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Mental Health Services
Oversight & Accountability Commission

Meeting Materials Packet

Commission Meeting
February 22, 2024
9:00 AM – 3:30 PM

MHSOAC
Mental Health Services
Oversight & Accountability Commission

COMMISSION MEETING NOTICE & AGENDA

February 22, 2024

NOTICE IS HEREBY GIVEN that the Commission will conduct a Regular Meeting on **February 22, 2024, at 9:00 a.m.** This meeting will be conducted in-person and via teleconference pursuant to the Bagley-Keene Open Meeting Act according to Government Code sections 11123 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 22, 2024

Time: 9:00 AM

Location: Embassy Suites by Hilton
1075 California Blvd, Napa CA 94559

COMMISSION MEMBERS:
Mara Madrigal-Weiss, *Chair*
Mayra E. Alvarez, *Vice Chair*
Mark Bontrager
Bill Brown, *Sheriff*
Keyondria D Bunch, Ph.D.
Steve Carnevale
Wendy Carrillo, *Assemblymember*
Rayshell Chambers
Shuo Chen
Dave Cortese, *Senator*
Itai Danovitch, MD
Dave Gordon
Gladys Mitchell
Jay Robinson, Psy.D.
Alfred Rowlett

EXECUTIVE DIRECTOR:
Toby Ewing

ZOOM ACCESS:

Zoom meeting link and dial-in number will be provided upon registration.

FREE REGISTRATION LINK:
https://mhsoac-ca-gov.zoom.us/meeting/register/tZ0vceCsrDIoHNBIqRK_T96wV7TW5-EA5kk-

Public participation is critical to the success of our work and deeply valued by the Commission. Please see the information contained after the Commission Meeting Agenda for a detailed explanation of how to participate in public comment.

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 mental 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.

MHSOAC
Mental Health Services
Oversight & Accountability Commission

Commission 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. In addition, the Commission reserves the right to take action on any agenda item as it deems necessary based on discussion at the meeting. Items may be considered in any order at the discretion of the Chair. Unlisted items may not be considered.

9:00 AM

1. Call to Order & Roll Call
   Chair Mara Madrigal-Weiss will convene the Commission meeting and a roll call of Commissioners will be taken.

9:05 AM

2. Announcements & Updates
   Information
   Chair Mara Madrigal-Weiss, Commissioners and Staff will make announcements and updates.

9:30 AM

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

9:50 AM

4. January 25, 2024 Meeting Minutes
   Action
   The Commission will consider approval of the minutes from the January 25, 2024 Commission Meeting.

   - Public Comment
   - Vote

10:00 AM

5. 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.
   - Riverside Innovation Proposal: Eating Disorder Intensive Outpatient and Training Program
   - Reallocation of allcove youth drop in center funds

   - Public Comment
   - Vote

10:10 AM

6. Strengthening Early Intervention to Reduce Criminal Justice Involvement

Information

The Commission will hear a presentation from a panel focusing on reducing criminal justice involvement for individuals with mental health needs; *facilitated by Tom Orrock, Deputy Director of Operations, featuring the following panelists:*

- *LaMar Mitchell, consumer perspective*
- *Sheila Robinson, parent perspective*
- *Dr. Carolina Klein-Moya, MD, Assistant Medical Director, Department of State Hospitals*
- *Dr. Melanie Scott, Psy.D., Assistant Deputy Director, Community Forensic Partnerships Division, Department of State Hospitals*
- *Dr. Rosa Negron-Munoz, MD, DFAPA, Child Forensic Psychiatrist*
- *Dr. Jonathan Sherin, MD, Ph.D., Chief Medical Officer, Healthy Brains Global Initiative*

  - Public Comment

12:30 PM

7. Lunch

1:30 PM

8. Universal Mental Health Screening for Children and Youth

Action

The Commission will hear a staff presentation on opportunities for mental health universal screening for children and youth. The Budget Act of 2023-24 directs the Commission to develop recommendations to guide state policy on universal screening strategies. The Commission will consider adopting the report; *presented by Kali Patterson, Research Scientist Supervisor.*

  - Public Comment
  - Vote

2:00 PM

9. Allocating Best Practice Resources

Action

The Commission will hear a proposal for the use of Mental Health Wellness Act funds to strengthen Full-Service Partnerships and will consider a proposal to use Mental Health Student Services Act to advance best practices in school-based mental health; *presented by Toby Ewing, Executive Director and Riann Kopchak, Chief of Community Engagement and Grants*

- Public Comment
- Vote

3:00 PM

10. Legislative Priorities

Action

The Commission will consider legislative and budget priorities for the current legislative session; *presented by Kendra Zoller, Legislative Deputy Director.*

- Public Comment
- Vote

3:30 PM

11. Adjournment

Our Commitment to Transparency	Our Commitment to Those with Disabilities
In accordance with the Bagley-Keene Open Meeting Act, public meeting notices and agenda are available on the internet at www.mhsoac.ca.gov at least 10 days prior to the meeting. Further information regarding this meeting may be obtained by calling (916) 500-0577 or by emailing mhsoac@mhsoac.ca.gov	Pursuant to the American 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 mhsoac@mhsoac.ca.gov. Requests should be made one (1) week in advance whenever possible.

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 fails, 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 shall have the right to offer comment at this public meeting. The Commission Chair will indicate when a portion of the meeting is to be open for public comment. **Any member of the public wishing to comment during public comment periods must do the following:**

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 and 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.

Under newly signed AB 1261, by amendment to the Bagley-Keene Open Meeting Act, members of the public who use translating technology will be given additional time to speak during a Public Comment period. Upon request to the Chair, they will be given at least twice the amount of time normally allotted.

AGENDA ITEM 4

Action

February 22, 2024 Commission Meeting

January 25, 2024 Meeting Minutes

Summary: The Mental Health Services Oversight and Accountability Commission will review the minutes from the January 25, 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.

Enclosures (2): (1) January 25, 2024 Meeting Minutes; (2) January 25, 2024 Motions Summary

Handouts: None

Proposed Motion: The Commission approves the January 25, 2024 Meeting Minutes

State of California

MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION

Commission Meeting Minutes

Date January 25, 2024

Time 9:00 a.m.

Location Cabrillo Pavilion
1118 E. Cabrillo Blvd.
Santa Barbara, California 93103

Members Participating:

Mara Madrigal-Weiss, Chair
Mayra Alvarez, Vice Chair
Sheriff Bill Brown
Keyondria Bunch, Ph.D.
Steve Carnevale
Rayshell Chambers
Shuo Chen*[1]
Itai Danovitch, M.D.
David Gordon*
Gladys Mitchell
Jay Robinson, Psy.D.*
Alfred Rowlett

*Participated remotely
[1] a.m. only

Members Absent:

Mark Bontrager
Assembly Member Carrillo
Senator Dave Cortese

MHSOAC Meeting Staff Present:

Toby Ewing, Ph.D., Executive Director
Maureen Reilly, Assistant Chief Counsel
Tom Orrock, Deputy Director, Program Operations
Norma Pate, Deputy Director, Administration and Performance Management
Kendra Zoller, Deputy Director, Legislation
Riann Kopchak, Chief, Community Engagement and Grants
Lauren Quintero, Chief, Administrative Services
Amariani Martinez, Administrative Support
Lester Robancho, Health Program Specialist
Cody Scott, Meeting Logistics Technician

1: Call to Order and Roll Call

Chair Mara Madrigal-Weiss called the Meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to order at 9:18 a.m. and welcomed everyone.

Chair Madrigal-Weiss asked for a moment of silence and reflection in honor of Geoff Margolis, Chief Counsel, who recently passed away.

Chair Madrigal-Weiss 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.

Maureen Reilly, Assistant Chief Counsel, called the roll and confirmed the presence of a quorum.

Amariani Martinez, Commission staff, reviewed the meeting protocols.

2: Announcements and Updates

Chair Madrigal-Weiss gave the announcements as follows:

Commission Meetings

- The November 2023 Commission meeting recording is now available on the website. Most previous recordings are available upon request by emailing the general inbox at mhsoac@mhsoac.ca.gov.
- The next Commission meeting will take place on February 22nd at 9:00 a.m. in Napa, California. The meeting focus will be on strengthening early intervention to reduce criminal justice involvement and will include a panel discussion on best practices to strengthen early intervention to reduce criminal justice involvement and hospitalization for individuals with mental illness.
    - The day before the Commission meeting, on Wednesday the 21st, there will be a site visit for Commissioners to tour the Napa State Hospital and talk with staff and patients about their experiences which led to hospitalization and incarceration. Representatives from the Legislature and other state agencies will join in the site visit.

Cal Institute Advisory Board

Chair Madrigal-Weiss appointed Commissioner Carnevale to represent the Commission on the advisory board of the California Institute on Law, Neuroscience, and Education, part of the California Bench to School Initiative. This partnership between the University of California, San Francisco (UCSF) and the University of California, Los Angeles (UCLA) aims to improve literacy outcomes in school settings by conducting interdisciplinary research on the intersection of science and society, focusing on neuroscience and socioeconomic factors. The advisory board will monitor progress and provide leadership. Chair Madrigal-Weiss invited Commissioner Carnevale to share thoughts on this opportunity.

Commissioner Carnevale stated this initiative is unique in that nowhere in the country brings together neuroscience, education, and law as another way to try to solve the so-called kindergarten-to-prison pipeline. This initiative will focus on the juvenile justice system. He stated he is a co-founder of the initiative and lobbied for the institute and is happy to represent the Commission on the advisory board.

EmPATH Expansion

- The Commission dedicated $20 million from the Senate Bill (SB) 82 Investment in Mental Health Wellness Act funding last year to expand the number of Emergency Psychiatric Assessment, Treatment, and Healing (EmPATH) units around the state. Eleven units are currently being planned or built in various locations to serve individuals who are taken to the emergency room in response to a mental health crisis. Typically, people in a mental health emergency wait many hours and sometimes days to get the help they need. EmPATH units are built on the grounds of a hospital near the emergency room and provide a more comfortable, quiet, and respectful experience for individuals needing mental health treatment and referral.
- The states of South Carolina and Georgia have recognized the work the Commission has done to expand this model and are now dedicating funds to build EmPATH units in their states. This connects well with the new Strategic Plan that will be discussed later in the agenda. The Commission has been working closely with Scott Zeller, M.D., who developed the EmPATH model, to help this innovative approach spread across California and the nation. This is driving transformational change.

K-12 Convenings

- The Commission has awarded mini grants to 20 youth-led organizations and six county offices of education who are now participating in a statewide effort to hear from youth and train youth in advocacy approaches. The Commission will hold four convenings in January and February, which will include over 100 students who have indicated interest in participating in statewide efforts to speak about mental health planning related to schools and community services. The first meeting was held last Saturday at the Commission office in Sacramento. The next three convenings will be held on January 27th in Fresno, February 10th in Humboldt County, and February 24th in San Bernardino.

CYBHI Announcement

Chair Madrigal-Weiss invited Vice Chair Alvarez to provide an update on the work being done to better serve children and youth.

Vice Chair Alvarez stated the Governor's Office announced in December that the Department of Health Care Services (DHCS) awarded $150 million of Children and Youth Behavioral Health Initiative (CYBHI) funding to 262 organizations that support health and wellness of children, youth, and young adults. The Commission, in collaboration with the DHCS, administered Round 4 of the CYBHI Grant Program, which awarded $50 million to 69 organizations in 30 California counties. She stated these organizations will launch youth-driven programs to provide integrated health, mental

health, peer support, education support, and other services in youth-designed locations. These investments reflect the work needed to support youth mental health in response to youth input.

Vice Chair Alvarez stated the Governor's Office also announced $100 million to provide trauma-informed services to address the impacts of trauma and to support children and youth who are recovering from the effects of adverse childhood experiences (ACEs). Additionally, the Commission is planning to administer Round 5 of the CYBHI Grant Program to support early intervention efforts, which are evidence-based or Community-Defined Evidence Practices (CDEPs). The Request for Applications (RFA) for Round 5 was released on September 12, 2023. These awards will soon be announced.

Vice Chair Alvarez emphasized the importance of partnership between the efforts of the Commission and the work of the DHCS to move forward as one united team to support the mental health of Californians. She stated these awards will provide much-needed services and supports to children, youth, and their families, but they will also help transform the mental health system by lifting up the voice of young people to help drive the change needed to make the system more relevant to young people from diverse backgrounds.

New Staff Announcement

Chair Madrigal-Weiss asked Lauren Quintero to share recent staff changes.

- Lauren Quintero, Chief, Administrative Services, stated one individual has joined the Commission staff since the last meeting. She introduced Kelsey Wood, the new Associate Governmental Program Analyst and Training Officer.
- On behalf of the Commission, Chair Madrigal-Weiss welcomed Kelsey Wood to the Commission.

Commissioner Tamplen's Resolution

- Chair Madrigal-Weiss presented former Commissioner Khatera Tamplen with a resolution in appreciation for her years of service with the Commission.
- Commissioners, staff, and members of the public expressed their thanks, appreciation, and gratitude for Commissioner Tamplen and her work over the years.

3: General Public Comment

Emily Wu Truong, former Client and Family Leadership Committee (CFLC) Member, updated the Commission on her advocacy work to resolve her 5150-hold dispute caused by Assembly Bill (AB) 988, the Miles Hall Lifeline and Suicide Prevention Act. She stated she last reported that she did not trust the system since she feels that she was raped by the system after being a spokesperson for the Each Mind Matters Campaign; today, she asked for help on how to navigate the system. She stated it is difficult to navigate alone.

Emily Wu Truong stated a group based in Massachusetts invited her to be a speaker at a webinar on AB 988 this past week, where 380 individuals attended from across the nation. She suggested the book "Your Consent is Not Required – the Rise in Psychiatric

Detentions, Forced Treatment, and Abusive Guardianships" by Rob Wipond. She stated Mr. Wipond has written that, because of AB 988, there has been a 120 percent rise in psychiatric detentions across the country. She stated the need to fix AB 988.

Steve McNally, family member and Member, Orange County Behavioral Health Advisory Board, speaking as an individual, stated concern about Proposition 1, Behavioral Health Services Program and Bond Measure, where much of the negotiations were done in private. Most of the subject matter experts in the state have been embargoed from speaking, which makes it difficult for data to get out. The speaker stated concern that Ballotpedia lists the Commission in a support position. The speaker stated even Assembly Members are unable to explain the bond. The speaker stated concern that $4 billion of costs will be added to the General Fund to implement Proposition 1.

Richard Gallo, consumer and advocate and Volunteer State Ambassador, ACCESS California, a program of Cal Voices, stated they sent an email on January 18th to Commissioners and staff regarding Proposition 1 and have yet to receive an acknowledgement of receipt or a response that it was forwarded to Commissioners and staff. The speaker stated concern about reduced funding and tapping mental health funding for housing, including lock-up facilities. Mental Health Services Act (MHSA) funding was not intended for lock-up facilities. It is a political power grab by the government to transfer one funding source to another.

Richard Gallo, speaking as an individual, stated Cal Voices does not support Proposition 1, especially with the Commission being transferred under a state agency, which may put additional restrictions on what the Commission can and cannot do. Proposition 1 is going backwards. The speaker emphasized that more peer programs and peer respite programs are needed, not less.

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), asked if the Commission will announce the plans for the Committees, particularly the CFLC and the Cultural and Linguistic Competence Committee (CLCC). She stated the Committees are important to the work of the Commission and requested that the Committees meet more often this year.

Stacie Hiramoto thanked the Commission for putting the evaluation report for the California Reducing Disparities Project (CRDP) on today's agenda. It is relevant to the work of the Commission.

4: November 16, 2023, Meeting Minutes

Chair Madrigal-Weiss stated the Commission will consider approval of the minutes from the November 16, 2023, Commission meeting. She stated meeting minutes and recordings are posted on the Commission's website.

There were no questions from Commissioners and no public comment.

Action: Chair Madrigal-Weiss asked for a motion to approve the minutes. Commissioner Rowlett made a motion, seconded by Commissioner Bunch, that:

- *The Commission approves the November 16, 2023, Meeting Minutes, as presented.*

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

The following Commissioners voted “Yes”: Commissioners Brown, Bunch, Carnevale, Chambers, Danovitch, Gordon, Mitchell, Robinson, and Rowlett, Vice Chair Alvarez, and Chair Madrigal-Weiss.

5: Consent Calendar

Chair Madrigal-Weiss 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.

- The Sacramento County Community-Defined Mental Wellness Practices for African American/Black/African Descent Unhoused Innovation Project for up to $15,500,231.
- The Sutter-Yuba Multi-County Full-Service Partnership (FSP) Innovation project for up to $1,226,250.

There were no questions from Commissioners and no public comment.

Action: Chair Madrigal-Weiss asked for a motion to approve the Consent Calendar. Commissioner Gordon made a motion, seconded by Commissioner Robinson, that:

- *The Commission approves the Consent Calendar that includes funding for Sutter-Yuba County’s Multi-County FSP Innovation Project for up to $1,226,250, and Sacramento County’s Community-Defined Mental Wellness Practices for African American/Black/African Descent Unhoused Innovation Project for up to $15,500,231.*

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

The following Commissioners voted “Yes”: Commissioners Brown, Bunch, Carnevale, Chambers, Chen, Danovitch, Gordon, Mitchell, and Rowlett, Vice Chair Alvarez, and Chair Madrigal-Weiss.

Commissioner Rowlett abstained from the Sacramento County project:

Commissioner Chambers asked that Sacramento County follow up with the Commission ensuring that practitioners and individuals who implement this project are reflective of the community.

6: Strategic Plan Adoption

Chair Madrigal-Weiss stated the Commission will consider adoption of the 2024-27 Strategic Plan. She stated the Commission received input and feedback from community partners through the community engagement process. To develop this strategic plan, Commission staff consulted with numerous communities and multiple partners, reflected on the progress that has been made, and identified the right next

steps for advancing transformational change. She asked staff to present this agenda item.

