Commission for Behavioral Health

Meeting Materials Packet

Commission Meeting

February 27, 2025

9 a.m. - 3 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 & AGENDA

February 27, 2025

NOTICE IS HEREBY GIVEN that the Commission will conduct a meeting on February 27, 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	February 27, 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.
To register, **please click here.**

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

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

9:05 a.m. **2. Announcements and Updates**

Information

Chair Mayra Alvarez, Commissioners, and staff will make announcements and give updates. New Commissioners will introduce themselves and representatives from the California Health and Human Services Agency, California Department of Veterans Affairs, and the California Department of Housing and Community Development will welcome new Commissioners.

9:20 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.

9:40 a.m. **4. Advocacy Spotlight**

Information

The Commission will hear a presentation from the California Pan Ethnic Health Network (CPHEN) advocacy work conducted with diverse racial and ethnic communities and immigrant and refugee communities. Presented by *Kiran Savage-Sangwan, Executive Director, CPHEN.*

- Public Comment

9:55 a.m. **5. November 21, 2024 Meeting Minutes**

Action

The Commission will consider approval of the minutes from the November 21, 2024 Commission meeting.

- Public Comment
- Vote

10:05 a.m. **6. Behavioral Health Response to LA Wildfires**

Information

The Commission will hear about the impact of Los Angeles wildfires on area residents and will be informed about the feedback obtained from the LA Department of Behavioral Health, schools, facilities, and other service providers. The Commission will consider both immediate and long-range responses. Presented by *Commissioner Gary Tsai and Kalene Gilbert, Los Angeles County Department of Mental Health.*

- Public Comment

10:25 a.m. **7. Executive Director Screening Committee**

Action

The Commission will establish the formation of the Executive Director Screening Committee.

- Public Comment
- Vote

10:40 a.m. **8. 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. San Mateo: Workforce Retention - Peer Support for Peer Workers up to $580,000
2. San Mateo: Animal Care for Housing Stability and Wellness up to $950,000
3. San Mateo: allcove© Half Moon Bay – Multi-County Collaborative up to 990,000
4. San Mateo: PIVOT – Developing capacity for Medi-Cal Billing up to $1,600,000
5. Ventura: Veteran Mentor Project up to $2,587,377

- Public Comment
- Vote

10:50 a.m.

9. School-Based Universal Mental Health Screening Legislative Report

Action

The Commission will receive and consider adoption of a draft legislative report and recommendations on school-based universal mental health screenings (SUMHS) for children and youth. This report presents findings from a landscape analysis of statewide SUMHS policies and practices and a set of recommendations for implementing SUMHS in support of California's broader youth behavioral health initiatives; *presented by Kali Patterson, Research Scientist Supervisor I.*

- Public Comment
- Vote

11:30 a.m.

10. Behavioral Health Student Services Act Legislative Report

Action

The Commission will receive and consider adoption of the draft biennial report to the legislature on the Behavioral Health Student Services Act; *presented by Kai LeMasson, PhD., Research Scientist Supervisor.*

- Public Comment
- Vote

12:00 p.m.

11. Break

The Commission will pause for a short break and continue with a working lunch.

12:30 p.m.

12. Commission Budget Update

Action

The Commission will hear a report on the Commission's budget and will consider expenditures for the 2024-2025 Budget; *presented by Norma Pate, Deputy Director, Administrative Services and Performance Management.*

- Public Comment
- Vote

1:00 p.m.

13. Innovation Partnership Fund

Information

The Commission will hear a presentation on the mandates of the Innovation Partnership Fund, as outlined in the BHSA, and receive an update on preliminary exploration undertaken; *presented by Will Lightbourne, Interim Executive Director.*

- Public Comment

2:00 p.m. **14. Behavioral Health Student Services Act Evaluation**

Action

The Commission will consider approval of a contract up to $4 million for phase 2 of the Behavioral Health Student Services Act evaluation; *presented by Melissa Martin-Mollard, PhD., Chief of Research and Evaluation.*

- Public Comment
- Vote

2:30 p.m. **15. Full-Service Partnership Legislative Report**

Action

The Commission will receive and consider adoption of the draft biennial report to the legislature on the outcomes for those receiving community mental health services under a full service partnership model; presented *by Kallie Clark, PhD, MSW, Research Scientist Supervisor I.*

- Public Comment
- Vote

3:00 p.m. **16. 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/tZcvdOirpz8iEtQdBKMRwIzvIIQ5pMjAbR_F

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

Information

February 27, 2025, Commission Meeting

Advocacy Spotlight: California Pan-Ethnic Health Network

Summary:
Commission advocacy partner California Pan-Ethnic Health Network (CPEHN) will highlight the work and accomplishments of their advocacy and engagement activities.

Background:
The Behavioral Health Services Oversight and Accountability Commission as directed 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)

Inequities within California's behavioral and mental health systems coupled with emerging challenges from changing policies lead to ongoing disparities for meeting the unique needs of communities from diverse cultures and backgrounds. Diverse Racial and Ethnic Communities includes any underserved, unserved, and inappropriately served racial and ethnic population whose members share identities, cultures, and backgrounds that include, but are not limited to: American Indian, Alaska Native, African American, Black, Asian American, Pacific Islander, Latino/x, multicultural or biracial, non-English and limited-English speaking, and immigrant and refugee communities.

California is home to one of the largest populations of immigrants and refugees. About 10.4 million immigrants live in California accounting for 23% of all foreign-born individuals nationwide. About 54% of immigrants in California are naturalized citizens. Approximately 1.85 million immigrants were undocumented in 2021. Most immigrant arrivals are from Latin American and Asian countries which include Mexico, the Philippines, China, India, and Vietnam.

Refugee settlements in California saw historic lows between 2018 and 2022 but have seen a gradual increase in recent years. The state's current annual refugee resettlement ceiling is 125,000. Since 2002, the majority of refugees arrived from Iran, Iraq, Ukraine, and Laos.

California's immigrants and refugees continue to face significant challenges in accessing culturally responsive behavioral health services and supports. This is due to the severe lack of accessible interpretation and translation services, overly complicated administrative processes, cultural stigma surrounding mental health and seeking care, and lack of cultural responsiveness among providers. Additionally, emerging challenges stemming from state and federal policies affecting immigrants and refugees contribute to the disparities in behavioral health care for these populations.

The Commission is contracted with CPEHN to support the behavioral health needs of Diverse Racial and Ethnic Communities and Immigrant and Refugee Populations. CPEHN's approach to local and state level advocacy includes the following:

- Equiping local advocates and communities to participate in and influence county level BHSA decision-making on diverse communities
- Promoting openness and accountability within BHSA entities, public officials, and administrative staff regarding policies affecting diverse communities
- Providing opportunities for communities of color to to educate California decision-makers about their behavioral health needs
- Creating gathering space for advocates to network and learn from each other
- Facilitating a network of 8 immigrant and refugee local level CBOs to engage with and learn from communities across California
- Elevating community-informed policy solutions to the state level
- Publishing a State Advocacy Report to highlight findings and recommend solutions

Presenter(s): Kiran Savage-Sangwan, Executive Director, CPEHN

Enclosures: None

Handouts (1): CPEHN Advocacy Presentation

Proposed Motion: None

AGENDA ITEM 5

Action

February 27, 2025 Commission Meeting

November 21, 2024 Meeting Minutes

Summary:
The Behavioral Health Services Oversight and Accountability Commission will review the minutes from the November 21, 2024 Commission meeting. Any edits to the minutes will be made and the minutes will be amended to reflect the changes and posted to the Commission Web site after the meeting. If an amendment is not necessary, the Commission will approve the minutes as presented.

Presenter(s): None

Enclosures (2): (1) November 21, 2024 Minutes; (2) November 21, 2024 Motions Summary

Handouts: None

Proposed Motion: That the Commission approve the November 21, 2024 meeting minutes.

State of California

MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION

Commission Meeting Minutes

Date November 21, 2024

Time 9:00 a.m.

Location MHSOAC
1812 9th Street
Sacramento, California 95811

Members Participating:

Mara Madrigal-Weiss, M.Ed., Chair*[1]
Mayra Alvarez, M.H.A., Vice Chair
Mark Bontrager, J.D., M.S.W.
Sheriff Bill Brown, M.P.A.*
Keyondria Bunch, Ph.D.
Steve Carnevale
Rayshell Chambers, M.P.A.
David Gordon, Ed.M.
Gladys Mitchell, M.S.W.
Jay Robinson, Psy.D., M.B.A.
Alfred Rowlett, M.B.A., M.S.W.
Gary Tsai, M.D., DFAPA, FASAM

*Participated remotely
[1] a.m. only

Members Absent:

Assembly Member Carrillo, M.A.
Shuo Chen, J.D.
Senator Dave Cortese, J.D.

MHSOAC 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
Riann Kopchak, Chief, Community Engagement and Grants
Melissa Martin-Mollard, Ph.D., Chief, Research and Evaluation
Lauren Quintero, Chief, Administrative

Services
Jigna Shah, Chief, Innovation and Program Operations
Kallie Clark, Ph.D., MSW, Research Scientist Supervisor
Kali Patterson, Research Scientist
Supervisor
Amariani Martinez, Administrative Support
Lester Robancho, Health Program Specialist
Cody Scott, Meeting Logistics Technician

[Note: Agenda Items 10 and 12 were taken out of order. These minutes reflect these Agenda Items as listed on the agenda and not as taken in chronological order.]

1: <u>Call to Order and Roll Call</u>

Vice Chair Mayra Alvarez called the Meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to order at 9:19 a.m. and welcomed everyone. She stated she is stepping in for Chair Madrigal-Weiss, who was not available to chair. The meeting was on Zoom, via teleconference, and held at the MHSOAC headquarters, located at 1812 9th Street, Sacramento, California 95811.

Vice Chair Alvarez introduced Will Lightbourne, who was appointed as the Interim Executive Director for the Commission at the November 4, 2024, Commission meeting, and Dr. Gary Tsai, who fills the Commission seat of a physician specializing in substance use disorder treatment. She welcomed Interim Executive Director Lightbourne and Commissioner Tsai on behalf of the Commission.

Vice Chair Alvarez stated the Commission's Strategic Plan for 2024-27 was approved at the January 25, 2024, Commission meeting. 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.

Vice Chair Alvarez noted for the record that the Commission is required by the Bagley-Keene Open Meeting Act to have a minimum of eight 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: Vice Chair Alvarez and Commissioners Bontrager, Bunch, Carnevale, Chambers, Gordon, Mitchell, Robinson, Rowlett, and Tsai. Attending Remotely: Chair Madrigal-Weiss (arrived at 10:57 and left at approximately 1pm) and Commissioner Brown.

Amariani Martinez, Commission staff, reviewed the meeting protocols.

2: Announcements and Updates

Vice Chair Alvarez gave the announcements as follows:

Changes in Today's Agenda

Several Commissioners need to leave by 2:00 p.m. today. Since the quorum will be lost, this will necessitate adjournment at that time. To accommodate the quorum and the agenda items that require a vote, if there are no objections, the agenda items will be moved. There were no objections to moving the agenda items.

National Native American Heritage Month

November is National Native American Heritage Month, also referred to as American Indian and Alaska Native Heritage Month. November is an opportunity to honor Native communities in their cultures and traditions while raising awareness about the unique historical and present-day struggles of Indigenous people in the U.S. Today's meeting was held on the traditional lands of the Miwok and Nisenan people, whose territory extended from the Sacramento River to the Sierra Mountains, and south to the Cosumnes River. This land acknowledgement was made to honor the past, present, and future of Indigenous people. Visit www.native-land.ca to help identify the territories and communities of the Indigenous nations of California.

CAVSA Annual Report

On November 11, 2024, Veterans Day, the Commission's veteran advocacy organization, the California Association of Veteran Service Organizations (CAVSA), released their annual report preview on the behavioral health and housing needs of veterans, which was included in the meeting materials. The report highlights the unique challenges in the veteran population and the organization's legislative victories from 2024. The Commission is proud to support CAVSA and is proud of the work they are doing on behalf of veterans.

Vulnerable Populations

Commission staff is reaching out to advocacy organizations and other partners to learn more about the emerging needs of their communities to determine how the Commission can support the health and wellbeing of all Californians, especially those who might be affected by the changing political landscape.

Commission Meetings

- The October 24, 2024, Commission meeting recording and the November 4, 2024, Special meeting recording are now available on the website. Most previous recordings are available upon request by emailing the general inbox at mhsoac@mhsoac.ca.gov.

- There will be no Commission meeting in December. The next Commission meeting will be held in January of 2025 in Sacramento, California.

New Staff

Vice Chair Alvarez asked Ms. Quintero to share recent staff changes.

Lauren Quintero, Chief, Administrative Services, introduced Amy Vang, the new Executive Support Analyst.

Vice Chair Alvarez welcomed Amy Vang to the team on behalf of the Commission.

Breaking Barriers Symposium 2024

The Breaking Barriers Symposium 2024 concluded in Sacramento earlier this week with sponsorship support from the Commission. Breaking Barriers is a collaborative of experts from across systems that have come together to advance the educational, social, emotional, and behavioral wellbeing of California's children and youth. Breaking Barriers works across systems to improve access to services, facilitate innovation, and align the state's vast resources around the needs of children.

Vice Chair Alvarez invited Commissioner Carnevale to share details of the symposium.

Commissioner Carnevale stated the Commission has been supporting Breaking Barriers, an all-volunteer organization that works to integrate the system of care for children and youth in California and is a major driver in working with the Children and Youth Behavioral Health Initiative (CYBHI). Participation in the Symposium increased from 300 to 450 this year with representation from most every county and the Legislature. The first day of the Symposium was led by-youth, for-youth, which was inspirational. He noted feedback received indicated that youth want self-determination, not empowerment.

Commissioner Carnevale stated he was at a Defense Advance Research Project Agency (DARPA) event focused on veteran suicide. The day included information on neuroscience programs ranging from fundamental research through advanced interventions around depression, anxiety, psychosis, etc. He stated he is part of a DARPA working group of approximately 60 neuroscientist experts to address these issues. He stated he is in contact with Congressman Mike Thompson, who co-chairs the Neuroscience Caucus, about activities related to that.

Commissioner Carnevale suggested updating the Commission's *Striving for Zero: California's Strategic Plan for Suicide Prevention 2020-2025* report with some of the thinking coming from the DARPA working group.

Commissioner Carnevale suggested creating a Center for Sustainable Finance for Behavioral Health and creating a digital platform for youth to come together for community and to

empower their passion to purpose projects, which is something that the Diana Awards is interested in taking globally.

Commissioner Carnevale stated there is a big difference between transformative and incremental innovation. The Commission is well structured to help improve innovations but the invention of new transformative things does not sync very well with the Commission structure. He stated a contract has been set up with the University of Pacific to explore alternative structures that would be connected to the Commission but might allow the Commission to more effectively pursue transformational innovations. He stated the need for transformational projects that can change outcomes of mental health and expand the funding capacity for mental health.

3: General Public Comment

Fred Molitor, Ph.D. (attended in person at the Sacramento location), Former MHSOAC Director of Research and Evaluation, provided an overview of their background and stated, in their previous positions, they never experienced the blatant unprofessionalism and mismanagement that they experienced when they began working under Former Executive Director Toby Ewing. The speaker stated, at the October 24, 2024, Commission meeting, their predecessor described Toby Ewing as a bully and that the atmosphere within the MHSOAC was one based on threats, intimidation, and harassment. The speaker stated they agree with their and added that Toby Ewing was condescending, unpredictable, and manipulative.

Dr. Molitor stated the importance of pointing out that Toby Ewing did not oversee the MHSOAC in isolation. Toby Ewing certainly was primarily responsible for what could be described as a hostile work environment, but his Executive Team bears some responsibility.

Dr. Molitor stated one of the reasons they resigned as Director of Research and Evaluation after only 14 months was because they could no longer work within an organization that engaged in unethical business practices. For example, the speaker stated they observed the Executive Team enter into contracts in excess of $3 million with three for-profit organizations. None of these contracts were awarded through a competitive bidding process, which was a violation of the California State Contracting Manual of Policy and Procedures. One of the three for-profit contractors was charged with primary oversight of the scopes of work, budgets, monitoring performance, and the approval of payment for the deliverables for the other for-profit contractors.

Dr. Molitor stated ongoing requests by the contractors for additional funds for previously-contracted work that was never or partially completed was never fully scrutinized by the Executive Team. They simply chose to request additional funds at Commission meetings rather than holding contractors accountable for failing to meet their contracted obligations.

The speaker noted that, in other words, the incentive for these contractors was in delaying work because it would result in receiving more money.

Dr. Molitor stated, after leaving the MHSOAC, they filed a complaint with the State Auditor detailing their observations. The speaker stated nothing came about from these complaints.

Dr. Molitor stated another reason they resigned as Director of Research and Evaluation after only 14 months was because Toby Ewing was unsupportive of any and all efforts they and the team made to conduct research and evaluation projects with the intent of describing the state of mental health in California or to evaluate the effectiveness of programs.

Dr. Molitor discussed the sixth project in the list they brought to this meeting – the School-Based Intervention as part of the Schools and Mental Health Project. The speaker stated, during project implementation, they and their team worked closely with the late Rusty Selix and Commissioners Mitchell and Gordon. This group identified national outside experts in the field knowledgeable of innovative approaches to addressing mental health in schools. The group worked out the logistics and measures to implement and evaluate the intervention. The group developed a document detailing the project and evaluation plan. The group presented the project to stakeholders at the Schools and Mental Health Subcommittee meeting in Riverside in July of 2017.

Vice Chair Alvarez asked Dr. Molitor to submit his full written comment to staff, who will share it with Commissioners.

Dr. Molitor stated the main reason for giving public comment was to ask the Interim Executive Director and Commission to please fully support the evaluation team. The evaluation team has spent a substantial amount of time developing several dashboards on mental health services, but the release of the dashboards was withheld by Toby Ewing to the frustration of Research staff. The release of timely research and evaluation findings is owed to those across California who are experiencing mental health challenges and to the taxpayers to demonstrate that the funding of mental health projects both inside and outside of the MHSOAC is money well spent.

Susan Gallagher (attended remotely via Zoom), Executive Director, Cal Voices, welcomed Interim Executive Director Lightbourne and stated the hope that the Commission heeds his leadership.

Susan Gallagher stated this meeting started off on a bad note when a Commissioner began talking about issues he wants to get funded in neuroscience and technology. The Commission is not about individual Commissioners' agendas. The speaker suggested instead investing in community and peers.

The community does not need the fancy things the Commission keeps wanting to invest in. The speaker stated the need to build community and natural supports for healing but noted that this language is not heard from this Commission.

Susan Gallagher asked why today's meeting began 20 minutes late and questioned if Commissioners were engaging in serial communication about the agenda. Having a meeting before a meeting is serial communication, which is against the Bagley-Keene Open Meeting Act. Public meetings cannot be started late. The speaker stated concern that the meeting not only started late but will end early.

Susan Gallagher stated the Commission's mission has drifted tremendously. The speaker stated the need for the Commission to get back on track and to stop sole-sourcing contracts that are exempt from the Public Contract Code.

Susan Gallagher thanked Fred Molitor for speaking up today. The speaker stated the Commission needs to listen to him. Fred Molitor's comments should not have been limited. The speaker gave the rest of their public comment time to Fred Molitor.

Stacie Hiramoto (attended remotely via Zoom), Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), welcomed Interim Executive Director Lightbourne to the Commission. The speaker stated REMHDCO and the California Reducing Disparities Project (CRDP) look forward to meeting with Interim Executive Director Lightbourne and supporting the Commission because they believe in and care for this Commission. The speaker stated this Commission is important and has a crucial role in the implementation of Proposition 1.

Stacie Hiramoto stated REMHDCO hopes that community stakeholders are involved in the search for an executive director. The speaker stated they would be happy to discuss ways the community can be involved with staff.

Stacie Hiramoto stated the Commission has lost the trust of many individuals in the community and many communities around the state not only because of the behavior that has been uncovered but because of the way they have been treated over the past ten years. Many members of the community used to attend Commission meetings and now few attend and even fewer make public comment.

Stacie Hiramoto thanked Fred Molitor for his comments. The speaker stated they also would have given up their public comment time for Fred Molitor. What Fred Molitor is saying is important and something the Commission needs to hear. The speaker stated the hope that Commissioners took Fred Molitor's comments seriously.

Mark Karmatz (attended remotely via Zoom), consumer and advocate, stated Intentional Peer Support has several trainings coming up and the Project Return Peer Support Network is doing a California Association of Peer Supporters (CAPS) Academy training for Certified Peer Specialists.

4: <u>October 24, 2024, and November 4, 2024, Meeting Minutes</u>

Vice Chair Alvarez stated the Commission will consider approval of the minutes from the October 24, 2024, and November 4, 2024, Commission meetings. She stated meeting minutes and recordings are posted on the Commission's website.

There were no questions from Commissioners and no public comment.

<u>Action</u>: Vice Chair Alvarez asked for a motion to approve the October 24, 2024, minutes. Commissioner Rowlett made a motion, seconded by Commissioner Mitchell, that:

- *The Commission approves the October 24, 2024, Meeting Minutes, as presented.*

Motion passed 9 yes, 1 no, 2 absent, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Bontrager, Brown, Bunch, Carnevale, Mitchell, Robinson, Rowlett, and Tsai, and Vice Chair Alvarez.

The following Commissioner voted "No": Commissioner Gordon.

Commissioner Chambers and Chair Madrigal-Weiss were absent from the vote.

<u>Action</u>: Vice Chair Alvarez asked for a motion to approve the November 4, 2024, minutes. Commissioner Robinson made a motion, seconded by Commissioner Mitchell, that:

- *The Commission approves the November, 4, 2024, Meeting Minutes, as presented.*

Motion passed 8 yes, 0 no, 2 absent, and 2 abstain, per roll call vote as follows:

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

The following Commissioners abstained: Commissioners Bunch and Tsai.

Commissioner Chambers and Chair Madrigal-Weiss were absent from the vote.

5: Consent Calendar

Vice Chair Alvarez stated 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. She noted that the documents related to these projects and the staff analyses are included in the meeting materials.

Commissioner Chambers publicly identified a financial interest that gives rise to a conflict of interest or potential conflict of interest, particularly the funding for Alameda County and Tri-Cities to join the Psychiatric Advanced Directives (PADs) Multi-County Collaborative. She recused herself from the discussion and decision-making with regard to this agenda item pursuant to Commission policy.

Innovation Proposals:

Ms. Gallardo stated the following three innovation proposals align with the Behavioral Health Services Act (BHSA) and include plans for sustainability.

1. BHSA Implementation Planning: Nevada County.

Ms. Gallardo stated the first Consent item is an innovation funding request from Nevada County. Nevada County is requesting up to $1,365,000 of innovation spending authority to prepare Mental Health Services Act (MHSA) funded partners for implementation of the BHSA. This proposed project seeks to provide technical assistance to currently funded providers, with emphasis on community-based organizations, to maximize Medi-Cal billing. It also seeks to prepare Full-Service Partnership (FSP) providers for new BHSA FSP data and reporting requirements.

2. Level Up – Community Driven Practices for Health Equity: Shasta County.

Ms. Gallardo stated the second Consent item is an innovation funding request from Shasta County for up to $999,977.52 of innovation spending authority to partner with Level Up NorCal to provide case management and wrap-around supports for low-income and underserved residents of Hispanic and Asian communities as part of the Supporting Community-Defined Practices for Health Equity Innovation Project.

3. Psychiatric Advanced Directives (PADs) Phase 2: Alameda and Tri-Cities.

Ms. Gallardo stated the third Consent item is for two innovation funding requests to join Phase 2 of the PADs Multi-County Collaborative from Alameda County and the Tri-City area for up to $3,070,005 and $1,500,000, respectively.

