



WELLNESS • RECOVERY • RESILIENCE



Mental Health Services
Oversight & Accountability Commission

Commission Teleconference Meeting March 23, 2023 Presentations and Handouts

<u>Miscellaneous:</u>	•Handout	Vision for Transformational Change MHSOAC 2020-2023 Strategic Plan Scorecard
	•Handout	2023 Commission Meeting Dates (Tentative)
<u>Agenda Item 6:</u>	•Presentation:	Mental Health Student Services Act Grant Program Update
<u>Agenda Item 7:</u>	•Presentation:	Children and Youth Behavioral Health Initiative
<u>Agenda Item 9:</u>	•Presentation:	Well and Thriving: Advancing Prevention and Early Intervention
	•Handouts:	Position Letters on PEI Report

VISION FOR TRANSFORMATIONAL CHANGE

MHSOAC 2020-2023 Strategic Plan Scorecard

February 15, 2023

Purpose: The Commission’s 2020-2023 Strategic Plan establishes the imperative to deploy the Mental Health Service Act in ways that transform care and services to improve population level mental health. The plan articulated three high level goals and numerous specific objectives that reflect the Commission’s emerging model for catalyzing transformational change and the specific initiatives and projects designed to improve elements of the mental health system and, over time, public outcomes. This scorecard provides a highly simplified means for tracking and characterizing progress toward each objective.

Limitations and additional details: The initiatives and projects associated with these objectives involve numerous activities and many of the projects incur challenges that must be addressed to maintain progress. Those details are not reflected in this scorecard and will be incorporated into a more comprehensive status report in early spring 2023 that is intended to help the Commission and the public understand the progress and the challenges in more detail. The Commission also has initiated projects since the Strategic Plan was adopted and are not reflected in this scorecard. That status report will include all of the Commission’s projects and will detail accomplishments, short-comings and learnings, which can inform the Commission’s deliberations in developing the 2024-2027 strategic plan.

Definitions

- **Green** means overall the project is progressing as expected toward the anticipated output. It does not mean that a project is complete. Green also does not mean that the Commission – nor the public mental health system – has achieved the needed improvement in services and population-level mental health.
- **Yellow** means that the project faces challenges that have stalled progress and have not been adequately resolved. Yellow indicates a need to modify project plans to restore progress toward the anticipated output.
- **Red** means the project faces challenges that have stalled progress. Those challenges require a significant restructuring of the project, including a reconsideration of the anticipated output.

Strategic Plan Scorecard		
Goal / Objective	Progress	Status
<p><u>Advance a Shared Vision</u> Strategic goal 1: The Commission will advance a shared vision for reducing the consequences of mental health needs and improving wellbeing – and promote the strategies, capacities and commitment required to realize that vision.</p>		
<p>1a. Promote school mental health as a prime opportunity to reach and serve at-risk children, families and neighborhoods.</p>		
Implement the Mental Health Student Services Act, including working with grantees to capture learnings, improve efforts and achieve system-scale sustainability.	Commission has allocated nearly \$300 million to 57 counties. Commission has been funded and is initiating an evaluation of MHSSA.	
Advance the principles and recommendations in the Commission’s school mental health report by guiding legislation, future state investments and community partnerships	Commission is developing a technical assistance strategy for county-school partners.	
<p>1b. Develop and advance a strategy for aligning public and private resources and actions toward the prevention and early intervention of mental health needs.</p>		
As directed in SB 1004, distill and disseminate knowledge on how mental health issues can be prevented, detected early and addressed at population scale.	Draft Prevention and Early Intervention report has been approved by the study subcommittee and will be considered for adoption by the Commission at its February meeting.	
Integrate a robust monitoring strategy for prevention and early intervention spending into the Commission’s review of county reporting documents and the Commission’s Transparency Suite.	A draft implementation plan for the Prevention and Early Intervention report outlines potential opportunities for monitoring PEI funding, including technical assistance strategies to enhance county data collection and reporting.	
Improve technical assistance and related activities to more effectively build capacity at the community level to coordinate resources and services to improve outcomes.	To reduce disparities in mental health risk, services, and outcomes, the Commission promoted strategies to strengthen community participation, increase economic opportunity and health equity, and promote mental health awareness, routine screening, and care integration. Best practices for PEI funds were clarified and promoted.	

Communicate the potential to prevent mental health issues to public and private sector decisionmakers.	Partnered with Ken Burns to produce and promote: <i>Hiding in Plain Sight</i>	
1c. Establish and promote the adoption of voluntary standards for the workplace to reduce stigma, increase awareness, and guide strategies to support mental health and wellness.		
As directed by SB 1113, and in consultation with employers, employees and other stakeholders, develop voluntary standards for adoption by private and public sector employers.	Draft workplace mental health report was publicly released in December. More than 300 people and 85 employers participated in the process.	
Develop and propose an implementation strategy, including ways to promote, support and evaluate programs to document costs, benefits and opportunities for improvement.	The Commission will consider Implementation Opportunities at its February 2023 meeting.	
<u>Advance Data, Analytics and Opportunities to Improve Results</u> Strategic goal 2: The Commission will advance data and analysis that will better describe desired outcomes; how resources and programs are attempting to improve those outcomes; and, elevate opportunities to transform and connect programs to improve results.		
2a. Further develop the Transparency Suite at MHSOAC.CA.GOV to capture more detailed information that is easier to find and interpret.		
Work with state and county agencies to capture accurate and consistent fiscal, program and outcome data from revenue and expenditure reports, three-year plans, annual updates, annual and three-year PEI evaluation reports, and innovation plans and final reports.	Analyzed county plans and determined the quality of data does not allow for meaningful understanding of programs, outcomes and impacts across race and ethnicity. Established an evaluation plan for completed innovation projects to capture learning and inform the Innovation Implementation Plan. Published Fiscal Transparency Suite on a quarterly basis to track spending of counties. Published dashboards related to FSP, CSI, innovation, and other MHSOAC elements.	
Deploy the technology so information can be efficiently integrated into the system and easily found by stakeholders who want the information to design, manage or evaluate policies and programs.	User forums were conducted to understand what information would be most helpful to peers, family members, program managers and advocates at community and stat levels. Dashboards have been created, per above. The value of the dashboards is limited by the quality of data available.	

2b. Refine the Commission’s management of county-level information to better inform decision-making by state and county policymakers and administrators.		
Better manage county-level data – including the county reports listed above, as well as Full Service Partnership and client service information – to accelerate the transfer of knowledge and strengthen the capacity of counties to design, build and manage more accessible and cost-effective services.	Fiscal information updated annually, which informed legislation on reversion. Leveraged spending data on INN plans to encourage participation in INN-focused learning collaboratives. Initiated Full Service Partnership reporting, per SB 465. Data mapping project to understand data sources, barriers, opportunities.	
2c. Further develop the Commission’s capacity to aggregate and integrate cross-system data, including data regarding health and mental health, education, employment and criminal justice to assess system performance and identify opportunities for improvement.		
Acquire and curate data from all relevant state agencies, including the departments of Education, Employment Development, Justice, Social Services and State Hospitals, and the Office of Statewide Health Planning and Development.	Matched DOJ and CSI data to assess impact of FSPs on reducing criminal justice involvement, increasing focus on improving FSPs. Have secured data use agreements with: DOJ, DHCS, CDE. HCAI (formerly OSHPD), CDPH, and EDD. Have used linked dataset to explore data for suicide prevention initiative. Exploring linked dataset for MHSSA evaluation.	
Collaborate with other state-level efforts to integrate and deploy data to improve state policies, resource allocation, and access to services and outcomes, including the Governor’s proposed Center for Data Insights and Innovation.	Contract with WestEd for MHSSA evaluation has explicit deliverable around alignment with other statewide efforts. Meet regularly with the Council on Criminal Justice and Behavioral Health to align data efforts.	
Catalyze Improvement in Policy and Practice Strategic goal 3: The Commission will catalyze improvement in state policy and community practice by (1) providing information and expertise; (2) facilitating networks and collaboratives; and, (3) identifying additional opportunities for continuous improvement and transformational change.		
3a. Support and evaluate multi-county collaboratives striving to improve data analysis, the transfer of knowledge, and the management capacity required to improve results.		
Support the Full Service Partnership pilot to identify ways to improve this significant investment in addressing serious mental illness.	Pilot completed and new legislation directed the Commission to evaluate and promote improvements in FSPs as comprehensive approach to reduce homelessness and other negative outcomes.	

