commission has adjusted to recent leadership changes. The Commission has now welcomed new Commissioners and is realigning staff structure to respond to the BHSA implementation and the strategic plan. These Committees will begin meeting again in the coming months to ensure that the work of the Commission contributes to improving the delivery of behavioral health services in California, and is implemented in a way that reflects the needs of California's diverse communities.

Chair Alvarez stated the Commission will consider establishing three new standing Advisory Committees composed of Commissioners, which will provide additional opportunity for public input: (1) the Budget and Fiscal Advisory Committee, (2) the Legislative and External Affairs Advisory Committee, and (3) the Program Advisory Committee. She also noted that the proposed Advisory Committees align with the updated staffing structure to streamline Commission operations. She asked staff to present this agenda item.

Chief Counsel Gallardo provided an overview, with a slide presentation, of the authority, composition, purpose, and responsibilities of the three proposed Advisory Committees.

Commissioner Comments & Questions

Commissioner Chambers asked about the next steps for the original two standing Committees – the CFLC and the CLCC.

Chair Alvarez stated a survey will be sent to public Committee members to provide input on the goals and expectations for the work of the CFLC and the CLCC and how they can advise the Commission.

Commissioner Contreras asked for a description of the purpose and outcomes of the original two standing Committees.

Commissioners asked clarifying questions about the Commission's two standing Committees and the three proposed standing Advisory Committees.

Public Comment

Thuy Do (attended in person), Senior California Program Manager, Southeast Asia Resource Action Center (SEARAC), stated, earlier this month, SEARAC, REMHDCO, and aligned partners submitted a letter to the Commission asking that the CFLC and CLCC be maintained for transparency, community engagement, and equity.

Elizabeth Oseguera asked that the Committee structure have a true and robust community process where feedback is given up front before decisions are made so that the community can truly influence decisions and be a thought partner to Commissioners. The speaker suggested that there be a clear outline of how community voices will be brought to the table and how their input will influence decision-making.

Elizabeth Oseguera stated the CBHPC does great work with the community. There is opportunity for the Commission to partner with them in gathering community voices.

Tonya Savice (attended remotely via Zoom), Advocacy Director, The Veteran's Heart Project, Certified Peer Support Specialist, and Suicide Gatekeeper, asked if there will be an equal representation of veterans assigned to the Committee, especially pre-9-11 veterans. Pre-9-11 veterans are being left behind, especially senior veterans. The speaker also asked if veterans will be informed on how they can apply to be on a Committee.

Kathryn Jett (attended remotely via Zoom), Former Director, California Alcohol and Drug Program, now part of the DHCS, stated they are honored to work on the Commission's SUD Pilot Project that was funded late last year. The speaker asked, as guidance is provided to the Committees, to include the language of inviting SUD comments around the table and SUD providers. Oftentimes, the term behavioral health is used but only mental health is discussed. This Commission could model real integration of SUD and mental health in the Committees.

Stacie Hiramoto asked that the Commission consider including community members on the Advisory Committees because it is difficult to have dialogue between the community and Committee members when public comment is only allowed at the end of an agenda item. The current Bylaws state that "ideally each standing Committee shall have a maximum of 14 members and shall include public membership," and it includes a specific way that consumers, family members, and underserved communities shall be represented on these Committees.

Laurel Benhamida, Ph.D., stated the Commission speaks with its votes. The speaker asked the Commission not to accept a structure that excludes the community from Committee membership. It is important to include members of the community as full members of Committees who can participate in dialogue. Limiting public comment in Committees where Committee members cannot respond is a bad message to send to the community, especially to the young. Dialogue with the community is important.

Steve McNally stated they will send the Citizen Engagement Paper to Commissioners. The speaker applauded that the Commission is moving toward being more of a working board, establishing Committees that will establish relationships with staff; however, leaving the community out except for comments at the end is not moving in the right direction. It is difficult when public comment is limited to three minutes. The speaker stated concern about the disconnect of looking upstream and not connecting downstream to get things implemented across the state.

Mark Karmatz agreed that Committees need to be open to having public comment. The speaker applauded the CFLC for the work that they do. The speaker stated they will send some announcements to staff to distribute to Commissioners.

Commissioner Discussion

Chair Alvarez asked for a motion to approve the establishment of three new standing Advisory Committees.

Commissioner Carnevale moved approval.

Commissioner Callan seconded.

Chair Alvarez stated she understands the need for public dialogue. That has always been the intention of this Commission, especially in light of the work the Commission is doing to repair trust and to promote a better relationship with the public. She clarified that there is opportunity for robust dialogue with the public during Committee meetings. It does not have to be a formal public comment process at the end in Committee meetings like it needs to be at full Commission meetings.

Commissioner Chambers stated she understands the intent to have public dialogue during Committee meetings, but stated concern that the public is hesitant to trust that their voices will be heard when they are being excluded from Advisory Committee membership.

Commissioner Carnevale shared that, as Chair of the past Research and Evaluation Committee, the robust conversation with the community is one of the more powerful aspects of Committee meetings. The ability to create a Committee structure that allows that is a step in the right direction. Also, the Advisory Committees can form working groups that can encourage even more community dialogue.

Commissioner Bontrager stated the Rules of Procedure, Section 6.1(A.2), Structure, states “ideally each standing committee shall have a maximum of 14 members and shall include public membership.” He stated he is confused by the word “ideally” combined with the word “shall.”

Chief Counsel Gallardo stated those changes were excluded from the amendment to the Rules of Procedure that passed in 2021, for some reason. She stated the need to rewrite that section, but noted that she wanted to rewrite it in tandem with the community. She stated she is relying on Section 6.1(B) for authority that the Commission may establish any multi-member body consisting of Commissioners only. She agreed with Chair Alvarez and Commissioner Carnevale that Committees are more informal, which offers more opportunity to engage with the community.

Commissioner Bontrager suggested referring to the proposed Advisory Committees as “multi-member bodies.”

Commissioner Callan stated the need for many communities to be heard. It is important

to reach out to community-based organizations and other communities that do not know what the Commission is doing and vice versa and for the Commission to be the maximum amount of help to the highest number of people.

Chair Alvarez stated the intention is to create opportunities for robust public input in all Committees. She suggested including sample discussion items in the Committee interest survey for each of the Committees.

Action: Chair Alvarez stated Commissioner Carnevale made a motion, seconded by Commission Callan, that:

- *The Commission establishes three new standing Advisory Committees, pursuant to Welfare and Institutions Code § 5845(f)(4) and Commission Rules of Procedure 6.1(B):*

(1) The Budget and Fiscal Advisory Committee

(2) The Legislative and External Affairs Advisory Committee

(3) The Program Advisory Committee

Motion passed 13 yes, 3 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted “Yes”: Commissioners Baer, Brown, Callan, Carnevale, Contreras, Cortese by Senate Designee Swartz, Gordon, Harabedian by Assembly Designee Pulmano, Larsen, Madrigal-Weiss, and Robinson, Vice Chair Rowlett, and Chair Alvarez.

The following Commissioners voted “No”: Commissioners Bontrager, Chambers, and Cross.

[Note: Agenda Item 8 was taken out of order and was heard after Agenda Item 10.]

8: <u>Full-Service Partnership Legislative Report</u>

Chair Alvarez stated the Commission will receive and consider adoption of a legislative report on the status of FSPs as mandated in the Welfare and Institutions Code Section 5845.8 of Senate Bill 465. The Commission's report aligns with and supports current efforts from DHCS and HCAI to improve FSPs through a range of initiatives, and informs future initiatives under development. She asked staff to present this agenda item.

Kallie Clark, Ph.D., Research Scientist Supervisor, shared the story of her sister, who recently passed away, who had been a long-time member of FSP programs. She stated her sister told her that FSPs appreciate her and praise her. FSPs recognized her qualities she gained over the past ten years and that she is a value to people. Dr. Clark stated, although it is difficult, individuals with lived experience want to live independently. She stated FSPs are a great help – they helped her sister keep up with her appointments and shots. Dr. Clark stated her sister told her that it must take a lot of heart to work in FSPs. Dr. Clark stated her sister felt lucky to have her FSP people.

Dr. Clark provided an overview, with a slide presentation, of past and future FSPs, the Commission’s commitment to improving FSPs, leveraging the Commission’s data warehouse to meet that mandate, data collection and reporting, and technical assistance. She stated the Commission has invested in understanding and supporting FSPs in three key ways: supporting counties so that they can get their data organized and stored and do capacity-building around those areas; supporting providers directly by doing quality improvement, helping them identify and track goals, and providing technical assistance so they can implement with fidelity. The Commission has uniquely built the internal capacity of the Commission to be able to tell a holistic story about FSP clients by bringing in interagency data through the Commission’s data warehouse. The Commission’s data warehouse has not been discussed enough – it is one of the finest in the nation.

Dr. Clark stated the Commission is mandated by SB 465 to provide a report to the Legislature every two years on three key things: who is being served, including a demographic overview; the services that they are receiving, including outcomes and

challenges seen in receiving the data and being able to tell that story; and recommendations on what can be done to improve FSPs across the state. Next steps include pilot projects in Sacramento and Nevada Counties on performance management, a $20 million investment in Mental Health Wellness Act funds to improve FSP outcomes and service delivery, an FSP toolkit, and evaluation of child FSPs to better understand who is being served and what services they are receiving.

Commissioner Comments & Questions

Commissioner Larsen stated she is CEO of the Steinberg Institute but speaking as a Commissioner stated this report is well done. She stated she continues to be frustrated with the lack of available incarceration data and this report also mentions the lack of data. She stated the hope that the Commission can focus on the data quality issue. She stated concern that many FSP services that were designed for priority populations who are experiencing homeless, incarceration, and hospitalization are going to children. She stated appreciation that one of the next steps is the evaluation of child FSPs.

Commissioner Gordon asked when the DHCS overhaul of the Data Collection and Reporting (DCR) system is expected to be completed.

Dr. Clark stated their announcement is fairly new and the timeline is uncertain.

Commissioner Gordon asked who will provide internships and widen the pipeline.

Dr. Clark stated there are efforts that the Commission could inform and support.

Commissioner Robinson asked about the average number of hospital in-patient days that were decreased.

Dr. Clark stated she will forward that information offline.

Commissioner Chambers referred to the “peer and paraprofessional supports in the workforce” item of the FSP toolkit on the Next Steps presentation slide and asked if there are other supports beyond trainings that providers have requested.

Dr. Clark stated this FSP toolkit item was based on recommendations to look into this area. Since then, the Commission is currently hosting work groups with individuals, including peers and counties with more robust systems and services, and gathering input to put into a chapter of the FSP toolkit. Recommendations will be brought back to the Commission this summer.

Commissioner Chambers stated that section of the FSP toolkit will give the Commission the opportunity to take it on the road to uplift and support counties and departments. She stated she was excited to hear about the DHCS’s recent Request for Applications (RFA) to support FSPs around performance management to help recruit a workforce that understands the modalities of practice. She asked how staff perceives a positive perspective on performance management and RFA’s to incentivize what is already happening with the DHCS. This is another opportunity for the Commission to take this on the road to support counties and departments.

Dr. Clark agreed that the Commission is not alone in its efforts in this area but the Commission has a unique voice, especially the way the Commission approaches learning by bringing all the voices to the table to help shape these efforts.

Commissioner Tsai stated appreciation that the presenter talked about the incorporation of substance use. He stated there is a pattern to the metrics and how success is measured. Oftentimes, the focus is on things like service contacts and readmissions; however, these are not necessarily a bad thing. The best thing for individuals who relapse is to return to their FSPs. When discussing mental health and substance use data, it is important to distinguish between good metrics that are good to be high, versus good metrics that are bad to be high. He noted that there are times that the same metric can be interpreted differently.

Dr. Clark agreed and stated she is excited to get the data to hopefully analyze if there are subgroups of communities that can be identified. She noted that the report includes differences by county. Some counties have an increase in services after being connected to an FSP, which might be indicative of individuals finally getting access; however, the majority of counties have a drop in services, which might be indicative of individuals getting more preventative care. This cannot be explored until Medi-Cal data is obtained.

Commissioner Contreras asked if the study provided an opportunity to understand the provider landscape.

Dr. Clark stated a statewide survey of providers was conducted. The results can be presented in a different format at a future meeting.

Commissioner Contreras stated it would be helpful to hear a presentation at a future Commission meeting to see the level of support that some providers may need. He stated the report indicates that it is difficult for providers to bill. He suggested looking at it from the perspective of, if they were able to bill perfectly, if those rates would be enough for them to meet many of the recommendations contained in this report.

Dr. Clark stated providers share that there are concerns in this area but an analysis on this issue is a second step. First, everyone must be on the same page to ensure that the financials and billing are being handled in a way that is intended by the DHCS. She noted that there currently is a disconnect there.

Commissioner Contreras stated concern that providers will not have the resources to build capacity to keep up with the work, even with technical assistance. He asked if housing outcomes are part of the metrics.

Dr. Clark stated agreed that housing data is difficult. Although the Commission brings together a number of sources, the data needs to be more available to better tell a more holistic housing story, especially with the data requirements under Proposition 1.

Vice Chair Rowlett suggested being more of a disruptive innovator. Data repositories that are not required to be accountable for the condition of the data are repositories in name only and the data is not usable. He suggested that the Commission be the data repository where FSP data comes. He stated he has heard for many years that the data at the DHCS is a “dumpster fire.” He stated he is tired of hearing about that. It is a new day. He stated the need to get useful data and not repeat the mistakes of the past. The Commission should take that role on and be the innovators that point out where data needs to be improved in state government and initiatives. He also stated the need to get the useful data back to the people efficiently and quickly.

Vice Chair Rowlett stated the Healthy Brains Global Initiative synthesized data collection into a series of simple questions from the perspective of the end user – the family or consumer. He suggested discussing that more in the report and why the report said the Healthy Brains Global Initiative was successful.

Vice Chair Rowlett shared that he lost a child due to issues associated with affective disorder and SUD. He stated the stories of the people matter. Incorporating stories of the people utilizing FSP services into the next presentation would be helpful. It will strengthen the 2026 report and move the team into the role of disruptive innovators for the state of California around FSP.

Senate Designee Swartz stated three executive directors ago, the executive director of the Commission requested resources of the Legislature to increase and expand data collection using the same argument. At that time, Michelle Baass, Director of the DHCS, was on the Senate Committee on Budget and Fiscal Review and she shot it down. Senate Designee Swartz stated the Commission has the capacity to do more with the data than the DHCS despite the fact that is has been challenging to get the DHCS to give it up.

Public Comment

Steve McNally stated Dr. Clark did many things they appreciate in a presentation, such as modeling eliminating self-stigma, providing much detail at a high level, and providing detail of the data and how difficult it is for individuals in the field to provide it. The speaker suggested looking at the Open Data Portal to bring county-level data. Part of the data challenge is the motivation to want to do it. The speaker stated they have not heard the DHCS discuss how they plan to get the data system up and running. The Open Data Portal is a great way to coordinate and make data easily available to everyone in the state. The speaker stated they love how the Commission is now talking more intentionally about working together and showing more enthusiasm.

Jay Calcagno thanked Dr. Clark for her wonderful report and how comprehensive it was on FSPs. It is critical for the Commission and the Legislature to enhance the fidelity of FSPs as Proposition 1 rolls out. The speaker stated the Commission's 2024 report on FSPs noted complexities in eligibility requirements and administrative burdens that are stemming from the ongoing billing changes with CalAIM, BH-CONNECT, and other initiatives. The speaker stated the need to ensure that providers are given adequate resources and guidelines for effective implementation at the provider level.

Jay Calcagno stated the need to ensure that Californians at the highest risk of crisis, including individuals who experience homelessness, housing insecurity, repeated hospitalization, and justice system involvement, are able to easily access the services they need. The speaker encouraged the Commission to support any recommendations to the Legislature that expand access to FSPs and adequately support providers in its implementation.

Commissioner Discussion

Action: Chair Alvarez asked for a motion to adopt the 2025 FSP Report to the Legislature. Commissioner Brown made a motion, seconded by Vice Chair Rowlett, that:

- *The Commission adopts the 2025 Full-Service Partnership Report to the Legislature.*

Motion passed 15 yes, 0 no, and 1 abstain, per roll call vote as follows:

The following Commissioners voted “Yes”: Commissioners Baer, Bontrager, Brown, Callan, Carnevale, Chambers, Contreras, Cross, Gordon, Larsen, Madrigal-Weiss, Robinson, and Tsai, Vice Chair Rowlett, and Chair Alvarez.

The following Commissioner abstained: Commissioner Harabedian by Assembly Designee Pulmano.

9: Lunch and Closed Session

Chair Alvarez invited the public to take a lunch break.

The Commission met in closed session as permitted by law for the consideration of a personnel matter per Government Code section 11126(a) and consideration of a litigation matter per Government Code section 11126(e)(1).

10: Re-establish Quorum and Report Out from Closed Session

Chair Alvarez reconvened the meeting and stated the Commission voted to make a conditional offer of employment to an Executive Director candidate conditioned on passing background and reference checks. The identity of the individual will be kept private until the background checks are cleared and the offer is accepted. She stated appreciation for the members of the Executive Director Search Committee for their time and leadership during this process.

11: Behavioral Health Student Services Act Legislative Report

Chair Alvarez stated the BHSSA incentivizes partnerships between county behavioral health departments and local education agencies to build and strengthen partnerships and together seamlessly deliver a continuum of school-based behavioral health services to young people and their families. She stated the Commission will revisit the draft biennial progress report to the Legislature on the BHSSA. This report was presented to the Commission at both the September and November 2024 meetings, where recommendations for edits were given to staff.

Chair Alvarez noted that at the November Commission meeting, both the BHSSA report and the BHSSA evaluation were on the same agenda item. This created confusion about the difference between the report and the evaluation. For today’s agenda, these items have been separated for clarity. The BHSSA progress report is an interim report. It was written by Commission staff and provides a high-level summary of the BHSSA implementation.

Chair Alvarez stated approval of funding to begin Phase 2 of the BHSSA evaluation and implement the evaluation plan is pending Commission approval and will be presented in Agenda Item 12.

Chair Alvarez stated, in November, Commissioners offered minor substantive feedback on the BHSSA report focusing more on expectations around the BHSSA evaluation.

Thus, edits to the BHSSA report were minimal. Based on Commissioners' suggestion, the leadership recommendation was expanded to identify who should comprise the leadership body. She stated the revised draft BHSSA Progress Report for 2024 is included in the meeting materials and presented to the Commission for review and approval. She asked staff to present this agenda item.

Dr. Martin-Mollard provided an overview, with a slide presentation, of the preliminary lessons learned, core features of a comprehensive school behavioral health system, and next steps. She reviewed the following recommendations:

- Establish a leadership structure for youth behavioral health that includes the CalHHS, the California Department of Education (CDE), and County Offices of Education (COEs) to:
    - Coordinate and align school behavioral health initiatives.
    - Develop a long-term strategy for building sustainable, comprehensive school mental health systems.
- Build the necessary capacity and infrastructure for comprehensive school behavioral health services and make additional investments to fill the gap between implementation and long-term sustainability.
- Develop an accountability structure including school behavioral health standards and metrics.

Commissioner Comments & Questions

Commissioner Carnevale stated his only concern with the report is that is does not lean in heavily enough to the final recommendation. He stated the entire system is siloed all the way up to the Governor. This is an issue that literally falls between the cracks of CalHHS and the CDE. They both talk about it but do not do enough about it. He stated concern that the way the report is currently written will cause them to appoint a couple of junior people on each side to talk to each other and end up with the same result.

Commissioner Carnevale suggested that the Commission explicitly ask for the establishment of a joint office with shared leadership reporting directly to the Secretary of the CalHHS, the State Superintendent of Education, and a representative from the Governor's Office. This office needs state-level authority to collectively determine jointly-owned programs that will elevate school-based behavioral health with intentional outcomes that improve student behavioral health metrics. This office needs to have the authority to act meaningfully, which requires cooperation between the students' medical and educational needs.

Chair Alvarez stated this is the opportunity to think big when it comes to this new environment for California and the implementation of Behavioral Health Transformation. This is exactly the conversation that Commissioners Madrigal-Weiss and Gordon have been having with the team. She stated the next part of this discussion will provide hope and excitement around the work to come.