Contract Approval:

4. Information Technology Contract Update.

Ms. Gallardo stated the fourth Consent item is a request for approval of a contract in the amount of $215,550 to support updating the Commission's best practices in information technology security as mandated by the State of California Department of Justice (DOJ). The goals of this project are to ensure the Commission meets or exceeds the updated requirements as mandated by the DOJ and follows appropriate best practices for data security.

Reallocation Approval:

5. Reallocation of unencumbered MHWA funds – EmPATH.

Ms. Gallardo stated the fifth Consent item is a request from the Community Engagement and Grants Team for approval to reallocate a total of $3 million in Mental Health Wellness Act (MHWA) funding to current Emergency Psychiatric Assessment, Treatment, and Healing (EmPATH) unit grantees. These excess funds were made available as a result of two grant refusals. The additional funding would be offered to current EmPATH grantees and would assist in covering higher than anticipated building costs and program sustainability, while licensing approvals and county behavioral health agreements are negotiated.

Changes to the Rules of Procedure:

6. Rules of Procedure Update.

Ms. Gallardo stated the sixth and final Consent item is a request for approval of non-controversial, statutory changes to the Rules of Procedure. The passage of Proposition 1 in March of 2024 changed the name, membership, and structure of the Commission. The proposed changes in this Consent item are statutory in nature and do not include non-statutory changes and are thus non-controversial.

Commissioner Comments & Questions

Vice Chair Alvarez asked to remove Item 5, reallocation of unencumbered MHWA funds through EmPATH, for Commission discussion at a future Commission meeting. She noted that Commissioners are interested in learning more about this reallocation, the decision behind it, the rationale, and where there may be opportunities to make greater impact.

Public Comment

Stacie Hiramoto stated this is an example of why the public has lost trust in the Commission. There are many items on this Consent Calendar, including the Rules of Procedure, which, although non-controversial, were a surprise to the public. The speaker asked that these items be presented and discussed at Committee meetings prior to being put on the Consent Calendar for Commission approval.

Stacie Hiramoto stated the hope that this Commission does not have private conversations about why the unencumbered funds for the EmPATH grants are being taken off the Consent Calendar for future discussion and what the money might be used for instead.

Susan Gallagher echoed Stacie Hiramoto's comments. The speaker agreed that the public has lost trust in this Commission. The Commission continues to not listen or take heed to what the public, attorney general, or DOJ are saying. The Commission has heard from numerous former staff members.

Susan Gallagher stated the Commission is allowing for the Rules of Procedure to accept more sole-sourced contracting. The speaker asked to put a moratorium on that until the investigation is complete. There are no Black, Indigenous, and People of Color (BIPOC) agencies getting funding on that sole-source list. There are none that are even nonprofit. Part of the EmPATH funding was allocated for peers as part of a peer respite program. The speaker stated the need for a review of the EmPATH Grant Program.

Action: Vice Chair Alvarez asked for a motion to approve the Consent Calendar. Commissioner Gordon made a motion to approve the Consent Calendar with the exception of Item 5, reallocation of unencumbered MHWA funds, seconded by Commissioner Carnevale, that:

- *The Commission approves the Consent Calendar that includes:*
    - *Funding for Nevada County's BHSA Implementation Plan Innovation Project for up to $1,365,000; and*
    - *Funding for Shasta County's Supporting Community-Driven Practices for Health Equity Innovation Project for up to $999,977.52; and*
    - *Funding for Alameda County to join the Psychiatric Advance Directive (PADs) Multi-County Collaborative Innovation Project for up to $3,070,005; and*
    - *Funding for Tri-City to join the Psychiatric Advance Directive (PADs) Multi-County Collaborative Innovation Project for up to $1,500,000.*
    - *Authorization for the Interim Executive Director or the Commission Chair to enter one or more contracts not to exceed $225,000 to support the Commission in updating its best practices in Information Technology security, as mandated by the State of California Department of Justice.*
    - *Approval of the Proposition 1 statutory changes to the Commission's Rules of Procedure.*

Motion passed 10 yes, 0 no, 1 absent, and 1 abstain, per roll call vote as follows:

Commissioner Chambers abstained from vote.

The following Commissioners voted “Yes”: Commissioners Bontrager, Brown, Bunch, Carnevale, Gordon, Mitchell, Robinson, Rowlett, and Tsai, and Vice Chair Alvarez.

Chair Madrigal-Weiss was absent from the vote.

Commissioner Chambers rejoined the meeting.

6: <u>Grant Opportunities: Mental Health Wellness Act: Strategies to Address the Needs of Children 0-5, Advocacy for K-12 and Immigrant/Refugee Populations</u>

Vice Chair Alvarez stated the Commission will hear two presentations on grant opportunities for the mental health and wellness needs of birthing individuals and children ages 0-5 as well as advocacy opportunities for K-12 and immigrant and refugee populations. The Commission will be presented with strategies for the allocation of MHWA and advocacy funds to support these populations.

Vice Chair Alvarez stated the intent of the MHWA funding is to increase capacity for mental health crisis services through development of crisis stabilization, crisis response, crisis residential treatment, mobile crisis support team, and family respite care programs. The Commission has discussed at length a set of priorities for the MHWA over the past year and a half.

Vice Chair Alvarez stated, in 2021, the Commission released a report on prevention and early intervention entitled, *Well and Thriving: Advancing Prevention and Early Intervention in Mental Health*. The report provided a vision and framework to guide prevention and early intervention in mental health via the benefit of a whole-community, public-health approach. She stated the need to consider how to think about this work in light of the entire ecosystem, not the role of the Commission but the role of departments, community organizations and leaders, and schools and other partners on the ground to think through what can be done together.

Vice Chair Alvarez stated the Commission established priorities for local prevention and early intervention that included programs that target children who are at risk of trauma; strategies to reach underserved populations and address barriers related to racial, ethnic, cultural, language, gender, age, economic, or other disparities; and the use of evidence-based and community- and culturally-defined approaches to increase early detection of mental health symptoms. She asked staff to present the first part of this agenda item.

<u>Presentation 1: Mental Health Wellness Act Funding</u>

Riann Kopchak, Chief of Community Engagement and Grants, stated the team has been working with relevant partners and local and state agencies to engage in conversations about how to best serve these populations. She provided an overview, with a slide presentation, of

the approach, factors for consideration, key themes from community engagement, and grant opportunities for maternal mental health and the 0-5 population. She stated efforts need to be focused on the 0-5 population to reduce the number of children put in foster care and the mental health issues that result.

Ms. Kopchak stated the goals of this initiative are to keep families together and to work to build a strong family unit that supports these children. She stated staff engaged partners in different areas of the state specializing in different parts of the life from birthing individuals through infancy.

Tom Orrock, Deputy Director of Program Operations, noted that staff also talked to many organizations and state agencies, recognizing that there is siloing. There are several systems of care for the 0-5 population in terms of their development, education, and safety. Staff brought these organizations and state agencies together in this project to address siloing issues.

Ms. Kopchak stated a summary of community engagement efforts is included in the meeting materials. Feedback was gathered on gaps and barriers. The grant opportunities include $3 million for a landscape analysis, evaluation, and technical assistance, and $18 million for community-based-organization-led partnerships.

Commissioner Comments & Questions

Vice Chair Alvarez stated these MHWA grants present an opportunity to incorporate some of the Commission's vision for prevention and early intervention outlined in the 2021 prevention and early intervention report. She stated it is recognized that early detection and intervention is key to improving health across the lifespan, and the earliest intervention involves creating healthy, safe environments for families even before a baby is born.

Commissioner Bunch asked about training for individuals working with the 0-5 population.

Ms. Kopchak stated community-based organizations shared that training was one of their planned goals.

Vice Chair Alvarez thanked staff for their time and effort in bringing agencies and partners together for discussion. This demonstrates the commitment that Commissioners are looking for in the work moving forward in the K-12 and other areas. She reminded the Commission that the previous surgeon general led the nation in talking about the importance of investing in early years. She noted that discussions on prevention and early intervention are difficult but necessary. She stated the hope that these difficult discussions will lay the foundation for future opportunities in strengthening the support of this young population.

Commissioner Tsai spoke in support of this work. He stated the importance of terminology. He noted that the term "mental health" is seen to exclude substance use, whether this is

intentional or not. He stated sometimes the intention of legislation is to include mental health and substance use, but if the legislation only mentions mental health, it becomes specific, due to the separate specialty systems. He stated the importance of broadening the language in the grant opportunities to include substance use.

Deputy Director Orrock agreed and stated substance use will be included in the Request for Applications (RFA). He noted that county behavioral health departments and community-based organizations that include mental health and substance use treatments will be part of the partnership.

Commissioner Chambers agreed that there is an opportunity for education relative to maternal mental health, substance use, and behavioral health, particularly for Black individuals. There is also an opportunity to contract with new entities to ensure that the needs in BIPOC communities are addressed.

Commissioner Mitchell stated the presentation included data on children in foster care. She stated children in the 0-5 age range are generally placed in foster care for serious reasons. She stated concern that, although the children receive services, there is no support for the biological parents and families, particularly the fathers. She asked if these grants will fill this gap to include support for the parents whose parental rights have been legally severed, since the children often return to the parents when they are 18 years old.

Ms. Kopchak stated the plan is to take a family systems approach. Wraparound services include parents and caregivers.

Commissioner Rowlett stated the language of the proposed motion is to release a Request for Proposals (RFP). He suggested including the perspective of the public specifically as it relates to this RFP, since community-based organizations have been highlighted as an important component.

Commissioner Rowlett stated there are often RFPs that alienate community-based organizations that do not have full capacity or the kind of capacity that larger community-based organizations have. He suggested developing an RFP that is reflective of the perspective of the community and, for transparency and inclusion, soliciting entities that are actively involved in this area to assist in that development.

Commissioner Rowlett asked for an update upon release of the RFP on the community engagement process and how it helped develop the steps of the RFP structure to ensure that the RFP is reflective of the ultimate goal and what is trying to be accomplished.

Deputy Director Orrock stated staff will contact Commissioner Rowlett offline for assistance on how best to contact community-based organizations and gather that information.

Commissioner Robinson stated this is ambitious. Maternal mental health by itself is a big issue; so is the 0-5 population. He asked if there has been thought toward interfacing with health care systems, particularly maternal/child hospital wards, to assess information on mental health during that point.

Deputy Director Orrock stated interfacing during pregnancy and after has been considered.

Vice Chair Alvarez stated the both/and approach is the right approach. She added the need to recognize that many disproportionately impacted populations are not always safe spaces for healthy births and heathy development of children. This approach underscores recognizing that there is a lot of work on maternal health inequities in California and across the country. She congratulated staff for looking at this in the development of the RFP.

Commissioner Mitchell suggested contacting the Black Infant Health Network.

Public Comment

Susan Gallagher spoke in support of the approach. The speaker asked about the number of families that were involved in informing the process. The speaker echoed the comments of Commissioners Mitchell, Chambers, Rowlett, and Robinson. These grants should be driven by the community and families who are accessing these types of supports and services.

Susan Gallagher suggested contacting the UC Davis Maternal Mental Health Program and noted that Placer County does a good job of integrating the family voice and diverse voices on all their system teams. Probation cases, child welfare cases, family reunification, and peer advocacy programs are essential.

Stacie Hiramoto echoed the comments made by Susan Gallagher and Commissioners Chambers, Mitchell, and Rowlett. The speaker stated REMHDCO represents communities of color and community-based organizations that specialize in serving BIPOC and LGBTQ communities. The speaker noted that the RFP qualifications do not include strong experience in working with community-based organizations serving BIPOC communities specifically.

Vice Chair Alvarez noted that that was an error in the eligibility section of the proposed initiative in the meeting materials. The first minimum qualification is to be an established local community-based organization that has been in operation for two years, not a statewide organization.

Stacie Hiramoto stated they were relieved to hear that. The speaker noted that organizations such as the community-based organizations that are a part of the CRDP and others often are not awarded RFPs and yet they are the organizations that serve communities on the local level.

Commissioner Discussion

Vice Chair Alvarez asked Ms. Gallardo to read the motion.

Ms. Gallardo requested including Commissioner Tsai's edit to change "maternal mental health" to "maternal behavioral health." No Commissioner objections were heard. She read the revised motion.

Commissioner Mitchell asked about Commissioner Rowlett's request to include community input in the RFP process.

Deputy Director Orrock stated staff will work with Commissioner Rowlett offline on how to do that. It is important not to release the RFP details to only a particular group of individuals.

Commissioner Chambers suggested holding a public meeting for feedback on potential general challenges community-based organizations may face in completing an RFP.

Commissioner Rowlett agreed and stated there are many things that can be discussed in public meetings for feedback that do not violate the laws on RFPs, such as feedback on the crafting of an RFP. He agreed that this need not affect the current motion.

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

- *The Commission authorizes staff to release an RFP to award $21 million in Mental Health Wellness Act funding through a competitive bid process designed to support partnerships serving maternal behavioral health and the 0-5 population, conduct landscape analysis and evaluation, and provide technical assistance to grantees awarded through the competitive bid process.*

Motion passed 12 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Bontrager, Brown, Bunch, Carnevale, Chambers, Gordon, Mitchell, Robinson, Rowlett, and Tsai, Vice Chair Alvarez, and Chair Madrigal-Weiss.

Presentation 2: K-12 Students Advocacy Funding

Vice Chair Alvarez stated the Commission will hear a presentation on advocacy opportunities for the K-12 student population. She stated the Commission's advocacy grants are aimed at supporting community advocacy for specific populations. The state budget allocates $670,000 to the Commission to support K-12 student advocacy. She asked staff to present the second part of this agenda item.

Lester Robancho, Health Program Specialist, provided an overview, with a slide presentation, of the background, community engagement themes, and grant opportunities for K-12 student advocacy grants. He stated the current funding opportunity for K-12 student advocacy consists of one contract to be awarded to a statewide organization. This organization will contract with one local community-based organization or county office of education in eight geographic regions to establish regional youth teams to conduct local advocacy activities, develop the capacity for self-advocacy, and increase participation in the Proposition 1 planning process.

Mr. Robancho stated the statewide contractor will hold a statewide conference annually for three years to bring together the regional teams and elevate the needs and solutions to state decision makers.

Ms. Kopchak stated the idea to emphasize the convenings between the regional boards is based on feedback received from adult allies and students who noted that these are beneficial.

Deputy Director Orrock stated the regional convenings and ongoing youth councils around the state will be a great service to the state of California. He noted that the California Department of Public Health (CDPH) has sometimes sought youth organizations or specific youth to present at meetings or provide input on policy. This provides on opportunity to set up a statewide K-12 youth council.

Commissioner Comments & Questions

Commissioner Mitchell asked if any of this work will include services.

Ms. Kopchak stated the community-based organizations are funded through advocacy contracts. The primary focus will be advocacy efforts, although some organizations also provide direct service to their populations.

Deputy Director Orrock agreed that some of the work is service although it is not designed for that. Many clients the community-based organizations work with are involved in the advocacy, which provides meaning and purpose. He stated staff plans to present at a future Commission meeting how advocacy contractors can work better together. There are opportunities to organize all nine advocacy contractors for one or two common purposes shared for mental health efforts.

Commissioner Robinson asked about the measure of success for advocacy.

Deputy Director Orrock stated it is sometimes difficult to measure advocacy, but the number of individuals who are trained or educated on advocacy or participate in an outreach event

can be measured. Each community advocacy contractor provides an annual report to the Commission on what they have learned.

Vice Chair Alvarez stated this is an opportunity to leverage advocacy partners and to question how the knowledge that is collected over these three years is being used in the Commission's legislative agenda and prioritization of issues. She asked staff to define advocacy and its impact because part of the Commissioners' responsibilities as advocates is to build and share power with community members and to recognize the power of voice. She stated the advocacy policy process and advocacy services in communities are opportunities to define impact. It is important to hold partners accountable to that.

Vice Chair Alvarez asked staff to invite advocacy partners to present at a future Commission meeting on what they are hearing and experiencing in their communities.

Commissioner Rowlett agreed. He stated it is important to hear the voice of those affected and those who are implementing and doing this work. He also spoke in agreement with clearly defining advocacy and its data, outcomes, and expectations.

Public Comment

Stacie Hiramoto stated they were grateful for the Commission's advocacy grants. The speaker agreed with inviting the advocacy groups to present at future Commission meetings and Client and Family Leadership Committee (CFLC) meetings. The speaker stated concern that the Commission is awarding the statewide contract to the same entity. The speaker noted that it is not that that entity is not good, but that power should be built and shared.

Commissioner Discussion

Action: Vice Chair Alvarez asked for a motion to release an RFP for K-12 advocacy in the amount of $2,010,000 to support advocacy, training and education, and outreach and engagement efforts in the K-12 student population. Chair Madrigal-Weiss made a motion, seconded by Commissioner Gordon, that:

- *The Commission authorizes staff to release an RFP for K-12 advocacy in the amount of $2,010,000 to support advocacy, training and education, and outreach and engagement efforts in the K-12 student population.*

Motion passed 11 yes, 0 no, 1 absent, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Bontrager, Brown, Bunch, Carnevale, Chambers, Gordon, Mitchell, Robinson, and Tsai, Vice Chair Alvarez, and Chair Madrigal-Weiss.

Commissioner Rowlett was absent from the vote.

Presentation 3: Immigrants and Refugees Advocacy Funding

Vice Chair Alvarez stated the Commission will hear a presentation on advocacy opportunities for immigrant and refugee populations. She stated the Commission's advocacy grants are aimed at supporting community advocacy for specific populations. The state budget allocates $670,000 to the Commission to fund advocacy contracts on behalf of immigrant and refugee populations. She asked staff to present the third part of this agenda item.

Mr. Robancho continued the slide presentation and discussed the background, community engagement themes, and grant opportunities for immigrant and refugee advocacy grants. He stated findings and recommendations from statewide and local partnerships are shared in the State Policy Agenda Report put out by the California Pan-Ethnic Health Network (CPEHN) entitled, *Improving Mental Health Care for Immigrant and Refugee Communities*, which was included in the meeting materials.

Commissioner Comments & Questions

Commissioner Bunch stated sometimes the word "advocacy" feels vague. She asked for clarity on the planned advocacy efforts and if they link families to things such as legal aid.

Deputy Director Orrock stated one of the first things staff heard in listening sessions on immigrant and refugee advocacy contracts was that the population needs legal help, housing, food, and services for children. Community-based organizations support those needs. He stated this is a good first step to help the immigrant and refugee population.

Commissioner Chambers stated the importance of organizing these advocacy projects because the policy landscape is changing quickly. She stated many advocates are dying because these systems do not have the funding to address the policies that impact the practice. Advocacy is an important service and these dollars impact the community. Organizing the Commission's community advocacy contractors and funding will inform the community on what is going on when benefits are cut off and individuals cannot get services.

Commissioner Chambers stated people do not understand the service provision or the power of advocacy. Organizing the Commission's community advocacy contractors and funding will increase efficiency across all vulnerable populations as Proposition 1 comes in. As a Black advocate for these issues, she asked Commissioners to authorize this funding and organize advocacy, because people are dying on the streets with no one to advocate for them.

Chair Madrigal-Weiss stated the same amount of funding is set aside for the statewide and local contracts. She asked about the expectations for the leadership of the statewide contractor and its ability to support the local contractors.

Mr. Robancho stated staff heard from current contractors that that was an effective model. The funding was increased for the local contracts in this current opportunity because staff heard that local community-based organizations are the key to increasing engagement and positive outcomes in communities, while still being represented at the state level. The intention of the statewide contractor is to represent the local community-based organizations and to advocate on issues that go beyond the seven local contracts.

Public Comment

Stephen McNally (attended remotely via Zoom), family member and Member, Orange County Behavioral Health Advisory Board, speaking as an individual, stated many coalitions already exist at the county level but they are siloed. The speaker suggested creating an opt-in e-list to build capacity across the state for specific causes. The speaker stated RFPs are housed in different places. If it is not made easy to understand or crosswalk, individuals might sometimes miss it.

Stephen McNally stated family members do not feel that they have a seat at the table. The speaker stated they have asked the Commission several times to join the California Behavioral Health Planning Council or to connect with local boards and commissions that do not receive state-issued information. The speaker stated appreciation that the Commission has made the meeting minutes easier to archive. Communication will become more critical moving closer to Proposition 1.

Stephen McNally stated the Commission is the most influential group the community has in the state, but it is also the most conflicted and afraid to speak openly in public. That makes it much more difficult. Each Commissioner has a constituency that can be empowered across the state. The speaker suggested thinking outside the role of the Commission and leading the rest of the groups to help them to be supportive of each other to allow everyone to have a seat at the table.

Mark Karmatz experienced technical difficulties while trying to give public comment. Vice Chair Alvarez asked them to submit their full written comment to staff.

Commissioner Discussion

Action: Vice Chair Alvarez asked for a motion to release two RFPs totaling $4,020,000 to support the state and local level advocacy, training and education, and outreach and engagement needs in immigrant and refugee populations. Chair Madrigal-Weiss made a motion, seconded by Vice Chair Alvarez, that:

- *The Commission authorizes staff to release two RFPs totaling $4,020,000 to support the state and local level advocacy, training and education, and outreach and engagement needs in immigrant and refugee populations.*

Motion passed 11 yes, 0 no, 1 absent, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Bontrager, Bunch, Carnevale, Chambers, Gordon, Mitchell, Robinson, Rowlett, and Tsai, Vice Chair Alvarez, and Chair Madrigal-Weiss.

Commissioner Brown was absent from the vote.

7: Chair and Vice Chair Elections

Vice Chair Alvarez stated nominations for Chair and Vice Chair for 2025 will be entertained. The Commission will elect the next Commission Chair and Vice Chair. She asked Ms. Gallardo to moderate this agenda item.

Ms. Gallardo briefly outlined the election process and asked for nominations for Chair of the MHSOAC for 2025.

Chair Madrigal-Weiss nominated Vice Chair Mayra Alvarez as Chair of the Commission for 2025.

Vice Chair Alvarez accepted the nomination.

No other nominations were offered.

Commissioners spoke in support of the nomination.

Public Comment

Stacie Hiramoto, speaking as an individual, spoke in support of the nomination. The speaker stated REMHDCO and many organizations with the CRDP respect and trust Vice Chair Alvarez to be the leader of this Commission.

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

- *The Commission elects Vice Chair Mayra Alvarez as Chair of the Mental Health Services Oversight and Accountability Commission for 2025.*

Motion passed 12 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Bontrager, Brown, Bunch, Carnevale, Chambers, Gordon, Mitchell, Robinson, Rowlett, and Tsai, Vice Chair Alvarez, and Chair Madrigal-Weiss.

Ms. Gallardo asked for nominations for Vice Chair of the MHSOAC for 2025.

Chair Madrigal-Weiss nominated Commissioner Keyondria Bunch as Vice Chair of the Commission for 2025.

Commissioner Bunch declined the nomination and nominated Commissioner Alfred Rowlett as Vice Chair of the Commission for 2025.

Commissioner Rowlett accepted the nomination.

No other nominations were offered.

Commissioners spoke in support of the nomination.

Public Comment

Stacie Hiramoto spoke in support of the nomination.

Stephen McNally congratulated Vice Chair Alvarez and Commissioner Rowlett on their nominations. The speaker noted that there is mostly one-way communication with little dialogue at community meetings. This does not serve clients or family members well. The speaker asked that, as the tone is set for the future, a safe space would be created for open communication without judgement, observation, comment, or solution.