Support the Early Psychosis pilot to advance the transfer of knowledge and capacity building for more effective detection and response to early experiences with mental health issues.	Secured funding. Expanded the number of providers offering evidence-based care. Established multi-partner learning collaborative. Secured eligibility of CSC in EDP/CDEP funding.	
Complete and oversee the projects of the Innovation Incubator and document the value of efforts to form and support collaborations to address specific issues.	More than 20 counties participated in learning collaboratives to improve data and FSPs, crisis management, and PADS. Assessed and improved Commission's support for quality Innovation plans	
3b. Support implementation of Striving for Zero, the State's suicide prevention plan for 2020-		
Work with the Governor, the Legislature and community leaders to establish an Office of Suicide Prevention, expand training resources, better integrate suicide prevention services into health care setting, and encourage the renewal of community prevention plans.	Worked to establish Office of Suicide Prevention in the Department of Public Health. Delivered 26 virtual training sessions on suicide risk to 1,400 school personnel. Provided technical assistance to 35 counties. Partnered on Words to Deeds convening on 988. Worked to establish Suicide Prevention Tax Check-off.	
3c. Support youth-led efforts to advance and expand practices for consumer-led and consumer-centric services and expand access to youth-focused services.		
Support the Youth Innovation Committee in developing practices that engage youth in the design, delivery and evaluation of services; encourage counties to adopt practices.	Involved youth in INN improvement project. Recruited youth to testify. Provided scholarships for youth to participate in community forums. Supported Anti-bullying Advisory Committee.	
Distribute funds to expand Youth Drop-In centers to improve access to care for young people	Provided Covid 19 relief funding. Developed alcove Drop-in Center pilot program.	



2023 Commission Meeting Dates (Tentative)

At its January meeting the Commission identified four priorities: Data/Metrics, Full-Service Partnerships, the Impact of Firearm Violence, and Strategic Planning. The draft calendar below reflects efforts to align the Commission meeting schedule with those priorities. All topics and locations subject to change.

Dates	Locations	Priority*
January 25-26th	Riverside	2020-2023 Strategic Plan Review and 2023 Priorities
February 23rd	Sacramento	Report Presentations: <ul style="list-style-type: none"> • Workplace Mental Health • Prevention and Early Intervention
March 22-23rd	San Diego/Imperial	3/22 -MHSSA Site Visit 3/23 -MHSSA Update and Technical Assistance Plan
April 26-27th	Sacramento	4/26 -Full-Service Partnership (FSP) Site Visit 4/27 -FSP Presentation and Panel Data Discussion
May 24-25th	Los Angeles	5/24 -Firearm Violence Site Visit 5/25 -Firearm Violence Project Panel
June	(no meeting)	
July 27th	TBD	Strategic Planning
August 24th	TBD	Pending
September 28th	TBD	Strategic Planning
October 26th	TBD	Data Discussion Firearm Violence
November 16th	TBD	Pending
December	(no meeting)	

*NOTE: The Priorities listed are not the only agenda items under consideration for each month.



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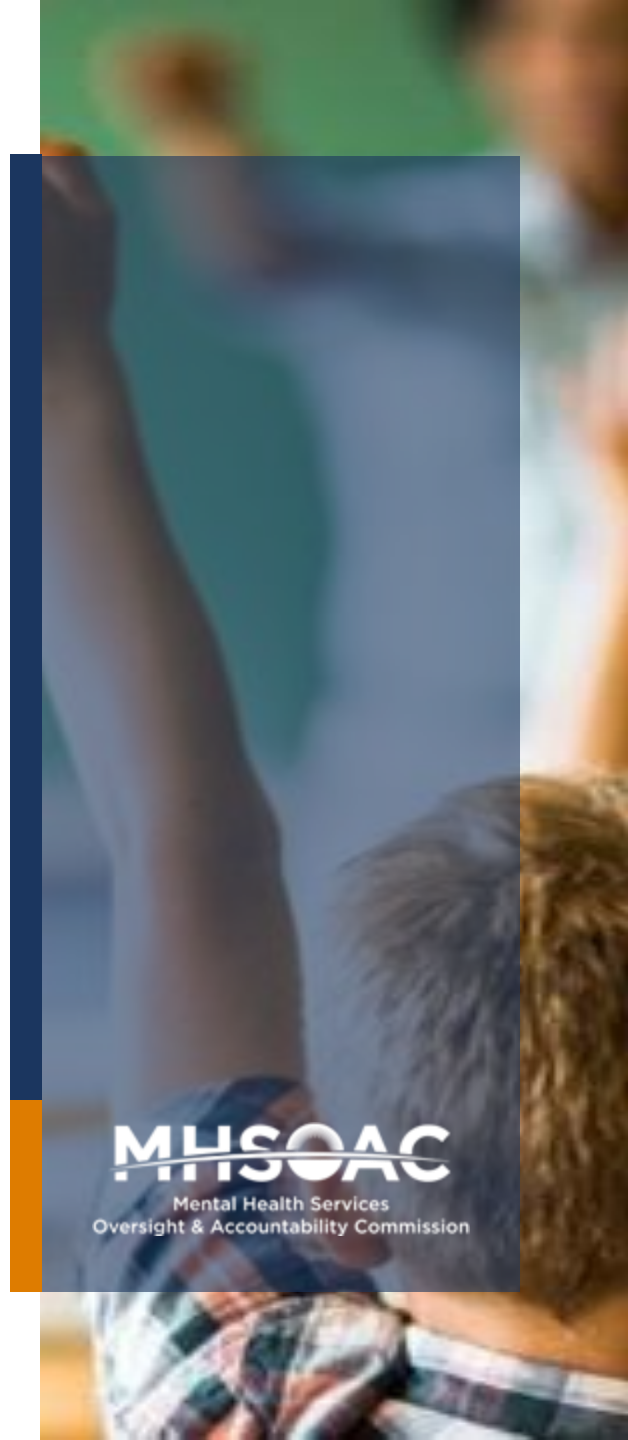
Mental Health Student Services Act Grant Program Update

March 23, 2023

Through the establishment of the Mental Health Student Services Act (MHSSA), California made a historic investment in school mental health with a vision of establishing schools as centers of wellness.

MHSSA builds and strengthens partnerships between county behavioral health agencies and local education agencies to deliver a continuum of school-based mental health and wellness services to young people and their families.

These partnerships are an important step in strengthening the relationship between schools and mental health and are in alignment with other state initiatives around youth wellbeing.



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Building and Strengthening Partnerships

“

One of our rural districts had several student deaths over the summer and needed to augment their crisis and counseling services available during the first two weeks of school. The [MHSSA] partnership supported this district by allocating some staff from a service provider in a different catchment area to go to the affected school to provide on-site support to students and staff during the first two weeks of school.”

— YOLO AUGUST 2022 MONTHLY CHECK-IN

MHSSA grants **build and strengthen partnerships** across behavioral health, education, and the community.



57

county behavioral health departments out of 58 counties



50

county offices of education/county superintendents of schools out of 58 counties



440

districts out of 1,021 districts statewide



2,161

K-12 schools out of 10,558 schools statewide



221

charter schools out of 2,164 schools statewide



39

community-based organizations and other partners

A group of four diverse young adults (two men and two women) are sitting together on a wooden bench, smiling and laughing. The man on the far left is wearing a red and black plaid shirt. The man next to him is wearing a green and black striped sweater. The woman in the center is wearing a blue and white striped cardigan. The woman on the far right is partially visible, wearing a pink top. The background is a plain, light-colored wall.

Creating Tailored Solutions

“

The Wellness Center gives me a place to feel like I belong.”