Norma Pate, Deputy Director, Administrative Services and Performance Management, provided an overview, with a slide presentation, of the community engagement efforts, goals and objectives, and emerging themes, challenges, and opportunities. She reviewed the Commission's vision, mission, guiding principles, role, decision-making approach, and operational priorities.

Deputy Director Pate stated the Commission's 2024-27 north star priority is to accelerate system-level improvements to achieve early, effective, and universally available services. The strategic plan goals are to champion vision into action, catalyze best practice networks, inspire innovation and learning, and relentlessly drive expectations. The 2024-27 operational priorities are to build foundational knowledge, close the gap between what is being done and what can be done, and close the gap between what can be done and what must be done.

Commissioner Comments & Questions

Commissioner Carnevale thanked the Commission for supporting a different approach to strategic planning to try to deploy resources so they are spent more effectively and efficiently and to more align and integrate systems. The mental health system has a long way to go, but this strategic plan provides an important framework to help the Commission better understand its many programs better.

Commissioner Carnevale stated the strategic planning process revealed the lack of investment in quantification data. Quantification data is the next step, along with providing solutions and what they mean in the context of the problem, and creating outcome-based measurement systems, which the Commission is in the process of considering. He noted that the strategic plan is a great beginning of the next phase of the Commission to lean in even more heavily to lead and catalyze innovations that can make the system more effective and efficient at a time when the problems are so challenging that progress seems unachievable.

Commissioner Bunch asked for additional details on the Behavioral Health Index that will be developed as part of the objectives to help reach the strategic plan goal to relentlessly drive expectations.

Toby Ewing, Executive Director, stated metrics will be developed for each of the objectives under each strategic plan goal. Indices are classic strategies to understand how to measure and report out. He stated, although there has been a lot of work done on that in the United States and around the world, California has never been successful in developing an index that is consistently tied to policy and practice. It is currently tied into the MHSA today and is being restated in Proposition 1 that California will build a robust accountability system. Staff is already working with the Governor's team to frame out what that will look like. The goal is to develop those indices.

Executive Director Ewing stated feedback received during the strategic planning process showed the need for a stronger sense of impacts on behavioral health outcomes and suggested that an index would be helpful in shaping decisions made in the Legislature around funding, policy, practice, and interventions.

Commissioner Chambers stated the need for a viable implementation plan to support the work and for the Committees to balance addressing current challenges in the field while helping to implement the goals in the strategic plan.

Commissioner Danovitch stated the strategic plan reflects an understanding of the complex space of where the Commission sits in the behavioral health system and the levers and tools available to the Commission and its constraints. He agreed with the goal to develop performance and outcome metrics. He asked about the plan to hold the Commission accountable to this plan in the interim.

Commissioner Danovitch stated there were questions about whether this was the right time to develop a strategic plan, given the things that may imminently change. He noted that going through these motions is valuable, even if everything will change. The Commission steering itself as best as possible through that change will help set the Commission up for whatever comes in the future. He thanked the Commission for taking on the strategic planning process during this uncertain time.

Chair Madrigal-Weiss stated the Commission is not waiting until this is all in place but is in discussion about what to do in the meantime. She asked Executive Director Ewing to comment.

Executive Director Ewing stated it may be helpful to understand the trajectory the Commission has been on. Nine years ago, the conversation with colleagues in state government and in the community was that the Commission's job was to monitor the expenditure of MHSA dollars. He stated MHSA dollars go to counties and are approximately one third to one half of the overall funding for counties. Counties are responsible for the "serious and persistent" element of community mental health, but not for all community mental health – for example, Medi-Cal Managed Care.

Executive Director Ewing stated, two strategic planning periods ago, the Commission looked at maybe 5 percent of what was happening in the behavioral health space because the focus was on the dollars. During the last strategic planning session, Commissioners determined to ensure care for anyone who needs it by taking a population health perspective. This was a big shift. He stated, despite concerns, tremendous progress was made with the School Mental Health and Workplace Mental Health work.

Executive Director Ewing stated the idea behind the goal to catalyze best practice networks to ensure access, improve outcomes, and reduce disparities and the operational priority to close the gap between what is being done and what can be done is that much is known about what is effective, but it is not yet available in communities. He stated the goals and objectives are difficult and it is not fully within the Commission's ability to achieve these outcomes, but they are about inspiring, motivating, and catalyzing change beyond the Commission's internal operations. The Commission has been successful doing this for the past five to six years and should continue to be successful moving forward.

Executive Director Ewing stated once the goals and objectives are in place the Commission will develop the metrics that will operationalize the strategies that staff will pursue moving forward. He stated staff is working on four operational plans: the

operational side of the Commission's activities, communication and outreach, public engagement, and internal capacity. Staff has been working with the chair and Commissioners who are interested in chairing the CFLC and the CLCC so the Committees can be engaged to help keep staff accountable to the strategic plan, should the Commission adopt it today.

Executive Director Ewing stated staff is trying to figure out the answer to questions, knowing that some of the answers will be inadequate because staff is challenging itself to close the gap between what it knows works today and what should be able to be done tomorrow. This is a big task. He stated tart of the Commission's job is to inspire innovation to move the system beyond best practices where they do not exist now.

Commissioner Danovitch suggested putting together a scorecard for the specified tactics for each goal to help the Commission see at a glance what needs to be elevated and discussed. He stated it raises awareness and gets the Commission into practice in using these tools to help drive prioritization and decision-making.

Vice Chair Alvarez stated the need to engage the expertise of the Committees in assessing the progress toward identified metrics. She suggested exploring what that looks like in practice so the Committees' time is productive and contributes to the goals and activities of the Commission.

Vice Chair Alvarez suggested finding ways to help the Commission understand how the strategic plan furthers the Master Plan for Children's Mental Health, the CYBHI, which is one-time funding of $4 billion. The MHSA is not one-time funding. She asked what that means for long-term systems change and how that opportunity can be leveraged in alignment with the strategic plan goals and helping Commissioners understand and become ambassadors for that.

Vice Chair Alvarez suggested a quarterly reflection report out to review the scorecard suggested by Commissioner Danovitch to see the progress made for transparency and accountability.

Commissioner Carnevale encouraged the Commission not to establish metrics within silos but rather to measure metrics that are about the entire system's performance so that the Commission can then measure its specific activities against the whole system. He stated this will help everyone better understand impacts on a system level.

Commissioner Mitchell stated it is imperative, when developing strategies and goals, to consider how the work impacts families and consumers who need these services. She stated the need for the strategic plan to create consistency across the state so all counties align with what the Commission is trying to do, and to include the family and consumer voice at the heart of the work.

Commissioner Mitchell stated the need to measure progress.

Commissioner Chambers encouraged the Commission to work together more effectively in the strategic plan scope and framework relative to consumers and family members. She stated there is a divide between the workforce and consumers and family members. There are opportunities to bridge that divide by including a stronger consumer voice in the strategic goals. The strategic plan framework needs to include the bigger need for consumers and family members.

Commissioner Carnevale stated he loves this conversation because this is where the strategic plan comes alive – where the numbers meet the needs. He stated, in business, for each type of candy bar, for example, they know where they are sold, who buys them, why they eat them, how often they eat them, etc. There are goals and measurement systems in place to measure against to drive sales. He stated his frustration that, for something as important as mental health, the system does not measure. How big the problem is or how much progress has or has not been made is unknown.

Commissioner Carnevale stated this is why he specifically is passionate to create a system of measurement- and outcome-based management to drive improvement, which government does not do well. If this is done at a macro level, it gets down to delivering more services that individuals need more effectively. This is all about delivering to individual people.

Commissioner Brown thanked Commissioner Carnevale for focusing the Commission on this issue. He commended everyone who worked on the strategic plan and stated it is a good balance between a traditional strategic plan that will serve as a roadmap, and something flexible enough to be changed so the Commission can be nimble as it addresses the challenging changes in the environment that inevitably will be thrust upon it. He stated appreciation for a concise strategic plan that will not sit on a shelf gathering dust like the giant volumes historically done by other entities. He noted that the strategic plan goals and objectives can serve as guiding principles as the Commission moves forward. He stated the need for a feedback loop and analysis on the plan's effectiveness.

Commissioner Rowlett stated the hope that the north star priority to accelerate system-level improvements to achieve early, effective, and universally available services will be succinctly incorporated into the scorecard in a way that it resonates with consumers and families. He stated individuals will only look at what is important to them in the strategic plan and that is to reduce, to understand, and to close the gap. That succinct, resonating report card demonstrates what the Commission is doing and can be talked about everywhere, even in light of the changing landscape in California.

Chair Madrigal-Weiss thanked staff and Commissioner Carnevale for their work on the strategic plan. The community engagement process was the fabric of what helped inform the strategic plan. She stated appreciation for the succinct and precise goals, objectives, and metrics. She stated a robust community engagement process continues to be the priority. She stated the need to continue to create opportunities to go into the state to hear from the communities, consumers, and families. The Committees need to hold the Commission accountable with the strategic plan, as well.

Public Comment

Stacie Hiramoto congratulated the Commission on the strategic plan and particularly Commissioner Carnevale for leading this effort. She noted that the contractor did a good job with the community engagement process and listening to underserved communities, more so than in the past or with other Commissions. She stated she is impressed with the language in the north star priority, vision, mission, and guiding principles. They show a commitment to reducing disparities and listening to communities.

Richard Gallo stated the need to meet the needs and the voice of consumers and family members.

Steve Leoni, consumer and advocate, stated the first operational priority listed on the presentation slide is to build foundational knowledge. Much has been forgotten during the past 20 years since the MHSA was passed. The speaker stated there have been changes in the system, but there has also been a falloff in the understanding of what was originally intended. For example, outcomes from FSPs early on were much better than they are now. It is difficult to do system improvements while also dealing with system deterioration. Much of it has been on drift for the past few years and what the Governor is saying cements some of that drift. One of the speaker's biggest concerns is that it cements things that will be less effective for individuals than what is currently in place.

Steve Leoni stated the second and third operational priorities, to close the gap between what is being done and what can be done, and to close the gap between what can be done and what must be done, will be even more difficult to attain. The speaker urged the Commission to pay attention to those kinds of things.

Chair Madrigal-Weiss asked Steve Leoni to email his full written comment to staff due to difficulty with the call.

Steve McNally stated they liked the document as far as crystalizing the thinking but is concerned that there are variables beyond the Commission's control. The speaker stated they attend a lot of meetings; there is a lack of safety in people being able to speak without fear of recrimination, which links with the speaker's earlier comment about Proposition 1, where most of the subject matter experts in the state have been embargoed from speaking, which makes it difficult for data to get out. The speaker stated the need to worry about how meetings get hijacked and asked to put those in a parking lot as well.

Steve McNally stated no one seems to know where to find information. The speaker asked the Commission to connect with the California Behavioral Health Planning Council (CBHPC) and the local county behavioral health advisory boards so that the Commission is in sync. The speaker suggested learning who had oversight and accountability for data collection, distribution, and level-setting in California for all parties involved and why it never happened. Many things around data are embargoed; data is being collected but not shared. The speaker stated politics are taking over and it is hurting families and consumers.

Steve McNally stated they have never had a problem navigating the system since they have been involved with it, and yet no one has asked why. The speaker asked the Commission to model the behavior it wants. Self-stigma must be eliminated in order to eliminate stigma. Families and peers have been pushed aside on community planning while focusing on youth. The speaker stated there is still not a safe space where individuals feel they are being listened to – otherwise, people would not continue to bring up the same things over and over again.

Emily Wu Truong stated she appreciated Commissioner Chambers's comment that everyone has more in common than not. She stated the hope that everyone would want

to trust the system and to feel emotionally safe. She stated appreciation for the discussion about alignment and accountability.

Emily Wu Truong stated she was put on a 5150 hold in July of 2023 at a moment of shock and grief and missing her father, who had recently passed away. The words that were supposed to be said were not followed by law enforcement. She stated she was afraid for her life and even now does not feel safe to walk home. She stated she feels betrayed that this happened to her and that the system did not have a psychiatric mobile crisis team.

Emily Wu Truong stated the need to keep the system accountable and in alignment. She stated 5150 holds can be a safe space when peers are given a choice to be taken to a peer respite instead of the expensive adult babysitting service by television, where there were few social workers. She stated she facilitated her own support group in there. There needs to be more peer support in the psychiatric system and psychiatric mobile crisis teams. She asked where that push is.

Emily Wu Truong stated she has been creating and showcasing artwork and has had two national speaking engagements over the last six months where she spoke about important topics such as grief. Grief is not talked about enough. She asked if the Commission holds not only state but private health care hospitals accountable. She stated that is the navigation that she has a difficult time with and the Los Angeles Department of Mental Health is unable to assist her in finding the patients' rights advocate. She stated she has been advocating for the delay in the implementation of SB 43 in Los Angeles County.

Commissioner Discussion

Chair Madrigal-Weiss thanked Emily Wu Truong for sharing her story and for her comments that drive the Commission to do its job better.

Action: Chair Madrigal-Weiss asked for a motion to adopt the 2024-27 Strategic Plan. Commissioner Danovitch made a motion, seconded by Vice Chair Alvarez, that:

- *The Commission adopts the 2024-27 Strategic Plan.*

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

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

Welcome from the County of Santa Barbara

Chair Madrigal-Weiss invited Toni Navarro to share some of the great work being done in Santa Barbara County.

Toni Navarro, Santa Barbara County Behavioral Health Director, welcomed the Commission to Santa Barbara County and introduced the members of her team in attendance. She stated the county is a doing a lot of evaluating, assessing, pivoting, and adjusting programs to meet the changing needs of the county that have evolved over the past three and a half years, since the COVID-19 pandemic.

Ms. Navarro stated Emily Wu Truong stated in her public comment the importance of mobile crisis and co-response teams, and stated Santa Barbara County is fortunate to have a robust co-response partnership and team with the local county sheriff. The crisis teams are looking to revamp the way they do the work and are changing their name to "crisis and outreach teams." Santa Barbara County Behavioral Health is working to align services with the needs of the county.

Ms. Navarro reviewed successful prevention and early intervention programs and peer-led programs. She stated she liked the Commission's new strategic plan and stated appreciation for the Commission's support in helping counties maintain ongoing prevention and early intervention programs. They are vital to the system of care.

7: Lunch

The Commission took a one-hour lunch.

8: CRDP Phase 2 Evaluation Update

Chair Madrigal-Weiss stated the Commission will hear a presentation on the evaluation findings for Phase 2 of the CRDP. The hope for this agenda item is to hear about the lessons learned and how those lessons can inform next steps in advancing CDEPs around the state. She invited the presenters for this agenda item to come to the presentation table.

Silvia L. Rodriguez, Manager, Behavioral Health Equity Branch, Office of Health Equity, California Department of Public Health (CDPH), and Principal Administrator of the CRDP, introduced the members of the team in attendance. She stated the website for the CRDP is www.CultureIsHealth.org. She introduced Dr. Grills, thanked her for participating in the AB 3121 Reparations Task Force, and asked her to give her presentation.

Cheryl Grills, Ph.D., Professor of Psychology and Director of the Psychology Applied Research Center, Loyola Marymount University, began her presentation with a simple analogy to contextualize the importance of CDEPs, culture, and context by asking a series of questions:

- If you asked a sample of people to name a movie they enjoyed watching over and over, would answers differ if the sample were 22-year-olds versus 62-year-olds?
- What if you asked people to name a place they would go after school? Would answers differ if the sample were used in a high-income versus a low-income neighborhood?
- What if you asked people to name a food they would commonly have on special occasions? Would answers differ if the sample were folks in Hawaii versus folks in Maine?
- What if you asked people what mental health meant to them and what healing looks like to them? Would answers differ if the sample were members of the

Hmong community, an indigenous community, a Latino community, African American elders, the LGBTQ community?

Dr. Grills asked, since the answer to all these questions is "yes," why the assumption is that there is a one-size-fits-all model of human behavior, health, illness, and intervention. She asked why more time and energy are not invested in increasing accessibility for culturally- and contextually-based approaches. She stated the state of California made that investment in CDEPs and she and the team are here to share some of those findings.

Dr. Grills provided an overview, with a slide presentation, of the core measures, key instruments, areas of assessment, data structure and analysis issues, and findings of the "2022 California Reducing Disparities Project Phase 2 Statewide Evaluation Report." She stated the Phase 2 statewide evaluation answered seven questions:

- To what extent were CRDP strategies and operations effective at preventing and/or reducing the severity of mental illness in California's historically unserved, underserved, and/or inappropriately served communities?
- What were vulnerabilities or weaknesses in the CRDP's overarching strategies and fiscal operations, and how could they have been strengthened?
- To what extent did CRDP strategies show an effective return on investment (ROI)?
- To what extent did Implementation Pilot Projects (IPPs) prevent and/or reduce the severity of prioritized mental health conditions within and across priority populations, including specific sub-populations (e.g., gender, age)?
- How cost-effective were IPPs? What was the business case for increasing them to a larger scale?
- To what extent did CRDP Phase 2 IPPs validate their CDEPs?
- What evaluation frameworks were developed and used by the IPPs?

Dr. Grills stated CRDP participant outcomes support CDEPs effectiveness and are cost effective. She asked Dr. De la Cruz Toledo He to discuss the business case.

Elia De la Cruz Toledo He, Ph.D., Researcher, Psychology Applied Research Center, Loyola Marymount University, continued the presentation and discussed the steps taken, data sources, and findings of the cost benefit analysis of the CRDP Phase 2. She noted that, rather than asking what this costs, the question should be how much this saves. The cost benefit analysis also tries to answer what matters most – prevention or early intervention. She noted that Dr. Grills already shared in her presentation that the answer is both.