Stephen McNally stated the hope that Commissioners gather their courage with the Interim Executive Director to help set the tone across state agencies as the Commission continues to crosswalk with other agencies. The speaker stated appreciation for the nominees and noted that they have good skillsets to help change the culture in California to more honest communication across the board. The public watches the same people at the same table seeming to be handcuffed to speak publicly but doing much of the behind-the-scenes talking. The speaker stated the public is willing to help the Commission's new leadership bring the table to everyone across the state so all can participate. The speaker offered to do what they can at the local level to help make the Commission's new leadership successful.

Mark Karmatz experienced technical difficulties while trying to give public comment. Vice Chair Alvarez asked them to submit their full written comment to staff.

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

- *The Commission elects Commissioner Alfred Rowlett as Vice Chair of the Mental Health Services Oversight and Accountability Commission for 2025.*

Motion passed 12 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Bontrager, Brown, Bunch, Carnevale, Chambers, Gordon, Mitchell, Robinson, Rowlett, and Tsai, Vice Chair Alvarez, and Chair Madrigal-Weiss.

8: Lunch

The Commission took a short break and returned for a working lunch.

9: Proposition 1 Implementation Update

Vice Chair Alvarez stated the Commission will hear an update on the implementation of Proposition 1 related to the 2025 meeting structure, the potential formation of additional subcommittees, and branding strategies. She asked staff to present this agenda item.

Presentation

Jigna Shah, Chief of Innovation and Program Operations, provided an overview, with a slide presentation, of the background, Bagley-Keene Open Meeting Act requirements, and definitions of in-person, virtual, hybrid, and satellite meetings. She noted that, beginning January 1, 2026, the hybrid meeting option will not be available for Commission and Committee meetings and public comment will need to be either in-person or at a satellite location.

Ms. Shah stated staff has been meeting with state-level boards and commissions since the July Commission meeting to better understand how the Commission structure may need to change due to its increase in size and the new requirements and mandates of the BHSA. She suggested that the Commission meet quarterly or every other month.

Kendra Zoller, Deputy Director of Legislation, stated staff is monitoring legislation for another Bagley-Keene bill because it does not make sense to prohibit virtual public comment. She continued the slide presentation and discussed the potential direction for meeting structure and committees. She stated the staff recommendation, based on their research, is to hold quarterly in-person Commission meetings with an additional annual orientation refresher meeting in January. She noted that additional meetings can be called at any time.

Ms. Zoller stated the recommended meeting structure works best with assigned work to the Committees that will bring recommendations back to the Commission for approval. She suggested creating three technical Advisory Committees – Innovation, Community Engagement and Grants, and Research and Evaluation – to do this work, and creating the Community Partnership Bridge Workgroup to collaborate with community partners and Committees to address key issues and projects.

Ms. Zoller stated the Community Partnership Bridge Workgroup's purpose is similar to the Commission's Cultural and Linguistic Competency Committee (CLCC) and Client and Family Leadership Committee (CFLC), which have had quorum issues in the last year. She noted that the workgroup format works on projects for all Committees without quorum requirements, which means work can be passed along quickly and effectively.

Ms. Zoller reminded Commissioners about the statutorily-required Early Psychosis Intervention Plus Advisory Committee, which has not met since 2021. This Advisory Committee meets as needed and is convened by the Chair.

Commissioner Comments & Questions

Commissioner Rowlett asked if staff met with boards that meet quarterly but for multiple days each quarter.

Ms. Shah stated a few of the boards talked about meeting two days back-to-back.

Commissioner Carnevale asked if site visits have been considered in the staff recommendations.

Ms. Zoller stated the Commission can determine the number of site visits to be scheduled per year and how they would work with 27 Commissioners.

Commissioner Mitchell stated concern about the ability of the Commission to address its already full agendas and conduct its business in a timely manner when limited to quarterly meetings. She stated the Commission would need to meet at least every other month.

Ms. Zoller agreed that meeting every other month is a viable option. The idea was that much of the work will be delegated to the Committees for discussion, public comment, and recommendations to be brought before the Commission for approval.

Commissioner Mitchell stated her disappointment that the Commission's CFLC and CLCC were not included in the presentation as important established Committees.

Ms. Zoller stated the CFLC and CLCC were assumed to be included in the Committee list.

Commissioner Mitchell asked if the quarterly meeting determination came from the increased travel costs and logistics of the soon-to-be 27-member Commission.

Ms. Gallardo stated her understanding that the Department of Finance did not increase the Commission's travel budget commensurate with the 68 percent increase in Commissioners. The Department of Finance's counsel to remedy this deficit was to meet less often.

Commissioner Gordon stated he was hesitant to disassociate program discussions from grant approval. Better understanding of the grant means better judgement of the approval of that grant.

Ms. Zoller stated the Commission may hear full presentations on grants. The difference is that most of the vetting with Commissioners and the public would happen in Committees, although additional vetting could be done with the Commission, if necessary.

Commissioner Gordon stated research and evaluation also tracks the project, which may lend itself more to work groups than to creating a separate standing Research and Evaluation Advisory Committee that meets quarterly.

Ms. Zoller noted that work groups that are not subject to Bagley-Keene cannot report to the full Commission but must go through the Committee process.

Commissioner Gordon stated a quorum will be more difficult to attain with 27 Commissioners. He suggested, if the Commission will meet quarterly, not meeting in July, a typical vacation month. He suggested meeting in September and November and avoiding the summer months.

Commissioner Bontrager stated six full-day meetings per year and four day-and-a-half meetings per year is the same amount of time. Sometimes it is easier to meet quorum requirements with quarterly meetings, which can be made more of an event.

Commissioner Rowlett agreed and stated one particularly large board he is on meets at least six times per year. He noted that meeting quorum is a continuing challenge for this large group. He suggested day-and-a-half meetings as a solution to quorum challenges. He stated the need for the expanded Commission to be fully comfortable with the new scope of responsibilities of the Commission per Proposition 1 at least for the first year before changing the meeting structure. Getting accustomed to new challenges will take certain logistics at first.

Commissioner Rowlett stated managing all of that and then managing the unique interpersonal dynamics of 27 Commissioners in four one-day meetings per year will not work. Day-and-a-half meetings may possibly work as long as one of the components is that it includes some sort of update and debrief within the confines of Bagley-Keene. He shared his experience that, even when meetings did not meet quorum and members could take no action, the information that was disseminated was helpful so that members could engage in a more informed discussion when a quorum was met at a future meeting.

Commissioner Rowlett stated staff recommendations are important to Commissioners. Hearing from staff and engaging in conversation is also important and typically happens in meeting settings. He spoke against quarterly one-day Commission meetings but spoke in favor of quarterly one-and-a-half or two-day Commission meetings.

Commissioner Bunch brought up the logistical concern of 27 Commissioners of varying backgrounds. She noted that, for some individuals, being a part of this Commission may be a financial strain. She stated Commissioner Brown has mentioned multiple times that Commissioners are frequently not reimbursed for expenses. She stated she no longer turns in reimbursement requests since she has never been reimbursed. Even if the Commission pays

for travel and hotel accommodations, there would still be a financial strain to attend multiple-day meetings.

Ms. Zoller stated satellite meeting options may help with this issue.

Commissioner Tsai agreed with Commissioners Bontrager and Rowlett's comments in that, as the Commission size increases, the complexity of quorum will need to be considered. Satellite sites will be important to meet quorum requirements so the Commission can do what it is charged to do.

Commissioner Tsai suggested deeper discussion on his greater concern around the fact that there are more Commissioners and more responsibilities but not necessarily more time or funding. He stated the Commission will need to be strategic and deliberate in making the difficult decisions it needs to make on how to allocate its focus. It will be important in terms of realizing the vision of the BHSA to ensure some level of focus on behavioral health, which includes substance use. He shared his experience that, if it is not built in structurally to time spent and agendas developed, it oftentimes is left off. It is important that the Commission represent behavioral health.

Ms. Zoller agreed that focusing efforts will be important.

Commissioner Carnevale stated there is no easy answer. There is already not enough time with ten meetings a year. The many possible focus areas are all important, but the Commission has requirements such as demands from the Governor's Office, the Legislature, and other agencies that may sometimes not work with quarterly meeting cycles.

Commissioner Carnevale stated as a Commissioner he has learned the important dynamic of the relationship between Commissioners. Much of what Commissioners do is learning; no Commissioner sees the whole picture when first appointed. He stated splintering the meetings limits this dynamic. This is a concern. It takes time for Commissioners to get to know each other. This challenge is both the biggest joy and the biggest learning of the process.

Commissioner Carnevale stated all meeting options seem untenable, but there is no reason to try to resolve a problem that does not and may never exist. He suggested that the Commission meet every month and adjust when and if needed. He stated, if the number of meetings is reduced, the time per meeting must increase. He noted that site visits are useful to everything the Commission does.

Commissioner Brown echoed comments from Commissioners with respect to being concerned about the idea of going to a quarterly system, particularly right away. With the expansion of the Commission, the reality is, if a Commissioner misses one quarterly meeting, it will be six months between the time they met with Commissioners and staff.

The idea of Committees meeting between the quarterly Commission meetings is good, but the reality is many members of the Commission do not have the time to work on multiple Committees and travel multiple times to attend meetings.

Commissioner Brown stated Commissioners who are not based in the Sacramento area must travel to meetings, which, even for a single-day meeting, typically involves two full days to get there, have the meeting, and get back home. Making the meetings one-and-a-half to two days will expand that to three days. It is difficult for some Commissioners to schedule that kind of time.

Commissioner Brown agreed with Commissioner Carnevale's comment that, as new Commissioners are onboarded, it would be a mistake to adopt a new schedule that has fewer meetings than is typical, at least initially. He suggested meeting monthly for at least six months and then reevaluating options. Going down to six meetings per year would depend on how things work out with the larger group.

Ms. Zoller stated quarterly meetings that do not achieve a quorum would most likely require scheduling an additional meeting between the quarterly meetings.

Commissioner Gordon stated, in inducting the new Commissioners, many of whom come from much narrower perspectives on their appointment, they must be part of one Commission and the Commission must be part of their work so that everyone is bought into the interests of the whole Commission. This will take time. He agreed with scheduling six Commission meetings per year with time allowed for Commissioners to spend time together.

Commissioner Rowlett stated he has seen the quarterly meeting structure work for established and cohesive boards. The hope is for the Commission to transition to quarterly meetings. Part of having a cohesive board is having Commissioners who understand the importance of meeting the quorum and attending meetings.

Commissioner Rowlett stated the importance of a deliberate onboarding experience for new Commissioners, especially with the Commission expansion, and ensuring that the community understands what is included in the onboarding process. He suggested including individuals who the Commission serves to be part of the onboarding experience.

Ms. Zoller stated an onboarding orientation day is planned the day before the January Commission meeting, which will be open to the public.

Vice Chair Alvarez suggested that it may be helpful for all Commissioners to attend the onboarding session, given the Proposition 1 implementation changes.

Presentation, continued

Andrea Anderson, Chief of Communications, thanked Commissioner Carnevale for his support during the rebranding process. She continued the slide presentation and discussed Commission branding strategies. She stated, as the Commission embraces a new name and evolves its strategic direction in response to Proposition 1 implementation in January of 2025, staff has engaged in efforts to ensure that the evolved brand is informed by an understanding of the Commission's past and hopes for the future. She reviewed the community engagement processes and key takeaways such as the shift in the Commission's role from oversight to support.

Ms. Anderson noted that the Chair and staff agreed with the Commission nickname option "Commission for Behavioral Health" with the tag line "Catalyzing Change for All Californians." She stated this nickname option is simple, memorable, and offers a more purposeful combination of the words "Commission" and "Behavioral Health" thanks to the connecting word "for." It is powerful to be "for" something, in this case behavioral health for all Californians.

Commissioner Carnevale stated, as a member of the brand refresh group, one of the things not mentioned in the presentation is the limited budget to do rebranding. He noted that in the private setting this kind of work could cost $1 million and go on for years. He stated staff did a good job of being efficient while still accomplishing the objectives.

Commissioner Comments & Questions

Commissioner Robinson referred to the updated logo presentation slide and asked about the significance of the lighter blue on the top halves of the letters "B" and "H" in the acronym for the Commission for Behavioral Health (CBH).

Ms. Anderson stated it is a take on the old sunrise logo signifying the dawn of a new day, the horizon, and the promise going from darker to lighter. The orange for the letter "C" is California poppy orange, signifying a brighter, optimistic, new future.

Commissioner Tsai stated appreciation for the work that went into the rebranding and the new logo. He stated it should not be assumed at the beginning of the implementation of Proposition 1 and the Commission's new work that everyone knows what the acronym "SUD" stands for in, for example, Key Takeaway 6, "Behavioral health = mental health, emotional wellbeing, and SUD," in the MHSOAC Brand Evolution Workshop Report, which was included in the meeting materials. He noted that SUD should be spelled out.

Commissioner Tsai stated he would love to get to the point where SUD would not need to be called out separately, like in Key Takeaway 6, but that everyone will know that behavioral health means mental health and SUD.

He provided another example of this in Key Takeaway 7, “Behavioral health, including SUD, must be reframed from punishment toward care,” in the MHSOAC Brand Evolution Workshop Report. He acknowledged that, although it is duplicative to call out SUD separately, it is a necessary part of the messaging and march toward a truly integrated behavioral health system.

Commissioner Chambers stated stigma is attached to both mental and behavioral health. Communities are just beginning to think about mental health. She asked about messaging to promote the new definition of behavioral health in communities of color.

Ms. Anderson stated there is communications work that can be done in that area to help recognize the issue and improve on it. She stated the hope to work with Commissioner Tsai on appropriate messaging.

Public Comment

Laurel Benhamida, Ph.D. (attended remotely via Zoom), Muslim American Society – Social Services Foundation and REMHDCO, stated the Bagley-Keene Open Meeting Act is assuring for the community because it ensures transparency and advance notice of meetings. The speaker agreed with staying with the current meeting schedule. Not meeting monthly would not help to rebuild bridges.

Dr. Benhamida spoke against much of the branding because it is stale. The speaker stated they commented on the draft report on student mental health two to three years ago about the boring photos included in the report that do not say anything. They had no life to them. The response the speaker received was that the photos could not be changed because they were part of the Commission’s branding.

Stephen McNally appreciated the opportunity to make public comment and to be as direct as possible without being accusatory. The speaker stated being on a volunteer board is difficult to build momentum. The speaker stated they agreed with Commissioner comments that sometimes board members do not get to know each other. The speaker gave the example of an individual who was part of a 40-person board who had not provided any comments for four years and did not know any other members because it was not built into the onboarding process.

Stephen McNally suggested attending the California Behavioral Planning Commission meetings during months that the Commission does not meet. The speaker suggested requiring that presentations be made available at a certain period of time prior to meetings so Commissioners can review them. Commissioner time is too valuable to be viewing presentations during meetings. The speaker suggested shortening the time that speakers can present to allow more time for discussion. The speaker suggested considering hiring a

professional facilitator to run the meetings or assigning someone to capture the visual impact of the meeting real time.

Stephen McNally agreed with Commissioner Carnevale about trying to solve meeting issues that are not yet known to be a problem. The speaker stated, if the right individuals have been recruited, this will be important enough and meaningful enough for them to participate. If they are too busy to participate, that suggests that they are not the right person to do the work of the Commission. If meetings are meaningful and purposeful, people will want to be a part of them.

Stephen McNally stated the Department of Health Care Services (DHCS) has a stakeholder calendar so the public can track their meetings. The calendar makes it easy for the public to stay in touch with the many varied stakeholder meetings across all the different groups.

Commissioner Discussion

Vice Chair Alvarez stated there originally were two separate motions, but Commissioners asked staff to incorporate the feedback received on the 2025 Commission Calendar and the creation of Committees and bring it back for discussion and approval at the January Commission meeting.

Action: Vice Chair Alvarez asked for a motion to adopt the Brand Refresh Design Direction including the nickname, logo, and color palate. Commissioner Carnevale made a motion, seconded by Commissioner Robinson, that:

- *The Commission adopts the Brand Refresh Design Direction including the nickname, logo, and color palette.*

Motion passed 11 yes, 0 no, 1 absent, and 0 abstain, per roll call vote as follows:

The following Commissioners voted “Yes”: Commissioners Bontrager, Brown, Bunch, Carnevale, Chambers, Gordon, Mitchell, Robinson, Rowlett, and Tsai, and Vice Chair Alvarez.

Chair Madrigal-Weiss was absent from the vote.

[Note: Agenda Item 10 was taken out of order and was heard after Agenda Item 7.]

10: Planning for County Transitions to BHSA: P.I.V.O.T.

Vice Chair Alvarez stated the Commission will hear a proposal from Orange County to utilize innovation dollars to plan for the Behavioral Health Transformation. Representatives from Orange County will cover five proposed areas of reform to plan for the transition to the BHSA. She asked the representatives of Orange County to give their presentations.

Ian Kemmer, Behavioral Health Director, Orange County, thanked the Commission for the opportunity to present Orange County's final MHSA Innovation Project concept for consideration. He provided an overview of the demographics of Orange County. He noted that the behavioral health services landscape and the way that treatment is provided is changing with the Behavioral Health Transformation, the most significant policy change in several decades that will affect the entire system. He stated this is happening when California is at a critical workforce shortage. Although it is a challenging time for behavioral health, it is also an opportunity to make good changes to the system.

Mr. Kemmer stated the proposed project will strategically prepare for these changes and will help build the capacity and infrastructure that is needed to support successful transformation of services. The project is intended to help the system be proactive and thoughtful and to build pieces of the system that the county might otherwise not be able to address.

Flor Yousefian Tehrani, Psy.D., Health Services Administrator, MHSA Innovation Projects, Orange County, provided an overview, with a slide presentation, of the project description, Behavioral Health Transformation alignment, project timeline, sustainability, and budget of the Program Improvements for Valued Outpatient Treatment (PIVOT) Innovation Project. She stated this project was developed in collaboration with community and county stakeholders. Based on community feedback, five focus areas were identified to prepare the county's system for Behavioral Health Transformation: FSP reboot, integrated complex care management for older adults, developing capacity for Specialty Mental Health plan services with diverse communities, innovative countywide workforce initiatives, and innovative approaches to delivery of care. She noted that two full-time equivalent (FTE) Peer Support Specialists have been budgeted for each of the five focus areas.

Commissioner Comments & Questions

Commissioner Gordon asked if the plan includes outreach to the 0-5 population.

Michelle Smith, MHSA Coordinator and Senior Manager, MHSA Program Planning and Administration, Orange County, stated the work with children and families could be included in the clinical and FSP spaces. She stated, outside of this project, the county is working in coordination with First 5 California on a community planning process with children and families to develop what the continuum of care for the zero-to-eight-year-old population in the county would look like regardless of funding source. The county will have services and intentional work included in its future County Integrated Plan for Behavioral Health Services and Outcomes.

Commissioner Gordon stated the stakes are much higher than they used to be on the prevention work with the 0-5 population particularly, but this includes the early elementary grades as well. He suggested hearing a presentation on the demographics because that will be a major driver.

Commissioner Chambers stated this is one of the most innovative projects she has heard because it speaks to the people and what will be needed to move forward in the whole system of change. She stated she is one of the Commissioners who served on the Proposition 1 Implementation Committee. She stated she listened to every county director on the challenges in small, medium, and large counties. She stated the proposed project addresses each of the components of the transition from the MHSA to the BHSA.

Commissioner Chambers highlighted the workforce initiative. She stated the need for incentives and thinking outside of the box in order to attract clinicians to Orange County. She stated Orange County's proposed project is profound in that it plans to build the capacity of community-based organizations to bill Medi-Cal. This is one of the biggest issues in the state.

Commissioner Rowlett stated appreciation for the presentation slide on county administrative costs and the county's efforts for cost containment. He stated the MHSA proved that data can be collected but none of the data collected was useful. He asked about the strategy around collecting data and making it useful to community-based organizations and county FSP providers.

Dr. Tehrani stated the county first went to programs and asked them to consider what was needed to be ready for the changes that are coming. The resounding feedback was the need for a thorough cleaning of the data, knowing the path forward, and identifying what is being collected and how it is being collected. The other piece to look at in terms of data infrastructure is how to implement and test an application that can look at the real-time status of an individual's level of care and, through that, identify when they are ready for the next level of care.

Sharon Ishikawa, Ph.D., Assistant Deputy Director for Data Analytics and Evaluation and Behavioral Health Services, Orange County Health Care Agency, stated, with respect to some of the data infrastructure and data collection challenges the county would like to address through the proposed project in regard to FSPs, there are ways of collecting data that are effective and appropriate at several levels that allow for accurate collection from an individual at a given point in time. How that is displayed and what it looks like is set up one way.

Dr. Ishikawa stated the county also must find a way to visualize that data, pulling it all together across the various FSP programs so that real-time decision-making can take place in terms of where an FSP partner is so that the team and the partner can make a decision on when it might be appropriate to transfer the level of care, which is a key component in change in FSP programming in the BHSA relative to how it has been enacted through the MHSA.

Dr. Ishikawa stated what this translates to in terms of collection and reporting to the state is the county must understand how to accurately express, collect, and send the data to the state on transfers between FSP-levels of care in a way that the state system will accept and not be confused about where a client is and what their outcomes reported through the state's data collection reporting system will be. She noted that this will take a lot of redesigning and testing to ensure that data collection needs are reflected and clients are served as well as possible, given the new standards of FSP service delivery.

Commissioner Rowlett asked about the number of FSPs in operation in Orange County.

Chi Lam, Adult and Older Adult FSP Programs, Orange County, stated the county has twelve FSP programs for adult and older adult populations made up of twelve contracted providers and seven county-operated programs for transition-age youth (TAY) and adults statewide.

Ms. Smith added that the county has six FSP programs for children and four FSP programs for TAY.

Commissioner Bontrager asked how the timing of this project aligns with Behavioral Health Transformation, community input, and the county integrated plans.

Ms. Smith stated the county is wrapping up the community planning process for the final annual update for the MHSA plan and the implementation process for the proposed PIVOT Innovation Project, and will be starting the community program planning process for the County Integrated Plan for Behavioral Health Services and Outcomes in January. The county will rely on subject matter experts and consultants. Efforts will be combined so that anything learned through this process will be included in the county integrated plan. She noted that these three initiatives are aligned.

Commissioner Bontrager stated this is the right approach and a great project. He stated the hope that other counties can benefit from Orange County's efforts. He asked about making the project approach, technical assistance, and learnings available to other counties, including smaller counties.

Dr. Tehrani stated Orange County looks forward to partnering with other counties that have similar challenges and that can align goals and activities so counties can learn from each other. She stated Appendix A includes a template for interested counties that want to use their innovation funding for collaboration.

Vice Chair Alvarez asked staff if there is an opportunity for the Commission to play a role in facilitating county connections.

Deputy Director Orrock stated assisting counties in doing this kind of work and bringing them together to share learnings are appropriate roles of the Commission.

Interim Executive Director Lightbourne added that one of the things that came out of early conversations with Agency and the departments was the hope that the Commission will encourage cross-county collaboration as a way to potentially use remaining county innovation funds in preparation for the BHSA.

Public Comment

There was no public comment.

Commissioner Discussion

Action: Vice Chair Alvarez asked for a motion to approve Orange County's proposed innovation project. Commissioner Bontrager made a motion, seconded by Commissioner Mitchell, that:

- *The Commission approves Orange County's Program Improvements for Valued Outpatient Treatment (PIVOT) Innovation Project for up to $34,950,000 over five (5) years.*

Motion passed 11 yes, 0 no, and 0 abstain, per roll call vote as follows:

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

Chair Madrigal-Weiss was absent from the vote.