— VENTURA STUDENT

Local MHSSA partnerships use their grant dollars for **solutions tailored to the needs of their students** through enhancing systems and services including:





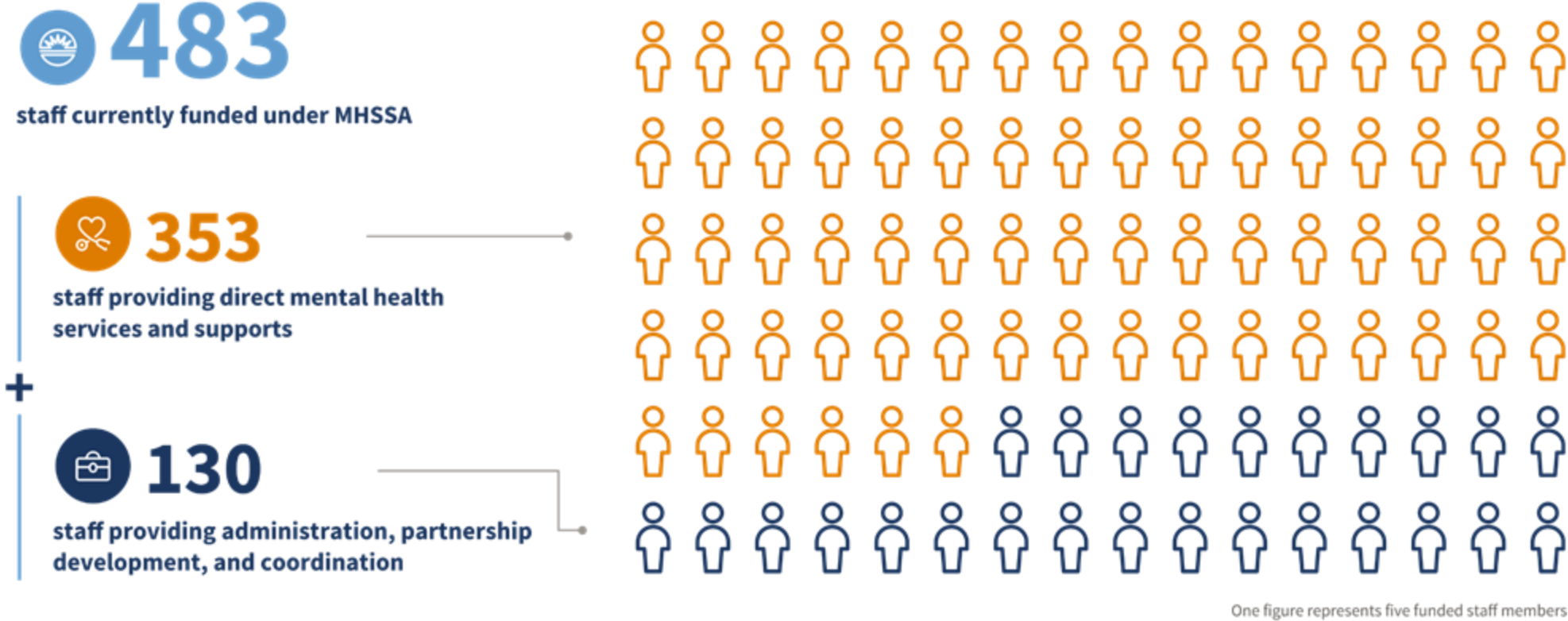
Hiring and Training Staff

“

We are so grateful for your training that has helped us build capacity at our school sites to enable our teams to respond to crisis.”

— ORANGE COUNTY DISTRICT LEAD

MHSSA grants can be used to **hire and train staff** to provide services.





Expanding Student Access

“

The team has been supporting a student and mom with services... The family has received a Section 8 voucher for housing and the student has been meeting with a clinician regularly and the family has currently been linked to Youth For Change for long-term services.”

— SUTTER AND YUBA
COUNTY GRANTEE

MHSSA has significantly expanded the number of California students **able to access mental health and wellness services.**



2,161

MHSSA partnership schools out of
10,558 schools statewide



1.2+ million

Students enrolled in MHSSA partnership
schools out of 5.8 million students statewide

A woman with dark hair, wearing a bright pink cardigan over a dark top, is seated and smiling warmly while talking to others. She is holding a white coffee cup. In the background, there is a brick wall and a whiteboard with several colorful sticky notes. To her left, the back of another woman's head and shoulders is visible. To her right, the back of a person wearing a blue hoodie and a white sweater is visible.

Meeting Student and Parent Need

“

I joined the Fear is Love Class which has changed my parenting skills drastically...Please keep this program going... I AM FOREVER GRATEFUL.”

— HUMBOLDT COUNTY PARENT

MHSSA partnerships reach **students who need support.**



60%

Percentage of students eligible for **Free or Reduced Price Lunch (FRPL)** potentially reached by MHSSA



10,000+

Number of **foster students** enrolled in schools engaged in MHSSA partnerships

FRPL eligibility ranged from 10% to 100% across all districts reached.
Full county list available, as well as percentages for free lunch only, and free/FRPM for ages 5-17 only.

Thank you

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BEVRS
★★★★

Creating Opportunities in Preventing & Eliminating Suicide (COPES)

MHSOAC Meeting

March 23, 2023

Heather Nemour

*Coordinator, Student Wellness
& School Culture*



MHSSA Grant in San Diego County

16 School Districts
13 Single Site Charter Schools
5 Multi-Charter School Organizations

Over 460 Schools

334,600 Students

MHSSA Grant Goals & Objectives

Suicide Prevention, Intervention & Postvention

Policy to Practice

Screenings/Assessments

Data Collection

Trainings

Mental Health Promotion & Stigma Reduction

Trainings

Resources/Tools

Student Programming

Staff, Student & Caregiver Wellness

School Mental Health Referral Pathways

Multi-year process

Needs Assessment

Resource Mapping

Build Partnerships

Comprehensive Needs Assessments

**Suicide
Prevention,
Intervention &
Postvention**

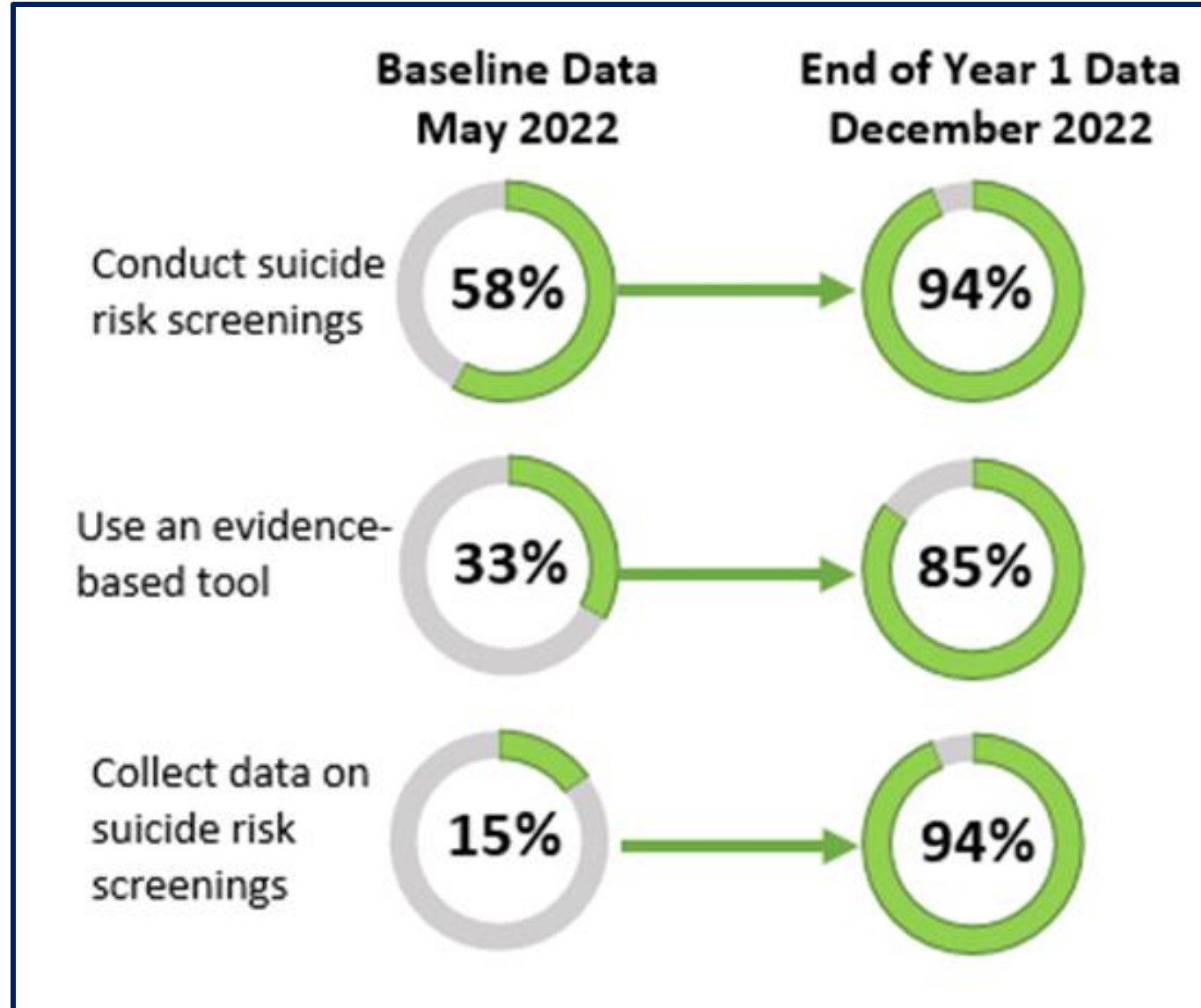
**Mental Health
Services and
Supports for
Students**