Commissioner Gordon agreed with Commissioner Carnevale. Services that will make young people healthy depend upon increased focus on prevention and increased

collaboration in providing services between the schools and the health care system. They cannot afford to duplicate services.

Commissioner Gordon stated the school can be a powerful ally because:

1. There is a school in every underserved community.
2. Access through that school is a tremendous asset to reach young people who otherwise would be unable to access services.
3. Early grades and early years, the 0-5 space, present an enormous opportunity for prevention and related services.

Commissioner Gordon stated this requires a restructuring of two huge systems: the education system and the health care system. Good examples of the success of such a partnership have been provided in the work of the BHSSA.

Commissioner Madrigal-Weiss agreed with boldly bringing attention to this need.

Chair Alvarez stated one of the opportunities to do that is to draft a cover letter to this report that outlines that bold proposal and expectations around next steps and makes the Commission's commitment clear.

Commissioner Gordon stated the one caveat he had with the drafting of a cover letter is Commissioner Carnevale's express mention of the Governor's Office as part of this partnership. This is important because Governor Newsom has taken an interest in this issue and much progress has been made with evidence that the Governor's role is important and impactful.

Chair Alvarez stated the report has already been significantly delayed. She asked Chief Counsel Gallardo if the Commission can amend the report today.

Chief Counsel Gallardo stated the Commission can amend the language in the report now and then vote to approve the report as amended.

Commissioner Carnevale moved to adopt this report with the language he read incorporated into it, with latitude to clean it up appropriately. He suggested also including the language in a cover letter to the report.

Commissioner Madrigal-Weiss seconded.

Public Comment

Laurel Benhamida, Ph.D., commended staff on this report. The BHSSA is clearly needed. The speaker stated their six-year-old grandchild's public school is being hit with cuts in subjects such as art and music. The parents, many of whom live in million-dollar houses, are committed to public education and raised $20,000 to help but they cannot match the $80,000 that the wealthier neighborhoods in the same school district can match. There are 30 children in each classroom. This is not easy, especially in a traditional classroom. The speaker stated the fall Commission meeting had a presentation that included information on a school that had a peers-helping-peers program. This would be a good program to share statewide.

Commissioner Discussion

Action: Chair Alvarez asked for a motion to approve the biennial progress report to the Legislature as amended. Commissioner Carnevale made a motion, seconded by Commissioner Madrigal-Weiss, that:

- *The Commission* approves the biennial progress report to the Legislature on the Behavioral Health Student Services Act *as amended during the meeting by Commissioner Carnevale, as follows:*
- *The Commission explicitly asks for the establishment of a joint office with shared leadership reporting directly to the Secretary of the California Health and Human Services Agency, the State Superintendent of Education, and a representative from the Governor's Office. This office needs state-level authority to collectively determine jointly-owned programs that will elevate school-based behavioral health with intentional outcomes that improve student behavioral health metrics. This office needs to have the authority to act meaningfully, which requires cooperation between the students' medical and educational needs.*
- *The Commission directs staff to clean up this proposed language and to present the revised language to Commissioners Gordon and Madrigal-Weiss for review and approval.*
- *The Commission directs staff to draft a cover letter to accompany the report.*

Motion passed 14 yes, 0 no, and 1 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Baer, Bontrager, Callan, Carnevale, Chambers, Contreras, Cross, Gordon, Larsen, Madrigal-Weiss, Robinson, and Tsai, Vice Chair Rowlett, and Chair Alvarez.

The following Commissioner abstained: Commissioner Harabedian by Assembly Designee Pulmano.

12: Behavioral Health Student Services Act Evaluation

Chair Alvarez stated the Commission will receive and consider approval of a contract for up to $4 million for Phase 2 of the BHSSA evaluation, which is to implement the evaluation plan that was developed by WestEd during Phase 1.

Chair Alvarez stated the BHSSA evaluation in Phase 2 is multi-layered and includes answering the following questions:

1. How did the BHSSA impact and strengthen collaboration and partnership between local educational agencies and behavioral health?
2. Given California's multiple initiatives focused on youth and school behavioral health, including CYBHI, what are the best practices, challenges, and opportunities to catalyze transformational systems change?

Chair Alvarez stated, with a focus on systems change, this evaluation will help understand how to achieve long-term sustainability of comprehensive school behavioral health services so that schools become centers of wellbeing and healing.

Chair Alvarez stated the evaluation plan was led by WestEd and received extensive input from Commission program and research staff, as well as a broad group of community partners to ensure that the evaluation is responsive and useful for multiple community partners, including students themselves. She asked staff to present this agenda item.

Dr. Martin-Mollard provided an overview, with a slide presentation, of the background, Phase 1 evaluation planning, and Phase 2 evaluation plan implementation. She reviewed the purpose and data sources for the proposed evaluation design elements Contextual Descriptive Analysis and Process and Systems Change Evaluation. She reviewed the purpose and exploratory questions for the proposed evaluation design elements Grantee Partnership Case Studies and Implementation and Impact Case Studies.

Dr. Martin-Mollard stated the evaluation will establish a baseline of student behavioral health by creating a student behavioral health index that can track and trend over time, measure BHSSA partnership development and systems change, understand the broader context of school behavioral health initiatives, and inform next steps for infrastructure and capacity building to expand and sustain efforts and lift up what is working.

Commissioner Comments & Questions

Commissioner Larson stated the crosswalk slide was helpful. She asked about the all-payer fee schedule with standardized rates, which is especially relevant to sustainability.

Dr. Martin-Mollard stated, although it is a busy slide with small print, the all-payer fee schedule is at the top of the slide. She agreed that sustainability is important.

Commissioner Gordon stated one of the real issues in terms of future success for young people is the more needy the school and the neighborhood, the more important it is that services are accessible in and around the schools. But, even more so, that there are interventions available in the 0-5 space. There are First 5 Commissions and other organizations that are poised and CalAIM is pushing the idea of MOUs between managed care providers and school systems at that level.

Commissioner Gordon stated there is a large gap between schools in certain neighborhoods and schools where early intervention is needed in greater partnership with the schools. He stated the need to get to those schools in a big way as early as possible and get into the 0-5 space to push for all of the preventative activities that need to take place in order to achieve equity across the state.

Commissioner Carnevale asked what the Commission gets for the $4 million contract.

Dr. Martin-Mollard stated the $4 million is for a dedicated 8-10-member team for a two-year period, ongoing community engagement, and building out a youth behavioral health index with many data sources. She stated $4 million is a bargain in exchange for the ability to identify equity gaps, where further investments are needed at the district level, and case studies to tell a statewide story with the 57 very different programs across the state. Case study design is labor and time intensive to ensure they are done

in a robust way. The federal standard is that 10 to 15 percent of the budget should be spent on evaluation. The proposed contract amount is appropriate.

Commissioner Carnevale stated he wanted to ensure that the evaluation was action-oriented and not just another report. He thanked Dr. Martin-Mollard for outlining the proposed activities and asked if he could work with WestEd to learn more about their action-oriented process. He stated the reason he is interested in the metrics and what WestEd is thinking about is there is now emerging advanced neuroscience in artificial intelligence (AI) tools to rapidly get to student-level measurement systems.

Commissioner Tsai stated he also questions the $4 million contract. He asked for additional details such as rates per hour to ensure that the Commission is informed with respect to the value and the cost.

Commissioner Tsai stated, related to Commissioner Larson's point about sustainable funding, Medi-Cal covers a portion of school-based services outside of the fee schedule such as field-based services in school settings. It is important to consider.

Commissioner Madrigal-Weiss stated she too was initially concerned about the $4 million contract, but stated the researchers have been diligent in reaching out and making contact. She noted that there are 57 COEs that look very different. WestEd is thorough; their approach is to give their undivided attention to each county. She stated she asked staff to provide an infographic explaining the number of children and the number of schools this funding impacts.

Interim Executive Director Lightbourne stated the Commission will not sit back and wait for a report in two years. Staff expects to work closely with WestEd on real-time feedback so the situation can be improved in real-time. He assured that WestEd will earn their money.

Commissioner Gordon stated the design of the all-payer fee schedule from the beginning was not to substitute for the mainline health care delivery funding such as Medi-Cal. It was to be an extra for the schools who wanted to invest more in terms of personnel, school counselors, etc., to increase their services, particularly in the neediest schools so they can have some reimbursement. He stated it was an effort by the DHCS to be imaginative in how they position both the school system and the health system. The real key is for school and health systems to work together to increase services to the most underserved communities.

Assembly Designee Pulmano stated she is also struggling with the $4 million contract and asked a couple of points of clarification. The proposed contract is to approve a contract for up to $4 million to begin Phase 2. She asked how much was spent on Phase 1.

Dr. Martin-Mollard stated the Phase 1 contract was for $1.5 million. The total amount for evaluation will be $5.5 million.

Assembly Designee Pulmano stated one of the things this evaluation is supposed to do is to measure student behavioral health and wellbeing. Truly measuring where student behavioral health is requires looking at many things, such as access to Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) and if they are getting the care

that they need. She asked how to get that data from the information and if asking school administrators will get the Commission to where it needs to be in this research.

Assembly Designee Pulmano agreed with Commissioner Tsai's request for additional detail so the Legislature can better understand what it is buying and what it is getting from this investment. She stated the need for Commissioners to review and discuss this additional detail and determine whether that information would be critical and helpful for the Legislature to see.

Dr. Martin-Mollard stated, through Medi-Cal claims, staff is able to at least look at behavioral health usage. Staff can extrapolate the prevalence of behavioral health disorders and see how much that penetration rates connect to prevalence rates at the county level.

Assembly Designee Pulmano asked if staff is getting data from counties that includes patient information.

Dr. Martin-Mollard stated staff gets information through the DHCS when they access the Medi-Cal claim. The flowthrough is from the DHCS to the Commission.

Assembly Designee Pulmano asked what is meant by "case study".

Dr. Martin-Mollard stated case study is a qualitative approach to analysis. Instead of relying only on quantitative numbers and survey data, a qualitative deep-dive analysis brings better understanding of the local context and impacts.

Public Comment

There was no public comment.

Action: Chair Alvarez asked for a motion to approve a contract for up to $4 million for WestEd to begin Phase 2 of the BHSSA evaluation. Commissioner Madrigal-Weiss made a motion, seconded by Commissioner Larsen, that:

- *The Commission approves a contract for up to $4 million for WestEd to begin Phase 2 of the BHSSA evaluation.*

Motion passed 11 yes, 1 no, and 3 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners, Bontrager, Callan, Carnevale, Chambers, Cross, Gordon, Larsen, Madrigal-Weiss, and Tsai, Vice Chair Rowlett, and Chair Alvarez.

The following Commissioner voted "No": Commissioner Harabedian by Assembly Designee Pulmano.

The following Commissioners abstained: Commissioners Baer, Contreras, and Robinson.

13: Update on Process and Input on the Innovation Partnership Fund

Chair Alvarez stated the Commission will hear an update on the process and input gathered on the Innovation Partnership Fund. This agenda item is intended to update everyone on what the Commission has been doing to gather input from various community partners and local and state agencies on what could be included in the

Innovation Partnership Fund strategy. This builds on the conversation that Commissioner Carnevale began at the last meeting.

Chair Alvarez directed everyone's attention to a letter received from Stacie Hiramoto with REMHDCO and a number of additional organizations providing feedback on the Commission process for determining Innovation Partnership Fund priorities and highlighting how the CFLC and CLCC can provide context and information to this process. Part of this process has been to commit to openness and accessibility and informing the Innovation Partnership Fund.

Chair Alvarez stated the Commission intends to reengage the discussion around the CLCC and the CFLC standing Committees, along with the new Advisory Committees. She reflected on the previous discussion on school health and how helpful it will be to have the Committees that engage robust discussion across more Commissioners. She stated, because of the Bagley-Keene Open Meeting Act, staff has to have small one-on-one conversations with Commissioners to get input on these processes. Now, with the Committee structure, more Commissioners' perspectives and expertise, and more members of the public will be heard

Chair Alvarez stated an update on the process will be presented for consideration today, but discussion on this item will be tabled to the April meeting, due to time constraints. She asked staff to present this agenda item.

Interim Executive Director Lightbourne stated staff issued a Call for Concepts in a survey blast sent out to major community organizations and interested groups. The survey asked for areas to be included in the portfolio that is looking at innovation. Feedback is being gathered until mid-April. Staff will share the feedback gathered at the April meeting.

Chair Alvarez stated Commissioner Carnevale's presentation and the robust public comment received at the last Commission meeting highlighted the interest in the public to provide ideas around the concept of innovation and what it means. This is an opportunity for the Commission to get on the same page with the public, while considering the opportunity it has with this Fund that launches in July of 2026. The Call for Concepts survey asked those types of questions. She encouraged everyone to spread the word about this Call for Concepts through their networks.

Commissioner Comments & Questions

Commissioner Carnevale suggested making an intentional effort to reach out to the private sector with the Call for Concepts survey.

Commissioner Larsen stated health systems do community health needs assessments statewide and invest community benefit dollars. All of them have identified behavioral health in their top three priorities. She suggested bringing on health system partners to leverage resources to address challenges.

Commissioner Baer asked if there is a document that Commissioners can send out to their networks and to the private sector.

Interim Executive Director Lightbourne stated the Call for Concepts survey that was issued included background information. He asked Deputy Director Orrock to ensure that all Commissioners have that document.

Commissioner Callan suggested sending Commissioners a short synopsis to share with others and a document to give Commissioners to hand out.

Public Comment

Stacie Hiramoto thanked Chair Alvarez for directing everyone's attention to the March 20, 2025, letter submitted to the Commission from local and prominent statewide organizations that serve the individuals prioritized in the language of Proposition 1, which are underserved communities, low-income communities, and communities experiencing behavioral health disparities. The letter provided recommendations on the Innovation Partnership Fund and the Commission's standing Committees.

Stacie Hiramoto stated concern that a sole source contract was given to an organization to do outreach and to handle and support the Innovation Partnership Fund. The speaker asked on what basis that decision was made and about the organization's experience with outreach to underserved and low-income communities.

Ruqayya Ahmad (attended remotely via Zoom), Policy Manager, California Pan-Ethnic Health Network (CPEHN), thanked the Commission for gathering broad public input on the Innovation Partnership Fund. The speaker stated they and other partners did not receive the Call for Concepts survey directly. It is important to send the survey out to everyone to help form the direction and values of the Fund.

Ruqayya Ahmad stated concern about the language in the survey about the statewide system change. This has raised questions among smaller community-based organizations on whether they are eligible or encouraged to participate. The speaker suggested clarifying that local and regional community-based organizations can meaningfully engage in the process.

Ruqayya Ahmad encouraged the Commission to continue to co-create a set of guiding principles and an overarching strategy with the public prior to making funding decisions.

Jay Calcagno echoed Stacie Hiramoto's comments and recommendations put forward in the letter including the need for transparency, community involvement, and clear consensus on basic definitions, requirements, and goals for the Innovation Partnership Fund.

Regina Mason (attended remotely via Zoom), Co-founder, The Village Project, part of the CRDP, stated they attended the Commission meeting last month and heard the report that was given and felt that the public was not included in making decisions around how the Innovation Partnership Funding should be addressed. The speaker uplifted the letter in the meeting materials and stated the Commission can look to community-based organizations such as The Village Project as partners with boots on the ground to the communities.

Joel Baum (attended remotely via Zoom), Director of Learning Design, Safe Passages, part of the CRDP, stated the idea of getting public comment through an online survey is great, but the speaker stated concern that not everyone has internet access. The

speaker stated the hope that the sole-source provider will make a concerted effort to think of additional ways to get input so that all voices have the opportunity to be heard.

14: Adjournment

Chair Alvarez stated appreciation to Commissioners for their dedication, thoughtful contributions, and participation throughout this two-day meeting. She also stated appreciation to the members of the public who took time out of their busy schedules to attend and engage in the discussion. Public feedback and input are crucial in shaping the decisions the Commission makes.

Chair Alvarez stated the next Commission meeting will take place on April 24th in Sacramento. There being no further business, the meeting was adjourned at 3:54 p.m.

Commission for Behavioral Health

March 27, 2025 Commission Meeting
Commissioner Roll Call

	Name	Present In Person	Present Virtual	Absent	On Leave
1.	Commissioner Baer	☒	☐	☐	☐
2.	Commissioner Bernick	☐	☒	☐	☐
3.	Commissioner Bontrager	☒	☐	☐	☐
4.	Commissioner Brown	☒	☐	☐	☐
5.	Commissioner Bunch	☐	☐	☒	☐
6.	Commissioner Callan	☒	☐	☐	☐
7.	Commissioner Carnevale	☒	☐	☐	☐
8.	Commissioner Chambers	☒	☐	☐	☐
9.	~~Commissioner Chen~~	☐	☐	☐	☒
10.	Commissioner Contreras	☒	☐	☐	☐
11.	Commissioner Cortese (or Designee Swartz)	☒	☐	☐	☐
12.	Commissioner Cross	☒	☐	☐	☐
13.	Commissioner Gordon	☒	☐	☐	☐
14.	Commissioner Harabedian (or Designee Pulmano)	☒	☐	☐	☐
15.	Commissioner Larsen	☒	☐	☐	☐
16.	Commissioner Madrigal-Weiss	☒	☐	☐	☐
17.	Commissioner Mitchell	☐	☐	☒	☐
18.	Commissioner Robinson	☒	☐	☐	☐
19.	Commissioner Southard	☐	☐	☒	☐
20.	Commissioner Tsai	☒	☐	☐	☐
21.	Vacant	☐	☐	☐	☐
22.	Vacant	☐	☐	☐	☐
23.	Vacant	☐	☐	☐	☐
24.	Vacant	☐	☐	☐	☐
25.	Vacant	☐	☐	☐	☐
26.	Vice-Chair Rowlett	☒	☐	☐	☐
27.	Chair Alvarez	☒	☐	☐	☐
	Totals:	17	1	3	1

14 commissioners are needed in person to establish a quorum.