Dr. De la Cruz Toledo He stated, for every dollar spent, the CRDP is expected to deliver $4.30 to $5.67 in long-term cost savings related to better mental health. She stated, for every dollar invested in prevention and early intervention, society saves $2.00 to $10.00 in health care costs, criminal justice expenses, and by avoiding lost productivity, as described in the Commission's "2022 Well and Thriving Prevention and Early Intervention in California Report."

Dr. De la Cruz Toledo He stated the five key recommendations in the report were:

- Recognize CDEPs as innovative, effective, community-driven prevention and early intervention approaches to reducing mental health disparities, especially in unserved, underserved, and inappropriately served communities.
- Use a capacity building pilot project approach as a health equity tactic more widely and maintain flexibility and openness to a wide range of potential CDEPs approaches considered for funding.
- Make disaggregated data more widely available in large-scale secondary datasets, increase access to county level prevention and early intervention data, and oversample certain populations and sub-populations.
- While fidelity has its purpose, it is important to recognize the value of diverse prevention and early intervention approaches and the need for flexibility in their implementation and responsiveness to community.
- Expand use of community-based participatory practices (CBPP) and evaluation strategies for services and programs offered for unserved, underserved, and inappropriately served populations.

Commissioner Comments & Questions

Commissioner Bunch asked about the focus on psychological distress only as opposed to using the Kessler 6 Scale (K6) in conjunction with the Beck Depression Inventory (BDI) and the Beck Anxiety Inventory (BAI).

Dr. Grills stated not all CDEPs were looking at depression or anxiety. She stated the need to use a more generic indicator of psychological wellbeing versus distress. In reviewing possible tools that could do that, the K6 was the most widely used and was found to be valid and reliable across populations while correlating with measures such as the BDI, BAI, and others.

Commissioner Chambers asked about next steps.

Dr. Grills stated next steps are to consider the potential role of CDEPs as a bona fide, credible approach in the Commission's deliberations moving forward on anything related to mental health in the state of California, and to consider the five recommendations listed in the CRDP evaluation report.

Commissioner Bunch asked if Dr. Grills has seen CDEPs used at the county level by any other directly-operated programs around the state.

Dr. Grills stated they are not necessarily called CDEPs and she does not know if any county has taken them on wholeheartedly. She gave the example of Los Angeles County's Ready to Rise program that does not call it CDEPs, which started out with 49 communities in Los Angeles County who were charged with designing and implementing positive youth development programs to decrease the exposure of youth, particularly youth of color, from entering the juvenile justice system.

Dr. Grills stated she was unsure that even 10 percent of the programs used evidence-based approaches. The youth did not respond to them, yet the communities designed culturally- and critical consciousness-based and positive youth development-

emphasized interventions that youth did respond to. This would be an example of CDEPs that are not officially called CDEPs.

Commissioner Chambers asked if, in advocacy, this should be called a standard practice.

Dr. Grills stated communities should have access to CDEPs along with the promotion of evidence-based practices.

Commissioner Mitchell thanked the presenters for their presentation of the use of the instruments and how they arrived at their recommendations.

Commissioner Rowlett stated his organization has been involved with the Confess Project of America, a national organization supporting local chapters that train barbers and stylists to become mental health advocates for individuals who would be less likely to see a therapist. He stated mental health first aid does not always translate well into reducing stigma for people in the Black community but going to the barber and beauty shop does. He stated barbers and stylists recognize that how a person presents in the barber and beauty shop says a lot about their emotional and mental health and wellbeing.

Commissioner Rowlett stated clients unconditionally accept help from their barber or stylist. He stated a barber once told him that he is like a counselor to the person who sits in his chair. People trust their barbers and stylists. These professionals have a unique access to individuals in the community and, even more importantly, they have the opportunity to hear feedback regarding their clients' experiences in seeking support in behavioral and mental health, because clients go back to the barber shop.

Commissioner Rowlett stated this is an example of the community's request on how to present mental health services to the community so the community will accept them. This is another example of CDEPs that are not named CDEPs.

Commissioner Carnevale congratulated the presenters on doing a ROI analysis. He stated one of the challenges of ROIs is looking at what was measured and the size. He noted that sometimes pilot projects look good but, when scaled, they are not as compelling. He asked about how much of this is a pilot versus already in scale, how big the CDEPs are, and about the percentage of the problem or population they are currently addressing. If this works, how much bigger does it need to be than it already is?

Dr. De la Cruz Toledo He stated 15,000 individuals were served. A subsample used information from the questionnaire. Also, 17,000 individuals received referrals – a total of over 21,000 referrals were provided, but some individuals had multiple referrals. She stated one thing that the study could not show was the diversity of those referrals. Individuals received referrals related to mental health, but also social determinants of health.

Dr. De la Cruz Toledo He stated this is just the tip of the iceberg because the $63 million budget for the 35 IPPs only served 15,000 individuals over the years of the project. Although each IPP did not receive much funding for their work, they provided many programs and benefits. She noted that some of the IPPs were long-standing, serving communities for over 30 years, while others were new but they became the

go-to place. She stated the IPPs referred individuals to other services they required – this greatly helped to improve individuals' mental health.

Dr. Grills stated Phase 2 continues to collect and examine data from the implemented pilot projects to ensure the sustainability and scalability of what was originally developed. She stated the CDPH is partnering with the CDEPs to frame and design Phase 3 on whether it should dig even deeper with the same groups or expand to include more groups. A solid foundation has been played but there are many questions yet to be answered.

Ms. Rodriguez stated the original $60 million in funding sunsetted on April 20, 2022. Through the advocacy of the 35 community-based organizations included in the initiative, the Legislature responded by providing an additional $63 million for the CDEPs. That funding will sunset on June 30, 2026. She stated what makes the CRDP unique are the CDEPs and that it is not top-down driven but uses community-based participatory action for decision making. She stated the CDPH began engaging the 35 community-based organizations in May of 2023 and went on the road in the fall asking Californians about the vision of the CRDP beyond June 30, 2026, when the funding will end.

Ms. Rodriguez stated the CDPH also created a task force to look at the original design of the CRDP, look at what did and did not work, analyze the feedback received during the fall, and consider the future vision of the CRDP. Recommendations from the task force, anticipated in the summer of 2025, will help the CDPH and the Office of Health Equity determine if additional funding should be sought.

Ms. Rodriguez stated Dr. Grills took on the task of evaluating the extension that was effective July 1, 2023. Dr. Grills will have 15 months of data to inform a new report, upon Agency approval. The Commission can anticipate that that cost and benefit analysis will reinforce and reassure confidence that the CRDP and CDEPs save money. A consultatory body will begin in March of 2024 to work alongside Drs. Grills and De la Cruz Toledo He to provide a narrative to the decision makers.

Vice Chair Alvarez stated the approaches that CDEPs apply have been elevated in the last couple of years as the state seeks to reform Medi-Cal and the health care delivery system to be more equitable. She stated CDEPs are often seen as separate approaches, and while there are 35 programs, the elements that CDEPs deploy can be applicable to other parts of the health care system. There are certain approaches that the Commission, as part of its strategic plan to create a more equitable mental health delivery system, can help solidify in its evidence.

Vice Chair Alvarez asked when something goes from being community-informed to evidence-based and how the Commission has a responsibility to support that pathway. Some of the CYBHI is funding CDEPs and seeing results that other parts of the health care system can adopt and take to scale. These do not have to be separate initiatives, but should be integrated into the reformed Medi-Cal program, the improved care delivery, and the more equitable health care system.

Vice Chair Alvarez stated she gets excited to think about the strategic plan and the Commission's responsibility to hold entities to take those programs to scale. This would

not be possible without the ROI or the story that the presenters are helping to tell. She commended the presenters on their research and detailed analysis that helps make the evidence more real.

Ms. Rodriguez stated all those things have been made possible because the CRDP adopted what is called the “three S’s,” as part of the CRDP extension – scalability, sustainability, and systems transformation. She stated part of systems transformation is to educate the other systems that cross-section with behavioral health about community-defined evidence-based practices, but not just education. Part of systems transformation is not just to recognize that this works, but to change the system to compensate for these services.

Dr. De la Cruz Toledo He stated these organizations are serving the unserved, underserved, or inappropriately served. The question in the questionnaire about who they are seeking help from – primary care physician or mental health physician – was modified to include traditional helper and community worker. A significant portion of individuals who are coming to CDEPs are being served by the non-Western options. She noted that CDEPs fill a void in the stressed health care system.

Commissioner Carnevale stated this conversation potentially intersects with multiple other opportunities. A lot of money is spent in the system because of the noninvolvement in prevention and early intervention for these populations. He stated, although this work is great, it could be made better by taking it to the next level and measuring what is going on in the brain. This would provide root-cause evidence as to how it is working. It provides greater precision and efficacy that puts more weight behind the importance of these programs.

Commissioner Carnevale stated the Governor is concerned about the huge gap seen in private sector funding of new innovations that do not make their way into the public sector for sometimes more than a decade. This is another great example of understanding interventions that could work and looking at new non-invasive or minimally invasive interventions out there.

Public Comment

Diego Bravo, Resource Development and Policy Manager, Safe Passages, part of the CRDP, thanked the Commission for including a presentation on the CRDP evaluation report in today’s agenda. The speaker highlighted the power that community-defined practices have in reducing mental health disparities in communities and for individuals who for so long have been unserved, underserved, and inappropriately served. The speaker stated this power and practice is fueled by the acceptance that diverse approaches to behavioral health, inclusion, and leadership of community voice and cultural understanding are things that work in mental health practice and that do not just deserve but require a seat at the table to create an equitable mental health ecosystem in California that works for everyone.

Diego Bravo stated the hope that the content and the data in the report are utilized in funding decisions and Request for Proposals (RFP) development through the Commission and in developing new guidelines for the Commission, including the appointment of the new Commission members by appointing individuals who are well-

versed and understand the importance and perspective of CDEPs. The speaker stated this would help ensure that the findings of the report and the work of these communities are not lost and that the programs that have been proven to be extremely effective at reducing mental health disparities in the state are effectively sustained.

Stacie Hiramoto thanked the Commission for including a presentation on the CRDP evaluation report in today's agenda. She stated the report verifies what community providers, consumers, and families from underserved communities know in their hearts – that these approaches and these types of programs work. She stated she was happy that staff included the five recommendations in the report in the meeting materials.

Stacie Hiramoto agreed with the previous speaker that the Commission can go farther by keeping the outcomes and effectiveness of CDEPs in mind when developing and releasing RFPs and RFAs and when revising Commission rules and regulations. Particularly if Proposition 1 passes, the Commission will oversee $20 million per year in innovations. CDEPs should be included in the new rules and regulations for those programs and in the RFP and RFA awards.

Stacie Hiramoto suggested including individuals who are familiar with CDEPs when appointing Committee members to the Standing Committees or when Committees are formed for any project. She noted that Medi-Cal has many rules and regulations that are prohibitive for many of the organizations that operate CDEPs.

Richard Gallo stated the Commission has a duty to follow the recommendations in the CRDP evaluation report and to include additional reporting requirements not just for the $20 million annual funding, but all funding sources that the Commission issues to counties. The speaker stated this will be more reflective in analyzing impacts and the usage of the dollars that are being spent with the funding that is dispensed to the counties.

Richard Gallo stated the need to look at dual diagnosis mental health and intellectual disabilities that impacts families, especially on the mental health side with the lack of resources, treatments, and services for children and adults with intellectual disabilities and mental health because the regional center system only focuses on the area of intellectual disabilities.

Richard Gallo stated the need to look at traumatic brain injury and mental health because this has a major impact on social wellbeing, mental health, and the ability to work. The speaker stated the need to look at the deaf community and mental health. The speaker stated these target populations need to be included in the CRDP project. The organization that provides the disparities project has done a wonderful job in serving communities throughout the state. The speaker strongly encouraged the Commission to make additional reporting requirements related to the CRDP evaluation report and recommendations.

Eba Laye, Executive Director, Whole Systems Learning, part of the CRDP, stated Whole Systems Learning focuses on African American youth, ages 14 to 29, who are on probation or are a foster or former foster child. Whole System Learning's evaluation found that a baseline 57 percent of participants suffered from depression and

51 percent from post-traumatic stress disorder (PTSD). The speaker stated, while individuals may be undiagnosed in a formal sense, Whole Systems Learning is serving individuals who are even above an early intervention level.

Eba Laye stated Whole Systems Learning found that, post-test, there was a 67 percent decrease in PTSD. The speaker stated this kind of access is not seen through the Los Angeles County mental health system. Although Dr. Grills spoke about one program that is funded by the Department of Mental Health, that was not an open solicitation. There has never been an open solicitation for mental health disparities. In fact, when asked about it, the Department of Mental Health administration stated they would like to think that all their solicitations address disparities. The speaker stated there is not even any thought to focus on specific population groups.

Eba Laye stated there also has never been a solicitation for CDEPs, whether they are called CDEPs or not. The Commission will be the only source of funding for communities in Los Angeles County to address needs that are not being addressed by the mental health care system.

Emily Wu Truong stated this past Monday she was part of a webinar facilitated out of Massachusetts called *988 – Is It Harming More Than Helping?* There needs to be a public discussion on 5150 holds and whether they are harming more than helping. There is no trust built between the individual, law enforcement, and health care providers. She stated she has been looking for answers and transparency from the system. She stated she would love to see the system provide a workshop on what happens in a 5150, how it is supposed to be conducted, who oversees teaching law enforcement on how they are to conduct a 5150 appropriately, and how the system, because of the law, can allow for a person to be legally kidnapped and taken to the hospital by the fire department.

Emily Wu Truong stated it is frustrating trying to navigate the system. She stated she is looking for answers. She will be hosting a future mental health awareness event in San Gabriel Valley in the coming months and plans to invite the Los Angeles County Department of Mental Health Emergency Services Bureau, the San Gabriel Police Department, and the San Gabriel Mental Health Evaluation Team to demonstrate what happens in a 5150. It is traumatic for an individual who is 5150ed to receive psychiatric ward services. It was harming and traumatizing to be given the financial burden of over $3,000 for being mistakenly considered to be a person who had a plan for suicide when she did not. She stated the need to rethink the system – is it harming or is it healing?

Regina Mason, Co-Founder, The Village Project, part of the CRDP, stated The Village Project developed the Emanyatta Saturday School for children of African ancestry in grades K-4 seven years ago. The original warriors are now in middle school and high school. The speaker stated the importance for young people of African ancestry to learn their cultural heritage and identity. The speaker stated they have seen stronger mental health, wellbeing, and stigma reduction because of this program.

Regina Mason thanked the Commission for putting the CRDP evaluation report on the agenda and highlighted the incredible work the presenters did in telling the story. There is much more in terms of ancillary services that many community-based organizations are doing in their various projects that have yet to be uplifted. The speaker stated they

look forward to having even more information brought forward in terms of how individuals' mental health and wellbeing is being impacted in unserved, underserved, and inappropriately served communities.

Regina Mason cautioned against the CRDP evaluation report and recommendations being left on a shelf and forgotten. The speaker stated this is such incredible work in terms of community-defined practices and how they work. The speaker stated the need to recognize CDEPs as innovative, effective, and community-driven prevention and early intervention approaches to reducing mental health disparities, especially in unserved, underserved, and inappropriately served communities.

Alfonso Silva-Piontek, Equity Policy Manager, Safe Passages, thanked the Commission for putting this crucial report on the agenda. The speaker stated wholehearted endorsement for the CRDP evaluation report. Safe Passages leads one of the CDEPs, the Law and Social Justice Life Coaching Project, which is a prevention and early intervention program that specifically targets African American youth between the ages of 16 and 21. It aims to mitigate the impact of chronic stress and trauma linked to poverty, racism, educational disenfranchisement, and involvement in the juvenile justice system. The speaker stated Safe Passages is excited to see that this program is supporting many youths in the Oakland community.

Alfonso Silva-Piontek stated the Law and Social Justice Life Coaching Project focuses on reducing mental illness, addressing trauma-related symptoms, preventing school failure and drop-outs, and curbing incarceration rates among the target population. The speaker urged the Commission to integrate findings in the CRDP evaluation report into developing future rules and guidelines as well as RFPs and RFAs and other opportunities that could fund or support CDEPs. The speaker stated it is imperative to acknowledge that CDEPs are innovative and effective community-led prevention and early intervention strategies that reduce mental health disparities among underserved communities.

Steve McNally stated, if a person can build trust, they can build influence to help someone else change. The speaker stated the need to think about implicit bias and putting evidence-based programs only in RFPs so that programs get excluded, or making small organizations, because of a complicated procurement system, divide their services under larger entities and not be paid at the same levels. The speaker stated they liked the ladder of peer engagement that was shared by the California Youth Empowerment Network (CAYEN) years ago, in which the bottom rung was manipulation, then tokenism, consulted, co-produced, and, at the top, partnership.

Steve McNally stated the story told today is probably the story of what community planning needs to look like in California. It is important to have as many tools as possible to help individuals when they need help. It is complicated to only state the requirements without first fixing the procurement system, because applications will not get through. There are many small organizations without loaded overhead that do the work. When they attend events, they either cannot help an individual or they cannot produce revenue for the organization and they are more apt to apply for federal funding than state or county funding.

Lueni Masina, Project Coordinator, Essence of MANA Program, Asian American Recovery Services (AARS), a program of HealthRight 360, part of the CRDP, spoke in support of CDEPs. The speaker stated CDEPs are an innovative and effective approach to reducing mental health disparities within the unserved and underserved communities. The speaker stated CDEPs work for the Pacific Islander population. Evaluation and data are not very familiar within the Pacific Islander culture and community. The data collected in the report and through the CRDP has provided a chance to elevate the community voice and uplift programs by addressing population disparities as well as promote healing through a community and cultural lens.

Lueni Masina thanked the Commission for including a presentation on the CRDP evaluation report on the agenda.

Laurel Benhamida, Ph.D., Muslim American Society – Social Services Foundation and REMHDCO Steering Committee, stated it is wonderful that the Commission had this presentation on the agenda. She asked, when posting the meeting online, to include the time that the presentation from Loyola Marymount is scheduled to begin. The key is to spread the word about these innovative practices through the community at all levels.