**Mental Health
Promotion**

Peer Engagement

**Student Mental
Health Referral
Processes**

Year One Successes



Technical Assistance Priority Areas

SDCOE can support other counties in the areas of:

- Suicide risk screenings and data collection
- Suicide intervention (Policy to Practice Toolkit)
- Comprehensive needs assessment
- Using data to inform programming
- Capacity building

SDCOE areas of possible TA support needed include:

- Coordinated referral pathways
- Coordinated crisis response
- Sharing information across LEAs for students with suicide ideation as they transition

Questions or Comments?



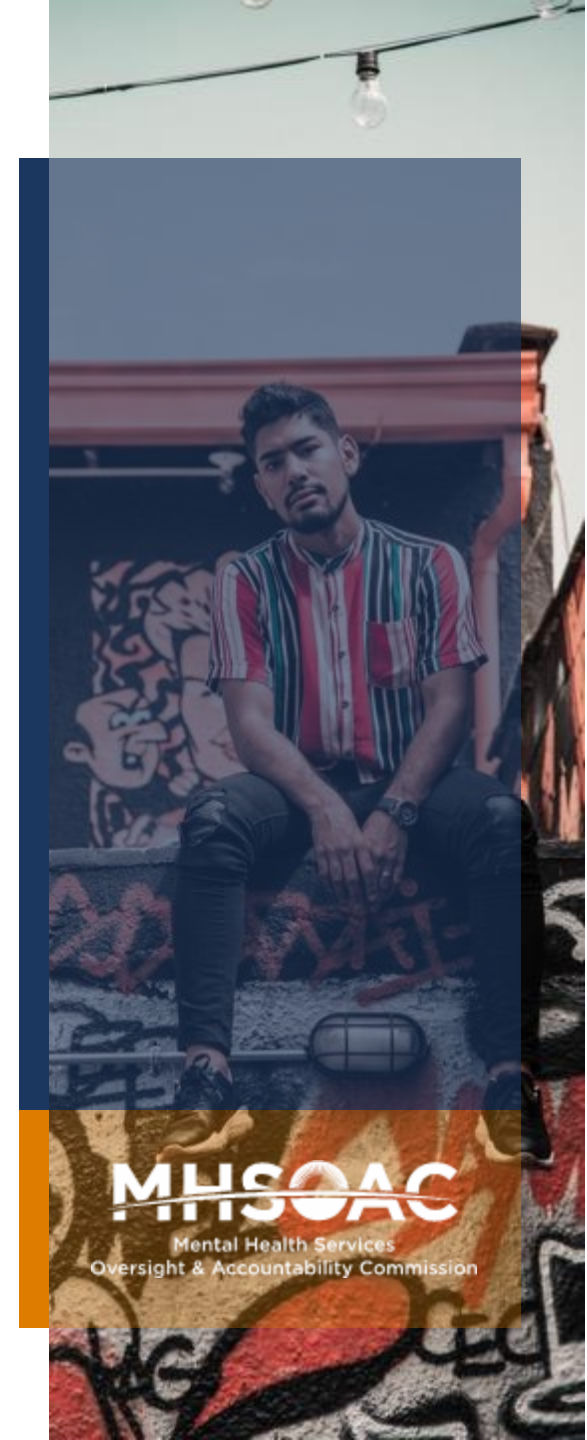
A person is seen from behind, climbing a rope structure. The person's hair is blowing in the wind. The background is a sunset over the ocean, with the sun low on the horizon, creating a bright glow and lens flare. The sky is filled with soft, golden light and some clouds. The person is wearing a dark, long-sleeved shirt and dark pants. The rope structure consists of a horizontal bar at the top and two diagonal ropes that the person is holding onto. The overall mood is one of challenge and perseverance.

MHSSA

Technical Assistance Plan

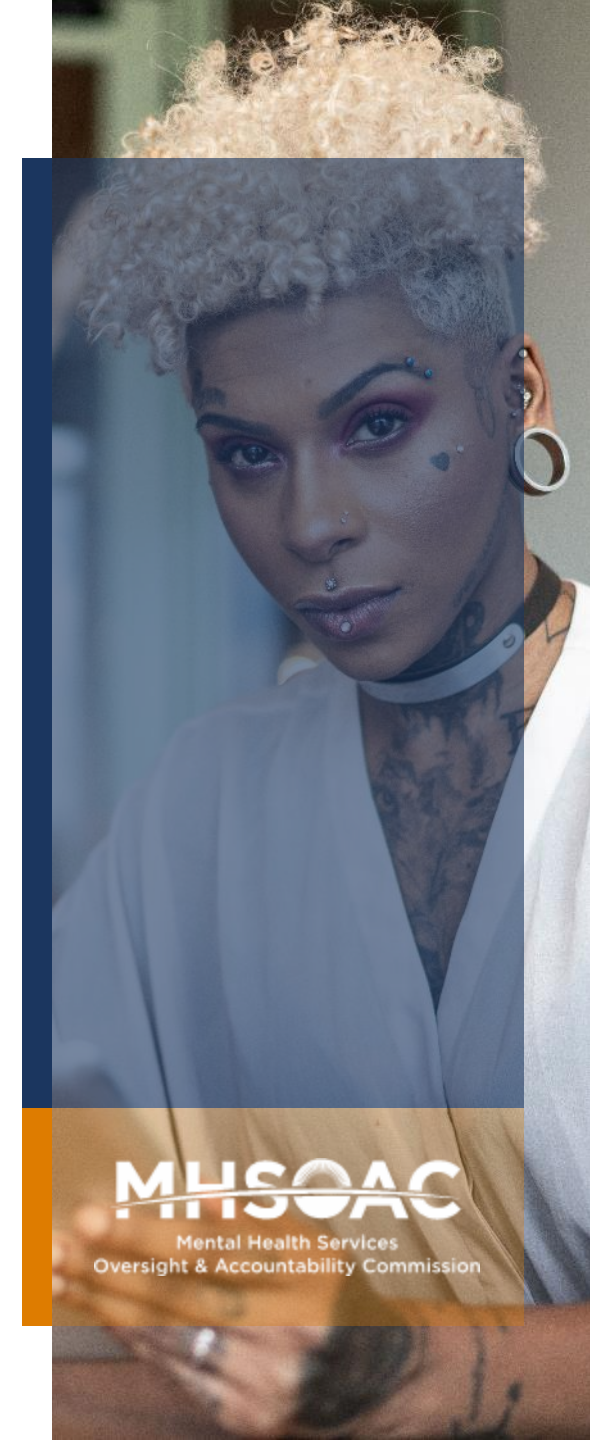
What We Did

- Three live surveys conducted at MHSSA Collaboration Meetings (9/7/22, 12/7/22 and 3/1/23)
 - Is TA needed?
 - In what subject areas is TA needed, in order of importance?
 - What are the advantages and disadvantages of a peer to peer coaching model?
 - How have you received TA in the past?
- One on one interviews with grantees
- Met with the California Collaborative for Educational Excellence, Children's Trust, Breaking Barriers