11: Full-Service Partnership Report

Vice Chair Alvarez tabled this item to the next Commission meeting.

[Note: Agenda Item 12 was taken out of order and was heard after Agenda Item 5.]

12: Mental Health Student Services Act Report

Vice Chair Alvarez stated the Commission will consider approval of the draft biennial progress report to the Legislature on the Mental Health Student Services Act (MHSSA) and a contract up to $4 million for Phase 2 of the MHSSA evaluation. She stated the MHSSA incentivizes partnerships between county behavioral health departments and local education agencies to deliver a continuum of school-based mental health services to young people and their families. The goals of the MHSSA are to provide highly accessible, comprehensive, and effective services in schools, including strategies such as wellness centers, socioemotional curricula, suicide prevention, and additional mental health staff.

Vice Chair Alvarez stated a handout describing the work that the MHSSA evaluation partner, WestEd, has completed in their planning phase and the work that they propose to initiate in the implementation phase was included in the meeting materials. She stated Commissioners received a presentation on a draft progress report for 2024 at the August Commission meeting, which included an overview of the report's findings and recommendations. Since the August Commission meeting, staff has worked with Commissioners to refine the report. She asked staff to present the revised draft MHSSA report for 2024.

Melissa Martin-Mollard, Ph.D., Chief of Research and Evaluation, thanked Commissioners for their feedback and input, particularly Chair Madrigal-Weiss and Commissioner Gordon, and the Research and Evaluation Team for their work on the MHSSA evaluation and reporting. She provided an overview, with a slide presentation, of the background, lessons learned, recommendations, and next steps of the biennial progress report to the Legislature on the formal statewide evaluation of the MHSSA. She stated the three recommendations to establish a leadership structure, make additional investments, and develop an accountability structure were driven by feedback received through the reporting and evaluation processes.

Dr. Martin-Mollard stated this evaluation plan does not attempt to isolate the MHSSA's unique effect on outcomes, due to the many complex school-, district-, and community-level factors. The challenge and opportunity are to consider the MHSSA in this broader context and to learn what this funding has looked like.

Commissioner Comments & Questions

Commissioner Gordon stated the MHSSA has reached every county in California and has had a tremendous effect on activity at the local level. It is in approximately 45 percent of school districts and almost one in four of the 10,000 schools across the state. He referred to the presentation slide on recommendations and stated the first recommendation is the goal of the MHSSA: to establish a leadership structure for youth behavioral health to coordinate and align school mental health initiatives and develop a strategy for building sustainable,

comprehensive school mental health systems in every K-12 school in California. He stated the problem is that the MHSOAC is not positioned to have the scope and reach of how to bring two giant systems – behavioral health and education – together.

Commissioner Gordon stated the MHSSA has done a great deal to build better local county/school district relationships, but they are not consistently strong. He stated the need to get to a high level in both mega systems in terms of a leadership structure to chart the pathway that would be all-encompassing of the schools and health systems in California. In a single county, there is a managed care system, which bills Medicare and Medicaid, there are commercial health plans, and there is an impending fee schedule that is currently being developed by the DHCS. This is extremely complicated, especially with a fee schedule that is asking schools to bill back to a system where there are privacy issues on both the school and health care sides. It is not easy and many school districts will pass on the opportunity because a small school district does not have staff to fill out forms to bill back for certain services.

Commissioner Gordon stated the Governor's Office has put in an enormous amount of energy, money, and brain power behind figuring out how to do this better. This has paid off but there are other initiatives such as the multi-billion-dollar Community Schools Initiative to change the orientation of schools to be more open to providing other kinds of services, such as health care services.

Commissioner Gordon stated this cannot be put together like a patchwork quilt; it must be put together where systems are compromising in the way they do things to make services more available and accessible. There are other innovations at the local level in counties. He asked the Commission to look at the leadership in both behavioral health and education to figure out a way to meet the needs of both agencies in terms of accessibility because there are so many young people and their families where this care is inaccessible.

Commissioner Gordon suggested that the WestEd evaluation be more positioned to look at this larger set of relationships at the upper levels and not think that this can be solved with piecemeal projects – it must be a much larger view.

Commissioner Tsai stated his comment is broader than the MHSSA and will apply to much of the work that the Commission will be embarking on moving forward under Proposition 1. He stated there is an opportunity for the Commission to expand the focus in this situation to substance use as well as mental health in schools. He suggested staying focused on a true behavioral health vision inside and outside of schools.

Commissioner Chambers applauded Commissioner Gordon for his insight and agreed with Commissioner Tsai that substance use needs to be included in the MHSSA. She stated the

need for a change in the culture of schools and providers. Peer-run organizations are on the ground and ready to provide low-barrier services to schools. This is an opportunity to work with the peer community for the schools and to develop relationships. She stated the MHSSA should be open to working with other providers.

Commissioner Rowlett stated every member of the Commission is committed to the kind of transparency that the Commission has been challenged with over the past few weeks. He stated the need for the Commission to be responsive to the concerns about the lack of transparency.

Commissioner Rowlett stated the goal is to effectively integrate behavioral health and education and all the key components associated with community involvement and to relieve the distress that students are experiencing. He referred to the first step in the presentation slide on next steps in the $4 million allocation to WestEd to begin Phase 2, community engagement, and stated there are key performance indicators associated with community engagement. He asked if it is prudent if approved to have the award be contingent upon the achievement of those key performance indicators and not simply given out as one $4 million allocation.

Commissioner Gordon stated the current evaluation is not scaled to look at the mega plan but is scaled to look at individual innovations. Individual innovations can be helped tremendously by having license to practice under the mega plan. The WestEd evaluation has been looking at innovations under the MHSSA, but the real development of this to be statewide depends on permission and license from the mega agencies, behavioral health and education, who are also doing great things but are not knitted together well enough yet. WestEd is a great organization but the Commission should ensure that they are focusing on the right goal.

Commissioner Rowlett suggested refining that goal.

Vice Chair Alvarez stated her understanding that there are time constraints. She asked staff to comment.

Dr. Martin-Mollard responded to Commissioner Rowlett's first request not to award the funding up front but to ensure that the contractor is meeting key performance metrics throughout the evaluation process. She stated any contract the Commission develops is deliverable-based.

Dr. Martin-Mollard responded to Commissioner Rowlett's second request to refine the goal. She stated WestEd's approach is to look at the unique impacts of the MHSSA on student mental health and the granular- and statewide-level data in the annual California Healthy

Kids Survey. She stated she is happy to work with Commissioners Gordon and Rowlett to refine the goal.

Commissioner Mitchell referred to the first recommendation in the presentation slide on recommendations, to establish a leadership structure for youth behavioral health, and stated, whatever this leadership structure looks like, it is a huge integration of multiple systems. She stated this leadership structure must include clients and family members who need the services who, when they are in crisis, do not know where to go or cannot get services because of the several systems they must navigate through. This leadership structure must have the input of families and other individuals with lived experience because they are the ones who cannot get through the door and do not know where to go to get help. At the end of the day, clients and family members do not care about any of this; they just know they are in crisis. These individuals must be included in the development of the leadership structure.

Commissioner Carnevale stated the phrasing of the recommendation to establish a leadership structure can mean anything. There has been discussion about creating an office that unites the behavioral health and education systems but, if an office is created and put in a corner, it will go nowhere like many other offices in the system. It is already known that there is a lack of parity between behavioral health and the health care system and that half of all mental health conditions can be seen by age 14 and often at a much younger age. He stated behavioral health really means pediatric health, which is yet again in another siloed system. It is difficult for families to navigate these broken systems.

Commissioner Carnevale stated these structures were designed long before today's understanding about behavioral health. He stated the need to break down the barriers that keep agencies from talking to each other. He suggested explicitly recommending an office that is jointly owned by the California Health and Human Services Agency (CalHHS) and the California Department of Education (CDE) that reports directly to the heads of both agencies and brings them together.

Commissioner Robinson referred to the presentation slide on the lessons learned and stated the listed lessons learned are vague. He stated the need for a more granular description of what has been learned and what should be done differently to help guide future action.

Commissioner Bunch agreed with Commissioner Mitchell's comments and emphasized the importance that psychoeducation be provided to the community. There are many barriers to families getting help. Services may be available but providers and families need to know that they are there.

Commissioner Rowlett asked for additional detail on the implications if this item does not pass today.

Dr. Martin-Mollard stated staff will refine the $4 million allocation as requested by Commissioners and will present a revised plan at the next Commission meeting. From a timing perspective, instead of doing an amendment for the WestEd contract today, the Commission will enter into a new contract upon approval of the revised plan presented at the January Commission meeting.

Vice Chair Alvarez asked for clarity in the future on encumbrances and timing to help Commissioners better understand the possible impacts of postponement of action items.

Chief Counsel Gallardo asked if Commissioners would like to vote on only the first part of the motion, approval of the report to the Legislature, and postpone the second, approval of the $4 million WestEd allocation.

Commissioner Bontrager suggested postponing the entire motion until the January meeting. He agreed with Commissioner Robinson that additional work needs to be done on the lessons learned and the WestEd allocation. That work may affect the report to the Legislature.

Public Comment

Susan Gallagher asked if the draft report to the Legislature is being shared with the public today. The speaker agreed with Commissioner Robinson that the evaluation report is vague, particularly if the report cost $4 million. The speaker asked about the number of children the MHSSA reached.

Susan Gallagher stated Cal Voices has been tracking the number of Individualized Education Programs (IEPs) and 504 accommodations for disabled students that are given out to children across the state. These numbers are dramatically decreasing over the past 15 to 20 years. The speaker suggested including IEPs and 504 accommodations as key indicators to learn if students and their parents are accessing services and getting the supports they need.

Susan Gallagher suggested, rather than building a new department co-owned by the DHCS and the CDE, getting back the Department of Behavioral Health. Many things started going wrong in the mental health system when the Department of Mental Health was disbanded. There was no more oversight and accountability and no interest in client- and family-driven systems and outcomes. This has been a loss to the behavioral health community. If new departments will be recommended, the speaker recommended bringing back the behavioral health department.

Susan Gallagher stated the need for a more robust evaluation report for the $250 million investment in this project.

Commissioner Bunch stated the previous speaker's comments were important. She stated she has gone to schools as an advocate and requested IEPs and 504s for clients and has been told that they do not qualify or schools will blatantly lie about what is available. She asked everyone to imagine the barriers faced by parents when trying to get help for their children.

Commissioner Brown responded to Susan Gallagher's question about the number of students receiving services with the MHSSA. He referred to page 310 in the meeting materials or page 24 of the MHSSA Legislative Status Report, which states 242,000 students received Tier 1 Services and 12,200 students received Tier 2 and 3 services.

Susan Gallagher asked staff to include those numbers in the slide presentation overview of the MHSSA program.

Stacie Hiramoto asked for a greater cultural lens and emphasizing children of color and disaggregating how these policies and programs might affect them.

Mark Karmatz experienced technical difficulties while trying to give public comment. Vice Chair Alvarez asked them to submit their full written comment to staff.

Commissioner Discussion

Vice Chair Alvarez tabled the vote on this agenda item to the January Committee meeting for further discussion and possible vote.

13: School-Based Universal Mental Health Screening Legislative Report

Vice Chair Alvarez tabled this item to the next Commission meeting.

14: Adjournment

Vice Chair Alvarez thanked everyone for their participation and stated the next Commission meeting will take place in Sacramento in January of 2025, where the new Commissioners will be welcomed and the Innovation Partnership Fund will be discussed. There being no further business, the meeting was adjourned at 2:05 p.m.

Mental Health Services
Oversight & Accountability Commission

Motions Summary
Commission Meeting
November 21, 2024

Motion #: 1 (Agenda Item 4 – October and November Minutes)

Date: November 21, 2024

Proposed Motion:

That the Commission approves the October 24, 2024 meeting minutes.

Commissioner making motion: Commissioner Rowlett

Commissioner seconding motion: Commissioner Mitchell

Motion carried 9 yes, 1 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain	Absent	On Leave
1. Bontrager	☒	☐	☐	☐	☐
2. Brown	☒	☐	☐	☐	☐
3. Bunch	☒	☐	☐	☐	☐
4. Carnevale	☒	☐	☐	☐	☐
5. Carrillo	☐	☐	☐	☒	☐
6. Chambers	☐	☐	☐	☒	☐
7. Chen	☐	☐	☐	☐	☒
8. Cortese	☐	☐	☐	☒	☐
9. Gordon	☐	☒	☐	☐	☐
10. Mitchell	☒	☐	☐	☐	☐
11. Robinson	☒	☐	☐	☐	☐
12. Rowlett	☒	☐	☐	☐	☐
13. Tsai	☒	☐	☐	☐	☐
14. VACANT	☐	☐	☐	☐	☐
15. Vice-Chair Alvarez	☒	☐	☐	☐	☐
16. Chair Madrigal-Weiss	☐	☐	☐	☒	☐
Totals:	**9**	**1**	**0**	**4**	**1**

Mental Health Services
Oversight & Accountability Commission

Motions Summary
Commission Meeting
November 21, 2024

Motion #: 2 (Agenda Item 4 – October and November Minutes)

Date: November 21, 2024

Proposed Motion:

That the Commission approves the November 4, 2024 meeting minutes.

Commissioner making motion: Commissioner Robinson

Commissioner seconding motion: Commissioner Mitchell

Motion carried 8 yes, 0 no, and 2 abstain, per roll call vote as follows:

Name	Yes	No	Abstain	Absent	On Leave
1. Bontrager	☒	☐	☐	☐	☐
2. Brown	☒	☐	☐	☐	☐
3. Bunch	☐	☐	☒	☐	☐
4. Carnevale	☒	☐	☐	☐	☐
5. Carrillo	☐	☐	☐	☒	☐
6. Chambers	☐	☐	☐	☒	☐
7. Chen	☐	☐	☐	☐	☒
8. Cortese	☐	☐	☐	☒	☐
9. Gordon	☒	☐	☐	☐	☐
10. Mitchell	☒	☐	☐	☐	☐
11. Robinson	☒	☐	☐	☐	☐
12. Rowlett	☒	☐	☐	☐	☐
13. Tsai	☐	☐	☒	☐	☐
14. VACANT	☐	☐	☐	☐	☐
15. Vice-Chair Alvarez	☒	☐	☐	☐	☐
16. Chair Madrigal-Weiss	☐	☐	☐	☒	☐
Totals:	**8**	**0**	**2**	**4**	**1**

Mental Health Services
Oversight & Accountability Commission

Motions Summary
Commission Meeting
November 21, 2024

Motion #: 3 (Agenda Item 5 – Consent Calendar)

Date: November 21, 2024

Proposed Motion:

That the Commission approve the Consent Calendar that includes:

(1) Funding for Nevada County's BHSA Implementation Plan Innovation project for up to $1,365,000; and

(2) Funding for Shasta County's Supporting Community-Driven Practices for Health Equity Innovation Project for up to $999,977.52; and

(3) Funding for Alameda County to join the Psychiatric Advance Directive (PADs) Multi-County Collaborative Innovation Project for up to $3,070,005; and

(4) Funding for Tri-City to join the Psychiatric Advance Directive (PADs) Multi-County Collaborative Innovation Project for up to $1,500,000.

(5) Authorization for the Interim Executive Director or the Commission Chair to enter one or more contracts not to exceed $225,000 to support the Commission in updating its best practices in Information Technology security as mandated by the State of California, Department of Justice.

(6) Approval of the Proposition 1 statutory changes to the Commission's Rules of Procedure.

Commissioner making motion: Commissioner Gordon

Commissioner seconding motion: Commissioner Carnevale

Motion #: 3 (Agenda Item 5 – Consent Calendar cont'd)

Motion carried 10 yes, 0 no, and 1 abstain, per roll call vote as follows:

Name	Yes	No	Abstain	Absent	On Leave
1. Bontrager	☒	☐	☐	☐	☐
2. Brown	☒	☐	☐	☐	☐
3. Bunch	☒	☐	☐	☐	☐
4. Carnevale	☒	☐	☐	☐	☐
5. Carrillo	☐	☐	☐	☒	☐
6. Chambers	☐	☐	☒	☐	☐
7. Chen	☐	☐	☐	☐	☒
8. Cortese	☐	☐	☐	☒	☐
9. Gordon	☒	☐	☐	☐	☐
10. Mitchell	☒	☐	☐	☐	☐
11. Robinson	☒	☐	☐	☐	☐
12. Rowlett	☒	☐	☐	☐	☐
13. Tsai	☒	☐	☐	☐	☐
14. VACANT	☐	☐	☐	☐	☐
15. Vice-Chair Alvarez	☒	☐	☐	☐	☐
16. Chair Madrigal-Weiss	☐	☐	☐	☒	☐
Totals:	**10**	**0**	**1**	**3**	**1**

Mental Health Services
Oversight & Accountability Commission

Motions Summary
Commission Meeting
November 21, 2024

Motion #: 4 (Agenda Item 6 – Grant Opportunities: Mental Health Wellness Act and Advocacy Funds)

Date: November 21, 2024

Proposed Motion:

That the Commission authorizes staff to release an RFP to award $21 million in Mental Health Wellness Act funding through a competitive bid process designed to support partnerships serving maternal behavioral health and the 0-5 population, conduct landscape analysis and evaluation, and provide technical assistance to grantees awarded through the competitive bid process.

Commissioner making motion: Chair Madrigal-Weiss

Commissioner seconding motion: Commissioner Bunch

Motion carried 12 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain	Absent	On Leave
1. Bontrager	☒	☐	☐	☐	☐
2. Brown	☒	☐	☐	☐	☐
3. Bunch	☒	☐	☐	☐	☐
4. Carnevale	☒	☐	☐	☐	☐
5. Carrillo	☐	☐	☐	☒	☐
6. Chambers	☒	☐	☐	☐	☐
7. Chen	☐	☐	☐	☐	☒
8. Cortese	☐	☐	☐	☒	☐
9. Gordon	☒	☐	☐	☐	☐
10. Mitchell	☒	☐	☐	☐	☐
11. Robinson	☒	☐	☐	☐	☐
12. Rowlett	☒	☐	☐	☐	☐
13. Tsai	☒	☐	☐	☐	☐
14. VACANT	☐	☐	☐	☐	☐

15. Vice-Chair Alvarez	☒	☐	☐	☐	☐
16. Chair Madrigal-Weiss	☒	☐	☐	☐	☐
Totals:	**12**	**0**	**0**	**2**	**1**

Mental Health Services
Oversight & Accountability Commission

Motions Summary
Commission Meeting
November 21, 2024

Motion #: 5 (Agenda Item 6 – Grant Opportunities: Mental Health Wellness Act and Advocacy Funds)

Date: November 21, 2024

Proposed Motion:

That the Commission authorizes staff to release an RFP for K-12 Advocacy in the amount of $2,010,000 to support advocacy, training and education, and outreach and engagement efforts in the K-12 student population.

Commissioner making motion: Chair Madrigal-Weiss

Commissioner seconding motion: Commissioner Gordon

Motion carried 11 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain	Absent	On Leave
1. Bontrager	☒	☐	☐	☐	☐
2. Brown	☒	☐	☐	☐	☐
3. Bunch	☒	☐	☐	☐	☐
4. Carnevale	☒	☐	☐	☐	☐
5. Carrillo	☐	☐	☐	☒	☐
6. Chambers	☒	☐	☐	☐	☐
7. Chen	☐	☐	☐	☐	☒
8. Cortese	☐	☐	☐	☒	☐
9. Gordon	☒	☐	☐	☐	☐
10. Mitchell	☒	☐	☐	☐	☐
11. Robinson	☒	☐	☐	☐	☐
12. Rowlett	☐	☐	☐	☒	☐
13. Tsai	☒	☐	☐	☐	☐
14. VACANT	☐	☐	☐	☐	☐
15. Vice-Chair Alvarez	☒	☐	☐	☐	☐
16. Chair Madrigal-Weiss	☒	☐	☐	☐	☐
Totals:	**11**	**0**	**0**	**3**	**1**

Mental Health Services
Oversight & Accountability Commission

Motions Summary
Commission Meeting
November 21, 2024

Motion #: 6 (Agenda Item 6 – Grant Opportunities: Mental Health Wellness Act and Advocacy Funds)

Date: November 21, 2024

Proposed Motion:

That the Commission authorizes staff to release two RFPs totaling $4,020,000 to support the state and local level advocacy, training and education, and outreach and engagement needs in immigrant and refugee populations.

Commissioner making motion: Chair Madrigal-Weiss

Commissioner seconding motion: Vice Chair Alvarez

Motion carried 11 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain	Absent	On Leave
1. Bontrager	☒	☐	☐	☐	☐
2. Brown	☐	☐	☐	☒	☐
3. Bunch	☒	☐	☐	☐	☐
4. Carnevale	☒	☐	☐	☐	☐
5. Carrillo	☐	☐	☐	☒	☐
6. Chambers	☒	☐	☐	☐	☐
7. Chen	☐	☐	☐	☐	☒
8. Cortese	☐	☐	☐	☒	☐
9. Gordon	☒	☐	☐	☐	☐
10. Mitchell	☒	☐	☐	☐	☐
11. Robinson	☒	☐	☐	☐	☐
12. Rowlett	☒	☐	☐	☐	☐
13. Tsai	☒	☐	☐	☐	☐
14. VACANT	☐	☐	☐	☐	☐
15. Vice-Chair Alvarez	☒	☐	☐	☐	☐
16. Chair Madrigal-Weiss	☒	☐	☐	☐	☐
Totals:	11	0	0	3	1

Mental Health Services
Oversight & Accountability Commission

Motions Summary
Commission Meeting
November 21, 2024

Motion #: 7 (Agenda Item 7 – Chair and Vice-Chair Elections)

Date: November 21, 2024

Proposed Motion:

That the Commission elects Mayra Alvarez as Chair of the Mental Health Services Oversight and Accountability Commission for 2025.

Commissioner making motion: Commissioner Bunch

Commissioner seconding motion: Commissioner Robinson

Motion carried 12 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain	Absent	On Leave
1. Bontrager	☒	☐	☐	☐	☐
2. Brown	☒	☐	☐	☐	☐
3. Bunch	☒	☐	☐	☐	☐
4. Carnevale	☒	☐	☐	☐	☐
5. Carrillo	☐	☐	☐	☒	☐
6. Chambers	☒	☐	☐	☐	☐
7. Chen	☐	☐	☐	☐	☒
8. Cortese	☐	☐	☐	☒	☐
9. Gordon	☒	☐	☐	☐	☐
10. Mitchell	☒	☐	☐	☐	☐
11. Robinson	☒	☐	☐	☐	☐
12. Rowlett	☒	☐	☐	☐	☐
13. Tsai	☒	☐	☐	☐	☐
14. VACANT	☐	☐	☐	☐	☐
15. Vice-Chair Alvarez	☒	☐	☐	☐	☐
16. Chair Madrigal-Weiss	☒	☐	☐	☐	☐
Totals:	**12**	**0**	**0**	**2**	**1**

Mental Health Services
Oversight & Accountability Commission

Motions Summary
Commission Meeting
November 21, 2024

Motion #: 8 (Agenda Item 7 – Chair and Vice-Chair Elections)

Date: November 21, 2024

Proposed Motion:

That the Commission elects Al Rowlett as Vice Chair of the Mental Health Services Oversight and Accountability Commission for 2025.