9: MHSSA RFA Outline

Chair Madrigal-Weiss tabled this agenda item to the next meeting.

10: Substance Use Disorder Contract Authorization

Chair Madrigal-Weiss stated the November 2023 Commission meeting included a presentation on opportunities to allocate Mental Health Wellness Act Funds up to $20 million to support substance use disorder treatment efforts. She stated the Commission approved the allocation of $20 million in Mental Health Wellness Act Funds with a 20 percent set aside for technical assistance, evaluation, and project management through sole source contracts to support evidence-based substance use disorder treatment and to address service gaps to reaching American Society of Addiction Medicine standards, and with the Commission contracting with three counties – one small, one medium, and one large – as well as other entities in the pilot program.

Chair Madrigal-Weiss stated the Commission will consider approval of $20 million in contracts to support the effort to expand access to medication assisted treatment of substance use disorders. She invited Commissioner Danovitch to provide some context.

Commissioner Danovitch stated a proposal was approved at the November meeting to expand access to integrated medical and addiction treatment. He stated the Commission asked for more details at the January 2024 meeting, particularly why sole-source contracting was chosen, and asked that a contracting strategy be developed to allow other entities to participate should they want to and have the capacity to do so.

Commissioner Danovitch provided an overview, with a slide presentation, of the background, SUD funding strategy, and why this approach was chosen. He stated there are many needs in the space of SUDs and many populations that are in need across many levels of care. The goal is to, with a limited amount of funding, choose something

impactful, feasible, scalable, and sustainable. He stated this informed the strategy and approach selected from among the many compelling opportunities that exist within the substance use space.

Commissioner Danovitch stated the funding strategy includes $16 million for a Medication Assisted Treatment (MAT) Prescriber Cost-Sharing Program, which supports residential treatment programs and is part of a broader strategy to integrate these systems, Incidental Medical Services (IMS) in residential facilities, and access to low-barrier telehealth medical services. The purpose of these three initiatives is to integrate medical services into addiction treatment settings. He stated the strategy also includes $4 million for technical assistance, research and evaluation, and project coordination.

Tom Orrock, Deputy Director of Program Operations, continued the slide presentation and discussed feedback received, the selection process, questions for respondents, and recommended pilot participants and contractors. He stated, to address the feedback received, staff sent out a Request for Letters of Interest to allow clinics, community-based organizations, and county behavioral health departments to indicate their level of interest in participating in the pilot project. Staff met with subject matter experts in technical assistance, research and evaluation, and project coordination with a goal to assess further interest and their capacity to successfully participate in the project to help bring lasting change and create greater access to treatment.

Deputy Director Orrock stated 22 Letters of Interest were received. He stated Commission staff evaluated the letters using a scoring rubric, based on the five questions asked in the Request for Letters of Interest around level of interest and ability to receive funding, target populations, cost-sharing strategies and fiscal sustainability after the grant period, feasibility of partnering with medical prescribers, and anticipated impacts or benefits.

Deputy Director Orrock shared the recommended pilot participants and contractors as follows:

- Large County: Los Angeles County Department of Public Health, Bureau of Substance Abuse and Prevention Control
- Medium County: Marin County Department of Health and Human Services, Division of Behavioral Health and Recovery Services
- Small County: Nevada County Behavioral Health
- Technical Assistance: California Institute for Behavioral Health Solutions
- Research and Evaluation: UCLA Integrated Substance Use Programs
- Project Coordination: Jett & Associates LLC

Deputy Director Orrock stated one-page summaries of the Letters of Interest received were included in the meeting materials.

Commissioner Comments & Questions

Commissioner Chambers asked why none of the community-based organizations that applied were chosen.

Deputy Director Orrock stated these questions will be worked out as part of the implementation plan.

Commissioner Rowlett shared his experience that the contractors will consult and contract with community-based organizations in this work.

Commissioner Carnevale asked if these contracts will highlight and try to resolve supply chain issues – the misalignment of incentives and systems between federal, state, and local that creates inefficiencies such as was seen in the Commission's site visit to Skid Row – while also delivering services.

Commissioner Danovitch stated there is some element of that in telehealth services, which delivers services to a broader array of patients, but the decision was made to go upstream of Skid Row. He stated the notion is that the specialty treatment system is one of the mechanisms to help individuals achieve recovery before they end up on Skid Row.

Deputy Director Orrock suggested that UCLA produce a white paper outlining barriers to access and system failures. This is a large piece to include as part of the UCLA contract to get ongoing information based on what was learned from this pilot.

Commissioner Mitchell asked if other large counties applied.

Deputy Director Orrock stated all counties were aware of the pilot program.

Vice Chair Alvarez asked everyone to reflect on the baked-in racism in the system that considers substance use as individual behavior versus something that is part of health and experience. She asked about the future where other programs have these types of holistic opportunities for wherever substance use treatment is sought and if telehealth is part of the solution. Telehealth opens doors to additional providers that do not have to be on site and can address some of the shortages or pipeline issues.

Commissioner Danovitch stated the past was about separation of services and residential programs were not allowed to provide medical services. The future is about integrated services. On site services and telehealth are ways of integrating services. The payment mechanisms to do that are now in place but policies still need to change, such as a law to change the IMS exclusion so that programs will not need to proactively apply for a waiver to offer medical services.

Commissioner Danovitch stated the pilot programs will try to get over the activation energy because it does take change management for programs that have been offering services for a long time with a certain model of care without medical services, perhaps with ideas that medical services are not needed. Change must take place to logistically support the process and to bill to health plans and payers and generate revenue that is sustainable.

Commissioner Brown stated the report clearly breaks down the funding between the counties and the evaluation services. He asked about the breakdown on the funding for the large, medium, and small counties and how was that determined.

Deputy Director Orrock stated the Commission would like to consult with contractors on that question. He stated the need for the funding to be equitable and spendable. This pilot is largely a medical personnel expansion grant. He stated the need to get estimates on the number of providers who can be a part of the pilot. The initial thought was to distribute $13 million to Los Angeles County, $2 million to Marin County, and $1 million to Nevada County.

Commissioner Mitchell asked, if counties do not reach out in the future, if the Commission can put out a notice on LISTSERV to let them know about what is available. Some counties miss opportunities because they have not heard about them.

Public Comment. There was no public comment.

Commissioner Discussion

Action: Chair Madrigal-Weiss asked for a motion to approve the recommendations for expenditure of Mental Health Wellness Act funds in the amount of $20 million to address SUD, which includes a total of $16 million to the three selected counties identified in the outline and $4 million to conduct technical assistance, pilot evaluation and program research, and project coordination. Commissioner Carnevale made a motion, seconded by Commissioner Bunch, that:

- *The Commission approves the recommendations for expenditure of Mental Health Wellness Act funds in the amount of $20 million to address SUD, which includes a total of $16 million to the three selected counties identified in the outline and $4 million to conduct technical assistance, pilot evaluation and program research, and project coordination.*

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

The following Commissioners voted “Yes”: Commissioners Brown, Bunch, Carnevale, Chambers, Danovitch, Gordon, Mitchell, and Robinson, Vice Chair Alvarez, and Chair Madrigal-Weiss.

The following Commissioner abstained: Commissioner Rowlett.

11: Governor’s Proposed 2024 Budget, Expenditure Update, and Legislative Priorities for 2024

Chair Madrigal-Weiss stated the Commission will hear a presentation on the Governor’s proposed budget as it relates to behavioral health and consider expenditures for the 2024-25 Budget and will consider legislative priorities for 2024. She asked staff to present this agenda item.

Governor’s Proposed 2024 Budget and Expenditure Update

Deputy Director Pate stated she will skip over the information on the Governor’s 2024-25 Proposed Budget. The presentation is included in the meeting materials. An update will be provided at the May meeting. She stated $1.6 million has been reappropriated

from early psychosis funds received in the prior year's budget. Those funds are not available. Executive Director Ewing has been working on a proposal for early psychosis. She asked him to provide an update.

Executive Director Ewing stated several years ago the Commission received funding from the Legislature to focus on early psychosis intervention. Staff has been working successfully with the Administration to better understand that opportunity and put in place strategies to strengthen ways to respond to individuals who have psychosis. Commissioners will participate in a site visit next month in Napa to the state hospital with a focus on individuals who have been identified as incompetent to stand trial. They have been directed to the Napa State Hospital for competency restoration as part of the criminal charges.

Executive Director Ewing stated the research coming out of that department shows that the vast majority are struggling with psychosis and have not received consistent community-based care. The Commission authorized staff to distribute the funds the Commission had received for grants to increase effective practices and set aside a portion that ended up not being spent for research and outreach. At that time, the Commission did not have confidence in how to use the funding.

Executive Director Ewing stated, in the interim, staff has been working with partners across California and the country and within the California Health and Human Services Agency (CalHHS) and are bringing a request to use those funds to bring in a contractor who can facilitate a process to understand the landscape in terms of accessing effective early psychosis interventions, understand the impact of unmet need, particularly on public sector budgets, and understand barriers to scaling access to care so that the Commission can put together a game plan to move from where they are today serving 5 to 10 percent at best to serving 100 percent of Californians within an aggressive timeframe.

Executive Director Ewing stated the recommendation is for $1.65 million to develop a strategic plan for early psychosis intervention focused on financing, fiscal impact, technical assistance, research and evaluation, workforce, and a public narrative, as expressed in his Key Opportunity slide. He noted that the Commission will work with CalHHS to identify the research partner.

Deputy Director Pate reviewed the Commission Budget 2023-24 Mid-Year Update slides. She stated the Department of Finance (DOF) issued a budget letter directing departments to reduce current year spending. The Commission is working with the DOF to support that effort. At this point, no changes in strategy or primary initiatives are planned but the Commission is exploring with the Governor's team how to best support cost reductions this fiscal year. More detail will be provided as the budget process moves forward.

There were no questions from Commissioners.

Public Comment

Stacie Hiramoto asked in the RFA or in the new redirect for the early psychosis that the proposers include strategies that will address reducing disparities for BIPOC and LGBTQ individuals and communities. She stated she asked at the county level why

communities of color and others were not as interested in the early psychosis programs of the MHSA. She was told that, although studies show that it is effective, it is difficult to implement because clinicians, licensed individuals, and a doctor are needed and certain populations do not want to come to these programs. Some attention should be paid in the redirect on how this will be addressed.

Khatera Tamplen, former Commissioner, stated appreciation for the goal around alignment and sharing information. She stated she looks forward to sharing what she learned today with the Substance Abuse and Mental Health Services Administration (SAMHSA) Office of Recovery. She also stated she would like to share SAMHSA resources available to the Commission and the public. The SAMHSA Office of Recovery continues to build partnerships to support all individuals, families, and communities impacted by mental health and substance use conditions to pursue recovery, build resilience, and achieve wellness. She suggested reviewing SAMHSA's new National Model Standards for Peer Support Certification and its Peer Recovery Center of Excellence.

Khatera Tamplen stated an example around funding for fiscal year 2024 is a Notice for Funding Opportunity on Innovative Coordinated Access in Mobility Services, due February 15, 2024.

Commissioner Discussion

Action: Chair Madrigal-Weiss asked for a motion to approve the Fiscal Year 2023-24 Mid-year expenditure plan, including the Early Psychosis strategic plan expenditure as expressed in the Key Opportunity slide. Commissioner Brown made a motion, seconded by Commissioner Carnevale, that:

- *The Commission approves the Fiscal Year 2023-24 Mid-year expenditure plan, including the Early Psychosis strategic plan expenditure.*

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

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

Legislative Priorities for 2024

Kendra Zoller, Legislative Deputy Director, provided an overview, with a slide presentation, of the 2024 legislative opportunities and other considerations. She stated three proposals have been identified: establishing an Office of School Mental Health, establishing a Workplace Mental Health Center of Excellence within the University of California system, and reintroducing the Commission's 2021 sponsored bill to establish local youth advisory boards.

Ms. Zoller announced that Assembly Member and fellow Commissioner Carrillo will again be authoring the proposal on youth advisory boards. Positive and engaging discussions are ongoing with the Legislature on the other two proposals, but no authors have yet been determined officially. The last day to introduce bills is February 16th so

legislators are still making those decisions. An update will be provided at the February Commission meeting.

Ms. Zoller noted that the current fiscal outlook is likely to be a primary factor in some of the legislators' decision-making processes this year; however, staff remains optimistic about the Commission's three legislative proposals. SB 326, which is now Proposition 1, will be on the March 5th Primary Ballot. If it passes, it could also impact legislative discussions.

Commissioner Comments & Questions

Commissioner Gordon requested that the Office of School Mental Health be a combined office between the school system and the health system to bring those big systems together in a more formal way.

Commissioner Chambers asked if staff will review the legislative analyst's report and findings relative to Proposition 1 at the next Commission meeting.

Ms. Zoller stated the outcome for Proposition 1 will not be known until the March meeting.

Commissioner Chambers stated the Commission has not had a discussion on Proposition 1.

Executive Director Ewing stated the Commission is not allowed under the state's rules to use public dollars to advocate. The Commission can inform but the Commission is deferred to CalHHS and the legislative analyst to inform because they have greater capacity to answer questions about Proposition 1.

Public Comment. There was no public comment.

12: <u>Adjournment</u>

Chair Madrigal-Weiss thanked everyone for their participation and engagement in today's meeting. She stated the next Commission meeting will take place on February 22nd in Napa, California. There being no further business, the meeting was adjourned at 3:30 p.m.

Mental Health Services
Oversight & Accountability Commission

WELLNESS • RECOVERY • RESILIENCE

Motions Summary
Commission Meeting
January 25, 2024

Motion #: 1

Date: January 25, 2024

Proposed Motion:

The Commission approves the November 16, 2023 Meeting Minutes

Commissioner making motion: Commissioner Rowlett

Commissioner seconding motion: Commissioner Bunch

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

Name	Yes	No	Abstain	Absent	Not Voting
1. Commissioner Bontrager	☐	☐	☐	☒	☐
2. Commissioner Brown	☒	☐	☐	☐	☐
3. Commissioner Bunch	☒	☐	☐	☐	☐
4. Commissioner Carnevale	☒	☐	☐	☐	☐
5. Commissioner Carrillo	☐	☐	☐	☒	☐
6. Commissioner Chambers	☒	☐	☐	☐	☐
7. Commissioner Chen	☐	☐	☐	☐	☒
8. Commissioner Cortese	☐	☐	☐	☒	☐
9. Commissioner Danovitch	☒	☐	☐	☐	☐
10. Commissioner Gordon	☒	☐	☐	☐	☐
11. Commissioner Mitchell	☒	☐	☐	☐	☐
12. Commissioner Robinson	☒	☐	☐	☐	☐
13. Commissioner Rowlett	☒	☐	☐	☐	☐
14. VACANT					
15. Vice-Chair Alvarez	☒	☐	☐	☐	☐
16. Chair Madrigal-Weiss	☒	☐	☐	☐	☐

Motions Summary
Commission Meeting
January 25, 2024

Motion #: 2

Date: January 25, 2024

Proposed Motion:

That the Commission approves the Consent Calendar that includes funding for Sutter-Yuba County's Multi-County FSP Innovation Project for up to $1,226,250, and Sacramento County's Community-Defined Mental Wellness for African American/Black/African Descent Unhoused Innovation Project for up to $15,500,231.

Commissioner making motion: Commissioner Gordon

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	Not Voting
1. Commissioner Bontrager	☐	☐	☐	☒	☐
2. Commissioner Brown	☒	☐	☐	☐	☐
3. Commissioner Bunch	☒	☐	☐	☐	☐
4. Commissioner Carnevale	☒	☐	☐	☐	☐
5. Commissioner Carrillo	☐	☐	☐	☒	☐
6. Commissioner Chambers	☒	☐	☐	☐	☐
7. Commissioner Chen	☒	☐	☐	☐	☐
8. Commissioner Cortese	☐	☐	☐	☒	☐
9. Commissioner Danovitch	☒	☐	☐	☐	☐
10. Commissioner Gordon	☒	☐	☐	☐	☐
11. Commissioner Mitchell	☒	☐	☐	☐	☐
12. Commissioner Robinson	☐	☐	☐	☐	☒
13. Commissioner Rowlett	☒	☐	☐	☐	☐
14. VACANT					
15. Vice-Chair Alvarez	☒	☐	☐	☐	☐
16. Chair Madrigal-Weiss	☒	☐	☐	☐	☐

Motions Summary
Commission Meeting
January 25, 2024

Motion #: 3

Date: January 25, 2024

Proposed Motion:

That the Commission adopts the 2024-27 Strategic Plan.

Commissioner making motion: Commissioner Danovitch

Commissioner seconding motion: Vice Chair Alvarez

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

Name	Yes	No	Abstain	Absent	Not Voting
1. Commissioner Bontrager	☐	☐	☐	☒	☐
2. Commissioner Brown	☒	☐	☐	☐	☐
3. Commissioner Bunch	☒	☐	☐	☐	☐
4. Commissioner Carnevale	☒	☐	☐	☐	☐
5. Commissioner Carrillo	☐	☐	☐	☒	☐
6. Commissioner Chambers	☒	☐	☐	☐	☐
7. Commissioner Chen	☒	☐	☐	☐	☐
8. Commissioner Cortese	☐	☐	☐	☒	☐
9. Commissioner Danovitch	☒	☐	☐	☐	☐
10. Commissioner Gordon	☒	☐	☐	☐	☐
11. Commissioner Mitchell	☒	☐	☐	☐	☐
12. Commissioner Robinson	☒	☐	☐	☐	☐
13. Commissioner Rowlett	☒	☐	☐	☐	☐
14. VACANT					
15. Vice-Chair Alvarez	☒	☐	☐	☐	☐
16. Chair Madrigal-Weiss	☒	☐	☐	☐	☐

Motions Summary
Commission Meeting
January 25, 2024

Motion #: 4

Date: January 25, 2024

Proposed Motion:

That the Commission approves the recommendations for expenditure of Mental Health Wellness Act funds in the amount of $20 million to address SUD which includes a total of $16 million to the three selected counties identified in the outline and $4 million to conduct technical assistance, pilot evaluation and program research, and project coordination.