What We've Learned

- The MHSSA Grantees are in need of technical assistance in the areas of:
 - Sustainability
 - Data Collection
 - Partnership Development
 - Workforce Wellness and Development
 - Program Implementation
- Technical assistance among grantees has happened organically
- 81% of grantees surveyed see advantages of a peer coaching model for technical assistance



What We've Learned

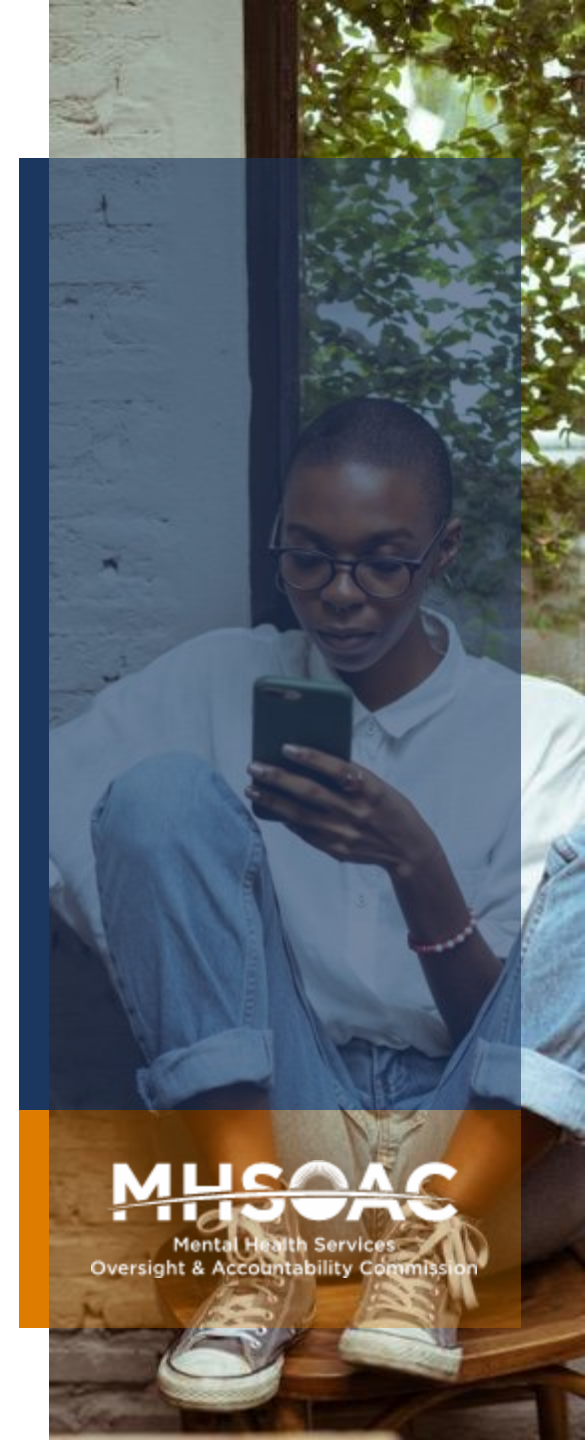
- Grantees highlighted the need for technical assistance supported by a statewide coordinator and subject matter experts who could:
 - Provide additional expertise to the Technical Coaching Teams (TCTs)
 - Coordinate the TA strategy with the TCTs
 - Coordinate strategies with other statewide school mental health TA providers

Technical Assistance Plan

In response to what we heard from the grantees, staff recommends a hybrid approach to MHSSA grantee capacity development.

Two Requests for Qualifications

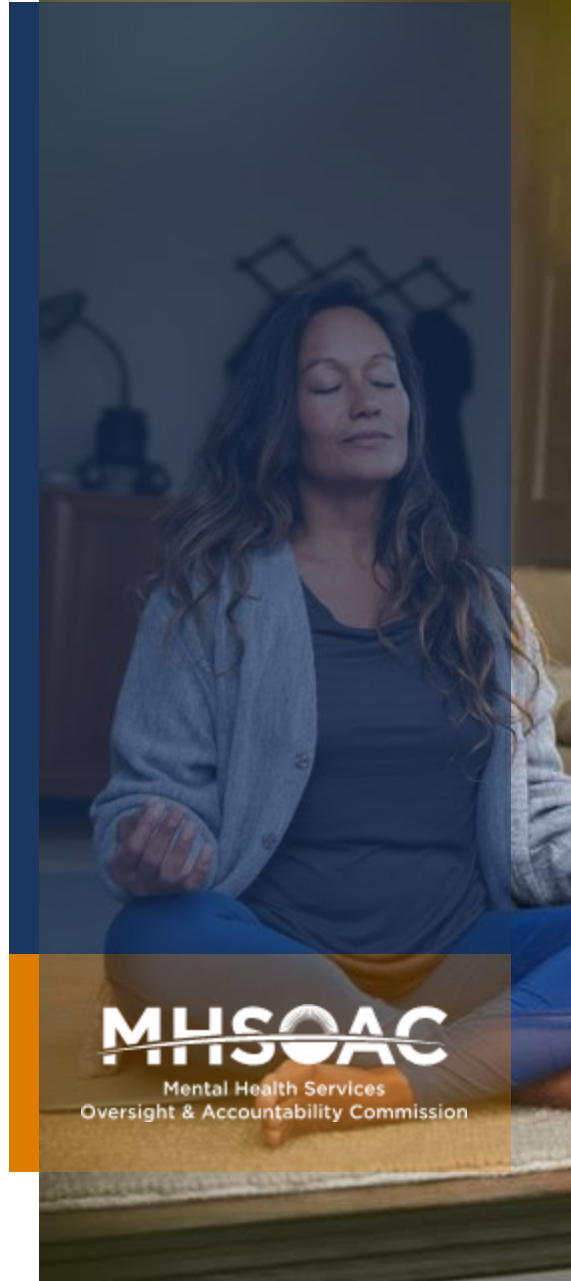
- RFQ #1: At least five contracts with MHSSA current grantees to make up the Technical Coaching Team (\$6.2 million over 4 years)
- RFQ #2: One statewide coordinator and additional subject matter experts (\$2 million over 4 years)



Technical Coaching Team Responsibilities

Each TA coach will provide the following

- Implementation timeline
- Scope of Work for the Statewide Coordinator
- Learning Collaborative structure
- Progress reports
- Draft plan for coordination with other statewide TA providers



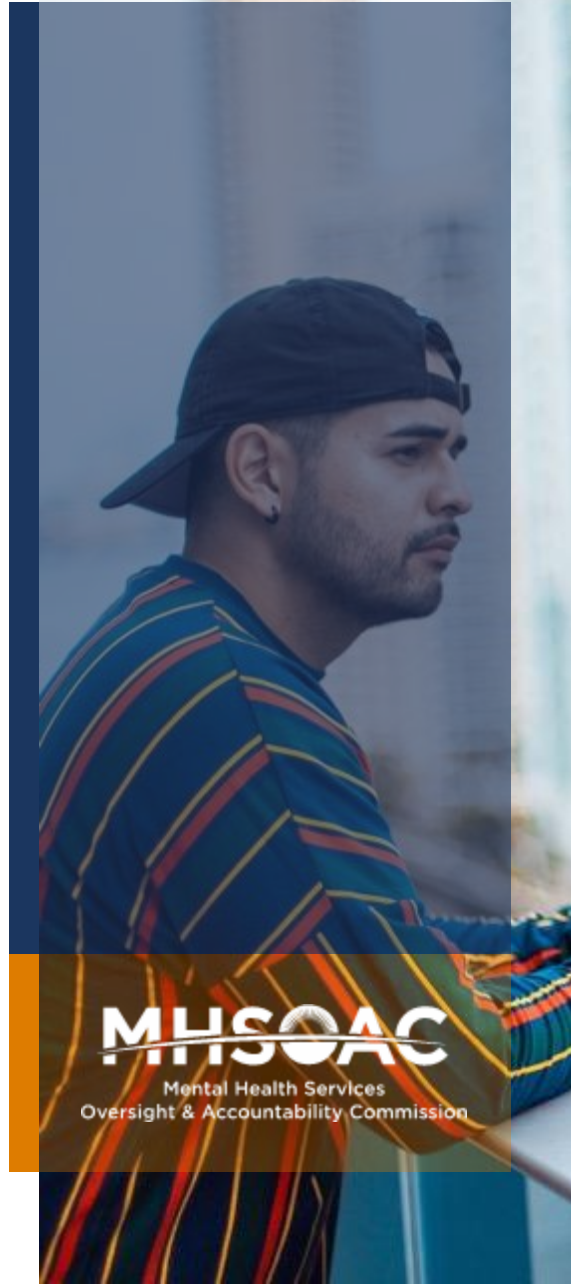
Minimum Qualifications

- MHSSA Partnership is in good standing
- Demonstrated knowledge and expertise in selected subject area
- Two years of experience providing TA or assistance



Timeline

- April 17, 2023: Release RFQ for Technical Coaching Team members
- May 29, 2023: Deadline to submit proposals
- July 2023: Commission issues intent to award contracts
- September 2023: Release RFQ for Statewide Coordinator
- November 2023: Award contract to Statewide Coordinator



Proposed Motion

That the Commission approves the Proposed RFQ Outline, directs Staff to issue two Requests for Qualifications, one for technical coaching and one for statewide coordination, and authorizes Staff to initiate a competitive bid process and enter into contracts with the highest scoring applicants.