Motions Summary
March 27, 2025 Commission Meeting

Motion #: 1 (Agenda Item 4 – Consent Calendar)
Proposed Motion:

That the Commission approve the Consent Calendar that includes:
1) February 27, 2025 Meeting Minutes
2) Funding for San Mateo County's Peer Support for Peer Workers Innovation Project for up to $580,000; and
3) Funding for San Mateo County's Animal Care for Housing Stability and Wellness Innovation Project for up to $990,000; and
4) Funding for San Mateo County's allcove Half Moon Bay Multi-County Collaborative Innovation Project for up to $1,600,000; and
5) Funding for San Mateo County's PIVOT – Developing Capacity for Medi-Cal Billing Innovation Project for up to $5,650,000; and
6) Funding for Ventura County's Veteran Mentor Project Innovation Project for up to $2,587,377; and
7) Funding for San Luis Obispo County's Medi-Cal Maximization and Training Initiative Project for up to $600,000

Commissioner making motion: Rowlett
Commissioner seconding motion: Robinson

(See next page for roll call vote)

Commission for Behavioral Health

Motions Summary
March 27, 2025 Commission Meeting

Motion #: 1 (Agenda Item 4 – Consent Calendar) ***(continued from previous page)***

Motion carried _X_ yes, __ no, and __ abstain, per roll call vote as follows:

	Name	Yes	No	Abstain	Absent	On Leave		Name	Yes	No	Abstain	Absent	On Leave
1.	Commissioner Baer	☐	☐	☒	☐	☐	15.	Commissioner Larsen	☒	☐	☐	☐	☐
2.	Commissioner Bernick	☐	☐	☐	☒	☐	16.	Commissioner Madrigal-Weiss	☒	☐	☐	☐	☐
3.	Commissioner Bontrager	☒	☐	☐	☐	☐	17.	Commissioner Mitchell	☐	☐	☐	☒	☐
4.	Commissioner Brown	☒	☐	☐	☐	☐	18.	Commissioner Robinson	☒	☐	☐	☐	☐
5.	Commissioner Bunch	☐	☐	☐	☒	☐	19.	Commissioner Southard	☐	☐	☐	☒	☐
6.	Commissioner Callan	☒	☐	☐	☐	☐	20.	Commissioner Tsai	☒	☐	☐	☐	☐
7.	Commissioner Carnevale	☒	☐	☐	☐	☐	21.	Vacant	☐	☐	☐	☐	☐
8.	Commissioner Chambers	☐	☐	☒	☐	☐	22.	Vacant	☐	☐	☐	☐	☐
9.	~~Commissioner Chen~~	☐	☐	☐	☐	☒	23.	Vacant	☐	☐	☐	☐	☐
10.	Commissioner Contreras	☒	☐	☐	☐	☐	24.	Vacant	☐	☐	☐	☐	☐
11.	Commissioner Cortese (or Designee Swartz)	☐	☐	☐	☒	☐	25.	Vacant	☐	☐	☐	☐	☐
12.	Commissioner Cross	☒	☐	☐	☐	☐	26.	Vice-Chair Rowlett	☒	☐	☐	☐	☐
13.	Commissioner Gordon	☐	☐	☐	☒	☐	27.	Chair Alvarez	☒	☐	☐	☐	☐
14.	Commissioner Harabedian (or Designee Pulmano)	☒	☐	☐	☐	☐		**TOTALS**	**13**	**0**	**2**	**6**	**1**

Commission for Behavioral Health

Motions Summary
March 27, 2025 Commission Meeting

Motion #: 2 (Agenda Item 7 – Formation of Committees)
Proposed Motion:

That the Commission establish three new standing Advisory Committees, pursuant to Welfare and Institutions Code § 5845(f)(4) and Commission Rules of Procedure 6.1(B):
(1) The Budget and Fiscal Advisory Committee
(2) The Legislative and External Affairs Advisory Committee
(3) The Program Advisory Committee

Commissioner making motion: Carnevale
Commissioner seconding motion: Callan

(See next page for roll call vote)

Commission for Behavioral Health

Motions Summary
March 27, 2025 Commission Meeting

Motion #: 2 (Agenda Item 7 – Formation of Committees) ***(Continued from previous page)***

Motion carried _X_ yes, __ no, and __ abstain, per roll call vote as follows:

	Name	Yes	No	Abstain	Absent	On Leave		Name	Yes	No	Abstain	Absent	On Leave
1.	Commissioner Baer	☒	☐	☐	☐	☐	15.	Commissioner Larsen	☒	☐	☐	☐	☐
2.	Commissioner Bernick	☐	☐	☐	☒	☐	16.	Commissioner Madrigal-Weiss	☒	☐	☐	☐	☐
3.	Commissioner Bontrager	☐	☒	☐	☐	☐	17.	Commissioner Mitchell	☐	☐	☐	☒	☐
4.	Commissioner Brown	☒	☐	☐	☐	☐	18.	Commissioner Robinson	☒	☐	☐	☐	☐
5.	Commissioner Bunch	☐	☐	☐	☒	☐	19.	Commissioner Southard	☐	☐	☐	☒	☐
6.	Commissioner Callan	☒	☐	☐	☐	☐	20.	Commissioner Tsai	☐	☐	☐	☒	☐
7.	Commissioner Carnevale	☒	☐	☐	☐	☐	21.	Vacant	☐	☐	☐	☐	☐
8.	Commissioner Chambers	☐	☒	☐	☐	☐	22.	Vacant	☐	☐	☐	☐	☐
9.	~~Commissioner Chen~~	☐	☐	☐	☐	☒	23.	Vacant	☐	☐	☐	☐	☐
10.	Commissioner Contreras	☒	☐	☐	☐	☐	24.	Vacant	☐	☐	☐	☐	☐
11.	Commissioner Cortese (or Designee Swartz)	☒	☐	☐	☐	☐	25.	Vacant	☐	☐	☐	☐	☐
12.	Commissioner Cross	☐	☒	☐	☐	☐	26.	Vice-Chair Rowlett	☒	☐	☐	☐	☐
13.	Commissioner Gordon	☒	☐	☐	☐	☐	27.	Chair Alvarez	☒	☐	☐	☐	☐
14.	Commissioner Harabedian (or Designee Pulmano)	☒	☐	☐	☐	☐		**TOTALS**	**13**	**3**	**0**	**5**	**1**

Commission for Behavioral Health

Motions Summary
March 27, 2025 Commission Meeting

Motion #: 3 (Agenda Item 8 – Full-Service Partnership Legislative Report)
Proposed Motion:
That the Commission adopt the 2025 Full Service Partnership Report to the Legislature.
Commissioner making motion: Brown
Commissioner seconding motion: Rowlett

Motion carried _X_ yes, __ no, and __ abstain, per roll call vote as follows:

	Name	Yes	No	Abstain	Absent	On Leave		Name	Yes	No	Abstain	Absent	On Leave
1.	Commissioner Baer	☒	☐	☐	☐	☐	15.	Commissioner Larsen	☒	☐	☐	☐	☐
2.	Commissioner Bernick	☐	☐	☐	☒	☐	16.	Commissioner Madrigal-Weiss	☒	☐	☐	☐	☐
3.	Commissioner Bontrager	☒	☐	☐	☐	☐	17.	Commissioner Mitchell	☐	☐	☐	☒	☐
4.	Commissioner Brown	☒	☐	☐	☐	☐	18.	Commissioner Robinson	☒	☐	☐	☐	☐
5.	Commissioner Bunch	☐	☐	☐	☒	☐	19.	Commissioner Southard	☐	☐	☐	☒	☐
6.	Commissioner Callan	☒	☐	☐	☐	☐	20.	Commissioner Tsai	☒	☐	☐	☐	☐
7.	Commissioner Carnevale	☒	☐	☐	☐	☐	21.	Vacant	☐	☐	☐	☐	☐
8.	Commissioner Chambers	☒	☐	☐	☐	☐	22.	Vacant	☐	☐	☐	☐	☐
9.	~~Commissioner Chen~~	☐	☐	☐	☐	☒	23.	Vacant	☐	☐	☐	☐	☐
10.	Commissioner Contreras	☒	☐	☐	☐	☐	24.	Vacant	☐	☐	☐	☐	☐
11.	Commissioner Cortese (or Designee Swartz)	☐	☐	☐	☒	☐	25.	Vacant	☐	☐	☐	☐	☐
12.	Commissioner Cross	☒	☐	☐	☐	☐	26.	Vice-Chair Rowlett	☒	☐	☐	☐	☐
13.	Commissioner Gordon	☒	☐	☐	☐	☐	27.	Chair Alvarez	☒	☐	☐	☐	☐
14.	Commissioner Harabedian (or Designee Pulmano)	☐	☐	☒	☐	☐		**TOTALS**	**15**	**0**	**1**	**5**	**1**

Commission for Behavioral Health

Motions Summary
March 27, 2025 Commission Meeting

Motion #: 4 (Agenda Item 11 – Behavioral Health Student Services Act Progress Report to the Legislature)

Proposed Motion:

That the Commission approve the biennial progress report to the legislature on the Behavioral Health Student Services Act, as amended during the meeting by Commissioner Carnevale.

Commissioner making motion: Carnevale

Commissioner seconding motion: Madrigal-Weiss

Motion carried _X_ yes, __ no, and __ abstain, per roll call vote as follows:

	Name	Yes	No	Abstain	Absent	On Leave		Name	Yes	No	Abstain	Absent	On Leave
1.	Commissioner Baer	☒	☐	☐	☐	☐	15.	Commissioner Larsen	☒	☐	☐	☐	☐
2.	Commissioner Bernick	☐	☐	☐	☒	☐	16.	Commissioner Madrigal-Weiss	☒	☐	☐	☐	☐
3.	Commissioner Bontrager	☒	☐	☐	☐	☐	17.	Commissioner Mitchell	☐	☐	☐	☒	☐
4.	Commissioner Brown	☐	☐	☐	☒	☐	18.	Commissioner Robinson	☒	☐	☐	☐	☐
5.	Commissioner Bunch	☐	☐	☐	☒	☐	19.	Commissioner Southard	☐	☐	☐	☒	☐
6.	Commissioner Callan	☒	☐	☐	☐	☐	20.	Commissioner Tsai	☒	☐	☐	☐	☐
7.	Commissioner Carnevale	☒	☐	☐	☐	☐	21.	Vacant	☐	☐	☐	☐	☐
8.	Commissioner Chambers	☒	☐	☐	☐	☐	22.	Vacant	☐	☐	☐	☐	☐
9.	~~Commissioner Chen~~	☐	☐	☐	☐	☒	23.	Vacant	☐	☐	☐	☐	☐
10.	Commissioner Contreras	☒	☐	☐	☐	☐	24.	Vacant	☐	☐	☐	☐	☐
11.	Commissioner Cortese (or Designee Swartz)	☐	☐	☐	☒	☐	25.	Vacant	☐	☐	☐	☐	☐
12.	Commissioner Cross	☒	☐	☐	☐	☐	26.	Vice-Chair Rowlett	☒	☐	☐	☐	☐
13.	Commissioner Gordon	☒	☐	☐	☐	☐	27.	Chair Alvarez	☒	☐	☐	☐	☐
14.	Commissioner Harabedian (or Designee Pulmano)	☐	☐	☒	☐	☐		**TOTALS**	**14**	**0**	**1**	**6**	**1**

Commission for Behavioral Health

Motions Summary
March 27, 2025 Commission Meeting

Motion #: 5 (Agenda Item 12 – Behavioral Health Student Services Act Evaluation)
Proposed Motion:

That the Commission approve a contract for up to $4 million for WestEd to begin Phase 2 of the BHSSA evaluation.

Commissioner making motion: Madrigal-Weiss
Commissioner seconding motion: Larsen

Motion carried _X_ yes, __ no, and __ abstain, per roll call vote as follows:

	Name	Yes	No	Abstain	Absent	On Leave		Name	Yes	No	Abstain	Absent	On Leave
1.	Commissioner Baer	☐	☐	☒	☐	☐	15.	Commissioner Larsen	☒	☐	☐	☐	☐
2.	Commissioner Bernick	☐	☐	☐	☒	☐	16.	Commissioner Madrigal-Weiss	☒	☐	☐	☐	☐
3.	Commissioner Bontrager	☒	☐	☐	☐	☐	17.	Commissioner Mitchell	☐	☐	☐	☒	☐
4.	Commissioner Brown	☐	☐	☐	☒	☐	18.	Commissioner Robinson	☐	☐	☒	☐	☐
5.	Commissioner Bunch	☐	☐	☐	☒	☐	19.	Commissioner Southard	☐	☐	☐	☒	☐
6.	Commissioner Callan	☒	☐	☐	☐	☐	20.	Commissioner Tsai	☒	☐	☐	☐	☐
7.	Commissioner Carnevale	☒	☐	☐	☐	☐	21.	Vacant	☐	☐	☐	☐	☐
8.	Commissioner Chambers	☒	☐	☐	☐	☐	22.	Vacant	☐	☐	☐	☐	☐
9.	~~Commissioner Chen~~	☐	☐	☐	☐	☒	23.	Vacant	☐	☐	☐	☐	☐
10.	Commissioner Contreras	☐	☐	☒	☐	☐	24.	Vacant	☐	☐	☐	☐	☐
11.	Commissioner Cortese (or Designee Swartz)	☐	☐	☐	☒	☐	25.	Vacant	☐	☐	☐	☐	☐
12.	Commissioner Cross	☒	☐	☐	☐	☐	26.	Vice-Chair Rowlett	☒	☐	☐	☐	☐
13.	Commissioner Gordon	☒	☐	☐	☐	☐	27.	Chair Alvarez	☒	☐	☐	☐	☐
14.	Commissioner Harabedian (or Designee Pulmano)	☐	☒	☐	☐	☐		**TOTALS**	**11**	**1**	**3**	**6**	**1**

Commission Process for Community Engagement on Innovation Plans

To ensure transparency and that every community member both locally and statewide has an opportunity to review and comment on County submitted innovation projects, Commission staff follow the process below:

Sharing of Innovation Projects with Community Partners

- **Procedure – Initial Sharing of INN Projects**
  i. Innovation project is initially shared while County is in their public comment period
  ii. County will submit a link to their plan to Commission staff
  iii. Commission staff will then share the link for innovation projects with the following recipients:
    - **Listserv recipients**
    - **Commission contracted community partners**
    - **The Client and Family Leadership Committee (CFLC)**
    - **The Cultural and Linguistic Competency Committee (CLCC)**
  iv. Comments received while County is in public comment period will go directly to the County
  v. Any substantive comments must be addressed by the County during public comment period
- **Procedure – Final Sharing of INN Projects**
  i. When a final project has been received and County has met all regulatory requirements and is ready to present finalized project (via either Delegated Authority or Full Commission Presentation), this final project will be shared again with community partners:
    - **Listserv recipients**
    - **Commission contracted community partners**
    - **The Client and Family Leadership Committee (CFLC)**
    - **The Cultural and Linguistic Competency Committee (CLCC)**
  ii. The length of time the final sharing of the plan can vary; however, Commission tries to allow community partner feedback for a minimum of two weeks
- **Incorporating Received Comments**
  i. Comments received during the final sharing of the INN project will be incorporated into the Community Planning Process section of the Staff Analysis.
  ii. Staff will contact community partners to determine if comments received wish to remain anonymous
  iii. Received comments during the final sharing of INN project will be included in Commissioner packets
  iv. Any comments received after final sharing cut-off date will be included as handouts

STAFF ANALYSIS:
MARIPOSA and MONTEREY COUNTIES (New)
ORANGE COUNTY (Extension)

Innovation (INN) Project Name: **Psychiatric Advance Directives (PADs) – Phase 2**

MHSOAC consideration of INN Project: **April 24, 2025**

Review History

New Counties Joining PADs Phase 2 and Orange County Extension Request:

County	Total INN Funding Requested	Duration of INN Project	30-day Public Comment	MH Board Hearing	BOS Approval (or calendared date to appear)
Mariposa	$160,740.55	4 Years	1/6/2025-2/5/2025	2/5/2025	May/June 2025
Monterey	$3,000,000	4 Years	1/27/2025-2/27/2025	2/27/2025	TBD
Orange - EXTENSION	$2,739,601	4 Years	3/4/2025-4/4/2025	4/9/2025	TBD
TOTAL:	**$5,900,341.55**				

Previously Approved Counties:

County	Total INN Funding Requested	Duration of INN Project	30-day Public Comment	MH Board Hearing	Commission Approval Date
Fresno	$5,915,000	4 Years	2/16/2024-3/16/2024	3/20/2024	5/23/2024
Shasta	$1,000,000	4 Years	4/19/2024-5/19/2024	5/22/2024	5/23/2024
Orange	$4,980,470	4 Years	3/11/2024-4/15/2024	4/24/2024	8/22/2024
Alameda	$3,070,005	3 Years	4/1/2024-5/15/2024	3/20/2024	11/21/2024
Tri-City	$1,500,000	4 Years	9/6/2024-10/6/2024	10/8/2024	11/21/2024
TOTAL:	**$ 16,465,475**				

Statutory Requirements (WIC 5830(a)(1)-(4) and 5830(b)(2)(A)-(D)):

The primary purpose of this project is to *increase access to mental health services to underserved groups, promote interagency and community collaboration related to Mental Health Services, supports for outcomes, and increase the quality of mental health services, including measured outcomes.*

This Proposed Project meets INN criteria by *introducing a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention.*

Project Introduction:

Psychiatric Advance Directives (PADs) are used to support treatment decisions for individuals who may not be able to consent to or participate in treatment decisions because of a mental health condition. They generally are used to support individuals at risk of a mental health crisis where decision-making capacity can be impaired. PADs allow an individual's wishes and priorities to inform mental health treatment. Like their general health care counterpart, a PAD can also allow an individual to designate proxy decision-makers to act on their behalf in the event the individual loses capacity to make informed decisions.

Both Mariposa and Monterey are seeking approval to use innovation funds to join Fresno, Shasta, Orange*, Alameda and Tri-City in Phase Two of the Psychiatric Advance Directive (PADs) Multi-County Collaborative. This project will perform live testing and evaluation of the use of a digital Psychiatric Advance Directive utilizing the web-based platform. The overall goals of Phase Two will focus on engagement, collaboration, training, testing, evaluation, and transparency.

*Orange County was approved for Phase Two in August 2024; however, they are seeking an extension in funding for this project and will be discussed later in the staff analysis.

PADs Phase One Background:

The first cohort of the Psychiatric Advance Directive (PAD) project was approved by the Commission on June 24, 2021, for a total of four years and is set to conclude on June 25, 2025. Partnering counties consisted of Fresno, Contra Costa, Mariposa, Monterey, Orange, Shasta, and Tri-City.

The overarching goal of Phase One was for participating Counties to work in partnership with various contractors, stakeholders, peers with lived experience, consumers, and advocacy groups to provide resources related to PADs training, a toolkit, as well as the creation of a standardized PAD template and a PADs technology-based platform to be utilized voluntarily by participating Counties.

Phase One will achieve the following goals:

- Develop standardized PAD template language for incorporation into an online and interactive cloud-based webpage, created in partnership with Peers and first responders
- Create a PADs facilitator training curriculum that will utilize a training-the trainer model for facilitation
- Create easily reproducible technology that can be used across California while maintaining sustainability
- Advocate for legislation and policies that create a legal structure to recognize PADs
- Evaluate the development and adoption of PADs, the understanding of PADs, and the user-friendliness of PADs with measured outcomes

The goals for Phase Two are to take achievements from Phase One and test them in a live environment following training on the use and completion of PADs.

Behavioral Health Services Act Alignment and Sustainability:

This project will focus on individuals with behavioral health needs who may be unhoused and need housing and supportive services, who receive services from Full-Service Partnerships, and other individuals who are in the behavioral health system of care, including but not limited to: Veterans, justice-involved, recently hospitalized in emergency room departments or inpatient units, and those with co-occurring substance use disorders.

The project also aligns with the current Commission Strategic Plan goals of advocacy for system improvement, supporting universal access to mental health services, participation in the change in statutes, and promoting access to care and recovery (see Appendices for Alameda and Tri-City, pages 56-69, for detailed information).

On April 23, 2024, the Commission was asked to support Assembly Bill 2352 (Irwin) which seeks to build out a legal framework for PADs in California that will work with Counties currently participating in Phase One of this project. Support of AB 2352 was granted with the stipulation that this bill continues to work with disability rights groups and ensures that the bill empowers peers and supports recovery. *PADs Phase Two has outlined efforts to collaborate and partner with Peer Support Specialists, Painted Brain, Disability Rights of California, NAMI California, and many others (for complete list of collaborating partners, see pages 18-22 of the project plan).*

Regarding sustainability, PADs Phase One efforts have received support from current legislation (AB 2353, Irwin), and it is the hope that Phase Two will also be supported in part by future legislation. Phase Two intends to show the need and the utility of PADs, with the overarching goal of securing ongoing funding from various agencies.

What is the Problem:

As outlined in Phase One of the PADs project, there is widespread support for the use of PADs to empower people to participate in their care, even during times of limited decision-making capacity. PADs can improve the quality of the caregiver-client relationship and improve health care outcomes. The Joint Commission on the Accreditation of Healthcare Organizations recognizes the value of psychiatric advance directives for treatment decisions when an individual is unable to make decisions for themselves (JCAHO, Revised Standard CTS.01.04.01).

While psychiatric advance directives were first put utilized in the United States in the 1990s, and have widespread support, research suggests their use is limited by lack of awareness and challenges with implementation.

Although 27 states have passed laws recognizing PADs, most PADs emphasize physical health. Adding to this, there is no standardized template for individuals, or their support systems, to access it when they might need it the most. With the increasing rates of mental illness and high rates of recidivism, steps need to be taken so that directives are in in place in the event a person experiences a psychiatric episode.

Phase One explored the utility of PADs as a strategy to improve the effectiveness of community-based care for persons at risk of involuntary care, hospitalization, and criminal justice involvement. Phase Two will focus on the effectiveness of PADs with training and live testing.

Innovation project overview:

Given that the goals of Phase One have been achieved, Phase Two will focus heavily on the training and "live" use of PADs. At this time, Mariposa and Monterey are joining Fresno, Shasta, Orange, Alameda and Tri-City.