Commissioner making motion: Commissioner Carnevale

Commissioner seconding motion: Commissioner Bunch

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

Name	Yes	No	Abstain	Absent	Not Voting
1. Commissioner Bontrager	☐	☐	☐	☒	☐
2. Commissioner Brown	☒	☐	☐	☐	☐
3. Commissioner Bunch	☒	☐	☐	☐	☐
4. Commissioner Carnevale	☒	☐	☐	☐	☐
5. Commissioner Carrillo	☐	☐	☐	☒	☐
6. Commissioner Chambers	☒	☐	☐	☐	☐
7. Commissioner Chen	☐	☐	☐	☐	☒
8. Commissioner Cortese	☐	☐	☐	☒	☐
9. Commissioner Danovitch	☒	☐	☐	☐	☐
10. Commissioner Gordon	☒	☐	☐	☐	☐
11. Commissioner Mitchell	☒	☐	☐	☐	☐
12. Commissioner Robinson	☒	☐	☐	☐	☐
13. Commissioner Rowlett	☐	☐	☒	☐	☐
14. VACANT					
15. Vice-Chair Alvarez	☒	☐	☐	☐	☐
16. Chair Madrigal-Weiss	☒	☐	☐	☐	☐

Motions Summary
Commission Meeting
January 25, 2024

Motion #: 5

Date: January 25, 2024

Proposed Motion:

The Commission approves the Fiscal Year 2023-24 Mid-year expenditure plan, including the Early Psychosis strategic plan expenditure.

Commissioner making motion: Commissioner Brown

Commissioner seconding motion: Commissioner Carnevale

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

Name	Yes	No	Abstain	Absent	Not Voting
1. Commissioner Bontrager	☐	☐	☐	☒	☐
2. Commissioner Brown	☒	☐	☐	☐	☐
3. Commissioner Bunch	☒	☐	☐	☐	☐
4. Commissioner Carnevale	☒	☐	☐	☐	☐
5. Commissioner Carrillo	☐	☐	☐	☒	☐
6. Commissioner Chambers	☒	☐	☐	☐	☐
7. Commissioner Chen	☐	☐	☐	☐	☒
8. Commissioner Cortese	☐	☐	☐	☒	☐
9. Commissioner Danovitch	☒	☐	☐	☐	☐
10. Commissioner Gordon	☒	☐	☐	☐	☐
11. Commissioner Mitchell	☒	☐	☐	☐	☐
12. Commissioner Robinson	☒	☐	☐	☐	☐
13. Commissioner Rowlett	☒	☐	☐	☐	☐
14. VACANT					
15. Vice-Chair Alvarez	☒	☐	☐	☐	☐
16. Chair Madrigal-Weiss	☒	☐	☐	☐	☐

AGENDA ITEM 5

Action
February 22, 2024 Commission Meeting

Consent Calendar

Summary:
The Mental Health Services Oversight and Accountability Commission will consider approval of the Consent Calendar which contains the following items:

1) Innovation project funding request by Riverside County
2) Reallocation of allcove™ youth drop-in center funds

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.

1) Innovation project funding request by Riverside County

Eating Disorder Intensive Outpatient and Training Program:
Riverside University Health System Behavioral Health (RUHS-BH) is requesting up to $29,139,565 of innovation spending authority to develop a holistically integrated treatment approach within the County public mental health system for individuals living with eating disorders.

The County states the development of the Eating Disorder Intensive Outpatient Program (ED-IOP) will also be as a central location to allow for the training of practitioners who provide care for those with eating disorders, targeting Medi-Cal beneficiaries and uninsured youth.

In response to the needs expressed by their community, the County is bringing this project forward using a three-pronged approach by providing education related to eating disorders; providing treatment that is culturally centered; and providing training for professionals who treat individuals with eating disorders.

Currently, the County does not offer ED-IOP programs for Medi-Cal beneficiaries and it is often difficult to receive care and resources immediately since services are provided by out-of-County-network providers.

The project will focus on the following three (3) components:

1. Providing care for youth with eating disorders, integrating both physical and behavioral health with a ratio of 1 Clinical Therapist for 4 consumers
2. Contracting and training, utilizing cultural competency, for physicians, clinicians, psychologists and medical residents who provide care for youth with eating disorders
3. Community outreach and education that will provide training, awareness, and reduce stigma around eating disorders, targeting schools, community health centers, emergency rooms, and other organizations/locations as needed

The Community Program Planning Process:

Local level

Riverside County held a robust community planning process beginning in June 2023 where an idea for an innovation project on providing care and support for those with eating disorders became a priority. Members in the community began research on the prevalence of eating disorders within the County, the services available for those with eating disorders, and the impact of this mental health disorder on underserved populations. *Specific dates of the County's community engagements can be found on pages 23-24 of project plan.*

A team comprised of Eating Disorder (ED) Champions (practitioners and paraprofessionals who are experienced with consumers who have eating disorders), TAY peer support specialists, parent partners, medical and clinical professionals, culturally competent staff and various county staff worked in partnerships to reach out to clients and communities to gather insight and challenges within the realm of those living with an eating disorder.

The information obtained from clients and the community was then presented to a more extensive audience including eating disorder consumers, eating disorder professionals, physicians, psychiatrists, clinicians, community-based organizations and underrepresented communities (i.e., African Americans, LGBTQ+, Hispanic/Latinx, Middle Eastern, Asian Americans, Native Americans, People with Disabilities, Faith-based communities).

The County contends this project is centered on the concept of treatment, training, and having a centralized education hub located within the physical location of the Intensive Outpatient Program. Additionally, the County states they will incorporate culturally appropriate treatment and will target underserved cultural communities which is largely the population within the County.

The County held their 30-day public comment period between November 27, 2023 and December 27, 2023, followed by their Mental Health Board hearing on January 3, 2024. The County will seek Board of Supervisor approval pending Commission approval. The final

project was submitted on January 19, 2024 following technical assistance from Commission staff beginning in August 2023.

Note: Support letters and community engagement documents have been provided as part of the Appendix (pg. 42).

Commission Level
Commission staff shared this project's initial plan with its stakeholder contractors and the Commission's listserv on December 6, 2023, and comments were directed to the County. The final version of this project's plan was shared with the Commission's Community partners and the listserv on January 24, 2024.

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

Enclosures (2): (1) Commission Community Engagement Process; (2) Riverside County Analysis: Eating Disorder Intensive Outpatient and Training Program

Additional Materials (1):
A link to Riverside County's final Innovation project plan is available on the Commission website at the following URL:

https://mhsoac.ca.gov/wp-content/uploads/Riverside_INN-Project-Plan_Eating-Disorder.pdf

2) Reallocation of allcove™ youth drop-in center funds

The 2019-20 budget included $14,589,000 in state funds to support the development of youth drop-in centers that provide integrated mental health services for individuals between the ages of 12 and 25 years of age and their families. The focus of these centers are on vulnerable and marginalized youth and disparity populations, including but not limited to LGBTQ, homeless and indigenous youth.

In January of 2020, the Commission approved a Request for Application (RFA) and authorized five contracts each in the amount of $2 million to the awarded organizations. Six applications were received for the five awards, however, one of these applicants were unable to incorporate all of the allcove™ components and could not continue as an allcove™ grantee. The $2 million award was offered to the next highest scoring applicant as allowed in the RFA. The next highest scoring applicant turned the funds down due to staffing challenges.

These actions leave the $2 million available to support other allcove™ activities. Staff is recommending that the funds allocated to augment the contracts for the four existing allcove™ grantees which will allow them to expand their programs.

Proposed Motion:

That the Commission approves the Consent Calendar that includes funding for:

- Riverside County's Eating Disorder Intensive Outpatient and Training Program Innovation Project for up to $29,139,565, and
- The reallocation of $2 million of allcove™ youth drop-in center funding to expand existing allcove™ programs.

Mental Health Services
Oversight & Accountability Commission

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 Stakeholders

- **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 stakeholders**
    - **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 stakeholders:
    - **Listserv recipients**
    - **Commission contracted stakeholders**
    - **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 stakeholder 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 stakeholders 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 – RIVERSIDE COUNTY

Innovation (INN) Project Name:	**Eating Disorder Intensive Outpatient and Training Program**
Total INN Funding Requested:	**$29,139,565**
Duration of INN Project:	**5 Years**
MHSOAC consideration of INN Project:	**February 22, 2024**

Review History:

Approved by the County Board of Supervisors:	Anticipated for March or April 2024
Mental Health Board Hearing:	January 3, 2024
Public Comment Period:	November 27, 2023 – December 27, 2023
County submitted INN Project:	January 19, 2024
Date Project Shared with Stakeholders:	December 6, 2023 and January 24, 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; increase the quality of mental health services, including measured outcomes; and promote interagency and community collaboration related to Mental Health Services or supports or outcomes*

This proposed project meets INN 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:

Riverside University Health System Behavioral Health (RUHS-BH) is requesting up to $29,139,565 of innovation spending authority to develop a holistically integrated treatment approach within the County public mental health system for individuals living with eating disorders.

In response to the needs expressed by their community, the County is bringing an Eating Disorder Intensive Outpatient Program (ED-IOP) project forward using a three-pronged

approach by providing education related to eating disorders; providing treatment that is culturally centered; and providing training for professionals who treat individuals with eating disorders.

The County states the ED-IOP will also be at a central location to allow for the training of practitioners who provide care for those with eating disorders, targeting Medi-Cal beneficiaries and uninsured youth.

What is the Problem:

Eating disorders fall under the mental health umbrella and the following statistics show how prevalent this disorder is:

- Anorexia has the highest case mortality rate and second-eating disorders have the second highest mortality rate among all mental health disorders.
- 10,200 deaths each year are the direct result of an eating disorder—that's one death every 52 minutes.
- Eating disorder sufferers with the highest symptom severity are 11 times more likely to attempt suicide than their peers without eating disorder symptoms, and even those with sub-threshold symptoms are 2 times more likely to attempt suicide. Patients with anorexia have a risk of suicide 18 times higher than those without an eating disorder.
- The economic cost of eating disorders is $64.7 billion every year.
- Black/Indigenous/People of Color (BIPOC) patients with eating and weight concerns are significantly less likely to be asked about eating disorder symptoms by their doctors than are non-minority patients.
- Over 70% of people with eating disorders also have other conditions, most commonly anxiety and mood disorders.
- 22% of children and adolescents have unhealthy eating behaviors that could lead to or indicate an eating disorder.
- About 12% of adolescent girls have some form of eating disorder.
- Only 20% of adolescents with eating disorders seek treatment.

Information provided from the County reflects the following trends and statistics:

- Referrals into the current outpatient eating disorder program have increased within the last three (3) years.
- Over the previous two (2) years, 55% of the referrals received were for youth between 12-17 years old.
- 30% of the referrals received were for young adults between 18-25 years old.
- Demographically, youth currently being served in the outpatient eating disorder program closely reflect the overall youth population (12-17 years of age) in Riverside County:
    - Hispanic/Latinx – 63%
    - White (non-Hispanic) – 22%

- Black/African American – 5.4%
- Asian/Pacific Islander – 5.3%
- Multi-racial – 4%
- American Indian/Alaskan Native – 0.42%

Providing care for individuals with eating disorder is costly. For Fiscal Year 2018-2019:

- Nearly $65 billion was spent.
- There were approximately 53,918 emergency room visits due to eating disorders costing $29.3 million.
- There were 23,560 inpatient hospitalizations due to eating disorders costing $209.7 million.
- During this one-year period, 10,200 people died as a result of eating disorders.

Riverside County is hoping to utilize innovation funding to address the need brought forward by their community: an ineffective integrated treatment approach to eating disorders within the county behavioral health system. The County has identified the following challenges within their current system of care:

1. There is a lack of services that integrate both behavioral health and physical health for eating disorder clients.
2. Clients receiving treatment for eating disorders have only one level of care within the County system resulting in a lack of care continuum.
3. Lack of integrated training for psychiatrists and physicians related to eating disorders.
4. Lack of training and resources for families from ethnically diverse backgrounds to best support their loved one's treatment.
5. Lack of knowledge surrounding treatment options within underserved communities.

How this Innovation project addresses this problem:

This project hopes to develop and implement best practices within the County's current system of care continuum by opening up an Eating Disorder Intensive Outpatient Program (ED-IOP) which will also be utilized as a localized training center/hub, offering services for Medi-Cal beneficiaries and youth (ages 12-18) who require a higher level of care (see page 7 for medical criteria).

Currently, the County does not offer ED-IOP programs for Medi-Cal beneficiaries and it is often difficult to receive care and resources immediately since services are provided by out-of-County-network providers.

The project will focus on the following three (3) components:

1. Providing care for youth with eating disorders, integrating both physical and behavioral health with a ratio of one Clinical Therapist for every four consumers

   a. Consumers within the ED-IOP will remain in the program for up to 6 months but may require longer stay depending on complexity of disease
   b. Services will include experiential group, individual therapy (both Cognitive and Dialectic Behavioral Therapy), group therapy, crisis stabilization, and Eye Movement Desensitization and Reprocessing Treatment (EMDR)
2. Contracting and training, utilizing cultural competency, for physicians, clinicians, psychologists and medical residents who provide care for youth with eating disorders
   a. Clinical Therapist will conduct thorough clinical assessment and develop a treatment plan that will include primary care Physician, Psychiatrist, Dieticians, Case Workers, Substance Abuse Counselor, Transitional Age Youth Peer Support Specialists and Parent Partners
   b. Staff Psychologist will provide psychological testing to assess emotional and cognitive thinking
   c. This project will utilize Family Medicine and Psychiatry residents that will assist in coordinating and collaborating between the physical heath side and behavioral health side and will provide medical monitoring for consumers onsite
      i. Medical and Psychiatric Residents will gain knowledge, training, and experience within their rotation and may choose to continue their work in this field post-Residency
3. Community outreach and education that will provide training, awareness, and reduce stigma around eating disorders, targeting schools, community health centers, emergency rooms, and other organizations/locations as needed
   a. Education Specialist will lead this effort and will work with culturally competent organizations to create informational materials and marketing strategies

The Clinic site for this ED-IOP program will accommodate treatment for consumers and training for all those involved with patient care. The County plans to eventually move the clinic to the Campus Wellness Village which is anticipated to open in 2026. In the interim, the County will select and rent a space for this program (see pages 7-11 of project plan for detailed training and consultant information).

The Community Program Planning Process (pages 21-30):

Local Level

Riverside County held a robust community planning process beginning in June 2023 where an idea for an innovation project on providing care and support for those with eating disorders became a priority. Members in the community began research on the prevalence of eating disorders within the County, the services available for those with eating disorders, and the

impact of this mental health disorder on underserved populations. *Specific dates of the County's community engagements can be found on pages 23-24 of project plan.*

A team comprised of Eating Disorder (ED) Champions (practitioners and paraprofessionals who are experienced with consumers who have eating disorders), TAY peer support specialists, parent partners, medical and clinical professionals, culturally competent staff, and various county staff worked in partnerships to reach out to clients and communities to gather insight and challenges within the realm of those living with an eating disorder.

The information obtained from clients and the community was then presented to a more extensive audience including consumers of these services, eating disorder professionals, physicians, psychiatrists, clinicians, community-based organizations, and underrepresented communities (i.e., African Americans, LGBTQ+, Hispanic/Latinx, Middle Eastern, Asian Americans, Native Americans, People with Disabilities, Faith-based communities).

The ED Champions will continue to be the voice for consumers who have eating disorders as well as their families during the planning, implementation, and evaluation of this project. Individuals living with eating disorders often hide their disease or are unaware that they have an eating disorder and often lack the care they need. Additionally, families, clinicians and physicians may lack the appropriate training, education, and support for this community. The ED Champions will play an essential role in this area.

The Program Supervisor selected for this project will lead quarterly meetings with ED Champions, cultural and community groups/partners, and behavioral and medical health professionals to provide updates on this project and provide recommendations for improvement or identify challenges and ways to address those challenges.

As part of the research conducted for this project, Riverside contacted San Bernardino County who previously brought forward an innovation project also related to eating disorders (Commission approved on May 28, 2020). San Bernardino was helpful to Riverside and discussed some of the challenges, successes, and learnings of their project.

The County contends this project is centered on the concept of treatment, training, and having a centralized education hub located within the physical location of the Intensive Outpatient Program. Additionally, the County states they will incorporate culturally appropriate treatment and will target underserved cultural communities which is largely the population within the County.

The County held their 30-day public comment period between November 27, 2023 and December 27, 2023, followed by their Mental Health Board hearing on January 3, 2024. The County will seek Board of Supervisor approval pending Commission approval, likely March or

April 2024. The final project was submitted on January 19, 2024 following technical assistance from Commission staff beginning in August 2023.

Note: Support letters and community engagement documents have been provided as part of the Appendix (pg. 42).

Commission Level

Commission staff shared this project's initial plan with its stakeholder contractors and the Commission's listserv on December 6, 2023, and comments were directed to the County. The final version of this project's plan was shared with the Commission's Community partners and the listserv on January 24, 2024.

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

Learning Objectives and Evaluation (pages 16-21):

The proposed innovation plan aims to develop an intensive outpatient program focused on eating disorders, holistically integrating both physical and behavioral health as well as establishing a training component for providers of individuals who have eating disorders.