Commissioner making motion: Vice Chair Alvarez

Commissioner seconding motion: Commissioner Gordon

Motion carried 12 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain	Absent	On Leave
1. Bontrager	☒	☐	☐	☐	☐
2. Brown	☒	☐	☐	☐	☐
3. Bunch	☒	☐	☐	☐	☐
4. Carnevale	☒	☐	☐	☐	☐
5. Carrillo	☐	☐	☐	☒	☐
6. Chambers	☒	☐	☐	☐	☐
7. Chen	☐	☐	☐	☐	☒
8. Cortese	☐	☐	☐	☒	☐
9. Gordon	☒	☐	☐	☐	☐
10. Mitchell	☒	☐	☐	☐	☐
11. Robinson	☒	☐	☐	☐	☐
12. Rowlett	☒	☐	☐	☐	☐
13. Tsai	☒	☐	☐	☐	☐
14. VACANT	☐	☐	☐	☐	☐
15. Vice-Chair Alvarez	☒	☐	☐	☐	☐
16. Chair Madrigal-Weiss	☒	☐	☐	☐	☐
Totals:	**12**	**0**	**0**	**2**	**1**

Mental Health Services
Oversight & Accountability Commission

Motions Summary
Commission Meeting
November 21, 2024

Motion #: 9 (Agenda Item 9 – Proposition 1 Implementation Update)

Date: November 21, 2024

Proposed Motion:

That the Commission adopt the Brand Refresh Design Direction including the nickname, logo and color palette.

Commissioner making motion: Commissioner Carnevale

Commissioner seconding motion: Commissioner Robinson

Motion carried 11 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain	Absent	On Leave
1. Bontrager	☒	☐	☐	☐	☐
2. Brown	☒	☐	☐	☐	☐
3. Bunch	☒	☐	☐	☐	☐
4. Carnevale	☒	☐	☐	☐	☐
5. Carrillo	☐	☐	☐	☒	☐
6. Chambers	☒	☐	☐	☐	☐
7. Chen	☐	☐	☐	☐	☒
8. Cortese	☐	☐	☐	☒	☐
9. Gordon	☒	☐	☐	☐	☐
10. Mitchell	☒	☐	☐	☐	☐
11. Robinson	☒	☐	☐	☐	☐
12. Rowlett	☒	☐	☐	☐	☐
13. Tsai	☒	☐	☐	☐	☐
14. VACANT	☐	☐	☐	☐	☐
15. Vice-Chair Alvarez	☒	☐	☐	☐	☐
16. Chair Madrigal-Weiss	☐	☐	☐	☒	☐
Totals:	**11**	**0**	**0**	**3**	**1**

Mental Health Services
Oversight & Accountability Commission

Motions Summary
Commission Meeting
November 21, 2024

Motion #: 10 (Agenda Item 10 – Orange County Innovation Project)

Date: November 21, 2024

Proposed Motion:

That the Commission approve Orange County's Program Improvements for Valued Outpatient Treatment (PIVOT) Innovation Project for up to $34,950,000 over five (5) years.

Commissioner making motion: Commissioner Bontrager

Commissioner seconding motion: Commissioner Mitchell

Motion carried 11 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain	Absent	On Leave
1. Bontrager	☒	☐	☐	☐	☐
2. Brown	☒	☐	☐	☐	☐
3. Bunch	☒	☐	☐	☐	☐
4. Carnevale	☒	☐	☐	☐	☐
5. Carrillo	☐	☐	☐	☒	☐
6. Chambers	☒	☐	☐	☐	☐
7. Chen	☐	☐	☐	☐	☒
8. Cortese	☐	☐	☐	☒	☐
9. Gordon	☒	☐	☐	☐	☐
10. Mitchell	☒	☐	☐	☐	☐
11. Robinson	☒	☐	☐	☐	☐
12. Rowlett	☒	☐	☐	☐	☐
13. Tsai	☒	☐	☐	☐	☐
14. VACANT	☐	☐	☐	☐	☐
15. Vice-Chair Alvarez	☒	☐	☐	☐	☐
16. Chair Madrigal-Weiss	☐	☐	☐	☒	☐
Totals:	**11**	**0**	**0**	**3**	**1**

AGENDA ITEM 6

Information

February 27, 2025 Commission Meeting

Behavioral Health Response to Los Angeles Wildfires

Summary:
The Commission will hear information about the impact of the Los Angeles wildfires on local communities, the implications of natural disasters for mental health, and preliminary discussion of opportunities for the Commission to support California's response to the fires and other kinds of community trauma.

Background:
In early January, 2025, a series of wildfires devastated local communities in the greater Los Angeles Metropolitan area. Most of the damage was due to the Palisades Fire in Pacific Palisades and the Eaton Fire in Altadena. By the time these fires were contained, the wildfires killed 29 people, forced more than 200,000 to evacuate, and destroyed or damaged more than 17,000 homes and structures.

The latest series of wildfires are not an anomalous event. Climate change experts agree that rising global temperatures has led to an unprecedented number of weather-related natural disasters in the past 50 years, including the growing occurrence of catastrophic wildfires in California each year. Since 2017, thousands of residents have lost their homes and communities, many lost their lives due to fire. Significant losses and threats to safety caused by wildfires are, by definition, traumas, and many health experts are concerned about the mental health impacts of wildfires as they increase across the state.

Without immediate and bold interventions, climate researchers expect the incidence and severity of weather-related disasters to increase dramatically over the next few decades. As California considers its response to environmental disasters, it must anticipate and act on the short- and long-term harms to mental health, including the disproportionate impact on communities which are already vulnerable and marginalized.

Opportunities under the BHSA
As California transitions to implementation of BHSA, it is important to consider the ways in which wildfires and other natural disasters impact its established priorities.

Wildfires are a "collective trauma" for Los Angeles and many other communities in California. Wildfires and other community traumas stemming from natural disasters, violence, or systemic adversity, create social disconnection, political disengagement, and worsening living conditions, all of which weaken a community's wellbeing and resilience. Research shows how these events increase mental health risks, causing trauma-related symptoms such as anxiety, depression, and PTSD, disrupting critical social, medical, and behavioral health services, and increasing outcomes like homelessness, substance abuse, and suicide. Fires and other disasters impact people in dipropionate ways, often widening disparity gaps that already existed. For example, the Eaton fire had a disproportionate impact on Black residents, with 48% of Black households destroyed or damaged in the fire, compared with 37% of non-Black households. Findings from the 2018 Camp Fire revealed higher mental health risks for those closer to the fire, especially those with childhood trauma, while strong social support and mindfulness fostered resilience for some community members. Other vulnerable populations include children in poor households, isolated older adults, and people with disabilities and their caregivers.

Given the complexity and scope of the behavioral health impact on wildfires, an appropriate strategy should be multi-pronged, combining prevention strategies to reduce risk and build resilience for individuals, families, and communities, while bolstering resources and trauma-informed services to minimize the impact of trauma following a wildfire or disaster. Larger and more sustainable improvements will be achieved systems work together to tackle broad, overlapping social, economic, environmental, and systemic factors impacting risk. In addition to broad solutions, direct services are equally important for people who are at greater mental health risk, such as mental health consumers who are already at risk of homelessness or hospitalization. Many of the strategies coincide.

Recommendations put forth in the Commission's Prevention and Early Intervention report, Well and Thriving, offer a starting point for considering how the state should respond to these events.

Commission Prevention and Early Intervention Report Recommendation

The State's strategic approach to prevention and early intervention must address risk factors – with particular attention on trauma – and enhance resiliency, by addressing basic needs and bolstering the role of environments, cultures, and caregivers in promoting and protecting mental health and wellbeing across the lifespan for individuals, families, and society at large.

Efforts to achieve this goal should include the following:

- Assess gaps in existing investments, identify metrics, and document progress in achieving universal basic needs.

- Support understanding and application of strategies for creating community environments that promote healthy lifestyles, civic participation, and foster a sense of belonging and connection to one's culture.
- Attention on risk and resiliency should focus on enhancing understanding and response to the mental health impact of natural disasters, extreme climate conditions, pandemics, firearm violence, and other shared community-level traumas.
- Fortify understanding and response to the needs of California's most vulnerable residents, including the very young, older adults, and others who may need the support of caregivers. Those efforts should ensure that the caregiver economy is robust and inclusive of parents, family-members, and other non-traditional caregivers, and supports a workforce that reflects the people being served.

Questions for Consideration

1) How should the Commission incorporate its response to natural disasters into its consultive roles with CDPH on population-based prevention and with DHCS on early intervention?
2) How does the Commission situate collective trauma, such as wildfires, into its existing portfolio of work and initiatives?
3) Are there areas in which the Commission is not currently active and would like to be?

Presenter(s): Mayra Alvarez, Chair, BHSOAC
Commissioner Gary Tsai, MD, DFAPA, FASAM
Kalene Gilbert, LCSW, Program Manager IV, Los Angeles County Department of Mental Health

Enclosures: None

Handouts (1): Resources and materials related to behavioral health wildfire and natural disaster response.

Motion: None

AGENDA ITEM 7

Action

February 27, 2025 Commission Meeting

Executive Director Screening Committee

Summary:
The Commission will consider creating an Executive Director Screening Committee as part of the Executive Director recruitment process.

After approval of the Chair, the Commission posted job specifications and recruitment materials for the permanent position of Executive Director on January 7, 2025, and widely shared the recruitment materials via list-serves, posting on the CalHR website, and advertised on the Capitol Morning Report. In addition, the Commission engaged The Exeter Group to assist in outreach and application review and held a stakeholder listening session on February 6, 2025. The Executive Director Screening Committee would receive and review the applications proposed by The Exeter Group, select applicants for interviews, conduct interviews, receive background checks, and ultimately provide a recommendation to the full Commission on the selection of an Executive Director.

Presenter(s): None

Enclosures: None

Handouts: None

Proposed Motion: That the Commission form an Executive Director Screening Committee to identify potential candidates for the role of Executive Director of the Commission.

AGENDA ITEM 8

Action

February 27, 2025 Commission Meeting

Consent Calendar

Summary:
The Commission will consider approval of the Consent Calendar which contains the following Innovation items:

1) San Mateo County Innovation project funding request: Workforce Retention – Peer Support for Peer Workers
2) San Mateo County Innovation project funding request: Animal Care for Housing Stability and Wellness
3) San Mateo County Multi-County Collaborative project funding request: allcove Half Moon Bay
4) San Mateo County Multi-County Collaborative project funding request: PIVOT- Developing Capacity for Medi-Cal Billing
5) Ventura County Innovation project funding request: Veteran Mentor Project

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.

Four of the five proposed Innovation projects are from San Mateo County and are summarized below:

San Mateo County's Community Planning Process

Local Level

The four proposed plans from San Mateo County being presented today arose from a robust Community Planning Proccess. In November 2022, San Mateo County Behavioral Health and Recovery Services (County or BHRS) began working with their community to develop their MHSA Three-Year Plan, engaging more than 400 clients, family members, community agencies and

leaders using surveys, input sessions, and public comments. The community planning process included 14 existing collaboratives, 11 workgroups, 3 geographically based collaboratives, and 3 key stakeholder groups representing individuals across the county and included a needs assessment.

Additionally, BHRS conducted a participatory process to gather ideas for innovation. After screening for Innovation regulatory requirements, County staff reviewed 14 ideas, and brought four projects before the Commission for approval in February 2023. Following the passage of the BHSA, the County conducted a feasibility study to further evaluate the ideas from the 2022 participatory process resulting in a determination that the four proposed projects address current needs and align with the BHSA.

These four projects were posted for 30-day public comment period between October 2, 2024 and November 6, 2024, receiving Local Mental Health Board approval on November 6, 2024 and San Mateo Board of Supervisor approval on January 28, 2025.

Commission Level

Commission staff shared each project's initial plan with its community partners and the Commission's listserv on October 14, 2024, and comments were directed to County staff.

The final project plans were shared with the Commission's community partners and listserv on November 27, 2024 (allcove) December 3, 2024 (Peer Support, Animal Care, and PIVOT). Additionally, this project was shared with both the Client and Family Leadership and Cultural and Linguistic Competence Committees as part of the email distribution list.

One comment was received in response to the Commission's final request for feedback. The comment was regarding the county's overall Request for Proposals (RFP) process, where the commenter indicated that preference or incentives should be given to applicants from the Disabled Veteran Business Enterprise and/or small businesses. The comment did not appear to speak specifically on programmatic details of this proposed innovation plan. Commission staff forwarded the comment directly to San Mateo County for consideration.

1) **Peer Support for Peer Workers**

San Mateo County Behavioral Health and Recovery Services is requesting 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 (EBP) 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 mental health and recovery needs of individuals with lived experience who also serve as part of the behavioral health workforce.

Behavioral Health Services Act (BHSA) Alignment and Sustainability:
The Peer Support for Peer Workers Innovation project aligns with the BHSA's priority of investing in a culturally-competent and well-trained behavioral health workforce that provides services to a critical demographic of individuals with lived experience and their families while also increasing the quality of mental health services.

Implementing a strong workforce of peer workers also addresses additional BHSA priorities, including housing interventions and FSP programs, as peers who share similar experiences in these areas can offer a specialized approach to providing high-quality services for the most vulnerable and at-risk individuals.

2) Animal Care for Housing Stability and Wellness

San Mateo County BHRS is requesting up to $990,000 of Innovation spending authority to test a solution to a known barrier that affects the wellness and housing stability of BHRS clients: a lack of temporary animal care during times of functional decline. The County reports that a significant number of BHRS clients, who are living with mental health and/or substance use challenges, rely on the comfort and support of their companion animals and hypothesize that temporary animal care would support wellness and increase housing stability. In this way, the pilot project will 1) facilitate entry into higher levels of care (for example, crisis or treatment residentials, hospitalization), and 2) help housed clients maintain housing.

Behavioral Health Services Act Alignment (BHSA) and Sustainability
The Animal Fostering and Care for Client Housing Stability and Wellness project aligns with BHSA priorities as it directly removes a known barrier to care that will enable the most vulnerable clients to engage in higher levels of care, or to maintain their housing. Specifically, this project aligns with the BHSA priority of providing housing interventions for persons at risk of homelessness by providing temporary animal foster care and other animal supports to prevent eviction and remove the dilemma of choosing a pet over maintaining a place to live. The project also aligns with the BHSA priority of supporting Full-Service Partnership (FSP) efforts since the pilot's target population are individuals who are enrolled in FSPs who need added supports during a period of functional decline.

3) allcove Half Moon Bay

San Mateo County is seeking approval in innovation spending authority up to $1,600,000 to join Sacramento and Santa Clara Counties in the allcove® Multi-County Collaborative.

San Mateo County proposes work in partnership with Stanford Psychiatry Center for Youth Mental Health and Wellbeing to increase access to services for individuals between the ages of

12-25 years old by implementing the allcove model for treating youth with emerging mental health needs. The allcove model was inspired by other youth driven-models located in Canada and Australia that function as a 'one-stop-shop' for youth to ensure they have the mental health resources and support systems in place to successfully transition into adulthood. The County states that incorporating the allcove model will lead to better identification of the early warning signs of mental illness, resulting in a positive impact on youth overall mental health and wellbeing.

The allcove Multi-County Innovation Project presents San Mateo County and subsequent participating counties with an innovative opportunity to provide resources and services for youth that is responsive to their needs.

Sacramento was previously approved by the Commission to join the allcove collaborative on November 17, 2023, while the pilot County of this project, Santa Clara, was approved by the Commission on August 23, 2018.

Behavioral Health Services Act Alignment (BHSA) and Sustainability
The County states this project aligns with the Behavioral Health Services Act Transformation as mandated by Proposition 1 by providing early intervention programs, approaches, and resources to youth and young adults for mental health and substance use issues.

San Mateo hopes to develop a sustainability plan informed by the project's youth advisory group with the goal of leveraging funding thru Medi-Cal billing and Behavioral Health Services and Supports (Early Intervention) funding.

4) PIVOT- Developing Capacity for Medi-Cal Billing

San Mateo County BHRS is requesting 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, which was approved on November 21, 2024. Specifically, the County is requesting to join the PIVOT component: Developing Capacity for Specialty Mental Health Plan Services with Diverse Communities. This component seeks to identify the minimum necessary requirements for CBOs to provide specialty mental health plan services through Medi-Cal certification.

Behavioral Health Services Act Alignment (BHSA) and Sustainability

The PIVOT project directly supports counties to prepare for the transition from the Mental Health Services Act (MHSA) to the BHSA. The component that San Mateo County is requesting to join focuses on expanding accessible and culturally informed early

intervention supports through changes in infrastructure that allows community-based mental health providers to bill Medi-Cal for specialty mental health services (SMHS).

Additionally, implementing this PIVOT component and developing community infrastructure to bill Medi-Cal not only supports core BHSA priorities, but it also addresses San Mateo County's local priorities, as evident in their local community program planning (CPP) process. Additional details on their local needs assessment and CPP process can be found on pages 2-7 of their final plan.

Since this project will develop the necessary infrastructure to support the county's community-based network of providers, it is self-sustaining. Any ongoing staffing needs may utilize the additional BHSA 2% administration allocation as appropriate.

The final Innovation proposal is from Ventura County and is summarized below:

5) Veteran Mentor Project

Ventura County Behavioral Health is requesting 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. For the purposes of this project, the County indicates the term "veteran" refers to both military veterans and first responders.

Behavioral Health Services Act Alignment (BHSA) and Sustainability

The Veterans Mentor Innovation Project aligns with the BHSA's priority of investing in individuals living with or who are currently at-risk of developing a serious behavioral health condition. Due to the high rates of death by suicide for veterans, the County is focusing on this population.

The evaluation will determine the overall success of this project and that will allow the County to elect to continue the program in its entirety or continue certain components of the project. If continued, the County will sustain funding of this project by utilizing Early Intervention funding within the Behavioral Health Services and Supports component of the BHSA.

The Community Program Planning Process

Local Level

In 2021, Ventura County began working with their community to review innovation criteria and discuss a total of 52 innovation projects that had been submitted. The MHSA Planning Committee is represented by various populations within the community to encourage meaningful and robust stakeholder engagement. Out of the 52 projects reviewed, 5 were selected for continued development.

The County has addressed how this project aligns with MHSA General Standards by collaborating with other agencies within the County, being culturally sensitive and client/family-driven with a goal of overall wellness.

Ventura County's 30-day public comment period was held between November 18, 2024 and December 16, 2024, and the plan received Local Mental Health Board approval on December 16, 2024. It is scheduled for Board of Supervisor approval on March 11, 2025.

Commission Level
Commission staff shared this project's initial plan with its community partners and the Commission's listserv on November 19, 2024, and comments were directed to County staff. A final project plan was shared with the Commission's community partners and listserv on December 23, 2024.

No comments were received in response to the Commission's final request for feedback.

Presenters: None

Enclosures (6): (1) Commission Community Engagement Process; (2) San Mateo Analysis: Workforce Retention – Peer Support for Peer Workers; (3) San Mateo Analysis: Animal Care for Housing Stability and Wellness; (4) Multi-County Collaborative: allcove Half Moon Bay (San Mateo); (5) San Mateo Analysis: PIVOT – Developing Capacity for Medi-Cal Billing; (6) Ventura Analysis: Veteran Mentor Project

Handouts: None

Additional Materials (5): Links to the final Innovation projects are available on the Commission's website at the following URLs:

San Mateo: Peer Support for Peer Workers
San_Mateo_INN_Plan_Peer_Support_FINAL.pdf

San Mateo: Animal Care for Housing Stability and Wellness
San_Mateo_INN_Plan_Animal_Care_FINAL.pdf

allcove Half Moon Bay (San Mateo) Multi-County Collaborative
https://mhsoac.ca.gov/wp-content/uploads/MultiCountyINNCollab_SanMateo_allcove.pdf

San Mateo: PIVOT- Developing Capacity for Medi-Cal Billing
San_Mateo_INN_Project_PIVOT_FINAL.pdf

Ventura: Veteran Mentor Project
https://bhsoac.ca.gov/wp-content/uploads/Ventura_INN-Plan_Veteran-Mentor_REVISED.pdf

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

(1) Funding for San Mateo's Peer Support for Peer Workers Innovation Project for up to $580,000; and
(2) Funding for San Mateo's Animal Care for Housing Stability and Wellness Innovation Project for up to $990,000; and
(3) Funding for San Mateo's allcove Half Moon Bay Multi-County Collaborative Innovation Project for up to $1,600,000; and
(4) Funding for San Mateo's PIVOT – Developing Capacity for Medi-Cal Billing Innovation Project for up to $5,650,000; and
(5) Funding for Ventura's Veteran Mentor Project Innovation Project for up to $2,587,377.

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—San Mateo County

Innovation (INN) Project Name:	**Workforce Retention: Peer Support for Peer Workers**
Total INN Funding Requested:	**$580,000**
Duration of INN Project:	**48 months (4 years)**
BHSOAC consideration of INN Project:	**January 23, 2025**

Review History:

Public Comment Period:	October 2, 2024 – November 6, 2024
Mental Health Board Hearing:	November 6, 2024
Approved by the County Board of Supervisors:	January 28, 2025
County submitted INN Project:	November 18, 2024
Dates Project Shared with Commission Community Partners:	October 14, 2024 and December 3, 2024

Project Introduction

San Mateo County Behavioral Health and Recovery Services ("County" or "BHRS") is requesting 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 (EBP) 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 mental health and recovery needs of individuals with lived experience who also serve as part of the behavioral health workforce.

Behavioral Health Services Act Alignment and Sustainability (pages 16-18)
The Peer Support for Peer Workers Innovation project aligns with the BHSA's priority of investing in a culturally-competent and well-trained behavioral health workforce that provides services to a critical demographic of individuals with lived experience and their families while also increasing the quality of mental health services.

Implementing a strong workforce of peer workers also addresses additional BHSA priorities, including housing interventions and FSP programs, as peers who share similar experiences in these areas can offer a specialized approach to providing high-quality services for the most vulnerable and at-risk individuals.

What is the Problem? (pages 3-5)

Peer workers play a vital role in the delivery of mental health and substance use disorder (SUD) programs, as they are able to connect with difficult-to-reach communities due to shared life experiences; however, peer workers may also require supports to effectively manage their own mental health challenges and/or recovery needs. Integrating their wellness with an often times mentally and emotionally taxing role highlights the importance of services and supports for these individuals in order for them to effectively and safely perform their duties.

Although there are some resources available for training and support for peer workers, these opportunities usually emphasize career development and peer certification. There is a lack of resources focusing on the mental wellness of peer workers as they navigate the complexities of serving in the behavioral health workforce. Peer supervision and self-care trainings do not adequately address the unique needs that may arise, such as stressful and triggering situations and stigma/discrimination in the workplace, which can destabilize the individual's own wellness. There is also the fear of appearing incompetent in their role if they disclose challenges with their own mental or emotional health.

San Mateo County does not have any centralized system or employer-provided pathway that peer workers can access to obtain non-clinical, recovery-oriented support in which they can discuss workplace challenges confidentially with people who can also relate to their experiences. Meeting these needs is essential to the mental wellbeing of peer workers and directly impacts the quality of services of the community members they serve.

How this Innovation project addresses this problem (pages 5-8)

This project increases the quality of mental health services, including measured outcomes, by making a change to an existing practice in the field of mental health and applying it to a new population of peer workers.

The Peer Support for Peer Workers Innovation project seeks to meet the unique needs of individuals with lived experience and their family members who serve as part of the behavioral health workforce. This proposed project aims to prevent burnout, increase workforce retention and job satisfaction, and meet the mental and recovery needs of peer workers by creating a team of peers who can provide on-demand, one-on-one support and referrals, when needed, that assists peer workers in navigating the challenges they may face in their jobs.

Services will be available virtually and by phone; in English and Spanish; and during and after hours. Peer certification is not a requirement to receiving services, and there is no limit imposed on the number of sessions a peer worker can participate in; however, although counselors will be trained in Mental Health First Aid and crisis intervention, this program will not replace crisis care or clinical counseling, and referrals to other BHRS programs, external resources, and/or higher levels of care can be offered.