Phase Two goals include the following (see pages 5-6 of the project plan for details):

1. Engagement for new counties joining the project. Counties will work with first responders, behavioral health departments, courts, local NAMI chapter and peer organizations to better understand PADs and how to successfully utilize a PAD.
2. Collaboration amongst stakeholders will continue advocating for legislative efforts that inform and enhance the use and access of a standalone PAD when tested in a "live" environment. Some partnering groups include but are not limited to county staff, peer support specialists, Painted Brain, Cal Voices, Disability Rights of California, local NAMI chapters, California Professional Firefighters, California Sheriff's Association, California Hospital Association, Department of Justice, Patient Right's attorneys, and others.

3. Training will be the main component of this project, and the use and accessibility of a PAD will be closely monitored throughout the project. Training modules will be provided for first responders, crisis intervention teams, CARE Courts for judicial staff, Peer training for Peer Support Specialists and peer supports within the court system, and counties who have identified their own priority population.
4. Testing will occur after training has been provided. The testing phase will occur in a live environment to determine the ease of use, number of PADs that have been completed, and the disposition of law enforcement and hospitals to assess if there was a reduction in the number of 5150s requiring hospitalization due to the availability and use of a PAD.
5. Evaluation of Phase Two will continue from Phase One; however, emphasis will be on the intersectionality of the use of a PAD combined with the technology platform. Evaluation will include data obtained through interviews and observations and will meet all Institutional Review Board (IRB) requirements.
6. Transparency of Phase Two's progress will be provided through the project's website: www.padsCA.org.

Discussion of County Specific Regulatory Requirements

Mariposa County (see Appendix, page 76)

In Phase Two, Mariposa is continuing to prioritize individuals who access crisis support services. The County states that due to the isolation of their geographic location, there are high utilization rates of crisis response programs and overburdened local hospitals.

The County believes this project will assist individuals by doing the following:

- Improve outcomes for individuals in crisis who are unable to advocate for themselves in a time of need.
- Provide appropriate resources for first responders for the needs of the individual in crisis.
- Reduce visits to the emergency rooms during crisis.
- Empower individuals with their own recovery and resilience by having a voice.

Additionally, the County hopes this project will promote collaboration among agencies that provide services to individuals within Mariposa County.

In 2021, the community began discussions surrounding the use of PADs and decided to join Phase One. The community, which included representatives of law enforcement and peer support specialists, provided input on the building and launching of the PADs platform and continues to show support for joining Phase Two of this multi-county collaborative. During Phase Two, law enforcement, hospitals, and peers will support the live roll-out of the digital platform.

The County's 30-day public comment period began on January 6, 2025 and held their public health board hearing on February 5, 2025. Stakeholders, community partners, consumers, and family members were invited to provide feedback on innovation projects. The community was supportive of the County joining Phase One and is eager to begin Phase Two. The County is expecting to appear before their Board of Supervisors in May or June 2025.

Mariposa County proposes to spend $160,740.55 in Innovation funding towards this multi-county collaborative.

See pages 71-77 for more detailed information on Mariposa County.

Commission Level

This final project for Mariposa to join the PADs Collaborative was shared with the Commission's community partners and listserv on March 21, 2025. No comments were received in response to this sharing.

Monterey County (see Appendix, page 83)

Monterey County's Community Planning engaged over 1,000 individuals utilizing surveys, focus groups and listening sessions comprised of diverse community partners and stakeholders which informed and prioritized needs identified within the community. All community engagement activities reflected inclusiveness and cultural responsiveness to better understand the needs of community members.

Monterey began their 30-day public comment period on January 27, 2025, followed by their local Mental Health Board hearing on March 27, 2025. Monterey is expected to appear before their Board of Supervisors at a date to be determined following Commission approval.

Monterey proposes to spend up to $3,000,000 in Innovation funding towards this multi-county collaborative.

See pages 78-83 for more detailed information on Monterey County.

Commission Level

This final project for Monterey to join the PADs Collaborative was shared with the Commission's community partners and listserv on March 21,2025. No comments were received in response to this sharing.

Learning Objectives and Evaluation (see pages 22-28):

Burton Blatt Institute will continue their work on this project and be the primary subcontractor, working in collaboration with other subcontractors, to perform the evaluation based on the established learning questions during this testing and implementation phase.

The following **individual and service-level** questions have been identified as follows:

(1) In the opinion of PADs county managers, did Phase Two counties achieve the outcomes they specified in their work plans to test and implement the PADs web-based platform with their priority peer populations and community-based stakeholders?

(2) In the opinion of mental health legislative advocates, did PADs and its web-based platform address the county's goals for mental health treatment and recovery and for reducing the frequency of involuntary hospitalizations?

(3) In the opinion of peers, did accessing and using the PADs web-based platform positively affect their lives over the three-year evaluation period?

- a. Did they experience increased feelings of empowerment, self-direction, and hope for the future by creating a web-based PAD?
- b. Did they have better experiences with law enforcement, first responders, hospitals, and others when their web-based PAD was accessed and used when they were in crisis?
- c. Did using a web-based PAD decrease the length of time when they were in crises and could not make their own decisions?
- d. Did the use of a web-based PAD decrease the frequency of involuntary psychiatric commitments?
- e. Did they feel that having a web-based PAD improved the quality of crisis response services they receive from their mental health, homelessness, criminal justice, and other agencies who work with them?
- f. Was their crisis support system, including peers, family members, and stakeholder agency staff, strengthened by their use of a web-based PAD?

(4) In the opinion of community agency stakeholders, how did access and use of the PADs web-based platform positively affect how law enforcement, first responders, hospitals, and others serve peers when they are in crises over the three-year evaluation period?

- a. Did orientation and training on PADs and its web-based platform improve their understanding, acceptance, and capacity to access and use web-based PADs on behalf of peers when they are in crisis situations?
- b. Did they feel that accessing and using a peer's web-based platform improved their de-escalation, treatment, and support experiences when peers are in crisis situations?
- c. Was the PADs web-based platform sufficiently customized to address the capacity and technology infrastructure of law enforcement, first responders, medical and mental health care providers, and other stakeholders including Care Courts in accessing and using a peer's PAD?
- d. Did the PADs web-based platform affect the ways that Care Courts, law enforcement, first responders, medical and mental health care providers, and other stakeholders interact with and support peers in mental health crisis situations?

e. Was access and use of the PADs web-based platform integrated into the services that mental health agencies, including Full Services Partnerships, and community stakeholders provide to peers in crisis situations?
f. Were there indicators that access, and use of the PADs web-based platform could be sustainable and under what conditions?

The following **systems level** questions have been identified as follows:

1) Were Phase Two counties successful in aligning services, partnerships, funding, and systems in testing and demonstrating the effectiveness of the PADs web-based platform, including its acceptance and use by Care Courts?
2) Did the knowledge and experiences of implementing the PADs web-based platform in Phase One counties inform and improve the design, marketing, and use of the PADs web-based platform among Phase Two counties?
3) Were precepts of peer inclusion and methods of incorporating peer perspectives established during Phase One relevant and effective in accessing and using the PADs web-based platform by Phase Two counties' priority populations?
4) Were Phase Two counties able to establish a process and plan for sustaining and replicating the access and use of the PADs web-based platform by their priority populations, and community stakeholders?

The Budget (see pages 73 and 82):

Mariposa County is seeking to contribute $160,740.55 of Innovation dollars to fund the Psychiatric Advance Directives Phase Two project for four years:

- Personnel costs total $135,740.55 (84% of total budget) to cover county staffing costs for this project, including benefits and salaries .
- A total of $25,000 (16% of total budget) will cover consultant and evaluation costs.

Monterey is seeking to contribute a total of $3,000,000 of Innovation dollars to fund the Psychiatric Advance Directives Phase Two project for four years:

- Personnel and county administrative costs total $1,340,000 (45% of total budget) to cover oversight of this project .
- A total of $1,580,000 (53% of total budget) will cover consultant and evaluation costs.
- Other costs total $80,000 (2% of total budget) to cover meeting/travel costs, as well as equipment/technology costs.

This project will partner with the following contractors for the implementation, training, testing, and evaluation of this project (see pages 18-22 for additional details on contractors):

- Concepts Forward Consulting – will be the assigned Lead Project Manager and will provide case management, full project oversight, financial oversight of sub-contractors, and will work closely with Commission staff.
- Alpha Omega Translation – will cover translation and interpretation services.

- Burton Blatt Institute – will perform the evaluation of this phase of the project .
- Idea Engineering – will offer strategic consultation and creative direction as a full-service marketing agency (i.e. video direction and production, graphic design, translation, art production, and coordination).
- Painted Brain - Peer organization selected by counties who participated in Phase One to by providing input at stakeholder meetings representing the peer voice. Painted Brain will be instrumental in utilizing peers for this project, including outreach, education, peer representation, legislative advocacy, and training in the use of PADs platform.
- Chorus Innovations, Inc - this consultant will continue from building the secure, private, and voluntary platform where individuals can store their PADs to now testing the live platform.

ORANGE COUNTY – EXTENSION REQUEST

Innovation (INN) Project Name:	**Psychiatric Advance Directive (PADs) – Phase Two EXTENSION**

Original Approval History:

Original Approval Date:	August 22, 2024
Original Amount Approved:	$4,980,470
Duration of INN Project:	Four (4) Years

Current Request:

Additional INN Funding Requested:	$2,739,601
Additional Time Requested:	N/A
MHSOAC consideration of INN Project:	April 24, 2025

Review History:

Approved by the County Board of Supervisors:	Anticipated May/June 2025
Mental Health Board Hearing:	April 9, 2025
Public Comment Period:	March 4, 2025 through April 4, 2025
County submitted INN Project:	March 5, 2025
Date Project Shared with Stakeholders:	March 21, 2025

Original Project Approval:

Orange County's addition to Phase Two of the Psychiatric Advance Directive (PADs) was originally approved on August 22, 2024 for up to $4,980,470 of innovation funding over four years to perform live testing and evaluation of the use of a digital PAD utilizing a web-based platform. The overall goals of Phase Two will focus on engagement, collaboration, training, testing, evaluation, and transparency.

For this extension, the County is requesting additional funding up to $2,739,601, making a total of up to $7,720.071 Innovation dollars for Phase Two altogether. The duration of the project will remain at four years.

This extension request will not change the goals, learning objectives, or alignment with the Behavioral Health Services Act. All information related to this extension request remains identical to the information previously discussed in this analysis. The following section of this staff analysis will focus on the rationale for Orange County's request to increase their funding allocation.

Extension Request

Orange County is now requesting Commission approval for an additional amount up to $2,739,601 in innovation funding to build on the approved plan to continue Phase Two of the PADs collaborative.

Orange County was approved for PADs Phase One in June 2025; however, due to a significant delay in executing standard agreements, the project officially began in May 2022, nearly one year later. Once started, the County experienced additional delays due to establishing another business agreement to pilot the digital platform. The delays from Phase One resulted in unspent funds.

Although Phase One will end in June 2025 and although already approved for Phase Two, Orange County would like to utilize the unspent funding from Phase One and carry those unspent funds over to Phase Two.

The increase in funding will go towards collaborative costs to support the experts who are leading project activities.

Community Planning Process

Local Level

In Phase Two, Orange County is continuing to prioritize individuals who access crisis support services. The following are crisis services utilization data collected between January 1, 2024 through June 30, 2024:

- 22,084 calls received through County's Behavioral Health Line
    - 6,267 of these calls were a possible crisis
        - 1,249 were resolved via phone support
        - 5,018 required mobile crisis dispatch

Many of the mobile crisis calls that were dispatched (77%) were to assess adults over 18 years of age, with 40% requiring hospitalization or involuntary holds. The County indicates that behavioral health providers and law enforcement would benefit greatly by having access to an individual's PAD increase the ability to provide quality care and treatment.

Throughout Phase One of the collaborative, the County states their community has made tremendous progress in terms of awareness and engagement surrounding PADs and is eager to test the platform in Phase Two.

The County's 30-day public comment period began on March 4, 2025 through April 4, 2025, followed by a public health board hearing on April 9, 2025. The County is expected to seek Board of Supervisor approval after Commission approval.

Orange County proposes to spend $2,719,453 of additional Innovation funding with this extension request for a total project amount of $7,720,071 over four years.

Commission Level
This extension request was shared with the Commission's community partners and listserv on March 21, 2025. No comments were received in response to the sharing of this extension request.

The Budget

The County is requesting an additional authorization to spend up to $2,739,601 in Innovation funding for this project over a period of four years, for a total project amount of $7,720,071. This additional funding will allow the County to increase collaborative costs to support the experts leading activities associated with the project.

See pages 18-22 of the project for Contractors involved in this project.

Conclusion

The proposed project appears to meet the minimum requirements listed under current MHSA Innovation regulations; **however**, if this Innovation Project is approved, **Mariposa, Monterey, and Orange Counties** must receive Board of Supervisor approval before any Innovation Funds can be spent.

Additionally, this project is in alignment with the Behavioral Health Services Act and has provided information regarding sustainability (see pages 43-45).

STAFF ANALYSIS – FRESNO COUNTY

Innovation (INN) Project Name:	**The Lodge 2**
Total INN Funding Requested:	**Up to $4,200,000**
Duration of INN Project:	**Three (3) years**
BHSOAC consideration of INN Project:	**April 24, 2025**

Review History:

Public Comment Period:	February 14, 2025-March 16, 2025
Mental Health Board Hearing:	March 19, 2025
Approved by the County Board of Supervisors:	TBD
County submitted INN Project:	April 1, 2025
Project Shared with Community Partners:	January 30, 2025

Statutory Requirements (WIC 5830(a)(1)-(4) and 5830(b)(2)(A)-(D)):

The primary purpose of this project is to *increase access to mental health services, including but not limited to, services provided through permanent supportive housing.*

This proposed project meets Innovation criteria by *making a change to an existing practice in the field of mental health, including but not limited to, application to a different population.*

Project Introduction

Fresno County (County) is requesting up to $4,200,000 of Innovation spending authority to test the use of a dignity-first model to increase engagement in individuals who are homeless or at risk for homelessness and have a severe mental illness (SMI), chronic mental illness, substance use disorder, or co-occurring disorder, **and** who also have limited motivation or willingness to access treatment, supportive services, or housing services.

The target population for this project are individuals in the pre-contemplation stage of change who may not be engaged in care. The pre-contemplation stage of change refers to a component of the Trans-Theoretical Model (TTM) of Change, where, while in this stage, an individual is not yet considering change and may be unaware of the need for it. They may not be willing to engage and/or are refusing to engage.

In contrast, individuals in a contemplation stage are aware of the need for change but have not yet committed to making the change.

Behavioral Health Services Act (BHSA) Alignment and Sustainability (pages 4, 22-23)
The Lodge 2 project aligns with BHSA priorities by providing outreach and engagement efforts to individuals who are unhoused, have a serious mental illness, substance use disorder, or co-occurring disorders and increasing their access to care, supports, and housing. Those with substance use disorders have been identified as a priority population within the BHSA.

Regarding sustainability, the County states that once Innovation dollars expire, this model may be funded through the BHSA's Housing component as well as drawing from Medi-Cal reimbursements.

What is the Problem? (pages 1-7)
Fresno County reports that there continues to be an increase among individuals experiencing homelessness or at risk of being homeless. Most of the shelters within Fresno County are not considered low-barrier – meaning it may be more difficult for individuals to access these types of short-term shelters if they do not meet specific criteria (i.e. sobriety requirements).

The County references an increase in overdose deaths – primarily due to methamphetamine and fentanyl use – since 2018 and reaching its peak of 278 deaths in 2023. This speaks to the overwhelming need to engage individuals with substance use disorders and move them to a safe, supervised setting with an emphasis on harm reduction while they wait to receive a higher level of care and recovery.

The Lodge 2 is building off of its previously approved innovation project: The Lodge, approved by the Commission on June 3, 2020. The Lodge was an Innovation funded demonstration project that sought to explore how utilizing peer support in low barrier lodging focused on meeting basic needs of unhoused individuals with serious mental illness who were in a precontemplation stage of change and how they could be engaged more effectively.

Fresno would like to test if utilizing a low-barrier model – similar to what was used in the original Lodge – would prove to be successful for individuals who need temporary housing and have a co-occurring disorder or who may have a **substance use disorder only**.

In addition to changes with the BHSA, there are other propositions and legislative items that have implications for Counties. The passing of Proposition 36 may result in increased incarceration convictions and/or require individuals to complete substance use treatment. Senate Bill 43 also was expanded to include persons who may be conserved due to solely having a substance use diagnosis. The County believes this project will meet the demands of individuals in need of therapy, wellness, and recovery.

How this Innovation project addresses this problem (pages 9-13)

The proposed project will continue to provide basic needs through a low barrier entry approach for individuals who are homeless or at risk of homelessness and have either severe mental illness, substance use disorder, or co-occurring disorder and who possess limited motivation or willingness to engage in treatment, supportive services, or housing services.

Once a participant's basic needs have been met, **peer-led motivational interviewing** and other forms of strategic engagement will be administered to empower and support individuals out of the pre-contemplation stage. Participants will have access to both clinical and 24/7 peer services, and all direct care personnel will be trained in motivational interviewing.

The County states there is no data available for the use of peers and motivational interviewing for this specific target population, and this will be an important focal point to the learnings the County is hoping to achieve.

The County is not seeking to create a program for provision of direct services but is rather testing the effectiveness of different engagement strategies in increasing participants' sustainable access to services based on their individualized needs. Moreover, the Lodge is not a housing program, though it uses housing and shelter to support the basic needs of those struggling with substance use and/or co-occurring disorders.

Community Planning Process (Pages 13-19)

Local Level

Fresno County conducts a robust community planning process, which results in innovation projects brought forward by their community and identifies priorities within their community.

This particular project came out of a need expressed by Fresno's community to address unhoused individuals with SUD/co-occurring needs. Participants in the original Lodge program were part of the community planning process and provided input on how this project could be helpful to those with SUD needs. The feedback received indicated that having onsite detox services and the presence of either a nurse or wellness staff would be greatly beneficial, and the County incorporated this recommendation into the project.

This project meets MHSA general standards of collaborating with the community, being culturally competent, and being client and family driven with an emphasis on wellness, recovery, and resiliency.

The project was posted for 30-day public comment period between February 14, 2025 and March 16, 2025, followed by their Mental Health Board public hearing on March 16, 2025. It is

scheduled for Board of Supervisor approval following Commission approval. See pages 30-37 of the project plan for detailed community surveys and responses.

Commission Level
Commission staff shared this project with its community partners and the Commission's listserv on January 30, 2025. No comments of support or opposition were received by Commission staff.

Learning Objectives and Evaluation (Pages 20-22)
Fresno County has identified three learning goals that will guide the evaluation and help determine the overall success of this project:

1. Can the Lodge model – focused on low barrier lodging, peer support, and engagement – be an effective model for engagement of individuals with a SUD or co-occurring diagnosis to participate in treatment/care services who are not currently in treatment and are unhoused/at risk of homelessness?
2. Can the Lodge 2 model support an integrated care model for engagement of individuals with differing diagnosis (SUD, co-occurring, or SMI) in the same low barrier setting?
3. Can the Lodge 2 model become a viable service model under the BHSA to support needs for an expanded population?

The County has identified the following intended outcomes:

- An increase in the number of SUD, co-occurring, or SMI program participants who voluntarily seek treatment services.
- Assess the length of effective engagement that is needed before an individual becomes willing to participate in treatment and recovery.
- Assess any reduction in numbers of those who are justice-involved due to their engagement in services .
- Assess what role having low barrier access to basic services has in supporting participants to engage in services.
- Any reductions in hospital visits due to staying at the Lodge 2 where there will be clinical and peer supports to assist in mental health crisis.

The County expects to serve at least a few hundred individuals who have a co-occurring disorder or an SUD-only disorder annually, and the target population for this project will be individuals 18 years of age or older.

The County will continue working with RH Community Builders, who was the contractor for the original Lodge project. The County is working with its fiscal department to utilize the same vendor to transition from The Lodge to the Lodge 2 with minimal disruptions in services while being able to expand to this new SUD population.