A person is captured in silhouette, swinging on a swing set. The background is a vibrant sunset over a body of water, with the sun low on the horizon, creating a bright glow and lens flare. The sky is filled with soft, golden light and some clouds. The person's hair is blowing in the wind. The swing set's frame and chains are visible against the bright background.

Children and Youth Behavioral Health Initiative (CYBHI)

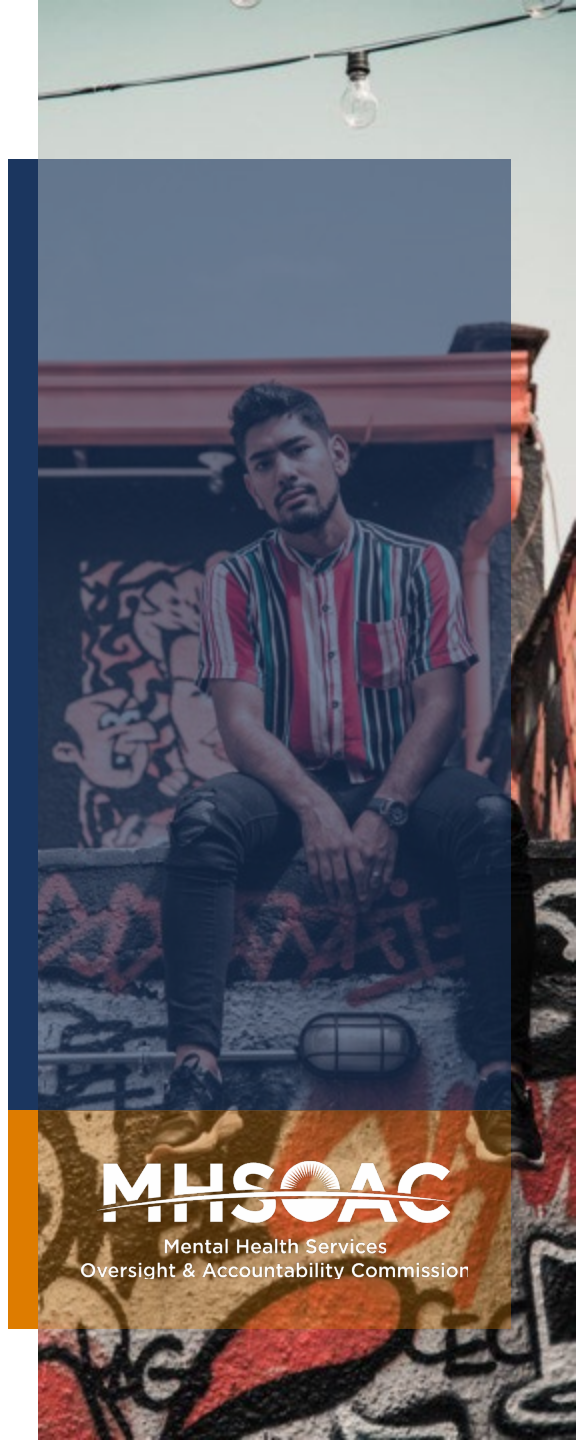
March 2023

CYBHI

- \$4.7 billion investment aimed at improving access to behavioral health services for all children and youth in California.
- Multiyear, multi-department initiative focused on
 - Promoting social and emotional well-being
 - Preventing behavioral health challenges
 - Providing equitable, appropriate, timely, and accessible services

Expanding Evidence-Based Practices

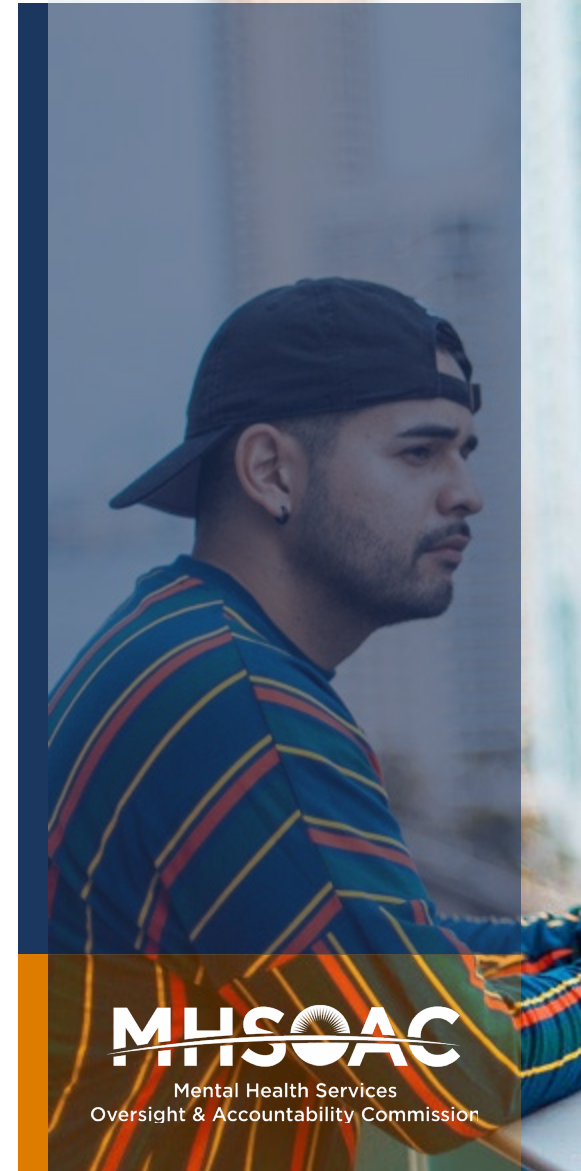
- Of the \$4.7 billion, \$429 million has been set aside to expand Evidence-Based and Community-Defined Evidence Practices that improve youth behavioral health based on robust evidence for effectiveness, impact on racial equity, and sustainability.
- These programs generally fall into one of three categories:
 - Expanding an organization's operations and capacity to provide services
 - Enabling the replication and adaptations of well-established practices
 - Exploring potential policy innovations



Six Rounds of Grants

During Fiscal Year 2022-2023, the State will award grants to scale practices in the following areas of focus:

1. Parent/caregiver support programs and practices
2. Trauma-informed programs and practices
3. Early childhood wraparound services
- 4. Youth-Driven programs**
- 5. Early intervention programs**
6. Community-defined evidence programs and practices



Round 4: Youth-Driven Programs and Practices

- Expanding or launching Youth-Driven programs such as allcove6 or peer coaching programs
- Eligible programming and level of funding to be determined in coordination with the Department of Health Care Services