The BHRS Office of Consumer and Family Affairs will monitor the program and outreach to peer workers within BHRS services as well as to local nonprofits that employ peer and family support workers. This project will also create an advisory group of peers, clients, family members, and community-based organizations (CBOs) who will provide direction and feedback on all aspects of the program, including assistance with disseminating findings of the project.

Community Planning Process (pages 13-14; appendix 2)

Local Level

In November 2022, San Mateo BHRS staff began working with their community to develop their MHSA Three-Year Plan, engaging more than 400 clients, family members, community agencies and leaders by means of surveys, input sessions, and public comments. A robust community planning process engaged 14 existing local collaboratives, 11 workgroups, 3 geographically-based collaboratives, and 3 key stakeholder groups representing individuals across the county.

During the community planning process, a needs assessment was completed to help identify community needs and priorities, resulting in a total of 8 identified priorities: Access to Services, Behavioral Health Workforce, Crisis Continuum, Housing Continuum, Substance Use Challenges, Quality of Client Care, Youth Needs, and Adult/Older Adult Needs. Additionally, the community highlighted three (3) key themes: Increasing community awareness and education about behavioral health topics, resources, and services; embedding peer and family supports into all behavioral health services; and implementing culturally responsive approaches that are data-driven to address existing inequities.

The Peer Support for Peer Workers Innovation project was originally proposed by a peer-run organization and addressed all three (3) key themes. After screening for Innovation regulatory requirements, BHRS staff reviewed 14 ideas and brought those to a selection workgroup of BHRS staff, nonprofit providers, and people with lived experience to review and score the proposals. This community-derived proposal was then formally brought forward to the Commission in 2024.

The 30-day public comment period occurred between October 2, 2024 and November 6, 2024, and the plan received Local Mental Health Board approval on November 6, 2024. It is scheduled for Board of Supervisor review on January 14, 2025.

Commission Level

Commission staff shared this project's initial plan with its community partners and the Commission's listserv on October 14, 2024, and comments were directed to County staff. A final project plan was shared with the Commission's community partners and listserv on December 3, 2024. Additionally, this project was shared with both the Client and Family Leadership and Cultural and Linguistic Competence Committees as part of the email distribution list.

One comment was received in response to the Commission's final request for feedback. The comment was regarding the county's overall Request for Proposals (RFP) process, where the commenter indicated that preference or incentives should be given to applicants from the Disabled Veteran Business Enterprise and/or small businesses. The comment did not appear to speak specifically on programmatic details of this proposed innovation plan. Commission staff forwarded the comment directly to San Mateo County for consideration.

Learning Objectives and Evaluation (pages 10-13)

This project will use an independent evaluator, monitored by BHRS, to explore the below learning goals. All contracts, service agreements, and MOUs will be monitored by a BHRS Manager with subject matter expertise.

1. Does providing non-clinical peer support for peer/family support workers help to sustain the peer workforce?
    - This learning goal looks at peer worker outcomes and experiences.
    - Potential measures: Numbers served, number of referrals, self-reported outcomes, and pre/post program staff retention rates
    - Potential data sources: Program data and surveys/interviews of participants, peer providers, supervisors, and organizations
2. Does providing non-clinical peer support for peer/family support workers strengthen the quality of services provided by peers?
    - This learning goal will gauge any downstream effect on client services.
    - Potential measure: Self-reported questionnaire
    - Potential data sources: Surveys/interviews of participants, peer providers, manager, and organizations
3. What are the components of peer support for peer/family support workers that are effective and could be scaled and replicated, including possible billable services?
    - This learning goal will determine whether this project can provide a scalable approach to peer workforce sustainability and potential Medi-Cal billing.
    - Potential measure: Self-reported questionnaire
    - Potential data sources: Surveys/interviews of participants, peer providers, and manager.

The advisory group of peers, clients, and family members will provide input on any sustainability planning throughout the project. Project success will result in a toolkit for others who wish to implement this model, as well as a proposal for project continuation through the BHRS community program planning process.

The Budget and Budget Narrative (pages 20-23)

BUDGET CATEGORY	FY 24-25	FY 25-26	FY 26-27	FY 27-28	FY 28-29	TOTAL
Personnel Costs	$10,000	$15,000	$12,000	$12,000	$6,000	**$55,000**
Operating Costs	$ -	$ -	$ -	$ -	$ -	**$ -**
Non-Recurring Costs	$ -	$ -	$ -	$ -	$ -	**$ -**
Consulting/ Contracts Costs	$ -	$175,000	$170,000	$170,000	$10,000	**$525,000**
Other Expenditures	$ -	$ -	$ -	$ -	$ -	**$ -**
TOTAL	**$10,000**	**$190,000**	**$182,000**	**$182,000**	**$16,000**	**$580,000**

BUDGET CONTEXT	FY 24-25	FY 25-26	FY 26-27	FY 27-28	FY 28-29	TOTAL
Administration	$10,000	$165,000	$162,000	$162,000	$6,000	**$505,000**
Evaluation	$ -	$25,000	$20,000	$20,000	$10,000	**$75,000**
TOTAL	**$10,000**	**$190,000**	**$182,000**	**$182,000**	**$16,000**	**$580,000**

FUNDING SOURCE	FY 24-25	FY 25-26	FY 26-27	FY 27-28	FY 28-29	TOTAL
Innovation Funds	$10,000	$190,000	$182,000	$182,000	$16,000	$580,000
TOTAL	**$10,000**	**$190,000**	**$182,000**	**$182,000**	**$16,000**	**$580,000**

The County is requesting authorization to spend up to $580,000 in MHSA Innovation funding for this project over a period of 48 months (4 years). One-hundred percent (100%) of the project will be supported by Innovation funding.

BHRS currently employs about 20 peer/family support workers. This project aims to serve approximately 25-50 peer workers annually. The proposed personnel budget includes a Program Manager who will perform program outreach, track referrals and sessions, and train and supervise three (3) part-time peer support providers, with each provider holding 1-3 support sessions per week. Peer Support Providers will be paid staff or contractors from diverse backgrounds. At least one provider will be bilingual in Spanish and English. These individuals will assist the Program Manager with outreach, monitor referral requests, conduct intake assessments, provide support sessions, and refer participants to additional behavioral health services, as needed. Personnel costs ($55,000) make up about 9.5% of the total budget.

The County will go through a local bidding process to identify contractors. About 90.5% ($525,000) of the total budget is allocated for contractor expenses related to delivery of services, evaluation of the project, data collection and analyses, and reporting requirements. Approximately 13% ($75,000) of Contract costs are reserved for independent evaluation of

the project. The projected budget does not indicate any costs associated with operations, nor does it contain any non-recurring costs. The County provides additional budget details on page 19-22 of their plan.

It is expected that sustainability of this project will be funded through diversified funding that may include behavioral health workforce initiatives, Medi-Call billing, the Behavioral Health Services and Supports (BHSS) component of the BHSA, and/or FSP funds.

Conclusion

The proposed project, “Peer Support for Peer Workers,” appears to meet the minimum requirements listed under MHSA Innovation regulations.

STAFF ANALYSIS—San Mateo County

Innovation (INN) Project Name:	**Animal Fostering and Care for Client Housing Stability and Wellness**
Total INN Funding Requested:	**Up to $990,000**
Duration of INN Project:	**Four (4) years**
BHSOAC consideration of INN Project:	**January 23, 2025**

Review History:

Public Comment Period:	October 2, 2024 – November 6, 2024
Mental Health Board Hearing:	November 6, 2024
Approved by the County Board of Supervisors:	January 28, 2025
County submitted INN Project:	November 18, 2024
Project Shared with Community Partners:	October 14, 2024 and December 3, 2024

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

San Mateo County Behavioral Health and Recovery Services (County or BHRS) is requesting up to $990,000 of Innovation spending authority to test a solution to a known barrier that affects the wellness and housing stability of BHRS clients: a lack of temporary animal care during times of functional decline. The County reports that a significant number of BHRS clients, who are living with mental health and/or substance use challenges, rely on the comfort and support of their companion animals and hypothesize that temporary animal care would support wellness and increase housing stability. In this way, the pilot project will 1) facilitate entry into higher levels of care (e.g., crisis or treatment residentials, hospitalization), and 2) help housed clients maintain housing.

Behavioral Health Services Act Alignment and Sustainability (pages 19-20)
The Animal Fostering and Care for Client Housing Stability and Wellness project aligns with BHSA priorities as it directly removes a known barrier to care that will enable the most vulnerable clients to engage in higher levels of care, or to maintain their housing. Specifically, this project aligns with the BHSA priority of providing housing interventions for persons at risk of homelessness by providing temporary animal foster care and other animal supports to prevent eviction and remove the dilemma of choosing a pet over maintaining a place to live. The project also aligns with the BHSA priority of supporting Full-Service Partnership (FSP) efforts since the pilot's target population are individuals who are enrolled in FSPs who need added supports during a period of functional decline.

What is the Problem? (pages 3-7)
San Mateo County reports that a lack of animal care can be a barrier to BHRS clients' recovery by impacting decisions on when, and how, to seek additional treatment during a period of functional decline. This results in decreased housing stability. Specifically, service providers report that some clients refuse higher levels of care during times of need due to uncertainty around care for their animal while they would be away.

Anecdotal evidence from San Mateo County indicates that many BHRS clients, who currently live in supportive housing and shelters, have support animals. The County provides client case studies to highlight examples of clients who were unable to access needed care due to lack of support of their companion animals. The County also cites a survey conducted by the Johnson County, Kansas Mental Health Center who found that more than 70% of county mental health staff members had at least one client decline treatment in the previous six months because they did not have temporary care for their pet.

In addition to refusing treatment due to concerns about their pets, the County reports that pet owners who live in supportive housing are at risk of eviction during times of crisis or functional decline during which they may not be able to maintain care for their animals. The County hypothesizes that some clients will choose pet over place if their housing situation becomes unsustainable.

How this Innovation project addresses this problem (pages 7-9)
The project will provide temporary animal foster care by appropriately trained volunteers during times that a client needs care outside of the home. Another aspect of the project is to provide short-term, in-home animal care support like grooming and dog walking in cases where this temporary support would help clients maintain their housing.

The project will be piloted with a small set of clients who are enrolled in FSP services or who are living in permanent supportive housing settings and who have an urgent and temporary barrier to accessing a higher level of care or to maintain their housing stability. The pilot approach will enable the program to oversee a small number of clients, provide close oversight of animal fosterers/caregivers (AFCs), and study implementation and effectiveness

before scaling to a larger number of clients. If successful, the next phase of the project will open the program to referrals from mental health and substance use residential settings and behavioral health crisis and emergency settings.

The project will provide the following services:

- Recruitment, training, and support of AFCs. Training will follow established procedures for animal fostering, including the foster home environment and health status of other animals in the home. AFCs who are renters will be educated about California tenant law as it relates to animals in the home and be provided with support if they face challenges from landlords about fostering an animal.
- Free, temporary and emergency foster care placement for animals. AFCs will provide care and attention for the animal, keep the animal safe and healthy, and ensure the animals receive necessary veterinary care during the fostering period. AFCs will share video and photo updates with the program, who will pass those updates to the client.
    - Length of care: Temporary foster care will typically be for a minimum of 30 days and a maximum of 90 days to account for time in residential treatment. If more time is needed to support a client's long-term recovery, the program will have a process in place to extend foster care for up to six months.
    - Rehoming: In the rare case that a pet owner makes the challenging decision to rehome their pet or ESA during the program, the program will support them in finding a new home for their animal.
- In-home animal care support. For individuals in supportive housing settings who do not need full foster care for their animal, but need temporary support caring for their animal, AFCs will visit clients in their homes to support dog-walking, grooming, and routine veterinary care. These visits may also include teaching and coaching for clients on housing retention and animal care.
- Policy development. Program staff will outreach to and assist supportive housing and treatment facilities that do not currently have policies around accepting animals to establish to support them in developing policies around when and how they will accept animals.

Community Planning Process (Pages 16-18; 30-38)

Local Level

In November 2022, San Mateo began working with their community to develop their MHSA Three-Year Plan, engaging more than 400 clients, family members, community agencies and leaders using surveys, input sessions, and public comments. The community planning process included 14 existing collaboratives, 11 workgroups, 3 geographically based collaboratives, and 3 key stakeholder groups representing individuals across the county.

During the community planning process, a needs assessment was completed to help identify community needs and priorities, resulting in a total of 8 identified priorities: Access to Services, Behavioral Health Workforce, Crisis Continuum, Housing Continuum, Substance Use Challenges, Quality of Client Care, Youth Needs, and Adult/Older Adult Needs. Additionally, BHRS conducted a participatory process to gather ideas for innovation. After screening for Innovation regulatory requirements, BHRS staff reviewed 14 ideas, and ultimately brought 4 full project proposals to the Commission for approval in February 2023.

Following the passage of the BHSA, BHRS further evaluated the ideas from the 2022 participatory process through a feasibility study and determined that this proposed project, and three others, address current needs and align with the BHSA. The projects were then posted for 30-day public comment period between October 2, 2024 and November 6, 2024, receiving Local Mental Health Board approval on November 6, 2024. It is scheduled for Board of Supervisor review on January 14, 2025.

A final plan, incorporating community partner and stakeholder input as well as technical assistance provided by Commission staff, was submitted on November 18, 2024.

Commission Level
Commission staff shared this project's initial plan with its community partners and the Commission's listserv on October 14, 2024, and comments were directed to County staff. A final project plan was shared with the Commission's community partners and listserv on December 3, 2024. Additionally, this project was shared with both the Client and Family Leadership and Cultural and Linguistic Competence Committees as part of the email distribution list.

One comment was received in response to the Commission's final request for feedback. The comment was regarding the county's overall Request for Proposals (RFP) process, where the commenter indicated that preference or incentives should be given to applicants from the Disabled Veteran Business Enterprise and/or small businesses. The comment did not appear to speak specifically on programmatic details of this proposed innovation plan. Commission staff forwarded the comment directly to San Mateo County for consideration.

Learning Objectives and Evaluation (Pages 13-16)
San Mateo County will hire an independent evaluation consultant to work in collaboration with BHRS staff to evaluate the project. The evaluation consultant will build upon the following learning goals to fully develop an evaluation plan after the project is approved:

1. Does offering temporary animal care for individuals with mental health and/or substance use challenges who have assistance animals or companion animals: a) increase engagement in higher levels of care for individuals who otherwise would not have engaged? b) improve housing retention for individuals who are at risk of losing housing? c) improve indicators of recovery, including recovery time, mental wellness indicators, and substance use indicators?

2. Does providing peer-to-peer services impact client engagement in the program?
3. What are the essential elements of the project that could be scaled or replicated?

The Budget (pages 23-24)

4 Year Budget	FY 25/26	FY 26/27	FY 27/28	FY 28/29	**TOTAL**
Services	$ 290,000	$ 290,000	$ 290,000		$ 870,000
Evaluation	$ 40,000	$ 30,000	$ 30,000	$ 20,000	$ 120,000
Total	$ 330,000	$ 320,000	$ 320,000	$ 20,000	$ 990,000
Funding Source	FY 23/24	FY 24/25	FY 25/26	FY 26/27	**TOTAL**
Innovation Funds	$ 330,000	$ 320,000	$ 320,000	$ 20,000	$ 990,000
Medi-Cal/FFP*	$ -	$ -	$ -	$ -	$ -
Total	$ 330,000	$ 320,000	$ 320,000	$ 20,000	$ 990,000

*Opportunities for Medi-Cal billing (CalAIM Community Support or through Housing Interventions) will be pursued

San Mateo County is requesting authorization to spend up to $990,000 in MHSA Innovation funding, over a period of four (4) years, to launch and test the Animal Care for Client Housing Stability and Wellness program. The total funding amount will be allocated through contracts with County oversight funded through existing funds.

Direct costs total $870,000 (88% of total budget) and will be awarded through a local bidding process to a contractor who will deliver program services including: salaries and benefits; rent and utilities; program supplies; transportation of clients; and subcontracts for outreach.

Indirect costs will total $120,000 (12% of total budget) for an independent evaluation contract.

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

STAFF ANALYSIS – SAN MATEO COUNTY

Innovation (INN) Project Name:	**allcove® Half Moon Bay (San Mateo) Multi-County Innovation Project**
Total INN Funding Requested:	**$1,600,000**
Duration of INN Project:	**3.5 Years**
BHSOAC consideration of INN Project:	**January 23, 2025**

Review History:

Approved by the County Board of Supervisors:	January 28, 2025
Public Comment Period:	October 2, 2024-November 6, 2024
Mental Health Board Hearing:	November 6, 2024
County submitted INN Project:	November 27, 2024
Date Project Shared with Community Partners:	October 14, 2024 and November 27, 2024

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.*

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:

San Mateo County is requesting up to $1,600,000 of innovation spending authority to join Sacramento and Santa Clara Counties in the allcove® Multi-County Collaborative.

San Mateo County proposes work in partnership with Stanford Psychiatry Center for Youth Mental Health and Wellbeing to increase access to services for individuals between the ages of 12-25 years old by implementing the allcove model for treating youth with emerging mental health needs. The allcove model was inspired by other youth driven-models located in Canada and Australia that function as a 'one-stop-shop' for youth to ensure they have the mental health resources and support systems in place to successfully transition into

adulthood. The County states that incorporating the allcove model will lead to better identification of the early warning signs of mental illness, resulting in a positive impact on youth overall mental health and wellbeing.

The allcove Multi-County Innovation Project presents San Mateo County and subsequent participating counties with an innovative opportunity to provide resources and services for youth that is responsive to their needs.

Sacramento was previously approved by the Commission to join the allcove collaborative on November 17, 2023, while the pilot County of this project, Santa Clara, was approved by the Commission on August 23, 2018.

Background:

With funding from the Robert Wood Johnson Foundation, the Stanford Psychiatry Center for Youth Mental Health and Wellbeing released a feasibility study in 2015 on how to replicate the allcove youth model in the United States. The study indicated that developing the model in the United States would be complicated due to the lack of national healthcare in the United States; however, it would be valuable to bring a youth centered model to the United States. The feasibility study also exposed the following essential components:

- The allcove centers should be stand-alone sites so that youth feel this program is their own independent place for health care and mental health care
- Each allcove center should provide integrated care services to treat those with mild to moderate mental health conditions, including but not limited to: substance abuse issues, education and employment support, and access to health care
- Individuals who may need more intensive behavioral health treatment may be referred into the behavioral health system, if needed
- allcove centers should be marketed and advertised in an effort to draw in young people to access mental health supports and reduce the overall stigma associated with mental illness

As a result of the feasibility study and community interest, Santa Clara County came to the Commission in 2018 seeking approval to fund two allcove sites within the County (originally approved as headspace innovation project), utilizing both MHSA innovation funding private funding and working in partnership with Stanford Psychiatry Center for Youth Mental Health and Wellbeing.

Although this project was originally intended as a Multi-County Collaborative, only Santa Clara was ready to proceed as the pilot county when Commission approved in August 2018.

The County faced challenges during the implementation of this project; however, the evaluation of the project reflected overall support for allcove among youth (see pgs 14-15 of

project for discussion, successes, and challenges of the two allcove locations within Santa Clara County).

Stanford Psychiatry Center for Youth Mental Health and Wellbeing and the Central allcove Team has continued to work on this innovation project and is now ready for additional counties to join and participate in this Multi-County Collaborative.

San Mateo is joining Sacramento and Santa Clara; however, there may be other counties who are interested in working with Stanford's Central allcove Team and may join in a future cohort.

What is the Problem (see pgs 5-10 of project):

Young people with emerging mental health issues experience challenges in accessing timely and appropriate services because the current mental health system is unresponsive to their needs. As a result of the lack of access to mental health systems early on, youth do not receive services until their mental health issues are severe.

Research indicates that most mental health challenges appear in individuals before the age of 25 which presents an opportunity to engage youth with early detection and possible treatment, thereby reducing the burden and stigma of symptoms related to mental health.

Statistics provided prior to the pandemic reflect the following:

- Between 2007 and 2017, the rate of suicide among youth increased nearly 60% among individuals between the ages of 10 and 24
    - Suicide rates increased by 3% between 2007 and 2013 for the same age range and increased even further to 7% between 2013 and 2017
    - Suicide rates tripled for youth between the ages of 10 and 14 years of age

Once the COVID-19 pandemic began, emergency room departments experienced a 50% increase in suicide attempts among girls between the ages of 12 to 17 in early 2021, in comparison with the same age group only 2 years prior. Suicide is the second cause of death for youth and young adults between the ages of 10 and 24.

The allcove model allows the integration of youth mental health centers in an effort to serve the needs of youth, inclusive of mental and physical health, substance use services, peer and family supports, as well as supportive education and employment services.

Adding to the challenges that young people face is the reality that the mental health system is fragmented and siloed, leading to frustration and inaccessibility for young people that do not know how to navigate the system. One of the issues that this project hopes to address is the braiding of public and private funding streams that will allow mental health access and services to be the most important focal point as opposed to reimbursement sources and pre-authorization requirements.

How this Innovation project addresses this problem:

Previous efforts to address challenges by youth resulted in another allcove center in the city of San Mateo in the fall of 2023 by Peninsula Health Care District, also by being the recipient of grant funding by The Commission. Although allcove San Mateo has been successful with its approach and services to the youth, the County's coastal region is geographically isolated and lacks equitable access to resources and services, making this already socially and economically area for some even more challenging for youth growing up in this area.

Efforts to address the struggles in this coastal community and because of the community planning process, San Mateo County has come forward to seek approval for an allcove center based in the Half Moon Bay community, with support and technical assistance from Stanford's Center for Youth Mental Health and Wellbeing (Contractor) and the Central allcove Team.

allcove models operate utilizing the following best practices:

- Holistic approach to integrated care for mild to moderate mental health issues
- Connections to community-based partners and referrals to services, as needed
- Youth centered activities and approaches highlighting resilience and wellness-focused
- Development of the Youth Advisory Group and Community Consortium that guides the development of each allcove center

San Mateo intends to create an allcove center in Half Moon Bay to support all youth, regardless of their insurance coverage and will follow a "no wrong door approach" with zero exclusion, providing early detection, services and activities for youth.

The innovative component of the allcove Multi-County Collaborative brings a youth-centered model into the United States, incorporating an early intervention structure for youth regardless of health insurance coverage – meeting youth where they are while adhering to the following model components (see pgs 12-13 for complete list):

- Youth development, participation and engagement
- Clinical services (mental and physical health as well as substance use)
- Peer Support
- Community engagement and partnerships
- Supported education and employment

A survey provided by one of the County's School Districts found one-third students in specific grade levels (7th, 9th, 11th) reported chronic sadness, while 20% of students reported they had considered suicide. Additionally, social and emotional distress were factors that were prevalent.

The County estimates that when the allcove center is fully up and running, approximately 200-800 underserved youth will be served annually, ages 12-25 and will be inclusive of BIPOC

individuals (Black, Indigenous, and People of Color), LGBTQ+, and youth that may be experiencing housing instability.

San Mateo Community Planning Process (see pgs 39-41 of project and Appendix 1, pg 51):

Local Level

In November 2022, San Mateo began working with their community to develop their MHSA Three-Year Plan, engaging more than 400 clients, family members, community agencies and leaders by means of surveys, input sessions, and public comments. A robust community planning process included 14 exiting collaboratives, 11 workgroups, 3 geographically-based collaboratives, and 3 key stakeholder groups with over 400 individuals participating and providing input and comments on the development of the three-year plan.

