

Senate Bill 1004 authorizes the Commission to establish priorities for the use of local MHSA PEI funds. The Commission has also heard guidance from many perspectives regarding what new priorities should be and how they should be identified and implemented. To better understand these opportunities, the Subcommittee would like to hear perspectives of the CLCC. The following questions are intended to help guide these discussions:

- 1) SB 1004 reflects the tension between establishing statewide priorities and supporting counties to tailor their investments to meet local needs. Recognizing this tension allows the Commission to identify priorities to guide investments while preserving funding flexibility at the local level. To what extent should prioritization of PEI be happening at the local versus state level to maintain a fair and effective balance?
- 2) Among the long list of recommended priorities, some target populations such as non-college bound TAY or LGBTQ+ communities, some are focused on programmatic priorities such as relapse prevention, others are focused on topical areas such as avoiding criminal justice involvement. How can the Commission best sort through these priorities as this work unfolds?
- 3) The Commission has received guidance to do more to address growing mental health disparities. For example, the CLCC recommends that that Community Defined Evidence Practices (CDEPs) be added as a priority for PEI funding.
 - a. How can the Commission best promote effective strategies to address disparities? For example, are state priorities the best way, or should it be incentive funding? Should the Commission focus on prioritizing investments to reduce disparities, or is the guidance limited to CDEPs?
 - b. How could the Commission support implementation of CDEPs? Is there shared agreement about what constitutes community-defined evidence? Is there an inventory of existing CDEPs and who is responsible for such designation? What kind of support would counties need to be successful?