The County has identified the following four (4) main learning objectives:

1. Will the establishment of a county-operated ED-IOP program that integrates behavioral and physical health care increase access to high-quality eating disorder services for diverse groups of youth in Riverside County?
2. Will the establishment of an ED-IOP clinic that functions as a hub for integrated ED training and ED consultation increase the knowledge, confidence, and competency of RUHS primary care physicians, psychiatric residents, emergency department doctors and nurses, and behavioral health staff?
3. Will the development and provision of family support groups and education that incorporates parent(s)/caregiver(s) voices increase continued engagement in treatment services, and reduce stigma?
4. Will the development of culturally tailored community education presentations increase knowledge of eating disorders among specific cultural groups, decrease stigma, and increase attitudes toward help-seeking?

The County states this project is expected to serve the following:

- 30-40 youth annually – depending on the complexity of the eating disorder, the length of stay in the program would be at least 4 months and could last between 6-9 months potentially
- 80-100 parents and caregivers
- 60-75 behavioral and medical professionals who will receive training, increasing on an annual basis during the duration of this project

To determine project success, the County will work internally and in partnership with the community to finalize and implement an evaluation plan that will measure the short-term, intermediate, and long-term outcomes. They will also collaborate on developing Key Performance Indicators using a variety of data sources which might include, but are not limited to, the following qualitative and quantitative data:

- Service utilization data including treatment retention and successful transition to lower level of care
- Consumer demographics and surveys
- Hospitalization rate
- Number of community presentations that were held and the target audience for each presentation
- Self-reported and clinical diagnostic tools/assessments (e.g., PHQ-9, OQ-45)
- Number of families participating in family support groups – surveys will be utilized to measure increase in ability to provide care for loved ones
- Number of consults held with physicians and dieticians
- Surveys and interviews from the multi-disciplinary team to assess the project's professional communication and collaboration
- Development of training materials and number of providers trained

These activities will assist in ensuring quality and regulatory compliance, as well as inform the County on areas that may need modification and additional support.

Upon completion of the project, and if determined successful, the County will decide if the project will continue entirely or components of it, without the use of innovation funding. The County will seek funding through the Riverside University Health System Departments (behavioral health, community health clinics, public health, and the medical center). In addition to the Medi-Cal reimbursement, external grant funding and partnerships will also be explored for a sustainable funding model.

The Budget (pages 36-40):

5 Year Budget	FY 24/25	FY 25/26	FY 26/27	FY 27/28	FY 28/29	TOTAL
Personnel	$ 3,416,508.36	$ 3,553,168.69	$ 3,695,295.44	$ 3,843,107.26	$ 3,996,831.55	$ 18,504,911.30
Operating costs	$ 626,250.00	$ 651,300.00	$ 677,352.00	$ 704,446.08	$ 732,623.92	$ 3,391,972.00
Consultant costs / Contracts	$ 828,000.00	$ 861,120.00	$ 895,564.80	$ 931,387.39	$ 968,642.88	$ 4,484,715.07
Other expenditures	$ 145,425.00	$ 151,242.00	$ 157,291.68	$ 163,583.35	$ 170,126.68	$ 787,668.71
Indirect costs	$ 752,427.50	$ 782,524.60	$ 813,825.59	$ 846,378.61	$ 880,233.76	$ 4,075,390.06
Non-recurring costs	$ 494,000.00	$ -	$ -	$ -	$ -	$ 494,000.00
Total Project Cost	**$ 6,262,610.86**	**$ 5,999,355.29**	**$ 6,239,329.51**	**$ 6,488,902.69**	**$ 6,748,458.79**	**$ 31,738,657.14**
Medi-Cal Reimbursement	$ (355,600.00)	$ (528,320.00)	$ (549,452.80)	$ (571,430.91)	$ (594,288.15)	$ (2,599,091.86)
Total Innovation Request	**$ 5,907,010.86**	**$ 5,471,035.29**	**$ 5,689,876.71**	**$ 5,917,471.78**	**$ 6,154,170.64**	**$ 29,139,565.28**
**Numbers may not add up due to rounding; however, total dollar amount requested is accurate*						

Riverside County is requesting authorization to spend up to $29,139,565 in MHSA Innovation funding for this project over a period of five (5) years; however, total project cost is $31,738,657.

The County will be seeking Medi-Cal reimbursement in the amount of $2,599,092. ***Note: approximately $7 million of this project is subject to reversion by the end of this fiscal year.***

Three different staffing teams account for the **personnel** in this project (58% of the total project):

- Administrative Team
    - Program Manager (0.25 FTE)
    - Program Coordinator (1.0 FTE)
    - Behavioral Health Services Supervisor (1.0 FTE)
    - Education Coordinator (1.0 FTE)
- Treatment Team
    - Psychiatrist (1.0 FTE)
    - Physician (1.0 FTE)
    - Registered Nurse (1.0 FTE)
    - Dietician (1.0 FTE)
    - Dietician Tech (1.0 FTE)
    - Senior Clinical Therapist (1.0 FTE)
    - Clinical Therapists II (4.0 FTE)
    - Behavioral Health Specialists (2.0 FTE)
    - Substance Abuse Counselor (1.0 FTE)
    - TAY Peer Support Specialists (2.0 FTE)
    - Parent Partners (2.0 FTE)
    - Psychologist (1.0 FTE)
- Support Team
    - Research Specialist (1.0 FTE)
    - Office Assistants (2.0 FTE)
    - Community Services Assistant (1.0 FTE)
    - Administrative Services Analyst (1.0 FTE)

Operating expenditures (10.7% of total project) cover the daily operations for this project including but not limited to: two vehicles, translation and interpreter services, office equipment and supplies, marketing materials, building rental and utilities, technology support and maintenance, and client transportation.

Consultant costs and contracts (14.1% of total project) will secure the expertise of Dr. Kerri Boutelle, Professor of Pediatrics at UC San Diego who will oversee the training for professionals who treat individuals with eating disorders. Dr. Boutelle, a licensed clinical psychologist, has over 27 years of experience working with youth who have eating disorders. Additionally, Community Cultural Liaisons (CCL) will be contracted for the provision of cultural training, cultural community resources, as well as providing alternative cultural health experiences (*for example: Native American walking spirit*). CCL will also serve on the Guidance Council to represent the voices of cultural communities.

The County has allotted 2.5% of the total project for **other expenditures** to allow for unanticipated purchases of items needed in order to meet the goals and success of the project, in alignment with project scope and objective.

Indirect costs (12.8% of total project) cover salaries and benefits for personnel, technology support, and other County administrative costs.

Non-recurring costs (1.6% of total project) will cover costs associated with setting up the facility and training hub (furniture, computer equipment, workstations, kitchen supplies, etc).

Conclusion

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

References:

Eating Disorder Statistics | ANAD - National Association of Anorexia Nervosa and Associated Disorders

Social-Economic-Cost-of-Eating-Disorders-in-US-Press-Release.pdf (harvard.edu)

AGENDA ITEM 6

Information

February 22, 2024, Commission Meeting

Strengthening Early Intervention to Reduce Criminal Justice Involvement

Summary: The Mental Health Services Oversight and Accountability Commission will hear informational presentations on opportunities for intervention in the lifetime continuum of a person suffering from severe mental illness and discuss promising approaches and evidence-based solutions.

Background:
The Commission's portfolio of work includes initiatives that provide early intervention efforts to reduce the negative outcomes of mental illness such as homelessness, incarceration, and psychiatric hospitalization, Through initiatives like allcove® youth drop-in centers, universal screening, coordinated specialty care for early intervention of psychosis, full-service partnerships, and the Mental Health Student Services Act, the focus on early intervention is recognized as a valuable approach to improve the quality of life for someone with mental illness.

On February 21, 2024, the Commission will conduct a site visit at Napa State Hospital prior to the February 22nd Commission meeting. Napa State Hospital is one of five state hospitals that provides treatment to people who have mental illness. All patients hospitalized at the state hospitals are under involuntary commitment. About two thirds have been justice-involved, either in a pre-trial stage as incompetent to stand trial, or a post-trial or post-sentencing stage, such as not guilty by reason of insanity, offenders with mental disorders, and more. Other patients are civilly committed or conserved patients, under different civil commitment structures, such as Lanterman Petris Short conservatorship or Sexually Violent Predator designation. State hospitals are tasked with providing treatment to restore competency or preparing people for community reintegration with the goal of successful and safe community living without further interaction with the justice system.

The presentations by panelists seek to expand the conversation relative to opportunities for intervention during the lifetime continuum of a person with mental illness in an effort to reduce negative outcomes. Information presented will include perspectives from those who have lived experience, experts in Full-Service Partnerships, as well as clinicians who specialize in child forensic psychiatry, jail-based treatment, and individuals with psychosis who have committed crimes.

Strengthening Early Intervention to Reduce Criminal Justice Involvement Panel
Presented and facilitated by Tom Orrock, Deputy Director, Mental Health Services, Oversight, & Accountability Commission

- LaMar Mitchell, consumer perspective
- Sheila Robinson, parent perspective
- Dr. Rosa Negron-Munoz, MD, DFAPA, Child Forensic Psychiatrist
- Dr. Melanie Scott, Psy.D., Assistant Deputy Director, Community Forensic Partnerships Division, Department of State Hospitals
- Dr. Carolina Klein-Moya, MD, Assistant Medical Director, Department of State Hospitals
- Dr. Jonathan Sherin, MD, Ph.D., Chief Medical Officer, Healthy Brains Global Initiative

The panel of presenters will speak from lived experience and subject matter expertise to outline opportunities for prevention, early intervention, and recovery for individuals, communities, and the state as a whole. These presentations will help Commissioners consider what actions can and should be taken to elevate and expand promising innovations and best practices to early intervention that reduce criminal justice involvement.

Enclosures (3): (1) Presenter biographies; (2) Panelist invitation letters (3) Briefing Memorandum

Handouts (TBD): Presentation slides from panelists

Mental Health Services
Oversight & Accountability Commission

Strengthening Early Intervention to Reduce Criminal Justice Involvement
Presenter Biographies
February 22, 2024

Dr. Rosa Negrón-Muñoz is a Triple Board-Certified Adult, Child & Adolescent and Forensic Psychiatrist. She is recognized as a Distinguished Fellow of both the American Psychiatric Association (DFAPA) and the American Academy of Child and Adolescent Psychiatry (DFAACAP). She is among a small percentage of psychiatrists who have achieved these distinctions. She received her medical degree in 2003 from San Juan Bautista School of Medicine in Caguas, Puerto Rico. She completed her Psychiatric Residency and Fellowship programs at Albert Einstein College of Medicine in New York at Bronx Lebanon Hospital Center and Montefiore Medical Center. She furthered her training by receiving additional Psychoanalytic training at the New York University Psychoanalytic Institute, as well as being trained in Psychodynamic Psychotherapy at New York Medical College.

Dr. Negron's professional experience includes providing psychiatric services and consultation across various levels of care including, but not limited to private hospitals and providers of different levels of training, community mental health centers, government agencies, jails and prisons, juvenile residential facilities, day treatment programs, schools, lawyers, and the court system. Dr. Negrón-Muñoz is fully bilingual in both English and Spanish. Dr. Negrón-Muñoz is also an accomplished teacher, researcher, and speaker. Her research and publications have focused on factors contributing to juvenile delinquency, PTSD, school shootings, depression and treatment-resistant depression, anxiety, OCD, ADHD, ASD, Schizophrenia.

She is an Assistant Professor at the University of South Florida in Tampa, an Associate Professor at the Ponce Health Sciences University, an Affiliate Assistant Professor at her Alma Matter, San Juan Bautista School of Medicine, and a Visiting Lecturer at the Albert Einstein College of Medicine, in addition to providing lectures to other Universities, community forums and other international venues.

She is a member of the American Psychiatric Association, American Academy of Child and Adolescent Psychiatry, the Florida Psychiatric Society, and the American Academy of Psychiatry and the Law (AAPL) where she is an active member. She is a past Chair of the Developmental Disabilities Committee and was the first Minority/Underrepresented Councilor for AAPL. She is a current member of the Developmental Disabilities, Child and Adolescent, Trauma and Stress, Corrections, International Relations, and Editorial Committees of AAPL.

Mental Health Services
Oversight & Accountability Commission

Strengthening Early Intervention to Reduce Criminal Justice Involvement
Presenter Biographies
February 22, 2024

Dr. Negron-Munoz is particularly passionate and invested in identifying and addressing early factors to improve lifestyle and the lifespan of those with mental health issues that may be impacted by not only biological, but other factors. It is for this reason that Dr. Negrón-Muñoz is an advocate for understanding the needs of those she treats by understanding their needs, advocating, and implementing a holistic approach to their care.

Dr. Melanie Scott, PsyD is the Assistant Deputy Director for the Community Forensic Partnerships Division at the California Department of State Hospitals, overseeing the Forensic Conditional Release Programs (CONREP), the Jail Based Competency Treatment (JBCT) Programs, and the Early Access and Stabilization Services (EASS) Programs. Melanie was trained in forensic psychology while completing a two-year postdoctoral fellowship at Yale University in the Division of Law and Psychiatry. She has extensive experience evaluating and treating forensic populations with a specialty in incompetent to stand trial and serious mental illness populations. She has directly contributed to the opening of 24 JBCT programs and 47 EASS programs statewide for DSH to ensure timely access to treatment for IST patients. In 2021, she co-chaired a working group in the California Health & Human Services Agency sponsored IST Solutions Workgroup with the goal of identifying actionable solutions that address the increasing number of individuals with serious mental illness who become justice-involved and deemed IST on felony charges.

Dr. Carolina A. Klein, MD is triple board certified in Psychiatry and Neurology, Forensic Psychiatry, and Addiction Medicine. Dr. Klein is currently serving as the Associate Medical Director, Lead Psychiatrist for Advancement and Innovation, for the Department of State Hospitals. In her clinical practice, she offers treatment with advanced psychopharmacological management, interventional psychiatry, and psychotherapy for eligible patients. Dr. Klein offers forensic psychiatric consultations and psychiatric expert witness services in civil and criminal matters. Her special areas of interest include psychiatric diagnosis, detection of malingering, criminal responsibility evaluations, management standards, psychiatric and forensic neuropsychiatric autopsies, testamentary capacity, diminished capacity, International Forensics, and death penalty matters. Other areas of special clinical and forensic interest include the forensic neuropsychiatric evaluation of medical complications of psychiatric illness and medication as well as psychiatric complications of medical illness.

Dr. Klein obtained her medical degree in Chile in 2002. She then completed her psychiatry

residency training in a large urban university hospital at SUNY Downstate in Brooklyn, NY, and her forensic fellowship training at Georgetown University Hospital. Concurrently, she pursued advanced academic and clinical training in the fields of psychodynamic and psychoanalytic therapy from the New York Psychoanalytic Institute and the Baltimore Washington Center for Psychoanalysis. She is actively involved in academic development, served as the Associate Program Director of the Forensic Psychiatry Fellowship Training Program at Georgetown University Hospital, and continues to play a primarily role in the expansion and leadership of academic programs across the state of California. Dr. Klein is Board Certified by the American Board of Psychiatry and Neurology (ABPN) in General Psychiatry as well as in Forensic Psychiatry, she is Board Certified by the American Board of Preventive Medicine in Addiction Medicine (ABPM), and she is certified by the American Board of Addiction Medicine (ABAM) in Addiction Psychiatry. She has been actively involved in AAPL since 2009, serving on multiple committees, and contributing with publications and presentations throughout the organization.

Jonathan Sherin, M.D., Ph.D. is the Chief Medical Officer for the Healthy Brains Global Initiative and was formally the Director of the Los Angeles County Department of Mental Health. Dr. Jonathan Sherin is a longtime well-being advocate who has worked tirelessly throughout his career on behalf of vulnerable populations in public and private sectors. He is currently the Chief Medical Advisor for Healthy Brains Global Initiative. In his former role as Director of the Los Angeles County Department of Mental Health (LACDMH), he oversaw the largest public mental health system in the United States with an annual budget approaching $3 billion.

Prior to joining LACDMH, Dr. Sherin served for over a decade at the Department of Veterans Affairs (VA) where he held a variety of clinical, teaching, research, and administrative positions as well as academic appointments. In his last such post, Dr. Sherin directed mental health for the Miami VA Healthcare System and served as vice-chairman for the Department of Psychiatry and Behavioral Sciences at the University of Miami.

Dr. Sherin completed his undergraduate study at Brown University, his graduate work at the University of Chicago and Harvard Medical School, and his residency in psychiatry at UCLA.

Mental Health Services
Oversight & Accountability Commission

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KHATERA TAMPLEN
Commissioner

TOBY EWING
Executive Director

February 12, 2024

Dr. Carolina Klein-Moya, MD
Assistant Medical Director
Department of State Hospitals

Letter sent via email

Dear Dr. Klein-Moya,

Thank you for agreeing to present at the public hearing on Strengthening Early Intervention to Reduce Criminal Justice Involvement during the Commission's February 22, 2024, meeting. Experts and individuals with lived experience have been invited to discuss their experiences with criminal justice and mental health, and how earlier and more effective interventions could have interrupted the path to incarceration in state hospitals.

The meeting begins at 9:00 a.m. PST, and the Early Intervention to Reduce Criminal Justice Involvement presentations are scheduled to begin at approximately 10:10 a.m. and conclude at 12:30 p.m. PST.

We request that your presentation be between 10-12 minutes. Please consider the following topics as part of your presentation:

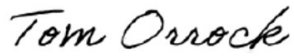
1) Description of your involvement with the justice system as it relates to mental health conditions.
2) Lessons learned about the type of early intervention services needed to help an individual avoid incarceration.
3) How early intervention services for children, youth, and young adults could shift the trajectory away from negative outcomes such as homelessness, hospitalization, and incarceration and toward a life of health and wellness.

If you have not done so already, please send a brief biography and any relevant background materials related to your presentation by February 16, 2024, to Riann Kopchak, Chief of

Community Engagement and Grants, at riann.kopchak@mhsoac.ca.gov . Please note that written responses and biographies will be shared as public documents.