During the community planning process, a needs assessment was completed to help identify community needs and priorities, resulting in a total of 8 identified priorities: Access to Services, Behavioral Health Workforce, Crisis Continuum, Housing Continuum, Substance Use Challenges, Quality of Client Care, Youth Needs, and Adult/Older Adult Needs.

One of the priorities, Youth Needs, was identified by the community, resulting in the development of this project. *Note: the prioritized needs assessment, stakeholder workgroup events and respective demographic participant information has been included as part of Appendix 1.*

The County reviewed previous innovation projects submitted by the community in 2022 to determine if any of those submissions would align with newly established BHSA priorities. Out of the 14 previous pre-screened innovation ideas, 5 of them were brought forward and additionally screened.

The County MHSA Steering Committee met in September 2024 to discuss the 5 projects, seeking feedback from the community through breakout rooms and online comment forms. The County then opened up their 30-day public comment period for this project and the 4 remaining projects that are also coming forward.

San Mateo County's community planning process included the following:

- 30-day public comment period: October 2, 2024-November 6, 2024
- Local Mental Health Board Hearing: November 6, 2024
- Board of Supervisor Approval: Scheduled for January 14, 2025

A final plan, incorporating community partner and stakeholder input as well as technical assistance provided by Commission staff, was submitted on November 27, 2024.

Commission Level

This project was initially shared with Community Partners on October 14, 2024, and the final version was again shared on November 27, 2024. Additionally, this project was shared with both the Client and Family Leadership and Cultural and Linguistic Competence Committees as part of the email distribution list.

No comments were received by the Commission in response to the sharing of this project.

Learning Objectives and Evaluation (see pgs 19-21 of project):

The following questions have been established that will guide the goals and evaluation of this Multi-County Collaborative project:

1. Will the implementation of allcove Half Moon Bay:
    a. Engage young people and support them in connecting them to services when they want them, before a crisis, leading them to better outcomes for youth and cost savings for communities?
    b. Destigmatize mental health and normalize wellness and prevention and early intervention?
    c. Reimagine mental health and wellbeing for young people?
2. Will the implementation of allcove Half Moon Bay result in youth and families being able to access services from a network of centers working collaboratively from a multi-county and statewide initiative?

The evaluation of this project will utilize data collected by datacove (the centralized data collection system) and will be conducted in coordination with the County's Research, Evaluation and Performance Outcomes team and Stanford's Center for Youth Mental Health and Wellbeing's Central allcove Team who will provide technical support for the data collection and evaluation component. See pages 20-21 of project for specific evaluation methods and measures.

Budget and budget narrative (see pgs 48-50 of project):

3.5 Year Budget (4 FYs)	FY 24/25	FY 25/26	FY 26/27	FY 27/28	TOTAL
Direct Costs	$ 250,000.00	$ 500,000.00	$ 500,000.00	$ 250,000.00	$ 1,500,000.00
Indirect Costs	$ 20,000.00	$ 30,000.00	$ 30,000.00	$ 20,000.00	$ 100,000.00
					$ -
					$ -
Total	**$ 270,000.00**	**$ 530,000.00**	**$ 530,000.00**	**$ 270,000.00**	**$1,600,000.00**

Funding Source	FY 22/23	FY 23/24	FY 24/25	FY 25/26	TOTAL
Innovation Funds	$ 270,000.00	$ 530,000.00	$ 530,000.00	$ 270,000.00	$ 1,600,000.00
Total	**$ 270,000.00**	**$ 530,000.00**	**$ 530,000.00**	**$ 270,000.00**	**$1,600,000.00**

San Mateo is seeking **authorization to spend up to $1,600,000 in MHSA innovation funding** over 3.5 years to help provide services for the allcove Half Moon Bay center. This innovation funding request will supplement grant funding in the amount of $1,729,590 that was awarded by the Commission to CoastPride, a nonprofit organization that provides services to the coastside community within San Mateo. The grant money will be utilized as start-up money that will identify a building/location, the hiring and training of staff, and planning of services that may be provided.

- Direct costs total $1,500,000 (94% of total project cost) to cover costs associated with program supplies, building lease, utilities, mileage, translation services, etc.
- Indirect costs total $100,000 (6% of total project cost) and cover the County's administrative costs, IT support, and oversight of the project

Grant Funding (pg 36):

San Mateo County will be leveraging funding of this project with grant money in the amount of $1,729,590 that was awarded to CoastPride by the Mental Health Services Oversight and Accountability Commission (now known as the Commission for Behavioral Health) to start an allcove youth center.

allcove Half Moon Bay will be supported by the Central allcove Team in the following ways:

- Technical assistance and training in order to maintain model integrity and fidelity
- Participation within the learning community of counties who implement allcove centers, including conferences and networking among local and international partners
- Access to a centralized website (allcove.org)
- Evaluation of this project with the use of datacove, the centralized data collection system

BHSA Alignment and Sustainability (pages 42-45):

The County states this project aligns with the Behavioral Health Services Act Transformation as mandated by Proposition 1 by providing early intervention programs, approaches, and resources to youth and young adults for mental health and substance use issues.

San Mateo hopes to develop a sustainability plan informed by the project's youth advisory group with the goal of leveraging funding thru Medi-Cal billing and Behavioral Health Services and Supports (Early Intervention) funding.

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

STAFF ANALYSIS—San Mateo County

Innovation (INN) Project Name:	**Progressive Improvements for Valued Outpatient Treatment (PIVOT) – Medi-Cal Billing**
Total INN Funding Requested:	**$5,650,000**
Duration of INN Project:	**60 months (5 years)**
BHSOAC consideration of INN Project:	**January 23, 2025**

Review History:

Public Comment Period:	October 2, 2024 – November 6, 2024
Mental Health Board Hearing:	November 6, 2024
Approved by the County Board of Supervisors:	January 28, 2025
County submitted INN Project:	November 22, 2024
Dates Project Shared with Commission Community Partners:	October 14, 2024 and December 3, 2024

Project Introduction

San Mateo County Behavioral Health and Recovery Services ("County" or BHRS) is requesting up to $5,650,000 of Innovation spending authority to prepare for implementation of Proposition 1, also known as the Behavioral Health Services Act (BHSA), by joining a component of Orange County's Progressive Improvements for Valued Outpatient Treatment (PIVOT) Innovation project, which was approved on November 21, 2024. Specifically, the County is requesting to join the PIVOT component: Developing Capacity for Specialty Mental Health Plan Services with Diverse Communities. This component seeks to identify the minimum necessary requirements for CBOs to provide specialty mental health plan services through Medi-Cal certification.

Behavioral Health Services Act Alignment and Sustainability (page 7-8)
The PIVOT project directly supports counties to prepare for the transition from the Mental Health Services Act (MHSA) to the BHSA. The component that San Mateo County is requesting to join focuses on expanding accessible and culturally informed early intervention supports

through changes in infrastructure that allows community-based mental health providers to bill Medi-Cal for specialty mental health services (SMHS).

Additionally, implementing this PIVOT component and developing community infrastructure to bill Medi-Cal not only supports core BHSA priorities, but it also addresses San Mateo County's local priorities, as evident in their local community program planning (CPP) process. Additional details on their local needs assessment and CPP process can be found on pages 2-7 of their final plan.

Since this project will develop the necessary infrastructure to support the county's community-based network of providers, it is self-sustaining. Any ongoing staffing needs may utilize the additional BHSA 2% administration allocation as appropriate.

What is the Problem? (pages 2-5)

San Mateo County's mental health services are separated into two primary groups – those that serve mild to moderate behavioral health conditions, and those that serve individuals with serious mental illness (SMI) and/or a substance use disorder (SUD). The latter fall into the category of SMHS. The former type is often provided by community-based organizations (CBOs) well-versed in community-defined evidence practices (CDEPs), which offer culturally appropriate interventions tailored to populations that face unique challenges with seeking and obtaining behavioral health services. While larger CBOs may be trained and certified to bill Medi-Cal for culturally informed services, others lack the infrastructure or capacity.

The County has at least fifteen (15) peer support and early intervention providers currently funded under the MHSA's Prevention and Early Intervention (PEI) component that may be eligible for Medi-Cal certification. If a transition plan for continued funding of these programs under the revised BHSA categories is not determined, then these programs face the risk of losing funding.

How this Innovation project addresses this problem (page 5)

San Mateo County programs that are currently funded under the MHSA – many of which are supported by PEI dollars – provide effective and culturally informed early intervention and peer support services through strong relationships between CBOs and the community. This project seeks to achieve a larger system change that allows CBOs to continue meeting the needs of San Mateo County's unserved and underserved populations as it transitions from the MHSA to the BHSA. Becoming a Medi-Cal billable provider of SMHS would ensure continuity of services particularly as counties lose their funding from the MHSA PEI component.

The County will determine steps to assist CBOs currently providing early intervention and peer support services in understanding how they can become certified SMHS providers. This project will also identify and assess components of CDEPs that are billable through Medi-Cal and that can generate revenue for the County and CBOs to create a sustainable system of

care. The proposed plan will also determine if embedding culturally based approaches for SMHS improves penetration rates and outcomes of the county's more difficult-to-reach populations, ultimately helping CBOs develop their capacity and infrastructure to serve individuals living with SMI and SUDs.

Community Planning Process (pages 6-7; appendix 1)

Local Level

In November 2022, San Mateo BHRS staff began working with their community to develop their MHSA Three-Year Plan, engaging more than 400 clients, family members, community agencies and leaders by means of surveys, input sessions, and public comments. A robust community planning process engaged 14 existing local collaboratives, 11 workgroups, 3 geographically-based collaboratives, and 3 key stakeholder groups representing individuals across the county.

During the community planning process, a needs assessment was completed to help identify community needs and priorities, resulting in a total of 8 identified priorities: Access to Services, Behavioral Health Workforce, Crisis Continuum, Housing Continuum, Substance Use Challenges, Quality of Client Care, Youth Needs, and Adult/Older Adult Needs. After screening for Innovation regulatory requirements, BHRS staff reviewed 14 ideas, the majority of which centered around prevention efforts.

Participants specifically expressed concerns with access to PEI programs and the sustainability of those services in light of the reallocation of funding due to the BHSA, which eliminates the PEI fund entirely. Due to this pressing need, the PIVOT project was selected to address the forthcoming shift in BHSA funding. The 30-day public comment period occurred between October 2, 2024 and November 6, 2024, and the plan received Local Mental Health Board approval on November 6, 2024. It is scheduled for Board of Supervisor review on January 14, 2025.

A final plan, incorporating community partner and stakeholder input as well as technical assistance provided by Commission staff, was submitted on November 22, 2024.

Commission Level

Commission staff shared this project's initial plan with its community partners and the Commission's listserv on October 14, 2024, and comments were directed to County staff. A final project plan was shared with the Commission's community partners and listserv on December 3, 2024. Additionally, this project was shared with both the Client and Family Leadership and Cultural and Linguistic Competence Committees as part of the email distribution list.

One comment was received in response to the Commission's final request for feedback. The comment was regarding the county's overall Request for Proposals (RFP) process, where the commenter indicated that preference or incentives should be given to applicants from the

Disabled Veteran Business Enterprise and/or small businesses. The comment did not appear to speak specifically on programmatic details of this proposed innovation plan. Commission staff forwarded the comment directly to San Mateo County for consideration.

Learning Objectives and Evaluation (page 6)

This project will address the primary learning objectives from the Medi-Cal component of the original Orange County plan. They include the following questions:

1. What are the minimum requirements for a CBO to become a Medi-Cal/DMC-ODS provider?
2. What type and level of technical assistance is needed to support CBOs?
3. In what ways does a hub and spoke model effectively support capacity building?
4. Does embedding culturally based approaches for specialty mental health care improve penetration rates and client outcomes?
5. Which CDEPs are most effective?
6. How can CDEPs be utilized to generate revenue?

Additional learning objectives specific to San Mateo County will also be explored. They include the following questions:

1. To what extent and how does the process of billing Medi-Cal change CBOs' service delivery practices (e.g., structure of services, time spent on administration)?
2. What adjustments do CBOs need to make to their practices in order to incorporate Medi-Cal billing into their practice?

The Budget and Budget Narrative (pages 9-11)

BUDGET CATEGORY	**FY 24-25**	**FY 25-26**	**FY 26-27**	**FY 27-28**	**FY 28-29**	**FY 29-30**	**TOTAL**
Personnel Costs	$30,000	$40,000	$40,000	$40,000	$40,000	$10,000	**$200,000**
Operating Costs	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**
Non-Recurring Costs	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**
Consulting/ Contracts Costs	$560,000	$1,085,000	$1,085,000	$1,085,000	$1,085,000	$550,000	**$5,450,000**
Other Expenditures	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**
TOTAL	**$590,000**	**$1,125,000**	**$1,125,000**	**$1,125,000**	**$1,125,000**	**$560,000**	**$5,650,000**

BUDGET CONTEXT	**FY 24-25**	**FY 25-26**	**FY 26-27**	**FY 27-28**	**FY 28-29**	**FY 29-30**	**TOTAL**
Administration	$530,000	$1,040,000	$1,040,000	$1,040,000	$1,040,000	$510,000	**$5,200,000**

Evaluation	$60,000	$85,000	$85,000	$85,000	$85,000	$50,000	**$450,000**
TOTAL	**$590,000**	**$1,125,000**	**$1,125,000**	**$1,125,000**	**$1,125,000**	**$560,000**	**$5,650,000**

FUNDING SOURCE	**FY 24-25**	**FY 25-26**	**FY 26-27**	**FY 27-28**	**FY 28-29**	**FY 29-30**	**TOTAL**
Innovation Funds	$590,000	$1,125,000	$1,125,000	$1,125,000	$1,125,000	$560,000	$5,650,000
TOTAL	**$590,000**	**$1,125,000**	**$1,125,000**	**$1,125,000**	**$1,125,000**	**$560,000**	**$5,650,000**

The County is requesting authorization to spend up to $5,650,000 in MHSA Innovation funding for this project over a period of 60 months (5 years). One-hundred percent (100%) of the project will be supported by Innovation funding.

The proposed personnel budget includes a Mental Health Program Specialist position that will monitor all early intervention programs, coordinate with Managed Care Plans, and work closely with the San Mateo BHRS Quality Management team and administrative staff on Medi-Cal billing support for up to fifteen (15) early intervention providers. Personnel costs ($200,000) also support capacity building and make up 3.5% of the total budget.

The remaining 96.5% of the budget ($5,450,000) will be allocated to Consulting and Contracts costs. Contractor expenses will support delivery of the program and include salaries, benefits, training costs, supplies, translational services, and any necessary subcontracts. Approximately 8% ($450,000) of Contract costs are reserved for an independent evaluation contract that will include development of all annual and final reports.

The projected budget does not indicate any costs associated with operations, nor does it contain any non-recurring costs. The County provides additional budget details on page 9-11 of their plan.

It is expected that sustainability of the PIVOT project will be funded through the Behavioral Health Services and Supports (BHSS) component for early intervention and/or the 2% of local BHSA revenue that may be used for administrative costs.

Conclusion

The proposed project, “Progressive Improvements for Valued Outpatient Treatment (PIVOT) – Medi-Cal Billing,” appears to meet the minimum requirements listed under MHSA Innovation regulations.

STAFF ANALYSIS – VENTURA COUNTY

Innovation (INN) Project Name:	**Veteran Mentor Project**
Total INN Funding Requested:	**$2,587,377**
Duration of INN Project:	**3 Years**
BHSOAC consideration of INN Project:	**February 27, 2025**

Review History:

Approved by the County Board of Supervisors:	Scheduled for March 11, 2025
Mental Health Board Hearing:	December 16, 2024
Public Comment Period:	November 18-December 16, 2024
County submitted INN Project:	December 20, 2024
Date Project Shared with Stakeholders:	November 19, 2024 and December 23, 2024

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.*

This Proposed Project meets INN criteria *by 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:

Ventura County Behavioral Health ("County") is requesting 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. For the purposes of this project, the County indicates the term "veteran" refers to both military veterans and first responders.

Behavioral Health Services Act Alignment and Sustainability (see page 12):

The Veterans Mentor Innovation Project aligns with the BHSA's priority of investing in individuals living with or who are currently at-risk of developing a serious behavioral health condition. Due to the high rates of death by suicide for veterans, the County is focusing on this population.

The evaluation will determine the overall success of this project and that will allow the County to elect to continue the program in its entirety or continue certain components of the project. If continued, the County will sustain funding of this project by utilizing Early Intervention funding within the Behavioral Health Services and Supports component of the BHSA.

What is the Problem:

The County states there are limited resources and supports available to individuals who are retiring from military service and/or emergency first responders as they make the transition into civilian life.

Statistics reveal approximately 200,000 individuals retire from the military annually. (US Department of Labor[1]). Those who retire at an earlier age will likely still need employment although they may encounter challenges acclimating into civilian life, including seeking and maintaining employment and the routines within a household. These hurdles may increase feelings of anxiety and stress and can lead veterans to suicidal ideation and death by suicide.

This project was brought to the County from a family member of a veteran who died by suicide. The family member identified many unmet needs facing the veteran population and the need for veterans to connect to their peers in an effort to provide hope, resources, and to bring attention to this matter.

The County provided the following statistics for **2021** *(additional data found on pages 3-4):*

- 559 individuals died by suicide in California who had served in the military (age 18 and older)
- Veterans comprised 14% of all those who died by suicide
- 96% were male
    - Caucasian – 96%
    - Hispanic – 11%

[1] Forecast number of military retirees U.S. 2034 | Statista

For first responders specifically, suicidal ideations and attempts by suicide occur at a higher rate due to the stress they encounter on a daily basis; however, research for this project revealed that no supportive services exist for this population as they transition to civilian life, (police officer/firefighter/paramedic/EMT, etc).

This project aims to provide referrals and support services for both veterans and those leaving their post as first responders by being connected with a mentor who will provide various levels of supportive services depending on the level of need required.

How this Innovation project addresses this problem: (see pages 5-8)

This project will assist veterans in making a smoother transition from service life to civilian life by utilizing peer mentors. The County will establish a referral process and screen individuals who may benefit from this program, including screening and development of a plan toward employment opportunities and mental health wellness.

The County will focus on holistic wellness, identified as the Five Pillars of Wellness:

1. Mental Health
2. Physical Wellness
3. Relationship Wellness
4. Financial Wellness
5. Career Wellness

All veterans who receive services within this project will be screened and will receive services in one of the following tiers, depending on need:

- **Tier One** – Veteran will be placed with a peer mentor for a period of 6-12 months and will entail the following services:
    - Resume review
    - Preparation and training for interviews
    - Social relationship building
- **Tier Two** – Veteran will receive the same services as the previous tier and will also receive these services and supports:
    - Financial support for gym memberships or classes
    - Mental health therapy co-pays
    - Resume writing
    - Clothing for business attire
- **Tier Three** - Veteran will receive the same services as the previous tier and will also receive these services and supports:
    - Coping skills with a focus on overall healing and relationship wellness
    - Additional supports may be provided by higher non-clinical organizations that support veterans such as 22zero, whose mission is to heal and train veterans, first responders using peer-to-peer and holistic interventions (www.22zero.org)
- **Tier Four** – Veteran will receive the same services as the previous tier, with some components being more intensive and may include clinical support services and

residential retreats such as Save a Warrior, Wild Ops, or Mighty Oaks. All of these services are participatory and the decision will be made by the veteran and their family.

The County states that prior mentorship programs have been beneficial and effective and the County hopes to learn if this type of peer-to-peer service will positively impact veterans as they transition to civilian life. Additionally, peers will be able to relate to the challenges the veteran may be experiencing and that familiarity of a peer may provide comfort and understanding at a time of significant change in their life.

Ventura County hopes to serve approximately 200 Veterans over the duration of this project. The large military presence on the two naval bases employ over 16,000 military service members, making the military the largest employer within the County. The County asserts outreach and engagement can be done locally within the County.

The Community Program Planning Process

Local Level

In 2021, Ventura County began working with their community to review innovation criteria and discuss a total of 52 innovation projects that had been submitted. The MHSA Planning Committee is represented by various populations within the community to encourage meaningful and robust stakeholder engagement. Out of the 52 projects reviewed, 5 were selected for continued development, including this proposed project.

The County has addressed how this project aligns with MHSA General Standards by collaborating with other agencies within the County, being culturally sensitive and client/family-driven with a goal of overall wellness (see pages 11-12).

Ventura County's 30-day public comment period was held between November 18, 2024 and December 16, 2024. The plan received Local Mental Health Board approval on December 16, 2024. It is scheduled for Board of Supervisor review on March 11, 2025.

Commission Level

Commission staff shared this project's initial plan with its community partners and the Commission's listserv on November 19, 2024, and comments were directed to County staff. A final project plan was shared with the Commission's community partners and listserv on December 23, 2024.

No comments were received in response to the Commission's final request for feedback.

Learning Objectives and Evaluation:

This project will use an independent evaluator, monitored by the County, to explore the below learning goals. All contracts and service agreements will be monitored by staff employed within this project. Questions that the project hopes to answer include:

1. Does having a Veteran as a mentor provide an easier transition for a service member transitioning to civilian life?
    a. How receptive are veterans to having a mentor linking them to resources?
    b. Did they feel having a mentor helped them follow through with referrals?
2. Will the program lead to successful employment for veterans transitioning to civilian life?
3. How does a mentorship program impact a participant's self-perceived success in life?
4. Will veterans be receptive to mental health services if it is determined additional services are needed?
    a. If so, do they find that having a peer mentor was a key support to that process?

Learning goals will look at how both mentors and veteran mentees impact each other successfully. Additionally, the evaluation will provide data relative to the success of utilizing the peer support model to assist veteran mentees with linkages and resources to support employment efforts.

The evaluation may be derived from data collected from the following: key stakeholder interviews, various self-assessment surveys, tracking of referrals, frequency of attendance and level of participation.

Budget and budget narrative (see pages 14-18):

3 Year Budget	FY 24/25	FY 25/26	FY 26/27	TOTAL
Direct Costs	$ 750,548.00	$ 714,387.00	$ 802,442.00	$ 2,267,377.00
Indirect Costs	$ 110,000.00	$ 105,000.00	$ 105,000.00	$ 320,000.00
			Total Innovation Requested	**$ 2,587,377.00**

Ventura County is seeking up to $2,587,377 in Innovation dollars to fund their Veterans Mentor Project over a three-year project duration. Both direct and indirect costs consist of the following items:

Direct Costs

- Personnel costs total $967,127 (37.4% of total budget) to cover staffing costs for this project, including benefits and salaries
- A total of $743,750 (28.8% of total budget) will cover costs associated with partnering agency subcontracts to support clients (i.e. clothing and transportation)
- Costs for outreach, travel, and presentations total $80,000 (3.1% of total budget)

- Program expenses for leasing office space, office furnishings, and client supports total $430,000 (16.6% of total budget)
- The cost of the evaluation of this project is $46,500 (1.8% of total budget)

Indirect Costs

Overhead costs associated with county fiscal and administrative fees total $320,000 (12.4% of total budget)

Depending on the success of this project, the County may elect to continue the program in its entirety or continue certain components of the project. If continued, the County will sustain funding of this project by utilizing Early Intervention funding within the Behavioral Health Services and Supports component of the BHSA.

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 Ventura County Board of Supervisors before any Innovation Funds can be spent.

AGENDA ITEM 9

Action

February 27, 2025 Commission Meeting

School-Based Universal Mental Health Screening Legislative Report

Summary:
The Commission will hear a presentation and consider adoption of a legislative report on school-based universal mental health screening (SUMHS). Per a 2023-24 Budget Act request, this report presents findings from a landscape analysis of statewide SUMHS policies and practices and a set of recommendations for implementing SUMHS in support of California's broader youth behavioral health initiatives.