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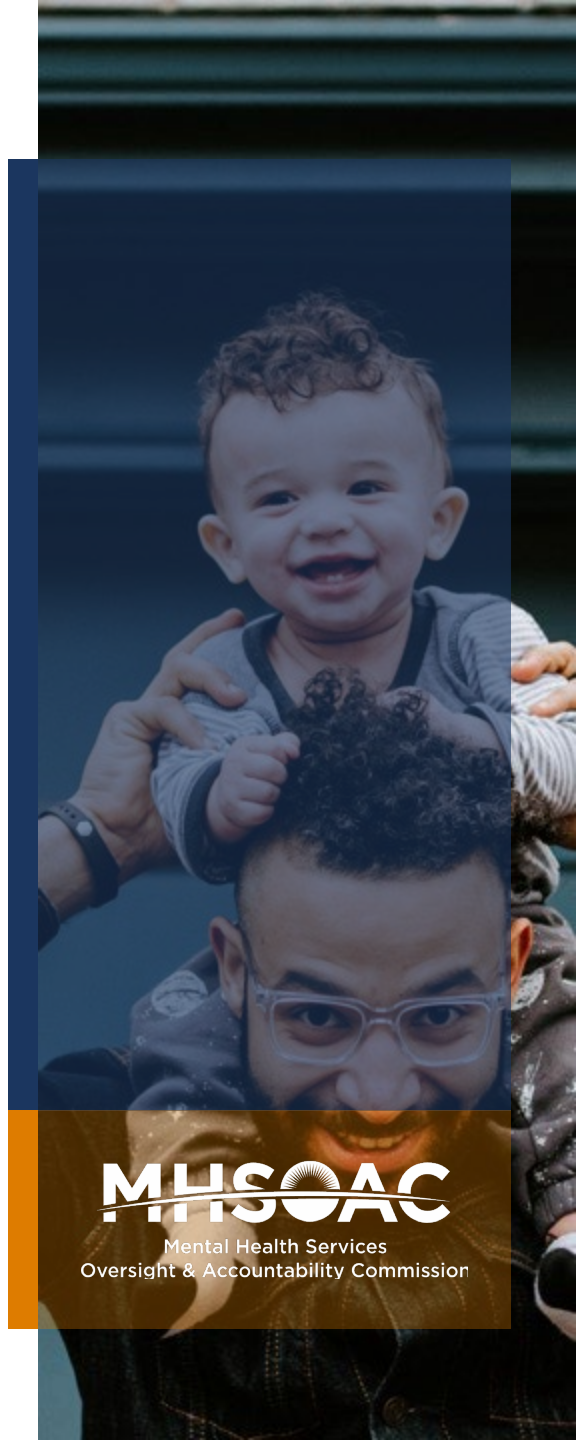
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Round 5: Early Intervention

- Expanding existing or launching early intervention programs such as Coordinated Specialty Care Clinics or Youth Crisis Peer Mobile Response programs.
- Eligible programming and level of funding to be determined in coordination with the Department of Health Care Services

Minimum Qualifications

- Have been in existence for at least two years providing youth-driven programs which improve access to behavioral health interventions
- Prevention, early intervention, and resilience/recovery for children and youth
- Specific focus on children and youth who are from Black, Indigenous, and People of Color (BIPOC) and the LGBTQIA+ communities
- Have experience and capacity to support youth and serve as allies in partnership with youth in the design and implementation of mental health programs



Motion

That the Commission authorizes staff to move forward in supporting Round 4 and Round 5 consistent with budget approval and the interagency agreement between the Commission and the Department of Health Care Services.



Thank You

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Well and Thriving

*Advancing Prevention and
Early Intervention*

Commission Meeting
March 23, 2023
San Diego, California

Prevention and Early Intervention under the Mental Health Services Act

19% of MHSA funds local PEI programs

- Prevention
- Early intervention
- Outreach to increase recognition of signs and symptoms
- Access and linkage to care
- Stigma and discrimination reduction
- *51% dedicated to children and youth under 25*

Senate Bill 1004 (Weiner, 2018)

- Establish PEI priorities
- Monitoring, evaluation, and TA strategies



Prevention and Early Intervention Project



Community Voice



Research and Data



Public Review



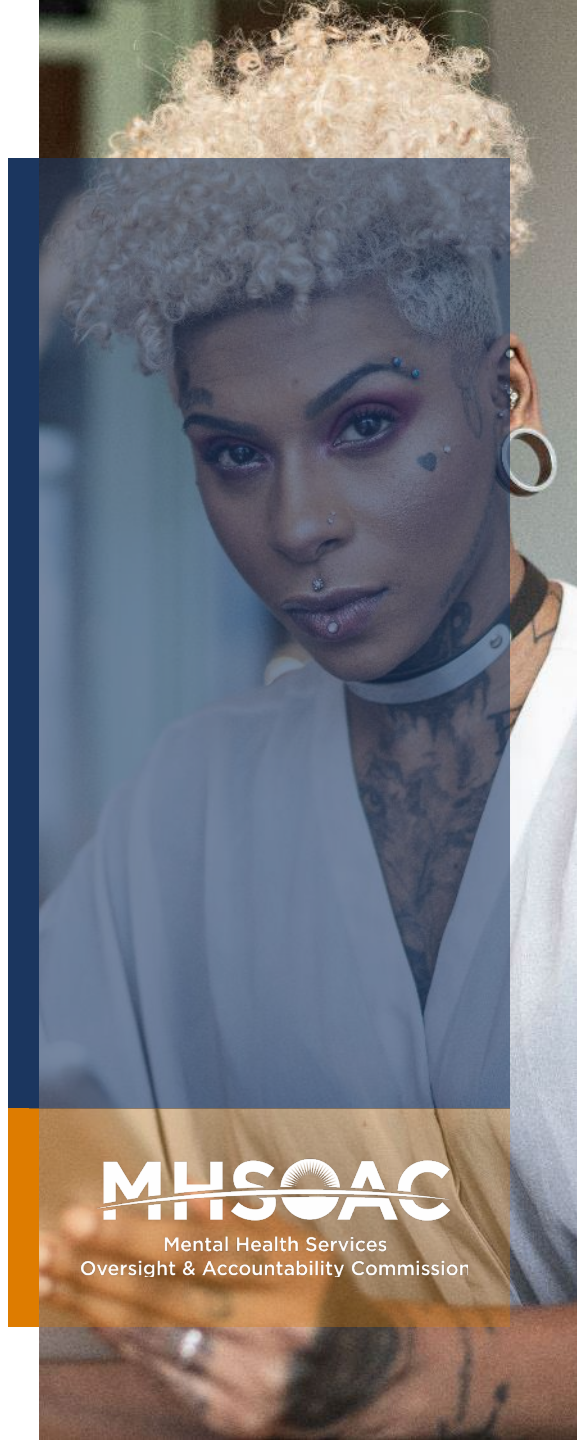
Finding and Recommendation One



California does not have a strategic approach in place to address the socioeconomic and structural conditions that underpin mental health inequities or to advance statewide prevention and early intervention.



The Governor and Legislature should establish a state leader for prevention and early intervention, charged with establishing a statewide strategic plan for prevention and early intervention – with clear and compelling goals tied to global standards of wellbeing that are centered in equity, diversity, and inclusion.



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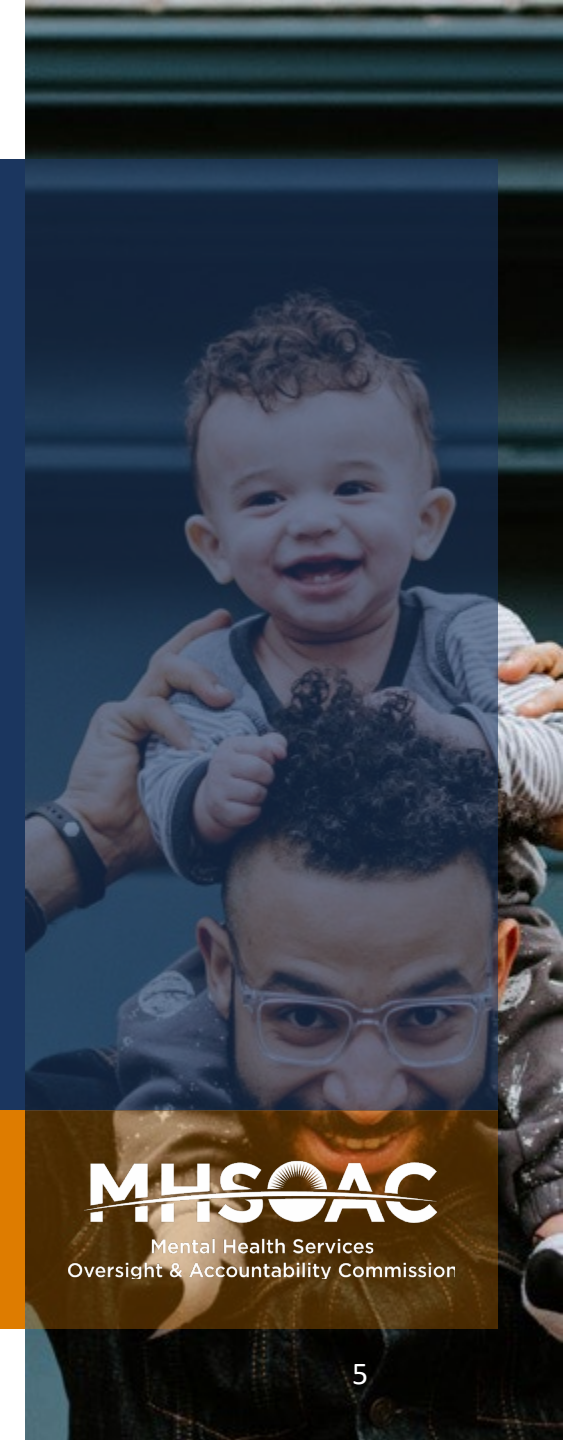
Finding and Recommendation Two