The Lodge 2 will be at the same site as the original Lodge, as there is ample space to support individuals with SUD and co-occurring disorders. Additionally, the same personnel who supported the Lodge will be providing the same services for this project, which also minimizes start-up costs. *See page 13 of the project plan for more information on the provider.*

The Budget (pages 25-29)

3 Year Budget	**FY 25/26**	**FY 26/27**	**FY 27/28**	**TOTAL**
Direct Costs (Vendor)	$ 1,340,000.00	$ 1,330,000.00	$ 1,330,000.00	$ 4,000,000.00
Evaluation / Consultant	$ 50,000.00	$ 50,000.00	$ 50,000.00	$ 150,000.00
Other Expenditures	$ 16,000.00	$ 17,000.00	$ 17,000.00	$ 50,000.00
TOTAL	**$1,406,000.00**	**$1,397,000.00**	**$1,397,000.00**	**$ 4,200,000.00**
Funding Source	**FY 25/26**	**FY 26/27**	**FY 27/28**	**TOTAL**
Innovation MHSA Funds	$ 1,406,000.00	$ 1,397,000.00	$ 1,397,000.00	$ 4,200,000.00
Total	**$1,406,000.00**	**$1,397,000.00**	**$1,397,000.00**	**$ 4,200,000.00**

Fresno County is requesting authorization to spend up to $4,200,000 in MHSA Innovation funding, over a period of three years, to launch and test the Lodge 2.

Direct costs will total $4,000,000 (95% of total project). Upon Commission approval, and RH Community Builders will be the vendor implementing The Lodge 2. The budget will be dedicated to recruitment, staffing, training of staff; the cost of leasing the space; licensing costs; transportation; communications; and daily operations of the project. The projected positions are as follows:

- Director: 0.33 FTE
- Program Manager: 1 FTE
- Clinical Supervisor: 1 FTE
- Peer Support Supervisor: 1 FTE
- Office Manager: 1 FTE
- Fiscal Analyst: 0.25 FTE
- Case Manager: 2 FTE
- Clinicians: 2 FTE
- Substance Use Counselor: 1 FTE
- Peer Support Specialist II: 4 FTE
- Peer Support Specialist I: 3 FTE
- Overnight Security Monitor: 1.5 FTE
- Driver/Janitor: 1 FTE

The evaluation of this project will be $150,000 (4% of total budget) and will be covered by County staff.

$50,000 (1% of total project) will be allocated for contingencies that may include additional training, administrative support, Electronic Health Record licensing, project promotion, or travel-related presentations at conferences.

Conclusion

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

Additionally, this project is in alignment with the Behavioral Health Services Act and has provided information regarding sustainability.

STAFF ANALYSIS – MARIN COUNTY

Extension Request

Innovation (INN) Project Name:	**Student Wellness Ambassador Program (SWAP)**
Original Approval History:	
Original Commission Approval Date	September 23, 2021
Original Commission Approved Funding:	$1,648,000
Original Approved Duration of INN Project:	3.5 years
Project Start Date:	March 1, 2022
Current Request:	
Total INN Funding Request:	$870,000
Request for additional time:	1 year
MHSOAC Consideration of the INN Project:	April 24, 2025
Review History:	
Approved by the County Board of Supervisors:	November 2, 2021
Behavioral Health Board Hearing:	March 11, 2025
Public Comment Period:	February 6, 2025 to March 11, 2025
County submitted FINAL INN Extension Request:	February 11, 2025
Project Shared with Community Partners:	February 25, 2025 and March 14, 2025

Background

Marin County's Student Wellness Ambassador Program (SWAP) was first approved by the Commission in September 2021 for up to $1,648,000 in Innovation funding over a 3.5 year timeframe. The purpose of the project is to promote the wellness of students grades 6-12 during particularly critical and transitioning periods of their lives by using a centralized and county-wide approach. Services are provided by peers and community partners onsite at school campuses, with the goals of increasing access to mental health resources and reducing stigma associated with mental health challenges. Students from diverse backgrounds will have access to these services, with a specific focus on English language learners, African Americans, LatinX, and LGBTQ+ youth.

This extension proposal is requesting use of an additional $870,000 over 1 year. Given this extension, the total funding amount of the SWAP project altogether would be $2,518,000 over a total length of 4.5 years.

Original Project Approval

The originally approved project includes the following key components:

- A centralized county-wide coordination, training, and evaluation structure managed by a full-time bilingual/bicultural Program Coordinator.
- A committee comprised of Student Wellness Ambassador (SWA) leads that advises the program and its evaluation.
- Site-based adult leads from every school site to support the implementation of the project.
- Equity-focused recruitment, engagement and training strategies.
- Robust training for both the SWA leads and the site-based adult leads that allows for incorporation of skill-building activities, reinforcement of self-regulation activities, engagement in individual and group activities, and social support.
- SWA curricula developed from existing evidence-based peer mentoring programs that serve underserved youth and are focused on justice, equity and inclusion.
- Career pathway presentations and panels on behavioral health and resumé development for SWA leads.
- A county-wide learning collaborative, led by the coordinator and youth leads that leverages existing student leadership groups, community members, families, and county partners.

During the first year of SWAP's implementation, the project focused heavily on creation and initial start of the program. Following its launch, the project focused on expanding support to multiple school districts. Subsequent evaluation of the original project indicated that the project has successfully reached 8 out of 16 school districts within the County, with increased awareness of behavioral health resources and enhanced meaningful connections among the SWA participants; however, opportunities to reach the remaining school districts and their diverse populations still exist.

Extension Request

Marin County is requesting additional approval of up to $870,000 of Innovation funding to build upon the accomplishments of the original plan and increase equitable access to student peer support services across the remaining school districts, as well as fully implement project sustainability. Additional learning questions to accomplish these goals are as follows:

- Can a centralized, county-wide coordination and training structure enhance the effectiveness and sustainability of student peer wellness support across Marin County schools?

- Does centralizing student peer wellness support county-wide increase equity in who accesses peer support?
- By engaging and supporting youth from traditionally underserved communities as lead wellness ambassadors, can Marin County break down stigma around mental health and improve outcomes for youth of color and LGBTQ+ youth?
- How can Marin County build upon the initial project's success, incorporate additional school sites and districts to achieve the goal of equitable county-wide student peer support, and implement the sustainability plan?

This project extension will allow the program to reach additional school sites, further increasing access to resources and peer support services for all students in the County, with a focus on Black, indigenous, and people of color (BIPOC) students. Currently, SWA leads do not fully reflect the diversity of all the schools they support. To address this, the project team will perform targeted recruitment of SWA leads from the BIPOC community. With the cultural and linguistic expertise of local stakeholders and community-based organizations (CBOs), this one-year extension would allow program staff to expand the program's reach and serve the remaining sites by increasing capacity of schools to provide equitable peer support.

In addition to reaching all of the County's school districts, the additional funds will assist with full integration of the sustainability plan into the existing school structures, which will include the addition of one (1.0) FTE SWAP coordinator.

For additional project details, see pages 1-3 of the extension proposal.

Behavioral Health Services Act Alignment (BHSA) and Sustainability

Marin County's SWAP aligns with the BHSA's focus on early intervention, as it aims to reduce stigma and increase awareness of mental and behavioral health services for local youth through a peer approach and advocacy efforts.

Assuming success of the project, the County plans to continue its collaboration with the County Office of Education and determine how to best build sustainability and integration of SWAP components directly into the existing school structure. Some examples of areas of integration may include, but are not limited to, wellness programming, school clubs, a course elective, and other peer-led initiatives. This will reduce future reliance on external funding resources.

For additional information on the BHSA alignment and sustainability, see page 4 of the extension proposal.

Community Planning Process

Local Level

The County's 30-day public comment period began on November 14, 2024 and ended March 11, 2025, at which time a public hearing was held to discuss the SWAP extension. During this public comment period, the County received only comments of support from their

community. At the public hearing and across numerous other community planning meetings, the extension proposal received overwhelming support. One individual expressed the need for data on recipients of the peer support services. To affirm the importance of this point, the SWAP extension proposal aims to measure increased access of services to BIPOC students and ensure that the individuals served by this project are representative of Marin County school districts' student population. The extension proposal received unanimous support from the County's Behavioral Health Board.

A local youth program called Marin 9-25 submitted a letter of support for the SWAP extension, having witnessed first-hand the commitment of participating students and on-site coordinators in spreading wellness activities, training, and messaging to their peers. They describe the SWAP as "a critically important program in a time when many youth are struggling with anxiety, depression, and substance use." This letter of support is attached to the project plan.

In addition to the community meetings and a public hearing, the County held a targeted group meeting specifically consisting of students and staff to get feedback on the extension proposal; participants here also expressed unanimous support for the one-year extension. For additional information on the County's local community planning process, see page 3 of the extension proposal.

Commission Level

This extension request was initially shared with the Commission's community partners and listserv on February 25, 2025. In response to the Commission's request for feedback, a member of the public requested further details on the plan, specifically around education credits and training/internship opportunities. Commission staff forwarded the comment to Marin County staff, who then responded with additional information on the project. A copy of the public comment and the County's response can be provided to Commissioners upon request.

The final proposal was shared on March 14, 2025. No comments were received in response to the final sharing of this extension request.

The Budget

The County is requesting an additional authorization to spend up to $870,000 of MHSA Innovation funding for this project over a period of one (1) year, resulting in a total project amount of $2,518,000. Thirty-five thousand dollars ($35,000) of this newly requested amount will be allocated to further evaluate this project's ability to increase equity, reach diverse populations, and ensure sustainability using the new learning goals previously addressed in this analysis.

EXPENDITURES	FY25-26
Personnel Costs	$ -
Operating Costs	$ 783,791.70

Non-Recurring Costs	$ -
Consulting/Contracts	$ 53,708.30
Other Expenditures	$ 32,500.00
TOTAL	$ 870,000

FUNDING SOURCE	Year 1 (FY24-25)
Innovation Funds	$ 870,000.00
TOTAL	$ 870,000.00

For additional budget details, see pages 5-6 of the extension proposal.

Conclusion

The proposed project appears to meet the minimum requirements listed under current MHSA Innovation regulations. Additionally, this project is in alignment with the Behavioral Health Services Act and has provided information regarding sustainability.

STAFF ANALYSIS—Ventura County

Innovation (INN) Project Name:	**Collaborative Care for Youth: Integrating Collaborative and Behavioral Health Models for Comprehensive Mental Health Services**
Total INN Funding Requested:	**$2,874,361**
Duration of INN Project:	**3 years**
BHSOAC consideration of INN Project:	**April 24, 2025**

Review History:

Public Comment Period:	January 27, 2025 – February 26, 2025
Behavioral Health Board Hearing:	February 24, 2025
Approved by the County Board of Supervisors:	Scheduled for April 29, 2025
County submitted INN Project:	January 29, 2025
Project Shared with Commission Partners:	January 30, 2025

Statutory Requirements (WIC 5830(a)(1)-(4) and 5830(b)(2)(A)-(D)):
The primary purpose of this project is to increase access to mental health services for underserved groups, and to increase the quality of mental health services, including measured outcomes.

This proposed project meets Innovation criteria by introducing a new practice or approach to the overall mental health system, including but not limited to prevention and early intervention; and applying a promising community-driven practice or approach that has been successful in a non-mental health context or setting to the mental health system.

Project Introduction
The Ventura County Behavioral Health Department (County) is requesting up to $2,874,361 of Innovation spending authority to expand access to comprehensive mental health services for children and Transition Aged Youth (TAY) using the Collaborative Care Model (CoCM) and Behavioral Health Integration (BHI) model. Integration of these two approaches would leverage existing infrastructure and workforce to treat both mental and physical needs, supporting more efficient delivery of care and improving patient outcomes.

Behavioral Health Services Act (BHSA) Alignment and Sustainability

Funding components under the BHSA allots 35% of funds to Behavioral Health Services and Supports (BHSS), and fifty-one percent (51%) of this amount must be used for Early Intervention services, with a focus on people 25 years and younger. The Collaborative Care for Youth project aligns with the BHSA category of early intervention, focusing primarily on the youth and transition age youth populations of Ventura County through community-defined and evidence-based practices to reduce disparities in behavioral health. Given this alignment, successful piloting of this plan may be sustained through BHSA BHSS dollars. There is also the option of supporting services that meet Medi-Cal billing requirements and/or other federal and state funding sources, as applicable.

For additional information on BHSA alignment and sustainability, see pages 13-14 of the project proposal.

What is the Problem?

In Ventura County, there is a shortage of child and adolescent psychiatrists. According to statistics provided by the County, there are only 17 practitioners currently serving 187,695 youth – and of those practitioners, only one is specialized in child and adolescent psychiatry, making provider workload a large concern. Further inequities exist due to variances in population density across the county, and demand for services has only increased due to the COVID-19 pandemic. A recent community health needs assessment with stakeholders called for provider consistency, continuity of care, and more services in general.

During a literature review, the County found that the CoCM has been shown to successfully engage families and integrate a person's developmental considerations into treatment protocols; however, the CoCM has been primarily studied in adults, and there is limited guidance on how to adapt its strategies to the pediatric population. This plan proposes to explore a more tailored approach to mental health by integrating the CoCM with behavioral health interventionists within child and TAY populations.

How this Innovation project addresses this problem

Ventura County plans to address the growing concerns of provider shortages by leveraging the county's existing health care and behavioral health care workforce and infrastructure to screen for and meet the needs of children and youth before a serious mental illness occurs. The CoCM is an evidence-based practice in which a primary care provider collaboratively works alongside behavioral health staff to identify, treat, and manage patients with potential mental health issues. The Behavioral Health Integration (BHI) model will integrate that care specifically into the primary care setting where children and youth are already being seen. These two methods combined make up what the County is calling the Collaborative Care Model for Youth (CCMY).

The overarching goal of the CCMY is to utilize a comprehensive team approach to identify early signs and symptoms of mental health issues and to prevent amassing concerns that

may otherwise be caught too late. The County will be partnering with a local health care network, Community Memorial Healthcare, to pilot the CCMY, which aims to expand access to comprehensive mental health services for children and TAY-aged community members. Care teams will consist of a primary care provider, psychiatrist, psychiatrist, psychiatrist, psychiatry residents, behavioral health interventionists, a program coordinator, a clinical supervisor, and other mental health professionals. In addition to tending to a patient's physical needs, primary care providers will perform comprehensive screenings for mental health risks and conditions, with support from behavioral health interventionists, and be able to provide mild-to-moderate prescription treatments as needed. Services will also include case management by a behavioral health care manager in charge of care coordination, and behavioral health interventionists will assist with individualized treatment plans, goals, and outcomes. The team will also provide warm handoffs and referrals for parents and caregivers in need of further support.

Community Memorial Healthcare is a local system with two (2) hospitals and twenty-eight (28) clinics, and participants in this project will be pulled directly from patients who screen positive for mental health risks or conditions. The County anticipates approximately 750 pediatric patients across diverse genders, races, ethnicities, languages, and socioeconomic backgrounds to be served annually. Behavioral health managers will manage the patient registry and data and provide brief therapeutic interventions (i.e., parenting groups, skill building groups, mindfulness trainings, and psychoeducation). Psychiatrists will meet with primary care providers to consult on treatments and prescriptions. They may also recommend additional therapies or referrals to County specialty mental health services for patients not showing improvements.

For additional project details, see pages 4-7 and 14-17 of the project plan.

Community Planning Process

Local Level

The County released a call for Innovation concepts and received twenty-eight (28) Innovation ideas in total. The community identified a need for immediate positive outcomes for community wellbeing, and this project strives to address that need. The local MHSA Stakeholder Planning Committee – consisting of individuals with SMI, family members, religious leaders, and CBOs – chose this project as one of their top three (3) priorities, and a 30-day public comment period to refine the plan occurred from January 27, 2025 to February 26, 2025. Two comments were received, and both were in support of the project. A copy of the public comments can be provided upon request.

The plan was presented to the local behavioral health board on February 24, 2025 and is tentatively scheduled for Board of Supervisors review on April 29, 2025. For additional information on the County's local community planning process, see page 12 of the project proposal.

Commission Level

Commission staff shared this project with its community partners and the Commission's email distribution list on January 30, 2025, and comments were directed to County MHSA staff. No comments were received in response to the Commission's request for feedback.

Learning Objectives and Evaluation

This project anticipates in the long term to reduce workload burden on psychiatrists while empowering primary care providers to screen and treat patients showing early signs and symptoms of mental health challenges. Other benefits include growing the psychiatric workforce by including psychiatry residents in the CCMY and encouraging ongoing collaboration with a multi-disciplinary team of health care and behavioral health care experts.

The CCMY project will also increase access to and quality of comprehensive services that will improve mental health outcomes through individually-tailored, measurement-guided care plans. The project will also assess the impact of CCMY through patient and provider satisfaction, CoCM fidelity, and cost evaluations. Specifically, the evaluation component will include a quasi-experimental design through pre-post comparisons and a mixed-methods approach using both quantitative and qualitative data. Examples of data to be collected are as follows:

- Quantitative: Data from electronic health records, patient surveys, service utilization, symptom improvement, and cost effectiveness.
- Qualitative: Semi-structured interviews with stakeholders, patients, families, and providers.

For additional details on the evaluation plan, including detailed metrics and implementation, see pages 10-12 of the project proposal.

The Budget

EXPENDITURES	Year 1 (FY 25-26)	Year 2 (FY 26-27)	Year 3 (FY 27-28)	TOTAL
Personnel Costs	$ -	$ -	$ -	$ -
Operating Costs	$ 59,458	$ 153,695	$ 161,764	$ 374,917
Consulting/Contracts	$ 396,384	$ 1,024,636	$ 1,078,424	$ 2,499,444
TOTAL	**$ 455,842**	**$ 1,178,331**	**$ 1,240,188**	**$ 2,874,361**

FUNDING SOURCE	Year 1 (FY 25-26)	Year 2 (FY 26-27)	Year 3 (FY 27-28)	TOTAL
Innovation Funds	$ 455,842	$ 1,178,331	$ 1,240,188	$ 2,874,361
TOTAL	**$ 455,842**	**$ 1,178,331**	**$ 1,240,188**	**$ 2,874,361**

The County is requesting authorization to spend up to $2,874,361 of MHSA Innovation funding for this project over a period of three (3) years. One-hundred percent (100%) of the project will be supported by Innovation funding.

The County will contract with CMH to perform programmatic, administrative, and evaluation functions of the project. An allotment of $2,499,444 (87%) of the budget will go to CMH

personnel, travel, supplies, equipment, and subcontracts. CMH will employ a Program Manager, Licensed Clinical Staff, and Behavioral Health Coordinators to assist with outreach to clinics and community organizations. CMH will also enact strategic partnerships and provide trainings to psychiatrists and other primary and mental health providers. Of the CMH contract, $125,000 (5%) will go toward program evaluation to determine outcomes, ensure quality improvement, and develop sustainability strategies.

The remaining $374,917 (13%) of the proposed budget is reserved for county administration and operating costs. For additional budget details, see pages 17-21 of the project proposal.

Conclusion

The proposed project, Collaborative Care for Youth: Integrating Collaborative and Behavioral Health Models for Comprehensive Mental Health Services, appears to meet the minimum requirements listed under MHSA Innovation regulations; however, if this project is approved, the County must receive and inform the Commission of certification of approval from the Board of Supervisors before any Innovation funds can be spent.

AGENDA ITEM 5

Information

April 24, 2025 Commission Meeting

Advocacy Spotlight: Cal Voices

Summary:
Commission advocacy partner Cal Voices will highlight the work and accomplishments of their advocacy program ACCESS California for Clients and Consumers.

Background:
The Behavioral Health Services Oversight and Accountability Commission as authorized by the State Legislature, oversees funding to community-based organizations (CBOs) to support the behavioral health needs of underserved populations through advocacy, training and education, and outreach and engagement activities. These nine populations are:

- Clients and Consumers
- Diverse Racial and Ethnic Communities
- Families
- Immigrant and Refugee Populations
- K-12 Students
- LGBTQ Populations
- Parents and Caregivers
- Veteran Populations
- Transition Age Youth (TAY)

Consumers include any individual who has received or is currently receiving mental and behavioral health services, anyone who has a mental health diagnosis, or anyone who has experienced a mental or behavioral health crisis or disorder. Other terms sometimes used by members of this community include peers and/or survivors. Consumers of public mental health services are the primary stakeholders in all aspects of behavioral health system planning and are an essential part of a consumer-driven, recovery-oriented approach based on the needs of individuals being served in mental health.