Should you have any questions, I can be reached at tom.orrock@mhsoac.ca.gov. Thank you again for your willingness to participate in this important meeting.

Respectfully,



Tom Orrock, MA, LMFT
Deputy Director

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JAY ROBINSON, Psy.D.
Commissioner

ALFRED ROWLETT
Commissioner

KHATERA TAMPLEN
Commissioner

TOBY EWING
Executive Director

February 12, 2024

Dr. Rosa Negron-Muńoz, MD
DFAPA, DFAACAP
Yantra Psychiatric Services Inc.
Letter sent via email

Dear Dr. Negron-Munoz,

Thank you for agreeing to present at the public hearing on Strengthening Early Intervention to Reduce Criminal Justice Involvement during the Commission's February 22, 2024, meeting. Experts and individuals with lived experience have been invited to discuss their experiences with criminal justice and mental health, and how earlier and more effective interventions could have interrupted the path to incarceration in state hospitals.

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Should you have any questions, I can be reached at tom.orrock@mhsoac.ca.gov. Thank you again for your willingness to participate in this important meeting.

Respectfully,

Tom Orrock, MA, LMFT
Deputy Director

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Commissioner

DAVE CORTESE
Senator
Commissioner

ITAI DANOVITCH, M.D.
Commissioner

DAVID GORDON
Commissioner

GLADYS MITCHELL
Commissioner

JAY ROBINSON, Psy.D.
Commissioner

ALFRED ROWLETT
Commissioner

KHATERA TAMPLEN
Commissioner

TOBY EWING
Executive Director

February 12, 2024

Dr. Melanie Scott, PsyD
Assistant Deputy Director
Department of State Hospitals

Letter sent via email

Dear Dr. Scott,

Thank you for agreeing to present at the public hearing on Strengthening Early Intervention to Reduce Criminal Justice Involvement during the Commission's February 22, 2024, meeting. Experts and individuals with lived experience have been invited to discuss their experiences with criminal justice and mental health, and how earlier and more effective interventions could have interrupted the path to incarceration in state hospitals.

The meeting begins at 9:00 a.m. PST, and the Early Intervention to Reduce Criminal Justice Involvement presentations are scheduled to begin at approximately 10:10 a.m. and conclude at 12:30 p.m. PST.

We request that your presentation be between 10-12 minutes. Please consider the following topics as part of your presentation:

1) Description of your involvement with the justice system as it relates to mental health conditions.
2) Lessons learned about the type of early intervention services needed to help an individual avoid incarceration.
3) How early intervention services for children, youth, and young adults could shift the trajectory away from negative outcomes such as homelessness, hospitalization, and incarceration and toward a life of health and wellness.

If you have not done so already, please send a brief biography and any relevant background materials related to your presentation by February 16, 2024, to Riann Kopchak, Chief of Community Engagement and Grants, at riann.kopchak@mhsoac.ca.gov . Please note that written responses and biographies will be shared as public documents.

Should you have any questions, I can be reached at tom.orrock@mhsoac.ca.gov. Thank you again for your willingness to participate in this important meeting.

Respectfully,

Tom Orrock, MA, LMFT
Deputy Director

Mental Health Services
Oversight & Accountability Commission

STATE OF CALIFORNIA
GAVIN NEWSOM, Governor

MARA MADRIGAL-WEISS
Chair

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ALFRED ROWLETT
Commissioner

KHATERA TAMPLEN
Commissioner

TOBY EWING
Executive Director

February 12, 2024

Dr. Jonathan Sherin, MD, Ph.D.,
Chief Medical Officer,
Healthy Brains Global Initiative

Letter sent via email

Dear Dr. Sherin,

Thank you for agreeing to present at the public hearing on Strengthening Early Intervention to Reduce Criminal Justice Involvement during the Commission's February 22, 2024, meeting. Experts and individuals with lived experience have been invited to discuss their experiences with criminal justice and mental health, and how earlier and more effective interventions could have interrupted the path to incarceration in state hospitals.

The meeting begins at 9:00 a.m. PST, and the Early Intervention to Reduce Criminal Justice Involvement presentations are scheduled to begin at approximately 10:10 a.m. and conclude at 12:30 p.m. PST.

We request that your presentation be between 10-12 minutes. Please consider the following topics as part of your presentation:

1) Description of Full-Service Partnerships and their ability to reduce criminal justice involvement for those with mental illness.
2) How Full-Service Partnerships can promote early intervention services for children, youth, and young adults and shift the trajectory away from negative outcomes such as homelessness, hospitalization, and incarceration toward a life of health and wellness.

If you have not done so already, please send a brief biography and any relevant background materials related to your presentation by February 16, 2024, to Riann Kopchak, Chief of Community Engagement and Grants, at riann.kopchak@mhsoac.ca.gov . Please note that written responses and biographies will be shared as public documents.

Should you have any questions, I can be reached at tom.orrock@mhsoac.ca.gov. Thank you again for your willingness to participate in this important meeting.

Respectfully,

Tom Orrock, MA, LMFT
Deputy Director

Strengthening Early Intervention to Reduce Criminal Justice Involvement

February 22, 2024, Hearing Brief

Subject matter experts have been invited to present on the opportunities to strengthen early intervention practices to reduce criminal justice involvement for people with mental health conditions during the Mental Health Services Oversight and Accountability Commission's February 22, 2024, hearing. Below is a brief description of the purpose and goals of the panel presentation along with considerations for Commissioners.

Strengthening Early Intervention to Reduce Criminal Justice Involvement for People with Mental Health Conditions

One of the goals of the Mental Health Services Act is to prevent negative outcomes associated with unaddressed mental health needs. There are seven negative outcomes defined in the Act, one of which is criminal justice involvement and incarceration. The purpose of this panel presentation is to provide insight into the intersection of mental illness and criminal justice involvement in an effort to identify current systems, what is working, what is not working, and what can be done better to reduce criminal justice involvement for people with mental health conditions.

When considering the life course of a person with severe mental illness, there are opportunities for intervention before the person becomes involved in the criminal justice system. It is in the best interest of these individuals, and our community, to provide early access to care, including preventative measures before they commit crimes or require housing assistance.

The Commission's portfolio of work includes initiatives that provide early intervention efforts to reduce the negative outcomes of mental illness such as homelessness, incarceration, and psychiatric hospitalization. Through initiatives like allcove® youth drop-in centers, universal screening, coordinated specialty care for early intervention of psychosis, full-service partnerships, and the Mental Health Student Services Act, the focus on early intervention is recognized as a valuable approach to improve the quality of life for someone with mental illness.

There are many opportunities for intervention along the lifetime continuum that can produce better results and allow people to thrive.

This panel seeks to provide insight into the entire lifetime continuum or a person with mental illness through presentations from the following panel members:

- LaMar Mitchell, consumer perspective
    - Mr. Mitchell has provided a pre-taped statement on his lifetime experience with mental illness that led to his commitment to Napa State Hospital and current supervision under the Conditional Release Program.

- Sheila Robinson, parent perspective
    - Ms. Robertson will provide the perspective of a family member and advocate who has attempted to navigate the current mental health systems to gain support for her son.
- Dr. Rosa Negron-Munoz, MD, DFAPA, Child Forensic Psychiatrist
    - Dr. Negron-Munoz will provide information relative to indicators or opportunities for early intervention opportunities for children/juveniles.
- Dr. Melanie Scott, Psy.D., Assistant Deputy Director, Community Forensic Partnerships Division, Department of State Hospitals
    - Dr. Scott has experience in jail-based competency programs and will provide insight into opportunities for intervention for those who commit a misdemeanor in an effort to reduce recidivism.
- Dr. Carolina Klein-Moya, MD, Assistant Medical Director, Department of State Hospitals
    - Dr. Klein-Moya will provide insight into the state-level competency program and opportunities for intervention in adulthood to reduce recidivism.
- Dr. Jonathan Sherin, MD, Ph.D., Chief Medical Officer, Healthy Brains Global Initiative
    - Dr. Sherin will provide information into Full-Service Partnerships that provide support and intervention opportunities for those with mental illness.

Considerations for Commissioners:

- How should the Commission use its mental health leadership and advisory role to elevate and disseminate practices, policies, and programs that are effective in strengthening early intervention practices to reduce criminal justice involvement for those with mental illness?
- What approaches could the Commission incentivize in its current and future initiatives that contribute to a safer, healthier community with reduced risk factors for criminal justice involvement for those with mental illness?
- What barriers exist in adopting and expanding solutions that are working in communities across California, and how can the Commission help to address them?
- How could the Commission support other State agencies in implementing promising approaches to early intervention?

AGENDA ITEM 8

Action

February 22, 2024, Commission Meeting

Universal Mental Health Screening for Children and Youth Project Report

Summary:
The Commission will hear a presentation and consider adopting Phase 1 of a Report on Universal Mental Health Screening (UMHS) for Children and Youth. This report includes a literature review of UMHS policies and practices in school settings. It will be delivered to the Legislature in March 2024, as required under the 2023-24 Budget Act.

Background:
Nearly one in four children and adolescents experience severe mental health concerns, according to recent national data, which shows a worsening trend. When mental health challenges go undetected and unsupported, significant systemic and individual consequences can arise and affect short- and long-term health and educational outcomes. Comprehensive school-based services, implemented as part of multi-tiered systems of support (MTSS), are widely recommended for increasing access to evidence-based, culturally, and linguistically responsive mental health care for school-aged children across a spectrum of needs. The UMHS process provides a systematic and proactive approach to evaluating all students' social, emotional, and behavioral strengths, risks, and needs. This process supports a variety of wellness promotion, prevention, and early intervention strategies within a MTSS.

The Legislature has directed the Commission to conduct a study and submit a report on information related to UMHS, in consultation with the Department of Health Services (DHCS), focused on screening in California's K-12 schools. (Budget Act 2023-24 at Item 4560-001-3850.) This report may inform future budget and policy decisions about UMHS for children and youth.

Commission staff, working closely with the Legislature, DHCS, California's Youth Behavioral Health Initiative, and a team of researchers from the University of California at two campuses (San Francisco and Riverside) developed this report in two phases:

1. Phase One will be delivered to the Legislature in March 2024. It will include a summary of the literature on evidence for UMHS, including examples of UMHS efforts in other states and countries, a review of current implementation guidance, and relevant ethical and legal considerations for implementing UMHS in schools.
2. Phase Two will be delivered to the Legislature in August 2024. It will include a complete landscape analysis, informed by a statewide survey, of UMHS practices in California K-12 schools with consideration of strengths and barriers to implementation.

[1] Kessler, R. C., Amminger, G. P., Aguilar-Gaxiola, S., Alonso, J., Lee, S., & Ustün, T. B. (2007). Age of onset of mental disorders: A review of recent literature. Current Opinion in Psychiatry, 20(4), 359-364.

Enclosures: None

Handouts (2): (1) Phase One Report: Universal Mental Health Screening for Children and Youth; (2) PowerPoint slides will support the presentation

Proposed Motion:
That the Commission adopt Phase One of the Universal Screening for Children and Youth Report as presented, with the understanding that it will be delivered to the Legislature in March 2024 to be followed by Phase Two in August 2024.

[1] Kessler, R. C., Amminger, G. P., Aguilar-Gaxiola, S., Alonso, J., Lee, S., & Ustün, T. B. (2007). Age of onset of mental disorders: A review of recent literature. Current Opinion in Psychiatry, 20(4), 359-364.

AGENDA ITEM 9

Action

February 22, 2024, Commission Meeting

Allocating Best Practice Resources

Summary
The Commission will consider approval of two outlines, the first for a Request for Application (RFA) designed to award grant funds to support mental health partnerships between city or county mental or behavioral health departments and schools and the second, a Request for Application (RFA) to advance best practice relative to Full-Service Partnerships. Funding to support awardees for the first RFA was made available by the Mental Health Student Services Act (MHSSA), Senate Bill 75, Statutes of 2019 and Senate Bill 129, Statutes of 2021. This Request for Application for MHSSA funding will be the fourth issued by the Commission and is designed to award $25,000,00. Funding to support the FSP initiative is through the Mental Health Wellness Act, and is designed to award $20,000,000.

Full-Service Partnerships

Whatever It Takes

Currently, 35% of California's MHSA revenue is dedicated to Full Service Partnerships (FSPs). FSP programs are comprehensive services targeted to individuals with severe mental illness who are at risk of becoming unhoused, have a history of criminal justice involvement, or who have experienced repeat hospitalizations. FSP programs were designed to serve people in the community rather than in state hospitals or jails. As such, FSPs serve as upstream efforts to reduce hospitalization, incarceration, and homelessness.
The name – Full Service Partnership – reflects the goal of developing a "whatever it takes" partnership between the person being served and the service provider. When implemented with fidelity, FSPs can reduce costs, improve the quality and consistency of care, enhance outcomes, and, most importantly, save lives.

Rising Need for High Quality FSPs

A growing number of unhoused residents, long waiting lists to enter state hospitals, and ongoing reliance on local law enforcement and community hospital care suggest the need for high-quality FSP programs is greater than ever.

- In 2020, approximately 37,000 unhoused Californian's were living with mental illness and a similar number were living with chronic substance use disorder.
- Nearly 80% of unhoused individuals in California have a previous incarceration, and approximately 30% had been detained during their most recent experience of

homelessness. This suggests a strong relationship between living unhoused and being involved in the criminal justice system.

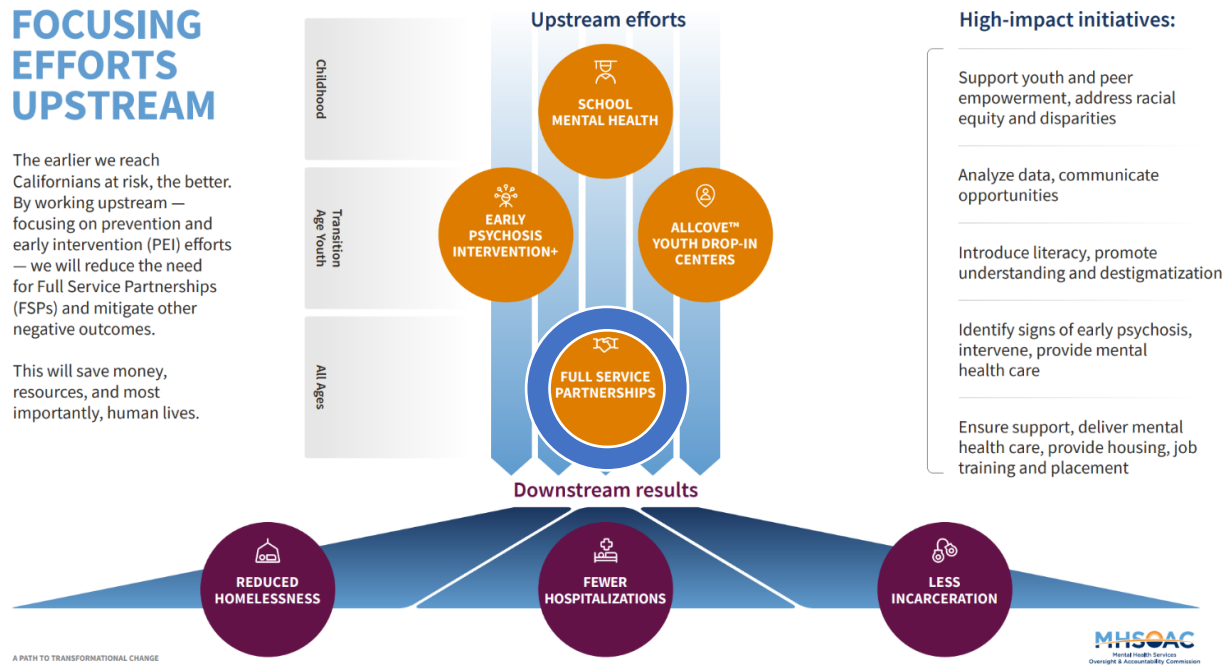
- Approximately 30% of individuals incarcerated in the state and county level were either in need of mental health services or actively receiving psychotropic medication.
- In 2022, more than 1,700 individuals who were found incompetent to stand trial were being held in jail while on the waitlist for treatment at a state hospital. The cost of treating individuals in jails to restore them to competency was about $172 million.
- Those who are moved off the waitlist, are sent to one of five state hospitals that serve more than 6,200 individuals. The cost to run these five hospitals exceeds $2 billion annually.

Finding Solutions

In 2022, about 45,000 individuals were served by FSPs across the state. FSPs are uniquely positioned in the continuum of care to bolster upstream efforts, while simultaneously meeting the needs of current partners. If we are to leverage FSPs to reduce the negative outcomes of homelessness, incarceration, and hospitalization across the state it is going to require a strong infusion of financial support, innovation, and unparalleled collaboration. We are asking the Commission to set aside $20M over four years, to be allocated through Mental Health Wellness Act funds. These funds will be used to develop a substantial investment in structuring a state-wide strategy for FSPs. Potential areas of investment include:

- Restructuring the current funding model to move FSP towards a true “whatever it takes” model. Research recently conducted by the Commission in partnership with Healthy Brains Global Initiative found that the current FSP funding model incentivizes a “whatever can be billed” model and may limit available services for FSP partners. Possible solutions include examining outcome-based funding structures to provide flexibility for service providers and place partner well-being front and center.
- Provide technical assistance to counties to identify and expand best practices and create a standardized model of FSP service provision and outcomes.
- Work with researchers, content experts, counties, and service providers to improve data collection practices and standardize reporting metrics.
- Identify and support innovative workforce development solutions to increase the stability and quality of FSP service providers.
- Foster public trust and increase uptake of services by increase public understanding of the role of FSPs.

Figure 1:



Mental Health Student Services Act

Background

The 2019 Budget Bill, Senate Bill 75, included the Mental Health Student Services Act (MHSSA) to establish mental health partnerships between County Mental Health or Behavioral Health Departments and educational entities. The Commission awards grants to incentivize partnerships who deliver school-based mental health service to students and their families, conduct outreach to identify early signs of unmet mental health needs, reduce stigma and discrimination and prevent unmet mental health needs from becoming severe and disabling.