Unmet basic human needs and trauma exposure drive mental health risks. These factors will continue to disrupt statewide prevention and early intervention efforts and outcomes unless they are addressed.



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.



Finding and Recommendation Three



Strategies to increase public awareness and knowledge of mental health often are small and sporadic, while harmful misconceptions surrounding mental health challenges persist. Mass media and social media reinforce these misconceptions.



The State's strategic approach to prevention and early intervention must promote mental health awareness and combat stigma by ensuring all people have access to information and resources necessary to understand and support their own or another person's mental health needs.



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Finding and Recommendation Four



Strategies that increase early identification and effective care for people with mental health challenges can enhance outcomes. Yet few Californians benefit from such strategies. Too often, the result is suicide, homelessness, incarceration, or other preventable crises.



As part of its approach to prevention and early intervention, the State must guarantee all residents have access to behavioral health screening and an adjacent system of care that respects and responds to Californians' diverse mental health needs.

Next Steps

Implementation Opportunities

- Promote awareness
- Technical assistance
- Data monitoring and evaluation
- Process for establishing priorities

Opportunities Across the Continuum


School Mental
Health


Youth
Innovation


allcove™


Early Psychosis
Intervention Plus


Empath
Crisis Services


FSP


Workplace
Mental Health


Firearm
Violence


Peer
Providers


Mental Health
Wellness Act


Suicide
Prevention

Primary

Secondary

Tertiary

Prevention and Early Intervention

Resources

Prevention and Early Intervention Commission initiative page

<https://mhsoac.ca.gov/initiatives/prevention-early-intervention/>

- [Listening Session Summaries](#)
- [PEI Forum Summaries](#)
- [Draft PEI Report](#)
- [PEI Implementation Opportunities](#)

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Thank You

“

*With these actions
we can shift the
course and promote
opportunities for all
Californians to be
well and thriving.*

— Well and Thriving report

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From: Mary Ann Bernard <mary_ann_bernard@hotmail.com>
Sent: Sunday, March 19, 2023 10:28:19 AM
To: Toby Ewing <toby.ewing@mhsoc.ca.gov>
Cc: Mary Ann Bernard <mary_ann_bernard@hotmail.com>
Subject: Message for the Commissioners regarding PEI for 3/23 Commission meeting

CAUTION: This is an external email. Do not click links or attachments unless you recognize the sender and know the content is safe.

Dear Mr. Ewing,

As you may remember, I am the lawyer who forced Prop.2 to the ballot a few years ago with Rose King, one of the MHSA drafters, because the No Place Like Home Act was inconsistent with the original Voter Initiative and therefore violated the California Constitution. I will be traveling and unable to attend the upcoming Commission meeting. However, I would like the following message to be conveyed to the Commissioners.

Please excuse all the "emphasis added." This was meant to be delivered verbally:

The Commission needs to remedy an embarrassing oversight in the "Well and Thriving" report: while it defines *relapse* prevention as "tertiary prevention" at p.3, it otherwise ignores both the concept and a legal *mandate* in MHSA for relapse prevention and early intervention programs for individuals who *already have severe mental illness*. The legal requirement is in the last clause of Section 5840(c), the heart of the PEI provisions, which says:

[PEI] "**shall also** include components similar to programs that have been successful in **reducing the duration of untreated SEVERE mental illnesses** and assisting people in quickly **regaining** productive lives."

I suggest listing the legal requirement for relapse prevention programs as an "Opportunity Spotlight" under the report's Finding Four, perhaps after the discussion of "limited services" at p. 57. You should include examples of successful relapse prevention programs, such those "similar to the Mentally Ill Offender Crime Reduction Grant Program" mandated by the Voters in Section 5813.5(f) but ignored by most counties despite successes documented by CDCR; good supportive housing programs that help the most severely ill stay stable; stepdown facilities for those spilling out of 24 hour crisis sites, jails or hospitals without being fully stabilized--please note that locked facilities are specifically authorized to receive MHSA funding by Section 5847(b)(5)--and AOT/Laura's Law, which is a proven and cost-effective early intervention for SMIs with recent histories of violence or dangerousness shown by repeated involuntary hospitalizations, *before* they become dangerous again.

Some on the Commission will remember the scandal from a few years back over the misuse of PEI funds that triggered two state audits and a scathing report by MentalIllnessPolicy.org, still easily found online by Googling that organization and "bait and switch." There is no harm in a broad vision for PEI but much of the report's "vision" cannot legally be paid for by MHSA funds, which are focused on relapse prevention for those who suffer with severe mental

illness, and prevention of "*mental illness*" becoming "*severe mental illness*" for those who do not.

Thank you for your attention, and all that you do.

Sincerely,

Mary Ann Bernard





March 19, 2023

Mara Madrigal-Weiss

Chair

Mental Health Services Oversight and Accountability Commission

1812 9th Street

Sacramento, CA 95811

Re: Agenda Item 9 at the March 23, 2023 MHSOAC Meeting

Dear Chair Madrigal-Weiss,

This letter is to request that at the MHSOAC meeting of March 23, 2023, a motion be made under Agenda Item 9 for the addition of two priorities to the list of existing Prevention and Early Intervention (PEI) priorities under WIC Section 5840.7. This recommendation was discussed in detail at the MHSOAC meeting of February 23, 2023 in Sacramento under Agenda Item 8. We believe a vote on this matter would have been taken place at that meeting had there been a quorum present.

As confirmed by Geoff Margolis, MHSOAC Chief Counsel, the provisions of SB 1004 (Wiener) give authority to the Commission to add to the list of Prevention and Early Intervention (PEI) priorities listed under WIC Section 5840.7. Our recommendations are:

1. Adding language that prioritizes **all** transition age youth - not only those in college
2. Adding language that prioritizes ***community defined evidence practices*** (CDEPs).

Previously, we suggested that item 2 be added to the existing priority, “Culturally competent and linguistically appropriate prevention and intervention.” However, if the Commission believes it more appropriate to add our recommendations as separate, new priorities as opposed to amending or adding to existing priorities, we would have no objections.

Further, we would like the motion to include a one month deadline for the MHSOAC staff to provide the counties with the new requirements, as authorized by WIC Section 5840.8 that reads:

“Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the commission may implement this chapter without taking regulatory action until regulations are adopted. The commission may use information notices or related communications to implement this chapter.”

We thank the Commission for listening to the testimony of dozens of stakeholders regarding this matter since PEI Subcommittee meetings held from 2019 through

2023. We are grateful to the individual Commissioners who met with numerous advocates this past year to hear our concerns and seriously consider them.

Please note the many organizations, both public and private, located throughout California, that have signed on to this letter. Representatives of these organizations have spent countless hours in preparation to advocate for the two recommendations. We look forward to moving ahead and working together with the MHSOAC in efforts to improve PEI on a statewide basis.

Sincerely,



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Chair of the CRDP Cross Population
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cc: Members of the Mental Health Services Oversight and Accountability
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