According to the Public Policy Institute of California, the need for mental and behavioral health services has grown rapidly in recent years. Nearly one in three adults reported struggling with depression and anxiety, and one in 26 adults reported experiencing a serious mental illness that caused difficulties in carrying out major life activities. In 2022, KFF found that 28.5% of adults who needed services were not able to get it due to a lack of providers. According to CalMHSA, there are currently 5,351 certified Medi-Cal Peer Support Specialists.

However, there is still a lack of behavioral health providers, including psychologists, licensed clinical social workers, and therapists throughout the state. While California has begun to invest in increasing the supply of providers, navigating the process of finding support for many consumers remains to be a challenge.

Cal Voices was awarded the Client and Consumers Populations Advocacy contract in March 2024 to conduct advocacy, education, and outreach activities to address the behavioral health needs of client and consumers at the state level. Cal Voices, formerly NorCal MHA, is the oldest consumer-run mental health advocacy agency in California, successfully advocating for consumers and families receiving services in California's Public Behavioral Health System (PBHS) for more than 75 years. All of Cal Voices' programs are peer-run, and 95% of their employees work in designated peer roles. Over 98% of their staff openly identify as consumers, family members, or both. Their program under this contract consists of partnerships between local level organizations, community members, advocates, and leaders working to represent the self-identified needs and priorities of PBHS consumers through culturally relevant and recovery-focused advocacy, outreach, education, and peer support. Through these activities, Cal Voices hopes to promote change from within and has advanced individual empowerment and self-advocacy for mental health consumers through the direct provision of peer support services rooted in the recovery model of care.

CalVoices' approach to state level advocacy includes the following:

- Elevate the mental and behavioral health needs of and uplift community voice and local stories to the state decisionmakers and the State legislature.
- Advocate for policy initiatives and legislation that will have the largest impact and bring positive outcomes for consumer populations including t rural communities.
- Conduct annual Statewide Community Advocacy events and legislative visits that provide opportunities for consumer communities to connect with and voice their needs with policymakers.
- Annual ACCESS to Empowerment Conferences for local partner organizations, consumers, peers, and allies, that incorporate training workshops, updates, and educational activities regarding state level policy matters.
- Produce monthly podcasts to provide a platform for consumers, peers, and advocatesto share their stories and unique knowledge, perspectives, and experiences on relevant behaviorial health subjects.

Presenter(s): Clare Cortright, Advocacy Director, Cal Voices; Nicole Chilton, Program Manager, Cal Voices

Enclosures: None

Handouts: Cal Voices Presentation

Proposed Motion: None

AGENDA ITEM 6

Information

April 24, 2025 Commission Meeting

Update on Recent Allocations

Summary:
The Commission will hear an update on activities related to the allocation of funds to Mental Health Wellness Act grantees for EmPATH and Older Adults and the BHSSA WestEd evaluation. Commission staff have engaged the various grantees from the EmPATH and Older Adult programs and have met with representatives from West Ed regarding the allocation of funds to support those efforts.

Background:
At the March 26th meeting, the Commission approved the allocation of unclaimed grant funds to assist the implementation of current EmPATH and Older Adult grantees. A survey was released on April 4th to gather information about continued program needs and how additional funds would strengthen programs. One Older Adult program was not included as they are out of compliance with the grant requirements.

There is $3,000,000 available to nine EMPATH programs. The Commission approved a $1 million allocation to Sutter Coast, which originally received $1 million less than other grantees and the remaining $2 million is available for distribution among the remaining grantees based on the level of need and submission of a spending plan.

At the March 27, 2025 meeting, the Commission approved up to a $4 million allocation of funds to WestEd, the Behavioral Health Student Services Act (BHSSA) external evaluator. At the meeting, the Commission agreed that in addition to an evaluation of how well the BHSSA grant dollars supported partnership development between local education agencies and behavioral health, WestEd will also focus analytic capacity to assess the current landscape of available funding to sustain the BHSSA and other school mental health programs into the future and provide the Commission with ongoing feedback on the challenges that exist to implement the all-payer fee schedule and other sources of funding.

Presenter: Will Lightbourne, Interim Executive Director, BHSOAC

Enclosures: None

Handouts: None

Proposed Motion: None

AGENDA ITEM 7

Information

April 24, 2025 Commission Meeting

Committee Appointments

Summary:
Chair Mayra Alvarez will appoint the Chair and Vice Chair and Commission membership of the following Committees:

(1) Budget and Fiscal Advisory Committee
(2) Legislative and External Affairs Committee
(3) Program Advisory Committee

The Commission will also receive an update on the feedback gathered from the public members of the already established Client & Family Leadership Committee and the Cultural & Linguistic Competency Committee, and will discuss next steps about their scope and role within the Commission.

Background:
During the March 27, 2025 Commission meeting, the Commission established three advisory committees:

(1) Budget and Fiscal Advisory Committee
(2) Legislative and External Affairs Committee
(3) Program Advisory Committee

Under Rules of Procedure 6.1A, the Chair is charged with appointing a Chair and Vice Chair for each committee among the Commission's membership.

On April 3, 2025, Commission staff sent out a SurveyMonkey survey to Commissioners to select which committees they were interested in joining. The accompanying presentation is a compilation of the results of the survey.

Commission staff also sent a survey out to public members of the Client & Family Leadership Committee and the Cultural & Linguistic Competency Committee to inquire about their future participation and potential focus topics moving forward.

Presenter: Mayra Alvarez, Commission Chair

Enclosures: None

Handouts: PowerPoint Presentation

Proposed Motion: None

AGENDA ITEM 8

Action

April 24, 2025 Commission Meeting

Legislative Priorities

Summary:
The Commission is routinely asked to consult or provide guidance on legislative proposals under development, proposals that would impact the Commission's operations or that would result in new duties of the Commission. Commission staff also actively promote legislation consistent with the Commission's priorities for behavioral health.

At the April Commission meeting, Commissioners will have the opportunity to consider taking positions on legislation that will help create continuous improvement to behavioral health in California. Moving forward, the Commission will review all legislation through the newly established Legislative and External Affairs Advisory Committee.

Item for Consideration:

- **Senate Bill 320 (Limón)**
  This bill would require the Department of Justice (DOJ) to develop and launch a system to allow a California resident to voluntarily add their own name to the California Do Not Sell List, with the purpose of preventing a person on that list from being sold or transferred a firearm.
  **The Commission supported the previous version of this bill last year – several Commissioners and the Interim Executive Director sent support letters following the March meeting.*

- **Assembly Bill 96 (Jackson)**
  This bill would expand the definition of a community health worker (CHW) to include peer support specialists (PSS) thereby allowing PSS to bill for preventative services which they currently are unable to do under the PSS program.

- **Assembly Bill 348 (Krell)**
  To ensure California's most vulnerable populations are prioritized under FSPs, this bill would establish presumptive eligibility for individuals that meet one or more of the following criteria: is transitioning to the community after six months or more in a secured treatment Institution; has experienced two or more emergency department visits in the last six months; is transitioning to the community after six months or more in a state prison or county jail; and has experienced two or more arrests in the last six months. Counties are not obliged to enroll anyone if it would surpass funding limits, and a primary diagnosis of a substance use disorder cannot be the sole reason for denying eligibility.

- **Assembly Bill 1037 (Elhawary)**
  This bill, otherwise known as the SUD Care Modernization Act, would allow opioid antagonist distributions to cover any type of overdose; remove training requirements to possess these antagonists; ensures anyone administering an opioid antagonist will be protected from legal consequences when acting with reasonable care in good faith, regardless of training; mandates that by 2027, the Department of Health Care Services must offer combined applications for drug recovery facilities and incidental medical services and additionally remove the abstinence requirement for admission; and requires drug program fees to continue to fund primary prevention programs following evidence-based practices.

- **Senate Bill 531 (Rubio)**
  SB 531 would ensure that students receive age-appropriate mental health education in elementary, middle, and high schools by amending existing law to include age-appropriate mental health education within the existing requirement that health instruction be taught in grades 1-6, and by requiring that mental health education be taught in grades 7-12.

- **Senate Bill 862 (Senate Committee on Health)**
  This is the Senate Health Committee's Omnibus bill that includes purely technical and noncontroversial amendments including cleaning-up the Commission's name in the statutes that Proposition 1 missed.

Presenter: Kendra Zoller, Deputy Director of Legislative and External Affairs

Enclosures (6): (1) SB 320 Fact Sheet; (2) AB 96 Fact Sheet; (3) AB 348 Fact Sheet; (4) AB 1037 Fact Sheet; (5) SB 531 Fact Sheet; (6) Political Reform Act and Bagley Keene Reminders

Handouts (1): (1) PowerPoint Presentation

Proposed Motions: That the Commission supports…

1. SB 320 (Limón) and directs staff to communicate its position to the legislature and the Governor.
2. AB 96 (Jackson) and directs staff to communicate its position to the legislature and the Governor.
3. AB 348 (Krell) and directs staff to communicate its position to the legislature and the Governor.
4. AB 1037 (Elhawary) and directs staff to communicate its position to the legislature and the Governor.
5. SB 531 (Rubio) and directs staff to communicate its position to the legislature and the Governor.
6. SB 862 (Senate Committee on Health) and directs staff to communicate its position to the legislature and the Governor.

Senate Bill 320

DOJ Voluntary Do-Not-Sell List

Monique Limón

REPRESENTING SENATE DISTRICT 21

THIS BILL

SB 320 requires the Department of Justice (DOJ) to create a system for California residents to voluntarily add their name to the California Do Not Sell List, which prohibits an individual from lawfully purchasing a firearm.

BACKGROUND

Suicide death rates continue to rise every year, making it one of the leading causes of death in the country. People ages 35–64 years account for 46.8% of all suicides in the United States. [1] Youth and young adults' ages 10–24 years account for 15% of all suicides. In addition, 7 out of 10 deaths of veterans by suicide involved firearms.[2]

Firearms are used in over 50% of suicide deaths.[3]
61% of gun deaths are suicides.[4]
In addition, mass shootings continue to be a national concern. The likelihood of committing mass shootings has been identified as significantly higher among individuals experiencing suicidality. In a study of 170 individuals who committed harmful acts, almost half of them (44.3%) revealed their intentions beforehand, particularly about mass shootings. The disclosure of plans was linked to receiving counseling and experiencing thoughts of suicide. [5]

A study by the University of Alabama surveyed 200 patients at an inpatient psychiatric unit and two outpatient psychiatry clinics, and found nearly half of the participants would willingly place their name on a voluntary Do Not Sell list.[6]

Currently, Washington, Utah, Virginia and Delaware have voluntary Do Not Sell lists.[7]

PURPOSE

SB 320 aims to enhance firearm safety and provide individuals with a means to proactively restrict their own access to firearms. California should follow other states in enacting this prevention measure.

The creation of a voluntary registration process within the DOJ raises public awareness and can become a practical tool for individuals to exercise responsible firearm ownership.

SB 320 also allows for an added individual to request to be removed from the voluntary Do-Not-Sell list after 14 days of the initial request to be included. The sheriff's or local police department is then required to remove the individual 21 days after filing for removal. Moreover, SB 320 provides confidentiality protections by requiring DOJ and law enforcement to only use collected data for the purpose of this bill, requires this data to be kept separately, and destroy it after a person has been removed from the list.

SUPPORT

Attorney General Rob Bonta (Co-sponsor)
California State Sheriffs' Association (Co-sponsor)
California State Association of Psychiatrists (Co-sponsor)
American Foundation for Suicide Prevention
San Diegans for Gun Violence Prevention
Los Angeles County Sheriff's Department

OPPOSITION

California Rifle and Pistol Association
Gun Owners of California
California Civil Liberties

[1] Disparities in Suicide | Suicide Prevention | CDC
[2] Firearm Suicide Prevention & Lethal Means Safety - REACH
[3] Suicide Data and Statistics | Suicide Prevention | CDC
[4] Every-State-Fact-Sheet-2.0-042720-California.pdf (everytownresearch.org)
[5] Communication of Intent to Do Harm Preceding Mass Public Shootings in the United States, 1966 to 2019 - PMC (nih.gov)
[6] Study supports do not sell voluntary waiting period for gun sales to reduce suicide | ScienceDaily
[7] How a Voluntary Gun Law Prevents Suicides - The Crime Report

STAFF CONTACT

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ASSEMBLYMEMBER DR. COREY A. JACKSON

60TH ASSEMBLY DISTRICT

AB 96: Community health workers

BILL SUMMARY

AB 96 would expand the definition of community health worker (CHW) to include peer support specialists (PSS). The bill would also give a PSS a certificate pathway to contract with Medi-Cal Managed Care Plans (MCPs) to deliver preventive services like diagnostic, screening, preventive, and rehabilitative services.

BACKGROUND

Peer support specialists are individuals who have self-identified as having the lived experience of recovering from mental illness, substance use disorder (SUD), or both, either as a consumer of these services or as the parent or family member of the consumer, and who has been granted certification under a county PSS certification program. Peer support workers have successfully navigated the recovery process and are now dedicated to helping others facing similar challenges. Their shared experiences foster a deep understanding, respect, and mutual empowerment, enabling them to effectively engage with and support individuals in their recovery journeys.

Their services are embedded within medical settings, treatment settings, or stand-alone peer-led organizations, peer respite centers, outpatient services, crisis services, inpatient, mobile crisis, etc. They provide individual support for people recently hospitalized or receiving inpatient care for mental health, SUD and extensive support for various issues, including housing, relationship building, navigating services, and one-on-one support. They are also trained to address antiracism, discrimination, implicit bias, and structural barriers.

According to Mental Health America[1], peer support services can reduce hospitalization rates and overall Medicaid expenditures, saving significant costs. Case studies and research findings demonstrate that implementing peer-staffed crisis respite services leads to lower hospitalization rates, demonstrating the financial and healthcare benefits of a peer support system.

PROBLEM

Peer support services are currently restricted to specialty mental health services and Drug Medi-Cal Organized Delivery System (DMC-ODS) as a county option, limiting its ability to provide services to Medi-Cal enrollees through the Medi-Cal MCPs. The existing law permits CHWs to provide preventive services under Title 42 CFR Section §440.130 (c). However, per the Medi-Cal Provider Manual: Community Health Worker Preventive Services[2], a PSS can only provide CHW services without a CHW certificate of completion for a maximum period of 18 months, even though PSS must complete 80 hours of training, pass a certification exam, and fulfill continuing education requirements—a far more rigorous certification requirement than that of CHWs.

Peer support specialists possess the core competencies to provide the covered CHW services outlined in the Medi-Cal Provider Manual: Community Health Worker Preventive Services. Yet, current law does not recognize the Peer Support Specialist Certification as a valid certification pathway to deliver CHW preventive services.

SOLUTION

AB 96 would expand the definition of CHWs to include Peer Support Specialists as defined in WIC Section 14045.12 (g), giving PSS's a certificate pathway to provide preventive services. This would allow a PSS to serve the 86% of Medi-Cal recipients[3] enrolled in a in an MCP. This expansion would enhance the services available to Medi-Cal enrollees beyond Specialty Mental Health Services, DMC, and DMC-ODS, allowing them to receive evidence-based behavioral health services. This is a critical move for California, which is facing a daunting behavioral health workforce shortage in.

SUPPORT

Cal Voices (Sponsor)
California Association of Peer Professionals
California Peer Watch
Disability Rights California
Hmong Cultural Center of Butte County
Marin Center for Independent Living
Mental Health Advocacy Services
Painted Brain
Peer Recovery Art Project
Sterling Solutions
Therapeutic Play Foundation

CONTACT

Latifah Alexander
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Latifah.Alexander@asm.ca.gov

[1] Evidence for Peer Support May 2018.pdf
[2] Community Health Worker (CHW) Preventive Services (chw prev)
[3] Medi-Cal Facts and Figures Almanac - 2024 Edition pg. 2

Assemblywoman Maggy Krell 6th Assembly District	**AB 348 (Krell): Full-Service Partnership Presumptive Eligibility for Vulnerable Populations**

SUMMARY

AB 348 establishes presumptive eligibility for Full Service Partnership (FSP) programs for those with serious mental issues who are experiencing homelessness, being released from incarceration or being discharged from involuntary hospitalization.

BACKGROUND

Proposition 1, passed by Californian voters in March 2024, aimed at strengthening the state's behavioral health system by funding mental health treatment, and housing for individuals facing homelessness through a $6.38 billion generable obligation bond.

Full Service Partnerships provide intensive, recovery-oriented services for people with complex mental health disorders. FSPs offer stabilizing assistance and quality of life improvements through comprehensive support that includes housing, employment assistance and 24/7 crisis intervention.

California's behavioral health crisis has caused individuals to cycle between emergency rooms, jails and the streets. FSPs are a proven solution in reducing reliance on these systems while promoting community safety. In fact between 2021 and 2022, the state has seen a 41 percent reduction in psychiatric hospital admissions after clients join FSPs. Today, FSPs remain a vital resource for behavioral health systems, but administrative barriers prevent some of the most vulnerable Californians from accessing. Ultimately, leading to chronic homelessness and recidivism.

PROBLEM

Despite support for FSP interventions, eligibility and enrollment varies by county, creating an inequitable service system. Overly complicated and fragmented criteria has blocked some of the individuals most in need from being served. Additionally, the lengthy case review and evaluation process causes unacceptable delays and disrupts the continuity of care. Establishing eligibility criteria will streamline the process and is particularly urgent as California prepares to implement Proposition 1.

SOLUTION

To ensure California's most vulnerable populations are prioritized under FSPs, AB 348 will establish presumptive eligibility for individuals that have serious mental illness and meet one or more of the following criteria:

- Is experiencing unsheltered homelessness
- Is transitioning to the community after six months or more in a secured treatment institution
- Has experienced two or more emergency department visits in the last six months
- Is transitioning to the community after six months or more in a state prison or county jail
- Has experienced two or more arrests in the last six months

By creating a presumptive eligibility requirement for Proposition 1 funding, California can guarantee that valuable resources are directed to services and individuals with the most need.

SUPPORT

California Behavioral Health Association (**Co-Sponsor**)
California Big City Mayors Coalition (**Co-Sponsor**)
Steinberg Institute (**Co-Sponsor**)
California Association of Alcohol and Drug Program Executives, Inc.
California Hospital Association
Californians for Safety and Justice

Staff Contact: Leslie Dunklee, Leslie.Dunklee@asm.ca.gov, 916-319-2006

ASSEMBLYMEMBER DISTRICT 57

Sade Elhawary

AB 1037: The Substance Use Disorder Care Modernization Act

SUMMARY

The proposed legislation would update requirements in existing statute related to substance use disorder (SUD) care to reflect current evidence-based best practices and ensure access to appropriate treatment and services.

BACKGROUND

California is at the forefront of a significant behavioral health transformation. Federal and state efforts, such as the 1115 Drug Medi-Cal Organized Delivery System Demonstration Waiver, California Advancing Innovations in Medi-Cal (better known as CalAIM), recent amendments to the Lanterman-Petris-Short Act, and the overhaul of the State's Behavioral Health Services Act, are rooted in the success of and embracing of lower barrier approaches to SUD treatment. These new approaches reach more individuals who need care. Despite great strides forward, remnants of stigmatizing language and counterproductive barriers remain codified in state law and are thus ingrained in our institutions and practices. Many of these outdated statutes are decades old and inconsistent with current best practices for the treatment of individuals with SUDs. We can and must do better.

ISSUE

The SUD Care Modernization Act identifies five key areas that California needs to address.

The first is risk reduction language. Current law restricts responsible use messaging and does not allow for a range of options that support and keep individuals with SUD recovery.

The second area are barriers to admission and treatment. The issue is that current policies requires an individual to have abstained from drugs and alcohol for 24 hours prior to receiving care. This is a barrier to individuals who want to receive SUD treatment but who may have used substance within the past 24 hours.