Background:
Most mental health challenges begin during childhood or adolescence, affecting as many as one in five U.S. children and youth each year, a number that has steadily increased in the past decade. Identifying and supporting mental health needs early leads to better outcomes, yet on average, a child waits 11 years before receiving services. In the U.S., unaddressed mental health challenges are one of the largest obstacles to learning for K-12 students, and can greatly impact social, educational, and health outcomes later in life. The nation is calling for solutions to address what it is considered a state of emergency for youth mental health, and California is rising to the challenge.

Through historic investments in youth behavioral health services, workforce, infrastructure, and public awareness, California is building an ecosystem of care that prioritizes prevention, early detection, and easy access. The State's approach sees schools as vital touchpoints in this ecosystem and universal mental health screening is an important tool to help schools succeed.

School-based universal mental health screening (SUMHS) is a proactive assessment of all students' mental and behavioral health risks and strengths. Much like the routine health screenings – such as hearing, vision, and fitness – SUMHS aims to identify potential challenges early so students can receive support before such challenges impact their health, behavior, and ability to learn.

The potential benefits are enormous: promoting equity, reducing stigma, increasing access to care, and ultimately, saving lives and dollars. But significant challenges remain. Concerns about school capacity, liability, and stigma have raised questions about how to implement SUMHS responsibly.

For SUMHS to be effective, schools must be equipped with trained staff, community partners, and resources for planning – all elements of a comprehensive school mental health system. Fortunately, California is already laying the groundwork for SUMHS implementation through its existing youth behavioral health initiatives, including BHSSA and its efforts to strengthen partnerships between schools, districts, and county behavioral health.

Project and Report:
Through the 2023-24 Budget Act, the Legislature requested the Commission to conduct a landscape analysis and deliver a report on universal mental health screening for youth, with attention on data, best practices, and costs for implementing screening in K-12 school settings. Working closely with the legislature, the Department of Health Care Services, California's Youth Behavioral Health Initiative, and other state and local partners, the Commission contracted with researchers from the University of California, San Francisco, the University of California, Riverside, and WestED to conduct a robust research and public engagement process to inform its legislative report, *Counting What Counts – Opportunities for School-Based Universal Mental Health Screening*. In this report, the Commission aims to:

- Establish key definitions, concepts, and evidence relevant to SUMHS implementation;
- Summarize findings from public engagement activities and a statewide school survey to describe the landscape of SUMHS practices, perceptions, and barriers in California schools; and
- Present a set of recommendations to guide future budget and policy considerations for implementing SUMHS as part of California's broader youth behavioral health care ecosystem.

Presenter(s): Kali Patterson, Research Scientist Supervisor I, BHSOAC

Enclosures: None

Additional Materials (1): A link to the SUMHS draft report: *Counting What Counts – Opportunities for School-Based Universal Mental Health Screening* is available on the Commission website at the following URL: https://bhsoac.ca.gov/wp-content/uploads/SUMHS-Draft-Report_02272025_DRAFT_ADA.pdf

Handouts (1): PowerPoint Presentation

Proposed Motion: That the Commission approve the School-Based Universal Mental Health Screening Legislative Report.

AGENDA ITEM 10

Action

February 27, 2025 Commission Meeting

Behavioral Health Student Services Act Progress Report to the Legislature

Summary:
The Commission will receive and consider approval of the draft biennial progress report to the legislature on the Behavioral Health Student Services Act (*formerly known as the Mental Health Student Services Act*).

Background:
The Behavioral Health Student Services Act (BHSSA) authorized by Senate Bill 75 as part of the State's 2019 Budget Act, incentivizes partnerships between county behavioral health departments and local education agencies (LEAs) to deliver school-based mental health services to students and their families. The Commission has allocated over $255 million to support school mental health partnerships across the state. Partnerships are in place in 57 of 58 counties, 50 of 58 County Offices of Education, and 440 K-12 school districts.

The Commission is required to provide a biennial progress report to the fiscal and policy committees of the Legislature on implementation of the BHSSA. The report, located in this packet, provides a high-level overview of the roll-out of BHSSA grants and documents what Commission staff have learned through grant administration and monitoring. Staff drafted the report based on information obtained from BHSSA grant partners through meetings, data and report submissions, site visits, and conversations with grantees.

The report's findings and lessons learned are considered preliminary because they are not based on a formal statewide evaluation. Planning for a statewide evaluation has concluded, with implementation scheduled to begin in early 2025, pending Commission approval.

The report offers recommendations on shared leadership and accountability that would accelerate the establishment of comprehensive school mental health systems across California so that every student has access to a continuum of services and supports at school.

<u>Commission Review</u>

The following provides the timeline for the Commission's review of the report.

- *August 22, 2024 Commission Meeting:* Commissioners received a presentation on the draft BHSSA Progress Report and discussed the report's findings and recommendations. Following the meeting, staff worked closely with Commissioners Madrigal-Weiss and Gordon to refine the report based on Commissioner feedback.
- *September 26, 2024 and October 24, 2024 Commission Meetings:* Staff were unable to present the report due to time constraints on the Commission calendar.
- *November 21, 2024 Commission Meeting*: Staff presented the BHSSA Progress Report to the Commission for review and approval. The Commission deferred a vote to approve the report and requested additional time for understanding the external evaluation phases and plan.
- *February 27, 2025 Commission Meeting:* Staff present the BHSSA Progress Report to the Commission for approval.

Presenter(s): Kai LeMasson, Research Scientist Supervisor, BHSOAC

Enclosures: None

Additional Materials (1): A link to the Progress Report to the Legislature is available on the Commission website at the following URL: https://bhsoac.ca.gov/wp-content/uploads/BHSSA-Progress-Report-to-Legislature_FINALDRAFT_ADA.pdf (Note: Report was completed before January 1, 2025 when the MHSSA name changed to BHSSA).

Handouts (1): PowerPoint Presentation

Proposed Motion: That the Commission approve the biennial progress report to the legislature on the Behavioral Health Student Services Act.

AGENDA ITEM 12

Action

February 27, 2025 Commission Meeting

Overview of the California Governor's 2025-26 Budget and Update on Commission Spending Plan for 2024-25

Summary:
Governor Newsom released the 2025-26 budget on January 10, 2025. The Commission will review the proposed budget at the February meeting and have the chance to ask questions.

Each year, the Commission receives a budget update in July and January, along with a presentation on the Governor's proposed budget for the next fiscal year. There's also a budget presentation in May during the Governor's May Revision. These updates aim to promote fiscal transparency and ensure spending aligns with Commission priorities.

The Commission's budget is divided into three categories: Operations, Budget Directed, and Local Assistance.

- Operations: Covers personnel and core operations, including staff salaries, rent, and other expenses necessary for the Commission's work. Funding is usually ongoing, with occasional one-time allocations for specific initiatives.
- Budget Directed: Funds allocated in the Governor's Budget Act for technical assistance, implementation, and evaluation of grant programs. This includes both one-time and ongoing funding spread over multiple fiscal years.
- Local Assistance: The largest portion of the Commission's funding is provided to counties and local partners through grants. This funding can be ongoing or one-time, distributed over multiple fiscal years.

Funding in the Commission's budget can be authorized for a single fiscal year or multiple years, depending on the availability of one-time funds and ongoing budget decisions. The Commission staff will present an update on the mid-year budget and expenditures for consideration.

Presenter(s): Norma Pate, Deputy Director, BHSOAC

Enclosures: None

Handouts: PowerPoint slides and materials will be made available at the Commission Meeting

Proposed Motion: That the Commission approve the revised mid-year spending plan and associated contracts for Fiscal Year 2024-25.

AGENDA ITEM 13

Information

February 27, 2025 Commission Meeting

Innovation Partnership Fund

Summary:
Commissioners will receive information on the Innovation Partnership Fund and hear an update on recent activities and discuss the next steps for defining the program's opportunities, goals, and process for communication with stakeholders.

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.

The BHSA also calls for consultation between the California Health and Human Services Agency and the State Department of Health Care Services in planning for the use of the Innovation Partnership Fund. It also states that the Commission shall consult with the California Department of Public Health if the Commission utilizes the innovation funding for population-based prevention. The Department of Health Care Access and Information shall also be consulted if funds are utilized for workforce innovations.

Commissioner Steve Carnevale has been working with the University of the Pacific McGeorge School of Law to begin planning for the Innovation Partnership Fund. The University of the Pacific has been contracted to conduct community outreach on potential uses of the Innovation Partnership Fund.

Presenter(s): Will Lightbourne, Interim Executive Director, BHSOAC
Steve Carnevale, Commissioner, BHSOAC

Enclosures: None

Handouts (2): (1) Innovation Partnership Fund Background; (2) University of the Pacific White Paper #1

Proposed Motion: None

AGENDA ITEM 14

Action

February 27th, 2025 Commission Meeting

Behavioral Health Student Services Act Evaluation

Summary:
The Commission will receive and consider approval of a contract for up to $4 million for phase 2 of the Behavioral Health Student Services Act Evaluation (*formerly known as the Mental Health Student Services Act*).

Background:
The Commission awarded Behavioral Health Student LEA partners. BHSSA legislation allows for flexibility in grant programs if they meet BHSSA goals. Thus, local partners use BHSSA grant dollars to create solutions tailored to the needs of students, communities, and gaps in service delivery. There is considerable variation in BHSSA activities and services, target populations, and reach across the county.

To select an external partner to conduct the statewide evaluation of the BHSSA, the Commission invited five highly qualified evaluation firms to submit proposals. These submissions were scored by PhD-level Commission staff, after which the two highest scoring firms were asked to submit detailed budget proposals for Phase 1 and 2 of the evaluation. These budgets were then assessed and scored by Commission staff. Based on scores from this two-step scoring process, the Commission selected WestEd, a national leader in research, development, and technical assistance.

The evaluation BHSSA Evaluation Project was designed to be conducted in two phases:

(1) Phase 1 entailed a robust planning process grounded in community engagement that resulted in a feasible and meaningful plan to evaluate the BHSSA; and
(2) Phase 2 involves implementation of the plan to evaluate the BHSSA and dissemination of findings and lessons learned as they become available.

Between June 2023 and October 2024, Commission staff and WestEd collaborated in a planning process to design the BHSSA evaluation (Phase 1). Robust community engagement was at the center of the planning process and included over 30 listening sessions and a Youth

Advisory Group that informed the development of an evaluation plan that includes a theory of change and logic model, evaluation questions, methodology and metrics.

Now that the Phase 1 evaluation planning process is complete, WestEd is poised to implement the BHSSA evaluation plan in Phase 2 with the Commission's approval.

Presenter(s): Melissa Martin-Mollard, PhD Chief of Research and Evaluation

Enclosures (1): Overview of the BHSSA Evaluation

Additional Materials (1): A link to the BHSSA Draft Evaluation Plan is available on the Commission website at the following URL: https://bhsoac.ca.gov/wp-content/uploads/BHSSA-Draft-Evaluation-Plan_ADA.pdf

Handouts (1): PowerPoint Presentation

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

Mental Health Services
Oversight & Accountability Commission

OVERVIEW OF THE MENTAL HEALTH STUDENT SERVICES ACT EVALUATION

This document provides an overview of the evaluation of the Mental Health Student Services Act (MHSSA). In June 2023, the Commission partnered with WestEd to plan and conduct the evaluation, which is being completed in two phases:

Phase 1: Evaluation Planning. The Commission and its evaluation partner WestEd collaborated on a robust evaluation planning process, grounded in community engagement, that resulted in a feasible and meaningful plan to evaluate the MHSSA (presented below).

Phase 2: Evaluation Plan Implementation and Dissemination. The Commission and WestEd will implement the plan to evaluate the MHSSA and disseminate findings and lessons learned on a regular basis as they become available.

PHASE 1: EVALUATION PLANNING

The MHSSA Evaluation planning process took place between June 2023 and October 2024. During this time, the Commission and WestEd have made significant investments in community engagement activities to foster trust, solicit feedback, collaborate, and codesign the evaluation with partners. Activities were designed to solicit feedback on deliverables including a community engagement plan, theory of change and logic model, evaluation questions and metrics, and a draft evaluation plan.

The following briefly summarizes the activities and events that occurred during the evaluation planning process. The Commission and WestEd:

- Held six MHSSA Evaluation Workgroup meetings to engage subject matter experts and the public.
- Held over 30 Listening Sessions with diverse community partners including students, parents, educators, mental health providers, and others.
- Established a Youth Advisory Group comprised of 16 youth from diverse backgrounds to guide evaluation planning.
- Presented at MHSSA Collaboration meetings.

A principal insight from those activities is that partners value having a voice in the evaluation process and are committed to ongoing collaboration.

In addition, several methodological constraints and priorities emerged from community engagement with partners during the MHSSA Evaluation planning phase. Each MHSSA grantee has taken a unique approach to funding services and supports that address student mental health needs and improve student wellbeing. This is because the MHSSA provides critically important flexibility for grantee partners to innovate. However, this flexibility

introduces methodological challenges in evaluating the statewide implementation of a heterogeneous set of MHSSA-funded activities and services.

An additional challenge for this evaluation's design relates to the timeline of MHSSA implementation versus that of the evaluation. The MHSSA Evaluation planning process began after grants were awarded. MHSSA local implementation has been underway since the first phase of funding in 2020. This timeline presents constraints on the methods that can be used, particularly quantitative research methods that require a baseline comparison.

PHASE 2: EVALUATION PLAN IMPLEMENTATION AND DISSEMINATION

The MHSSA Evaluation Plan has been designed to measure how this early and substantial statewide investment has impacted interagency collaboration and transformational systems change to ultimately support schools in becoming centers of wellbeing and healing. The Evaluation has been codesigned by WestEd, the Mental Health Services Oversight & Accountability Commission (the Commission) and a broad group of community partners to ensure that the Evaluation reflects diverse community perspectives.

Community engagement activities will be embedded throughout implementation of the evaluation. WestEd's engagement strategy will build upon previous community engagement efforts in Phase 1 to include youth empowerment, youth-facilitated data collection, and ongoing partner collaboration.

The evaluation will be implemented between November 2024 and June 2027, and the scope of work includes four key evaluation components.

1. Contextual Descriptive Analyses
2. Process and Systems Change Evaluation
3. Grantee Partnership Case Studies
4. Implementation and Impact School Case Studies

The following table provides a brief description of the four proposed methods for evaluating the MHSSA. The table also includes community engagement feedback from the planning phase (Phase 1) that informed each component of the evaluation.

Evaluation Components	**Community Engagement Feedback**
<u>1. Contextual Descriptive Analyses</u> The current state of the mental health and wellbeing of students in California will be described by county and include exploration of school, district, and community characteristics that are related to students' mental health and wellbeing.	Grant and community partners stated that it was critical to understand and measure variation in student mental health across different regions and populations.

2. Process and Systems Change Evaluation The evaluator will conduct a statewide evaluation to understand implementation of MHSSA and how it has brought about systems change. The evaluation includes collecting survey data from all grantees on their partnerships, implementation of MHSSA-funded activities and services, community strengths/needs, other school mental health initiatives, and outcomes. The evaluation will be designed to provide grantees with useful feedback that can support their local planning and programming efforts.	Grant and community partners shared that they would like to engage with meaningful and useful data through the MHSSA Evaluation. They wanted to use evaluation findings to share successes and challenges they have encountered. They emphasized the importance of collecting data that would be used not only to satisfy reporting requirements but also to support continuous improvement.
3. Grantee Partnership Case Studies The evaluator will conduct case studies with 10 county behavioral health and education grant partners to contextualize and describe how school communities across the state are reimagining systems change through local incentivized partnerships to build comprehensive and effective school mental health systems.	Grant and community partners emphasized that MHSSA is unique because it incentivizes interagency partnerships. They are proud of the work they do and want to demonstrate how LEAs and county behavioral health departments are "better together."
4. Implementation and Impact School Case Studies The evaluator will conduct case studies of 12 MHSSA-funded schools that will explain the impact of MHSSA-funded activities and services, and school mental health system changes on school and student outcomes. It will also explore intervention conditions and describe MHSSA implementation in the context of each participating school.	Grant and community partners expressed an interest in understanding the school-level mental health system in which MHSSA-funded activities and services were implemented so that they could assess the extent to which different approaches may apply in their own school-level mental health systems.

Next Steps

If approved by the Commission, the MHSSA Evaluation will be implemented beginning in February 2025. As the evaluation unfolds, the Commission and WestEd will publicly disseminate findings as they emerge. It is our goal to keep community partners informed and produce findings and lessons learned on a regular basis that can be incorporated into school mental health planning and practice.

AGENDA ITEM 15

Action

February 27, 2025 Commission Meeting

Full-Service Partnership Legislative Report

Summary:
California's Full Service Partnership (FSP) programs are recovery-oriented, comprehensive services targeted to individuals who are unhoused or are at risk of becoming unhoused, and who have a severe mental illness, often with a history of criminal justice involvement and repeat hospitalizations. FSP programs were designed to serve people in the community rather than in locked state hospitals. FSPs provide services across the lifespan including children, transition aged youth, adults, and older adults. A unique component to FSPs is that services are available 24/7 and can include therapy, assistance planning, transportation to medical appointments, housing assistance, and more. On the continuum of care, FSPs employ a "whatever it takes" approach with a focus on resiliency and recovery.

SB 465 (2021) charges the Commission with biennial reporting to the legislature on the performance and impact of FSPs. The passing of Prop 1 reinforces the role of FSPs as a critical component of California's behavioral health continuum of care. FSPs represent a "whatever it takes" model to support, sustain, and improve the life outcomes of people with serious mental illness. Initially designed to be an alternative to locked residential facilities, FSPs are community-based, outpatient support systems meant to develop and sustain independence and connection to social systems, including education and employment. When carried out fully and with efficacy, FSPs can reduce costs, improve the quality and consistency of care, enhance outcomes, and most importantly save lives. Despite their immense potential to reduce homelessness, incarceration, and hospitalization across the state, FSPs experience challenges with workforce access, quality, and performance management.

The FSP report to the legislature is constructed in two parts. Part 1 provides an overview of FSPs, and examines the data collection, reporting, and monitoring done by FSP and county staff to meet the needs of clients and comply with existing mandates. A key component to this evaluation is examining the role of the Data Collection Reporting (DCR) system managed by the Department of Health Care Services (DHCS) and providing possible solutions to improve data accuracy and transparency, while reducing the administrative burden. Part 2 provides a comprehensive

overview of clients served by FSPs including age, race/ethnicity, gender, place of birth, and experiences of homelessness. It also examines service usage and outcomes, such as crisis service utilization, inpatient psychiatric hospitalization, and emergency department visits. The report does not provide information on clients' incarceration, probation, or recidivism prior, during, or after FSP partnership due to data sharing lags with the Department of Justice (DOJ).

Background and Context:

Senate Bill (SB) 465 directs the Commission to provide biennial reports to the Legislature on the operations of FSPs and recommendations on improving outcomes for FSP clients. Specifically, the Commission must report on:

- Criminal justice involvement; housing status or homelessness; hospitalization, emergency room utilization, and crisis service utilization for those eligible for an FSP.
- Analyses of separation from a FSP and the housing, criminal justice, and hospitalization outcomes for the 12-months following separation.
- An assessment of whether those individuals most in need are accessing and maintaining participation in a FSP or similar programs.
- Identification of barriers to receiving the data relevant to the report requirements and recommendations to strengthen California's use of FSPs to reduce incarceration, hospitalization, and homelessness.

Commission Efforts to Date

- The Commission approved its first report to the legislature in January 2023. This report identified three primary concerns. First, that the State faced significant data quality challenges that impeded the assessment of the effectiveness of FSPs. Second, despite regulatory requirements, counties did not appear to be allocating mandatory minimum funding levels to support FSP programs. Third, the State had not established sufficient technical assistance to ensure the effectiveness of FSP programs and support improved outcomes. During the January Commission meeting, at which the FSP report was approved for adoption, FSPs were identified as a key priority by the Commission.
- In April 2023, the Commission heard two panel presentations on FSPs. The first described the history and promise of FSPs, included a consumer perspective, and provided an overview of current efforts to establish best practices for the model. The second panel included representatives from county behavioral health agencies and FSP providers to share their perspectives on systemic challenges and opportunities for improvement statewide.

- In February 2024, the Commission approved setting aside $20 Million in Mental Health Wellness Funds towards a technical assistance and capacity building strategy to improve service delivery and outcomes for Full-Service Partnerships.
- In May 2024 the Commission heard from a panel of research partners, a representative from DHCS, and a County Behavioral Health Director on recent efforts to drive improvement in service delivery and partner outcomes.
- In August 2024, the Commission approved a plan for $10 million (of the $20 million previously set aside) in MHWA funds towards value-based contracting and performance management, and improved service delivery. This plan was informed by the findings of our extensive engagement and research efforts as presented in previous Commission meetings and in our draft report to the legislature.

In addition to these touchpoints to the Commission in public meetings, staff have done extensive community engagement to better understand the needs of counties to drive the kind of systemwide improvement necessary to move the needle on hospitalization, homelessness, and incarceration for Californians with serious mental illness. This included: 1) conducting deep dives of current contract management practices with several counties; 2) hosting numerous listening sessions, focus groups, and interviews to better understand FSP service delivery; and 3) fielding a statewide survey of county behavioral health staff to identify ways to improve outcomes for FSP partners. In addition, we have conducted site visits to multiple adult FSPs and to a youth FSP.

The findings and recommendations of these extensive efforts are detailed in the report and include:

1) **Statewide Data Infrastructure:** The existing DCR system under DHCS jurisdiction is not sufficient for capturing accurate, high-quality data necessary for statewide accountability and transparency of FSPs. The Commission recommends that the existing DCR system be replaced or overhauled to have the following features at its core: functionality, customization, brevity, and interoperability.

2) **Performance Management:** Most counties are not currently engaged in substantive performance management practices. The Commission recommends launching a statewide learning community where county behavioral health staff and providers can gain greater knowledge of the potential benefits of performance management for their teams and better understand the resources necessary to undertake performance management with fidelity.

3) **Outcomes-Based Contracting:** The current contracting practices between counties and providers do not place a strong enough focus on outcomes, particularly client specified outcomes. The Commission's recommendation is for counties to include performance

metrics into their future contracts with service providers, specifying what success looks like and provide more substantial financial incentives for improved client outcomes.

4) **Funding:** Contracted providers shared their confusion around how to maximize FSP dollars, including what services were billable and to whom. The Commission suggests strong technical assistance and training for counties and service providers on maximizing FSP dollars under new Prop 1 changes.

5) **Service Delivery Models**: Most service providers would benefit from increased structure in both process and approach to service provision. Guidance on what service delivery models are best suited to particular populations, and best practices within these models, could go far. It is our recommendation that the state develop and disseminate clear service model guidelines for FSP programs statewide.

6) **Staffing and Resources:** FSP providers repeatedly called for solutions to address persistent staff shortages and guidance on how to better leverage current staff resources. Training and capacity building alone will not be sufficient to alleviate the current strain on FSP providers or alleviate the resulting turnover. The Commission suggests the state invest significant resources in identifying scalable solutions that can widen the workforce pipeline, incentivize retention of current providers, and increase use of peers in the workforce.

Presenter(s): Kallie Clark, PhD, MSW, Research Supervisor, BHSOAC

Enclosures: None

Additional Materials (1): A link to the DRAFT 2025 Full Service Partnerships Legislative Report is available on the Commission website at the following URL: https://bhsoac.ca.gov/wp-content/uploads/FSP_Legislature_Report_Final_Draft_ADA.pdf

Handouts (1): PowerPoint presentation

Proposed Motion: That the Commission adopt the 2025 Full Service Partnership Report to the Legislature.