The third area is unnecessarily lengthy SUD residential facility licensures and certification process. SUD residential facilities are licensed by the Department of Health Care Services (DHCS) to provide a range of treatment services and referrals, such as detoxification, withdrawal management, and Medication for Addiction Treatment (MAT), in addition to group, education sessions and recovery or treatment planning. Currently SUD facilities need to apply for multiple licenses and certifications to provide Incidental Medical Services and these processes can end up delaying capacity and care by over 6 months. These need to be streamlined into one approval process.

The fourth issue is sun setting syringe services programs (SSPs). SSPs have been an important public health intervention for the last 30 years. They prevent the transmission of HIV/AIDS, viral hepatitis, and other blood borne diseases among those who use syringes and hypodermic needles, and they prevent infection of sexual partners, in utero and newborn children, and others. There is extensive data showing that SSPs are a successful public health intervention that keep people from death and disease, increase access to SUD treatment services, and do not increase incidents of crime or littering, but the existing statute authorizing SSPs sunsets on January 1, 2026.

The fifth issue is needing updates after naloxone became over-the-counter. Currently state statute still refers to "a prescription or standing order" for opioid overdose reversal medication, which creates confusion now that naloxone is available without prescriptions or a standing order.

SOLUTION

The SUD Care Modernization Act has proposed solutions for each issue raised above.

First, to address the issue around risk reduction language, this bill would amend the statute to remove the prohibition of risk reduction language to better engage individuals at different stages of their journey toward health and away from addiction and dependence.

Second, to solve the barriers to admission and treatment issue, this bill would amend the statute to remove the requirements for individuals to be abstinent, not intoxicated, or otherwise "drug-free" upon admission or during treatment. Instead of punishing individuals for showing symptoms of their condition, we can lower the barriers to treatment and increase opportunities to engage these individuals in care.

Third, to solve the unnecessarily lengthy facility licensure issue, this bill would streamline the process so that the approval can be one process which will ensure more licensed residential SUD facilities can directly offer evidence-based and lifesaving interventions.

Fourth, with SSPs sunsetting on January 1, 2026, this bill would remove the sunset date. In so doing, California will be removing a significant looming barrier to addressing syringe-based overdose death and disease, and will demonstrate its commitment to evidence-based best practices.

Fifth, to solve the issue regarding naloxone, this bill would clarify that anyone can obtain and carry naloxone over-the-counter, and extends Good Samaritan protections to persons who in good faith administer the medication to someone at risk of an overdose to align with changes in the law.

The SUD Care Modernization Act would help address historical stigmas, outdated policies, and significant statutory barriers to more successfully engage and treat people with SUDs, and ultimately save lives. This bill aligns statutes with the overarching policies of California around SUD treatment, recently enacted laws, and best practices throughout an individual's recovery journey and no matter their readiness for change. Whether someone is ready for complete abstinence from substances or not, they should benefit from SUD treatment. California statutes can facilitate greater and more streamlined approaches to accessing care with the SUD Care Modernization Act.

SUPPORT

County of Los Angeles (Sponsor)
County Behavioral Health Directors Association

STAFF CONTACT

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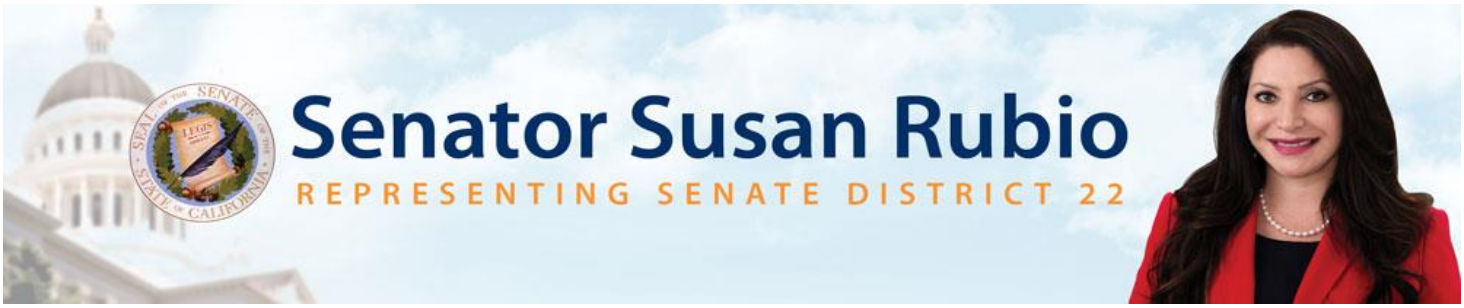


SB 531 (Rubio) Student Mental Health Education

Bill Summary

SB 531 will help empower young Californians and destigmatize mental health challenges by requiring all California students in grades 1-12 be provided with an age-appropriate mental health education.

Existing Law

Section 51210 of the Education Code describes the required course of study for grades 1-6, and includes health instruction. Section 51925 of the Education Code describes the required course of study for grades 7-12, and requires schools to include instruction about mental health in their health education courses. The mental health instruction for grades 7-12 includes promoting mental health wellness and protective factors, defining signs and symptoms of common mental health challenges, evidence-based and culturally responsive practices that are proven to help overcome mental health challenges, the connection and importance of mental health to overall health and academic success, and stigma surrounding mental health challenges and what can be done to overcome stigma, increase awareness, and promote acceptance.

Background

From the aftereffects of the COVID-19 pandemic, the pervasiveness of social media, and the rise in school threats, to the current fears and traumas California students are experiencing because of recent wildfires and changes in federal immigration policy, today's students are confronted by an unprecedented scope of mental health challenges.

Half of all lifetime cases of mental illness begin by age 14.[1] Worldwide, mental health challenges are among the leading causes of illness and disability among young people, and in California, about one-third of adolescents have experienced serious psychological distress.[2]

According to data from the Centers for Disease Control and Prevention, anxiety problems, behavior disorders, and depressions are the most commonly diagnosed mental disorders in children – and among children ages 3-17 with a current mental health condition, only 53% received treatment or counseling from a mental health professional in the past year. There are gaps in treatment to support youth: 20% of adolescents ages 12-17 report having unmet mental health care needs, and 40% of high school students reported persistent feelings of sadness or hopelessness in the past year. 20% of high school students reported seriously considering attempting suicide in the past year.[3]

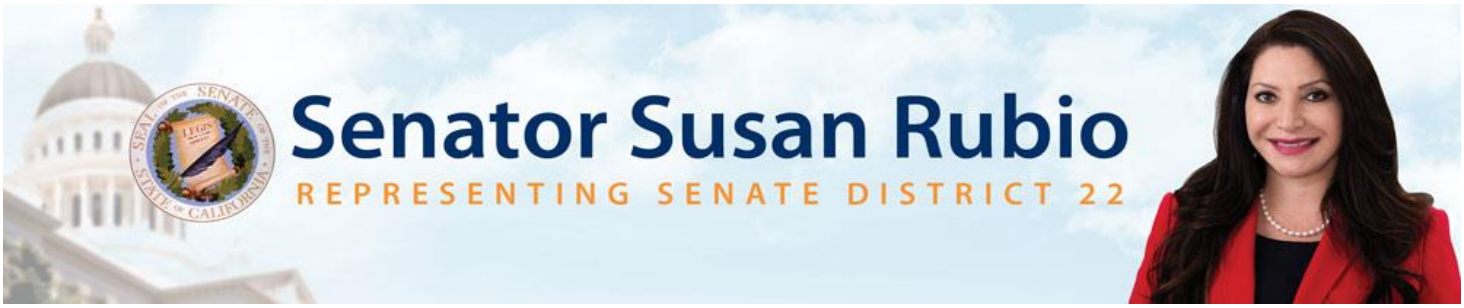
Health literacy, including mental health literacy, can serve as both a risk and protective factor for health and well-being.[4] Mental health education is critical to building knowledge and skills to increase awareness, tackle stigma, and encourage help-seeking behavior. Young people spend the majority of their time in schools, and education systems are well-positioned to play an integral role in fostering positive youth development. Schools can help cultivate non-stigmatizing, safe, and supportive environments where youth are informed and able to seek needed mental health care.

[1] https://www.samhsa.gov/data/sites/default/files/report_1973/ShortReport-1973.html

[2] https://edsource.org/2023/how-our-schools-can-address-californias-youth-mental-health-crisis-now/688676

[3] https://www.cdc.gov/children-mental-health/data-research/index.html

[4] https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/health-literacy



Details of the Bill

SB 531 will ensure that students receive age-appropriate mental health education in elementary, middle, and high schools by amending existing law to include age-appropriate mental health education within the existing requirement that health instruction be taught in grades 1-6, and by requiring that mental health education be taught in grades 7-12.

Support

- California Academy of Child and Adolescent Psychiatry (Co-Sponsor)
- California Alliance of Child and Family Services (Co-Sponsor)
- National Center for Youth Law (Co-Sponsor)
- National Alliance on Mental Illness (NAMI) (Co-Sponsor)
- The Children's Partnership (Co-Sponsor)
- Aldea Children and Family Services
- Association of California Healthcare Districts (ACHD)
- Beach Cities Health District
- California Association of Student Counsils (CASC)
- California Family Life Center
- Californians for Justice
- California School-Based Health Alliance
- California Youth Empowerment Network
- Children's Institute
- Helpline Youth Counseling
- Hillsides
- Lincoln Families
- Maryvale
- Occupational Therapy Association of California
- Racial and Ethnic Mental Health Disparities Coalition
- St. Anne's Family Services
- Sycamores

For More Information

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Legislative Priorities –Political Reform Act and Bagley Keene Reminders

During the Meeting

Step 1: Initial Disclosure

When the agenda item comes up for discussion, the commissioner should make a public disclosure statement before any substantive discussion begins:

Example:

"Madam/Mr. Chair, before we begin discussion on this item, I need to disclose that in my capacity as [Role in Non-Profit or Corporation] of [Non-Profit or Corporation Name], I am a sponsor of this bill. I want this disclosure to be reflected in the meeting minutes."

Step 2: Conflict Analysis

The commissioner must determine if they have a financial interest in the outcome (Government Code § 87103):

- If NO financial interest exists: They can participate after making the disclosure.
- If a financial interest EXISTS: They must follow the recusal process under Government Code § 87105.

Step 3: Recusal Process – Gov Code § 87105 (if needed)

If a financial interest exists, the commissioner must:

1. Publicly identify the financial interest in detail sufficient for the public to understand the nature of the conflict.
2. State: "Due to my financial interest in this matter, I am required to recuse myself from this discussion."
3. Leave the room during discussion and voting (unless it's on consent calendar).
4. Return only after the matter has concluded.

Step 4: Non-Recusal Participation (if no financial conflict)

If participating (no financial conflict), the commissioner should:

1. Clearly distinguish when speaking as a commissioner versus as the non-profit's representative.
2. Consider letting other commissioners speak first to establish independent viewpoints.

3. Ensure their comments are based on the Commission's mandate and public interest.

After the Meeting

1. Ensure all disclosures and any recusal are properly documented in the meeting minutes.
2. File any required Form 700 amendments if the situation has created reportable interests.

Key Legal Protections

- Government Code § 87100 - This is the fundamental conflict of interest provision that prohibits public officials from participating in governmental decisions in which they have a financial interest.
- Government Code § 87103 - Defines when a public official has a "financial interest" in a decision.
- Government Code § 87105 - Requires disclosure of the conflict at the meeting before the matter is discussed and recusal from participation in the decision.

This procedure ensures compliance with both the Political Reform Act's conflict of interest provisions and the Bagley-Keene Act's transparency requirements, while maintaining the integrity of the commission's decision-making process.

AGENDA ITEM 11

Information

April 24, 2025 Commission Meeting

Peer Respite Project

Summary:
The Commission has prioritized peer respite as one of its investments, using Mental Health Wellness Act (MHWA) funding. This informational agenda item introduces the Commission and public to the Peer Respite project and the opportunity to invest MHWA funds in a low cost, community-based crisis response alternative to emergency departments and inpatient hospitalization.

Background:
Established by Senate Bill 82 in 2013, the Investment in Mental Health Wellness Act was signed into law by Governor Jerry Brown in June 2013. It provides grant funds to improve access to and capacity for mental health crisis services. The grant program provides funds to California counties and other entities to increase crisis intervention, stabilization, treatment, rehabilitative services, and mobile crisis support teams. Supported services reduce costs associated with expensive inpatient and emergency room care, reduce incarceration, and better meet the needs of people experiencing behavioral health crises in the least restrictive manner possible.

In 2022, the Commission directed staff to focus on five priorities for MHWA funding: 0-5, older adults, EmPATH, substance use disorder, and peer respite. A peer respite is a voluntary, overnight program led and staffed by peers that provides community-based, recovery-oriented services in a home-like setting to adults experiencing, or at risk of experiencing, a behavioral health crisis.

Led by Commissioner Rayshell Chambers, Commission staff are developing a plan to learn about peer respites through literature review, site visits, interviews, focus groups and other outreach activities to inform the Commission's investment in peer respites. The Peer Respite project supports transformational change in the behavioral health system through elevating alternative, community-based options for individuals seeking peer-led crisis and recovery services.

Presenter(s): Kai LeMasson, Chief of Research, Evaluation, and Programs

Enclosures: Peer Respite Project Concept Paper

Handouts: PowerPoint Presentation

Proposed Motion: None

The Commission's Peer Respite Project:
Exploring Opportunities for Supporting Peer Respites

California's Mental Health Wellness Act (MHWA) grant program provides $20 million each year to improve community response to people facing behavioral health crises. These grants have supported the ability of crisis responders to connect those having a behavioral health episode with wellness, resiliency, and recovery-oriented programs that offer the least restrictive settings appropriate for their needs.

In September 2022, the Commission directed staff to focus on five priorities for MHWA funding, including peer respite. The Commission's Peer Respite Project, led by Commissioner Rayshell Chambers, will explore opportunities for investing $20 million (one-time funds) in peer respites. In addition, this project will also support a broader discussion around peer services. The Behavioral Health Services Act (BHSA) aims to modernize the behavioral health system and expand capacity, including support for peer support specialists.

The purpose of this paper is to provide Commissioners and the public with a brief overview and description of peer respites, project activities and timelines, and preliminary considerations for investing MHSA funds in peer respites.

Overview of Peer Respites

A peer respite is a voluntary, overnight program providing community-based support in a home-like setting to adults experiencing, or at risk of experiencing, a behavioral health crisis.[i] Peer respites are staffed and operated by people with lived experience of behavioral health, offering peer respite "guests" an array of non-clinical, recovery-oriented services.

Peer respites are a vital component of the crisis care continuum, offering an alternative to emergency departments and inpatient hospitalization. Rooted in the foundation and principles of peer services, the peer respite option embodies the philosophy of "least restrictive environment," allowing individuals more choice in navigating their difficult time in a community setting with their peers.

Peer respite models are generally organized around common principles that differ from traditional psychiatric crisis services.[ii] For example, in the peer respite model, crisis is viewed as a universal human experience that occurs when a person's circumstances exceed their ability to effectively cope, especially in the face of trauma. Thus, peer respite providers seek to understand the underlying stressors, risk factors, and social inequities that underly pre-crisis and crisis behaviors and symptoms and thus normalize what people are experiencing.[iii]

Peer respites seek to create mutually respectful spaces, where individuals receive compassion and attunement from peer providers.[iv] This sense of safety and genuine human connection can give people the ability to sit with their experiences, finding meaning in the midst of crisis and emotional upheaval, and the strength to begin or continue the recovery process. Self-

determination is a key feature of peer respites, where individuals are given the power to consider available options and determine their next steps.[v]

Currently, the universe of peer respites in California is unknown, due to differences in defining what a peer respite is and documenting/reporting its existence. Based on existing documentation, there are an estimated 10 to 12 peer respites operating in California;[vi] however, further investigation is needed to confirm these numbers. Across the nation, peer respites operate in only a handful of states. California, Georgia, and New York account for half of all peer respites in the country.[vii]

Peer respites have been funded primarily through a variety of public and private sources including the Behavioral Health Continuum Infrastructure Program (BHCIP),[viii] Mental Health Services Act county innovation programs,[ix] the Mental Health Wellness Act grants executed by the California Health Facilities finance authority,[x] private donations and foundation dollars, managed care contracts, and federal grants from SAMHSA (Substance Abuse and Mental Health Services Administration).[xi]

Research on peer respites to date is promising. Studies suggests that peer respites strengthen guest self-reliance and social connectedness and may lower system costs through reductions in emergency and inpatient services, offering a viable alternative to traditional crisis services.[xii,xiii,xiv]

The Peer Respite Project

Currently, the Peer Respite project led by Commissioner Chambers is in the exploration and information gathering phase. In March 2025, Commissioner Chambers and staff visited SHARE! Recovery Retreat in Los Angeles. SHARE! provides a safe, supportive, and homelike environment for people to engage in recovery activities and heal.[xv] SHARE! offers intensive recovery services including self-help support groups, independent living skills, conflict resolution, and meditation. A core value and feature of the program is that “one-size does not fit all.” Participants are given the self-determination to design their own recovery journey during their stay and participate in the shared leadership of the house. The program serves eight adults for up to two weeks at a time, with no cost to the consumer or insurance requirement. In addition, SHARE! provides training for consumers to become certified as peer support specialists.

Commission staff are planning site visits to Sally’s Place (Alameda), Insight Peer Respite (Grass Valley), and Second Story (Santa Cruz) in the near future. Staff also plan to conduct interviews and focus groups with peer-run organizations, peer providers, consumers, county behavioral health, managed care leaders, and other partners to understand peer respite operations, service delivery, partnerships, financing and sustainability, and successes and challenges.

As we embark on this project, there are key areas we will explore, including:

- The current policy and funding landscape, and the opportunities to strengthen the role of peer respites within the crisis continuum.

- The processes and requirements for establishing a peer respite.
- The level of diversity among peer respite operators.
- Best practices for peer respites (e.g., organizational structure, staff training) including developing partnerships with behavioral health and community partners.
- The connections between peer respites and behavioral health and housing services.
- The cost, funding, and sustainability of peer respites.
- The need and availability of technical assistance to support the success of peer respites.

Considerations and Opportunities

California is embarking on transforming its behavioral health system through several initiatives such as the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT), CalAIM Initiative, Behavioral Health Services Act (BHSA), and through expanding its peer workforce. These initiatives prioritize serving the most vulnerable Californians by increasing access to community-based, whole-person services (i.e., behavioral health, housing, employment, etc.).

Investment in peer respite aligns with transforming California's behavioral health system. Peer respites provide access to peer crisis and recovery services in the community where people live, giving people the self-determination to chart their recovery path in supportive and healing relationship with peers.

This brief offers preliminary ideas to spark discussion on the use of MHWA funds for peer respite, given the total investment is $20 million for three years. As the Commission considers this opportunity, we seek guidance from Commissioners and the public on this project and how we focus our attention and establish priorities. Some of these priorities may include:

- Provide incentive grants to peer-run organizations that represent the ethnic, cultural, and linguistic diversity of the communities they serve to build and expand peer respite services.
- Provide technical assistance to increase the capacity of peer-run organizations to sustain the programs through ongoing funding streams and apply for grants to build and expand peer respite services.

Below are key project events and timelines. Staff will return to the Commission in July 2025 to hold a public hearing and present a detailed project plan.

Project activity	Timeline
1. Conduct literature reviews, site visits, interviews, and focus groups.	March-Sept 2025
2. Introduce the Project to the Commission and the public.	April 2025 Commission Meeting
3. Hold a public hearing before the Commission and present a detailed project plan.	July 2025 Commission Meeting
4. Summarize and produce project findings.	Oct-Nov 2025
5. Draft MHWA Request for Application (RFA) for Peer Respite.	Nov-Dec 2025
6. Present the findings from the project and a proposal for the Peer Respite RFA.	Jan 2026 Commission Meeting

References

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[i] Live & Learn, Inc. https://www.livelearninc.net/peer-respites

[ii] Spiro, L., & Swarbrick, M. (2024). Peer-run respite approaches to supporting people experiencing an emotional crisis. Psychiatric services, 75(11), 1163-1166.

[iii] Spiro, L., & Swarbrick, M. (2024).

[iv] Spiro, L., & Swarbrick, M. (2024).

[v] Spiro, L., & Swarbrick, M. (2024).

[vi]Peer Respites in California. https://camhpro.org/cms/upload/eventdatesdetail/docs/148/peer-respites-in-ca-list.pdf

[vii] Peer Respites in the United States. https://power2u.org/directory-of-peer-respites/

[viii] Behavioral Health Continuum Infrastructure Program (BHCIP) https://infrastructure.buildingcalhhs.com/

[ix] Los Angeles County MHSA Innovation Program https://file.lacounty.gov/SDSInter/dmh/239874_INN1PeerRunModelFinalReport.pdf

[x] Peer Respite Care Grant Program. https://www.treasurer.ca.gov/chffa/imhwa/peer.asp

[xi] Substance Abuse and Mental Health Services Administration: Financing peer crisis respites in the United States. Publication No. PEP23-10-02-001, Substance Abuse and Mental Health Services Administration, 2024.

[xii] Croft, B., & Isvan, N. (2015). Impact of the 2nd story peer respite program on use of inpatient and emergency services. *Psychiatric Services*, *66*(6), 632-637.

[xiii] Bouchery, E. E., Barna, M., Babalola, E., Friend, D., Brown, J. D., Blyler, C., & Ireys, H. T. (2018). The effectiveness of a peer-staffed crisis respite program as an alternative to hospitalization. Psychiatric services, 69(10), 1069-1074.

[xiv] Croft, B., Weaver, A., & Ostrow, L. (2021). Self-reliance and belonging: Guest experiences of a peer respite. Psychiatric Rehabilitation Journal, 44(2), 124**.**

[xv] SHARE Recovery Retreat. https://www.shareselfhelp.org/recovery-retreat

AGENDA ITEM 12

Information

April 24, 2025 Commission Meeting

Innovation Partnership Fund Update

Summary:
The Commission will hear an update on recent activities related to the Innovation Partnership Fund including a summary of initial responses to the Call for Concepts survey and exploratory meetings with representatives from housing and neuorscience.

Background:
Under the Behavioral Health Services Act (BHSA), the Commission will begin administering the Innovation Partnership Fund on July 1, 2026, awarding grants to private, public, and nonprofit partners. With $20 million per year over five years (totaling $100 million), the fund will support innovative, evidence-based approaches to mental health and substance use disorder services, with a focus on underserved, low-income populations, and communities impacted by behavioral health disparities.

On March 14, 2025 the Commission released a Call for Concepts survey to gather public feedback to identify a range of potential innovation projects that may inform the Commission on IPF funding priorities. A summary of initial feedback will be shared, as well as a process for evaluation of these and other concepts at subsequent meetings.

Presenter: Will Lightbourne, Interim Executive Director, BHSOAC

Enclosures: None

Handouts: Summary of Input on Innovation Partnership Fund Priorities

Proposed Motion: None

MISCELLANEOUS ENCLOSURES

April 24th^{th,} 2025 Commission Meeting

Enclosures (4):

(1) Evaluation Dashboard
(2) Innovation Dashboard
(3) Department of Health Care Services Revenue and Expenditure Reports Status Update

Commission for Behavioral Health

Summary of Updates

Contracts

New Contracts: 0

Total Contracts: 3

Funds Spent Since the March 2025 Commission Meeting

Contract Number	Amount
21MHSOAC023	$ 0.00
22MHSOAC025	$ 0.00
23MHSOAC057	$ 0.00
TOTAL	**$ 300,000.00**

Commission for Behavioral Health

The Regents of the University of California, San Francisco: Partnering to Build Success in Mental Health Research and Policy (21MHSOAC023)

BHSOAC Staff: Melissa Martin-Mallard
Active Dates: 07/01/21 - 06/30/27
Total Contract Amount: $7,544,350.00
Total Spent: $4,244,350

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

Deliverable	Status	Due Date	Change
Quarterly Progress Reports	Complete	09/30/21	No
Quarterly Progress Reports	Complete	12/31/21	No
Quarterly Progress Reports	Complete	03/31/2022	No
Quarterly Progress Reports	Complete	06/30/2022	No
Quarterly Progress Reports	Complete	09/30/2022	No
Quarterly Progress Reports	Complete	12/31/2022	No
Quarterly Progress Reports	Complete	03/31/2023	No
Quarterly Progress Reports	Complete	06/30/2023	No
Quarterly Progress Reports	Complete	09/30/2023	No
Quarterly Progress Reports	Complete	12/31/2023	No
Quarterly Progress Reports	Complete	03/31/2024	No
Quarterly Progress Reports	Complete	06/1/2024	No
Quarterly Progress Reports	Complete	9/30/2024	No
Quarterly Progress Reports	Complete	12/31/2024	No
Quarterly Progress Reports	Complete	3/21/2025	Yes
Quarterly Progress Reports	In Progress	6/30/2025	Yes

Quarterly Progress Reports	Not Started	9/30/205	No
Quarterly Progress Reports	Not Started	12/31/2025	No
Quarterly Progress Reports	Not Started	3/31/2026	No
Quarterly Progress Reports	Not Started	6/30/2026	No
Quarterly Progress Reports	Not Started	9/20/2026	No
Quarterly Progress Reports	Not Started	12/31/2026	No
Quarterly Progress Reports	Not Started	3/31/2027	No
Quarterly Progress Reports	Not Started	6/1/2027	No

Commission for Behavioral Health

WestEd: MHSSA Evaluation Planning (22MHSOAC025)

BHSOAC Staff: Kai LeMasson
Active Dates: 06/26/23 - 6/30/25
Total Contract Amount: $1,500,000.00
Total Spent: $1,500,000.00

This project will result in a plan for evaluating the Mental Health Student Services Act (MHSSA) partnerships, activities and services, and student outcomes. The MHSSA Evaluation Plan will be informed by community engagement and include an evaluation framework, research questions, viable school mental health metrics, and an analytic and methodological approach to evaluating the MHSSA.

Deliverable	Status	Due Date	Change
Project Management Plan	Complete	August 1, 2023	No
Community Engagement Plan	Complete	September 1, 2023	No
Community Engagement Plan Implementation (a, b and c)	Complete Complete Complete	December 15, 2023 January 15, 2024 October 30, 2024	No
Evaluation Framework and Research Questions	Complete	December 15, 2023	No
School Mental Health Metrics	Complete	June 15, 2024	No
Evaluation Plan (draft and final)	Complete Complete	September 1, 2024 January 15, 2025	No
Consultation on Report to the California Legislature	Complete	March 1, 2024	No
Progress Reports (a, b, and c)	Complete Complete Complete	September 15, 2023 January 15, 2024 June 15, 2024	No

Third Sector Capital Partners: FSP Toolkit (23MHSOAC057)

BHSOAC Staff: Kallie Clark
Active Dates: 06/05/42 - 06/30/25
Total Contract Amount: $250,000
Total Spent: $60,000

Third Sector will engage with MHP Full Service Partnerships (FSP), providers, state entities, and other subject matter experts to develop a best-practice toolkit for FSP programs across CA.

Deliverable	Status	Due Date	Change
Draft Plan for FSP Toolkit Working Group	Complete	August 31, 2024	No
Final Plan for FSP Toolkit Working Group	Complete	September 30, 2024	No
FSP Toolkit Working Group	In Progress	April 30,2025	No
Draft FSP Working Group Toolkit	In Progress	April 30, 2025	No
Final FSP Working Group Toolkit	Complete	May 30, 2025	No

INNOVATION DASHBOARD

April 2025

UNDER REVIEW	Final Proposals Received	Draft Proposals Received	TOTALS
Number of Projects	6	3	**9**
Participating Counties (unduplicated)	6	3	**9**
Dollars Requested	$13,844,702.55	$6,524,685.58	**$20,369,388.13**

PREVIOUS PROJECTS	Reviewed	Approved	Total INN Dollars Approved	Participating Counties
FY 2018-2019	54	54	$303,143,420	32 (54%)
FY 2019-2020	28	28	$62,258,683	19 (32%)
FY 2020-2021	35	33	$84,935,894	22 (37%)
FY 2021-2022	21	21	$50,997,068	19 (32%)
FY 2022-2023	31	31	$354,562,909	26 (44%)
FY 2023-2024	15	15	$197,481,034	13 (22%)

TO DATE	Reviewed	Approved	Total INN Dollars Approved	Participating Counties
2024-2025	14	14	$60,783,736	9

INNOVATION PROJECT DETAILS

FINAL PROPOSALS						
Status	County	Project Name	Funding Amount Requested	Project Duration	Draft Proposal Submitted to OAC	Final Project Submitted to OAC
Under Final Review	Monterey	Psychiatric Advance Directive (PADs) Phase 2 Multi County Collaborative	$3,000,000	4 Years	2/25/2025	3/10/2025
Under Final Review	Mariposa	Psychiatric Advance Directive (PADs) Phase 2 Multi County Collaborative	$160,740.55	4 Years	2/25/2025	3/10/2025
Under Final Review	Orange	Psychiatric Advance Directive (PADs) Phase 2 Multi County Collaborative - EXTENSION	$2,739,601	4 Years	N/A	3/5/2025
Under Final Review	Fresno	The Lodge 2	$4,200,000	3 Years	1/13/2025	4/2/2025
Under Final Review	Ventura	Collaborative Care for Youth: Integrating Collaborative and Behavioral Health Models	$2,874,361	3 Years	1/29/2025	4/2/2025
Under Final Review	Marin	Student Wellness Ambassador Program (SWAP) – EXTENSION	$870,000	4.5 Years	2/11/2025	3/11/2025

DRAFT PROPOSALS						
Status	County	Project Name	Funding Amount Requested	Project Duration	Draft Proposal Submitted to OAC	Final Project Submitted to OAC
Under Review	Yolo	Semi-Statewide Enterprise Health Record *Note: (Phase 1 with CalMHSA)*	$5,234,305.58	2 Years	3/21/2025	Pending
Under Review	Contra Costa	Psychiatric Advance Directive (PADs) Phase 2 Multi County Collaborative	$1,000,000	4 Years	3/10/2025	Pending
Under Review	Napa	PIVOT: FSP Reboot, Specialty MHP Services, Workforce Initiatives	$290,380	3 Years	3/11/2025	Pending

APPROVED PROJECTS (FY 24-25)			
County		Funding Amount	Approval Date
Sierra	Semi-Statewide Enterprise Health Record Multi County Collaborative	$910,906	7/25/2024
Orange	Community Program Planning – Extension Request	$1,000,000	8/22/2024
Orange	Psychiatric Advance Directive (PADs) Phase 2 Multi County Collaborative	$4,980,470	8/22/2024
Shasta	Level Up Norcal: Supporting Community Driver Practices for Health Equity	$999,978	11/21/2024
Alameda	Psychiatric Advance Directive (PADs) Phase 2 Multi County Collaborative	$3,070,005	11/21/2024
Tri-City	Psychiatric Advance Directive (PADs) Phase 2 Multi County Collaborative	$1,500,000	11/21/2024
Nevada	BHSA Implementation Planning	$1,365,000	11/21/2024
Orange	Program Improvements for Valued Outpatient Treatment (PIVOT) Multi-County Collaborative	$34,950,000	11/21/2024
San Mateo	Peer Support for Peer Workers	$580,000	3/27/2025
San Mateo	Progressive Improvements for Valued Outpatient Treatment (PIVOT) – Medi-Cal Billing	$5,650,000	3/27/2025
San Mateo	Animal Care for Housing Stability & Wellness	$990,000	3/27/2025
San Mateo	allcove Half Moon Bay	$1,600,000	3/27/2025
Ventura	Veteran Mentor Project	$2,587,377	3/27/2025
San Luis Obispo	Medi-Cal Maximizing & Training Initiative (MMTI)	$600,000	3/27/2025

DHCS Status Chart of County RERs Received
April 24, 2025, Commission Meeting

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 March 28, 2025. This Status Report covers FY 2022 -2023 through FY 2023-2024. One mental health plans (MHP) is outstanding for the FY 2021-2022 RER Tehama. All RERs prior to these fiscal years have been submitted by all counties.

The Department provides BHSOAC staff with weekly status updates of County RERs received, processed, and forwarded to the BHSOAC. Counties also are required to submit RERs directly to the BHSOAC. The Commission provides access to these for Reporting Years FY 2012-13 through FY 2023-2024 on the data reporting page at: https://bhsoac.ca.gov/county-plans/

The Department also publishes County RERs on its website. Individual County RERs for reporting years FY 2006-07 through FY 2015-16 can be accessed at: http://www.dhcs.ca.gov/services/MH/Pages/Annual-Revenue-and-Expenditure-Reports-by-County.aspx. Additionally, County RERs for reporting years FY 2016-17 through FY 2023-24 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.

DHCS also publishes yearly reports detailing funds subject to reversion to satisfy Welfare and Institutions Code (W&I), Section 5892.1 (b). These reports can be found at: https://www.dhcs.ca.gov/services/MH/Pages/MHSA-Fiscal-Oversight.aspx.

DCHS MHSA Annual Revenue and Expenditure Report Status Update

County	FY 22-23 Electronic Copy Submission	FY 22-23 Return to County	FY 22-23 Final Review Completion	FY 23-24 Electronic Copy Submission	FY 23-24 Return to County	FY 23-24 Final Review Completion
Alameda	1/30/2024	1/31/2024	2/14/2024	1/29/2025	2/5/2025	2/18/2025
Alpine	7/30/2024	8/6/2024	8/8/2024	3/19/2025	3/20/2025	4/7/2025
Amador	2/8/2024	2/14/24	2/16/2024	1/23/2025	1/24/2025	2/12/2025
Berkeley City	1/31/2024	2/2/2023	2/6/2024	1/29/2025	2/4/2025	2/6/2025
Butte						
Calaveras	1/31/2024	2/2/2024	2/5/2024			
Colusa	3/15/2024	3/20/2024	4/2/2024	1/29/2025	2/5/2025	2/19/2025
Contra Costa	2/13/2024	2/14/2024	2/15/2024	1/30/2025	2/6/2025	2/10/2025
Del Norte	1/30/2024	2/1/24	2/5/2024	1/30/2025	2/5/2025	2/11/2025
El Dorado	1/30/2024	1/30/2024	1/30/2024	1/31/2025	2/10/2025	2/12/20225
Fresno	1/29/2024	1/30/2024	2/1/2024	1/29/2025	2/5/2025	2/18/2025
Glenn						
Humboldt	1/30/2024	1/31/2024	2/2/2024	1/31/2025	2/7/2025	2/7/2025
Imperial	1/19/2024	1/30/24	2/7/2024	1/17/2025	2/10/2025	2/14/2025
Inyo	5/28/2024	5/29/2024	9/4/2024			
Kern	2/2/2024	2/9/2024	2/23/2024	1/31/2025	2/10/2025	2/19/2025
Kings	2/8/2024	2/14/2024	2/16/2024	1/31/2025	2/7/2025	2/19/2025
Lake	5/8/2024	5/8/2024	5/9/2024	2/13/2025	2/14/2025	2/18/2025
Lassen	2/29/2024	2/29/2024	3/5/2024			
Los Angeles	2/5/2024	2/6/2024	2/16/2024	1/30/2025	2/6/2025	2/24/2025
Madera	3/22/2024		3/29/2024			
Marin	1/31/2024	2/2/2024	2/5/2024	1/31/2025	2/7/2025	2/13/2025

DHCS Status Chart of County RERs Received
April 24, 2025, Commission Meeting

County	FY 22-23 Electronic Copy Submission	FY 22-23 Return to County	FY 22-23 Final Review Completion	FY 23-24 Electronic Copy Submission	FY 23-24 Return to County	FY 23-24 Final Review Completion
Mariposa	2/7/2024	2/15/2024	2/15/2024	1/31/2025	2/7/2025	2/12/2025
Mendocino	1/31/2024	2/5/2024	2/15/2024	1/31/2025	2/6/2025	2/19/2025
Merced	1/18/2024	1/19/2024	1/23/2024	1/10/2025	1/14/2025	1/15/2025
Modoc	5/6/2024	5/8/2024	5/13/2024	1/31/2025	2/6/2025	2/11/2025
Mono	1/31/2024	2/5/2024	2/16/2024	1/31/2025	2/7/2025	2/14/2025
Monterey	1/31/2024	2/1/2024	2/20/2024	1/30/2025	2/6/2025	2/11/2025
Napa	2/6/2024	2/20/2024	3/11/2024	1/31/2025	2/3/2025	2/18/2025
Nevada	1/31/2024	2/9/2024	2/14/2024	1/30/2025	2/3/2025	2/3/2025
Orange	1/31/2024	2/7/2024	2/15/2024	1/31/2025	2/3/2025	2/5/2025
Placer	1/31/2024	n/a	2/7/2024	1/31/2025	2/4/2025	2/4/2025
Plumas	2/9/2024	2/9/2024	2/15/2024	2/4/2025	2/4/2025	2/10/2025
Riverside	2/1/2024	2/15/2024	2/21/2024	1/31/2025	2/3/2025	2/28/2025
Sacramento	1/31/2024	2/22/2024	2/23/2024	1/28/2025	1/28/2025	2/19/2025
San Benito	3/18/2024	3/18/2024	3/22/2024	3/10/2025	3/25/2025	4/10/2025
San Bernardino	1/31/2024	2/21/2024	2/21/2024	1/31/2025	2/4/2025	2/12/2025
San Diego	1/30/2024	2/5/2024	2/14/2024	1/31/2025	2/4/2025	2/13/2025
San Francisco	1/31/2024	3/18/2024	3/22/2024	2/13/2025	2/18/2025	3/12/2025
San Joaquin	2/22/2024	3/7/2024	3/27/2024	2/26/2025	2/27/2025	3/11/2025
San Luis Obispo	1/25/2025	2/8/2024	2/14/2024	1/31/2025	2/3/2025	2/18/2025
San Mateo	2/16/2024	4/9/2024	4/9/2024	1/31/2025	2/3/2025	2/5/2025
Santa Barbara	1/30/2024	2/9/2024	2/12/2024	2/3/2025	2/3/2025	2/12/2025
Santa Clara	2/1/2024	2/15/2024	2/22/2024	1/31/2025	2/3/2025	2/12/2025
Santa Cruz	8/16/2024	8/21/2024	10/11/2024			
Shasta	1/30/2023	2/15/2024	2/21/2024	1/30/2025	2/3/2025	2/4/2025
Sierra	12/18/2023	12/27/2023	1/15/2024	1/29/2025	1/29/2025	2/19/2025
Siskiyou	2/2/2024	2/15/2024	2/15/2024			

DHCS Status Chart of County RERs Received
April 24, 2025, Commission Meeting

County	FY 22-23 Electronic Copy Submission	FY 22-23 Return to County	FY 22-23 Final Review Completion	FY 23-24 Electronic Copy Submission	FY 23-24 Return to County	FY 23-24 Final Review Completion
Solano	1/31/2024	2/15/2024	2/20/2024	1/29/2025	2/3/2025	2/4/2025
Sonoma	1/31/2024	2/7/2024	2/14/2024	1/31/2025	2/3/2025	2/20/2025
Stanislaus	1/31/2024	2/6/2024	2/9/2024	1/31/2025	2/3/2025	2/3/2025
Sutter-Yuba	3/29/2024		4/2/2024	1/28/2025	1/28/2025	2/3/2025
Tehama				3/14/2025		
Tri-City	1/31/2024	2/6/2024	2/9/2024	1/31/2025		2/3/2025
Trinity	5/21/2024	5/29/2024	6/10/2024	1/29/2025	1/30/2025	2/6/2025
Tulare	1/30/2024	2/20/2024	5/1/2024	1/31/2025	2/3/2025	2/19/2025
Tuolumne	3/1/2024	3/4/2024	3/7/2024	314/2025		
Ventura	1/31/2024	2/15/2024	2/15/2024	1/31/2025	2/3/2025	2/24/2025
Yolo	4/4/2024	4/5/2024	4/19/2024	1/30/2025	2/3/2025	2/3/2025
Total	**56**	**53**	**56**	**51**	**48**	**50**