The primary goal of the MHSSA is to establish and strengthen school-based mental health partnerships between county behavioral health departments, school districts, county office of education, and charter schools. To date, there have been three grant phases that have awarded a total of $270 million to 57 counties. The MHSSA Learning Collaborative meets quarterly and includes all grantees. The collaborative strives to identify the best approaches in delivering school-based mental health services and building the capacity of county systems in a collaborative environment.

Engagement

In August 2023, the Commission surveyed MHSSA grantees asking how they would use additional funding to address needs within their MHSSA school-based mental health partnership. A total of 36 grantees responded and a follow-up to this initial survey was conducted at the September 2023 MHSSA Collaboration Meeting. Grantees were given a poll

and asked, if given a limited amount of funding, what area they would choose to fund. A total of eight options were included in the poll including workforce capacity, vulnerable youth populations, mobile service units, substance use disorder, suicide prevention, universal screening, sustainability coordination, and wellness centers. A total of 108 grantee representatives present at the meeting responded.

While these queries were informal, they provide strong indicators, and the Poll results are consistent with the Survey results. The top two funding priorities are to build "workforce capacity" and "enhance school-based services to marginalized and vulnerable youth."

1. In the Survey over 50% of counties mentioned a need for more staff/personnel, and Workforce Capacity is ranked 1st at 27% in the Poll results.

2. 80% of counties in the Survey indicated a desire to enhance their program/services for marginalized and vulnerable youth, and this ranked 2nd at 18% in the Poll results.

Furthermore, sustainability is a category that is increasingly relevant as there are MHSSA grantees who are nearing the end of their grant, and those numbers will continue to increase. Through conversations with grantees, it has become apparent that there is a need for expertise in this area, especially with the new funding opportunities.

In addition, universal screening has been identified as a key strategy for improving the mental health of young people and screening can be included as part of the school-based mental health initiative to maximize impact. Survey results indicated interest in universal screening as a potential funding focus. Additional feedback received indicated that an implementation plan for universal mental health screening in schools would be a helpful way to expedite these services.

On January 9th, to determine additional priority areas and to receive input from students and parents about Phase IV RFA priority areas, Commission staff held a listening session for students and families. Participants were asked to identify the mental health needs of students, how school-based mental health programs can better meet those needs, specifically for marginalized and vulnerable youth, and to identify strategies to promote the use of services, and thoughts about universal screening.

A summary of the community engagement is included as a separate attachment.

Eligibility
Applicants are limited to a Behavioral Health Department (or consortium), in partnership with one or more school districts and either a county office of education or charter school.

School partnerships are required as a condition of funding under the MHSSA, but only the Behavioral Health Department will qualify as a grantee. Any entity in the partnership can be designated as a lead agency for the purposes of submitting the application and operating the program.

RFA Target Release Date-March 2024

Presenter: Toby Ewing, Executive Director and Riann Kopchak, Chief of Community Engagement and Grants

MHSSA Enclosures (2): (1) Proposed Outline for MHSSA Phase IV Future Funding Focus, (2) Community Engagement Feedback Summary

Handouts: A copy of the PowerPoint for each presentation will be provided at the meeting.

Motion: The Commission authorizes a set aside of $20 million of Mental Health Wellness Act funding to strengthen Full-Service Partnerships and asks staff to present a funding proposal at a future meeting and authorizes staff to initiate a competitive bid process and award $25 million in grants to the highest scoring applicants to advance best-practices in school-based mental health.

Mental Health Services
Oversight & Accountability Commission

Mental Health Student Services Act
Phase IV Request for Applications Outline

Summary: The Commission will consider approval of an outline for a Request for Application (RFA) designed to award grant funds to support mental health partnerships between city or county mental or behavioral health departments and schools. Funding for these grants was made available by the Mental Health Student Services Act (MHSSA), Senate Bill 75, Statutes of 2019 and Senate Bill 129, Statutes of 2021. This Request for Application for MHSSA funding will be the fourth issued by the Commission and is designed to award $25,000,00 in funding. These grants will be issued for a 3-year term under a competitive procurement process.

Background

The 2019 Budget Bill, Senate Bill 75, included the Mental Health Student Services Act (MHSSA) to establish mental health partnerships between County Mental Health or Behavioral Health Departments and educational entities. The Commission awards grants to incentivize partnerships who deliver school-based mental health service to students and their families, conduct outreach to identify early signs of unmet mental health needs, reduce stigma and discrimination and prevent unmet mental health needs from becoming severe and disabling.

The primary goal of the MHSSA is to establish and strengthen school-based mental health partnerships between county behavioral health departments, school districts, county office of education, and charter schools. To date, there have been three grant phases that have awarded a total of $270 million to 57 counties. The MHSSA Learning Collaborative meets quarterly and includes all grantees. The collaborative strives to identify the best approaches in delivering school-based mental health services and building the capacity of county systems in a collaborative environment.

Engagement

In August 2023, the Commission surveyed MHSSA grantees asking how they would use additional funding to address needs within their MHSSA school-based mental health partnership. 36 grantees responded and a follow-up to this initial survey was conducted at the September 2023 MHSSA Collaboration Meeting. Grantees were given a poll and asked, if given a limited amount of funding, what area they would choose to fund. A total of eight options were included in the poll including workforce capacity, vulnerable youth populations, mobile service units, substance use disorder, suicide prevention, universal screening, sustainability coordination, and wellness centers. A total of 108 grantee representatives present at the meeting responded.

While these queries were informal, they provide strong indicators, and the Poll results are consistent with the Survey results. The top two funding priorities are to build "workforce capacity" and "enhance school-based services to marginalized and vulnerable youth."

1. In the Survey, over 50% of counties mentioned a need for more staff/personnel, and Workforce Capacity is ranked 1st at 27% in the Poll results.

2. 80% of counties in the Survey indicated a desire to enhance their program/services for marginalized and vulnerable youth, and this ranked 2nd at 18% in the Poll results.

Sustainability is a category that is increasingly relevant as there are MHSSA grantees who are nearing the end of their grant, and those numbers will continue to increase. Through conversations with grantees, it has become apparent that there is a need for expertise in this area, especially with the new funding opportunities.

Universal screening has been identified as a key strategy for improving the mental health of young people and screening can be included as part of the school-based mental health initiative to maximize impact. Survey results indicated interest in universal screening as a potential funding focus. Additional feedback received indicated that an implementation plan for universal mental health screening in schools would be a helpful way to expedite these services.

On January 9, the commission held a listening session focusing on student voice relative to their mental health needs and to determine additional priority areas and receive input from students and parents about Phase IV RFA priority areas. Students, educators, school behavioral health partners, and community organizations were invited to attend. Participants were asked to identify the mental health needs of students, how school-based mental health programs can better meet those needs, specifically for marginalized and vulnerable youth, and to identify strategies to promote the use of services, and thoughts about universal screening. Student comment was prioritized, but the adults were allotted time to provide feedback as well. The robust conversation revealed key points of interest for the students, as well as barriers to success. Thoughts and issues presented by participants focused on access to services, expansion of programs, sustainability, and vulnerable populations, as well as other points for consideration.

This proposal for the Phase IV RFA funding provides a total of $25 million over three years to incentivize services to marginalized and vulnerable youth, provide planning grants to conduct assessment activities for universal screening, and build sustainability and quality improvement methods. The RFA will also include a fourth category for "other priorities" to allow applicants to identify and address their unique needs.

Funding Strategy

1. Foster, Juvenile Justice Involved, and/or Other Marginalized and Vulnerable Youth - $5,000,000

   Ten grants, each in the amount of $500,000, will be made available to provide support, that may include peer support and student mentoring services, to marginalized and vulnerable student populations such as foster youth, juvenile justice involved youth, and youth who are not traditionally thought to be at risk. Foster youth and justice involved youth experience significant mental health and education disparities. Research has shown that of the 100,000 children in California's foster care system, 50-60 percent have moderate to severe mental health problems and 50-75 percent of the 2 million youth encountering the juvenile justice system meet criteria for a mental health disorder[1]. This is compared to 22 percent of the general population of those aged 9-17 years that have mental health disorders[2].

   The Youth Law Center's 2023 report entitled "New Education Report Finds Youth Are Out of Sight and Out of Mind in California's Juvenile Court Schools" provides information relative to California's justice involved youth. Youth of color, primarily Black and Latino students comprise 61 percent of California public school enrollment, and 74.51 percent of juvenile court school enrollment[3]. Furthermore, youth in foster care represent 1 percent of public-school enrollment, but 21.44 percent of juvenile court school enrollment. Issues identified for these populations include chronic absenteeism, high suspension rates, and low education achievement with one of the solutions being effective mental health care.

   In the listening session, both students and adults identified 'unnamed' populations of students who are not traditionally considered 'at-risk' but are suffering from loneliness, anxiety, and isolation. Participants urged us not to assume that because a student is an athlete or a scholar student, they do not require help. These populations often fall off the radar as it is assumed that they are not struggling because there are no obvious symptoms.

2. Universal Screening - $8,000,000

   Ten grants, each in the amount of $800,000 will be made available to support a learning cohort of MHSSA grant partners from ten counties, varying in size and region, to develop a plan to implement equitable and universal mental health screening in schools. Specifically, grants will be awarded to two very small counties, two small

[1] Institute for Research on Women and Families (1998) CODE BLUE: Health Services for Children in Foster Care.
[2] National Conference of State Legislatures. (2014) Mental Health and Foster Care. https://www.ncsl.org/human-services/mental-health-and-foster-care#:~:text=Up%20to%2080%20percent%20of,percent%20of%20the%20general%20population.
[3] Youth Law Center (2023) New Education Reports Finds Youth Are Out of Sight and Out of Mind in California's Juvenile Court Schools. https://www.ylc.org/new-education-report-finds-youth-are-out-of-sight-and-out-of-mind-in-californias-juvenile-court-schools/

counties, three medium counties, three large counties. Consideration will be given for counties where 50% of students are socioeconomically disadvantaged. Funding will support the development of a local planning team and planning activities including the assessment of needs, assets, and challenges relative to implementing universal screening in their school districts. Grantees will also participate in a learning collaborative where they will receive guidance and technical support during the planning process and development of a "roadmap" for universal screening. Additionally, one contract, in the amount of $1,000,000, will support technical assistance and facilitation of the statewide learning collaborative.

Between 50 and 75 percent of mental health symptoms begin during youth and young adulthood.[i] Yet, the mental health needs of students are frequently undetected, and therefore, unsupported. The consequences of such oversight can be dire, even fatal, as unaddressed mental health needs can result in school failure, substance abuse, and suicide for young people.[ii] Fortunately, many of these outcomes can be prevented through early detection and intervention.[iii] Universal mental screening – where all people are screened regardless of risk - is a key strategy for promoting early intervention, particularly in settings in which young people spend much of their time, such as schools. Currently, mental health screening practices are underutilized in California schools largely due to fiscal, workforce, and legal barriers, and an absence of guidelines to address these concerns.

In its 2023-24 Budget Act, the legislature requested that the Commission conduct an analysis of tools, best practices, and barriers for implementing universal mental health screening in California's K-12 school system, with the goal of informing future fiscal and policy decisions related to school based universal screening. The attention on screening is consistent with the Commission's school mental health report, *Every Young Heart and Mind,* and its prevention and early intervention report, *Well and Thriving,* both of which recommend universal screening as a key strategy for promoting youth mental health.

This funding will allow a collection of MHSSA partners of various sizes and regions, to explore opportunities for universal screening to better understand and respond to the unique and nuanced needs of students in their districts. With these findings and through the learning collaborative, grantees will create a "roadmap" to guide future implementation of universal mental health screening in their districts. Collectively, this work will inform state level decisions related to universal mental health screening for children and youth.

3. Sustainability - $9,000,000
   Twenty grants, each in the amount of $450,000 will be made available to support continuous quality improvement and long-term sustainability of school-county

partnerships funded by the MHSSA grant. Applicants will be asked to identify dollar for dollar matching funds to extend the sustainability efforts over six fiscal years. Specifically, these dollars will support existing local MHSSA partnerships in hiring a quality improvement and sustainability (QIS) Coordinator. Earlier this year, Commission staff surveyed MHSSA grant partners and learned about the need for dedicated staff to develop sustainability and quality improvement strategies.

The National Center for School Mental Health (NCSMH) provides resources to advance a framework for comprehensive school-based mental health based on a quality improvement system. Resources include support for conducting needs assessments and resource mapping, incorporating evidence-based services, using data to inform decision making, partnering with youth and families, and maximizing diverse financial and non-financial assets to sustain a continuum of school-based mental health services and supports. These resources will be leveraged to support QIS Coordinators in developing and implementing quality improvement and sustainability plans based on local needs. In addition, as the Commission rolls out the MHSSA technical assistance strategy in 2024, there will be opportunities for the quality improvement and sustainability (QIS) Coordinator to participate in learning cohorts comprised of peers.

The Commission's school mental health report, "E*very Young Heart and Mind*" identified continuous improvement and sustainability as critical design features of comprehensive school mental health programs. This effort is aligned with the report's recommendations and will support the vision for schools to become centers of wellness.

4. Other Priorities - $3,000,000
   The RFA will include a fourth category for "other priorities" to allow applicants to identify and address the unique needs of their partnership which may not be reflected in the other three categories. Applicants may elect to build wellness centers, implement mobile crisis support teams, substance use disorder prevention and education, or other services which support the goals of the MHSSA.

If there is a lack of applicants in a specific category, that funding may be moved to another focus category to allow for all grant funding to be disbursed. This proposal for Phase IV will focus funding on these key areas to make an immediate and lasting impact on student mental health and wellness. By focusing on marginalized and vulnerable student populations such as foster and juvenile justice involved youth, universal screening, and quality and sustainability, the Commission will be addressing a large section of the continuum of care for students including prevention and identification of risk factors associated with mental health disorders, treatment for marginalized and vulnerable student populations, and building the workforce to sustain long-term support.

Minimum Qualifications

- Be a County Behavioral Health Department
- Identify the entities that make up the partnership. Partners must include at a minimum a Behavioral Health Department, a school district, and either a County Office of Education or a Charter School but may also include other organizations or entities that serve school-based mental health initiatives.

RFA Target Release Date March 2024

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[i] Kessler, R. C., Amminger, G. P., Aguilar-Gaxiola, S., Alonso, J., Lee, S., & Ustün, T. B. (2007). Age of onset of mental disorders: A review of recent literature. Current Opinion in Psychiatry, 20(4), 359-364. https://doi.org/10.1097/YCO.0b013e32816ebc8c

[ii] Ivey-Stephenson, A.Z., Demissie, Z., Crosby, A.E., Stone, D.M., GAylor, E., Wilkis, N., Lowry, R., & Brown, M. (2020). Suicidal ideation and behaviors among high school students — Youth risk behavior survey, United States, 2019. MMWR Supplements, 69(Suppl-1):47–55. http://dx.doi.org/10.15585/mmwr.su6901a6external icon

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Mental Health Services
Oversight & Accountability Commission

Mental Health Student Services Act
Community Engagement Feedback Summary

The Commission has used surveys, polls and listening sessions to solicit input from grantees, students, educators, and county agencies relative to future funding focus. In August 2023, a survey was sent to grantees to determine how they would allocate future funding to support school-based mental health services. A follow-up poll was presented at the September 2023 Collaboration meeting that narrowed the choices to eight areas as highlighted from survey responses. Those eight areas were workforce capacity, vulnerable youth populations, mobile service units, substance use disorder, suicide prevention, universal screening, sustainability coordination, and wellness centers.

Results indicated workforce and sustainability were chief concerns amongst grantees, with over 27% of respondents listing it as their priority. The second most popular option was enhanced programs for marginalized and vulnerable youth populations at 18% of respondents listing it as their priority. Additionally, respondents indicated that infrastructure and space concerns for wellness centers were preventing them from expanding resources for students. The Commission carefully considered this feedback and used responses to prepare for a future listening session.

On January 9, the commission held a listening session focusing on student voice relative to their mental health needs. Educators, school behavioral health partners, and community organizations were invited to attend. Student comment was prioritized, but the adults were allotted time to provide feedback as well. The robust conversation revealed key points of interest for the students, as well as barriers to success. Thoughts and issues presented by participants focused on access to services, expansion of programs, sustainability, and vulnerable populations, as well as other points for consideration. The list below provides insight on the common themes and ideas shared during the listening session.

1. The most important and common theme expressed during the listening session was that a loss of school-based mental health services would be devastating for students and school personnel alike. We heard from an educator who discussed that he has seen direct benefits in his students whether they learned study skills, time management, or received support for stress and anxiety relative to schoolwork. We heard from students who talked about the great counselors they have at their school and how these folks may be the only positive adults that some students have in their lives. In the follow-up survey conducted at the end of the listening session a high-school student shared the following:

> "I can't say how it (losing MHSSA services) would affect my classmates, but I know with the scarce resources we have, without them it would be detrimental. Our culture and atmosphere are very fragile and without certain building blocks, we would be at a loss."

2. Expanding access to, funding for and availability of peer support resources as an avenue of increasing student buy in, adding to the workforce, bolstering services provided and providing training/education to students to recognize and support mental illness symptoms was a major concern.

3. Many vulnerable populations were identified, chiefly were kids in foster care as well as students who 'get in trouble' or are at risk for criminal behavior. A direct quote was "once these kids start getting into trouble, they fall off the radar'". It was also mentioned that these populations are difficult to reach and do not typically seek support services on their own.

4. Both students and adults reminded us that a large group of underserved kids are in an 'unnamed' group such as athletes, the kids smoking behind the gym, the student sitting by themself in the lunchroom, or the scholar. We were urged to not forget about students who do not display typical risk factors or suffer from loneliness, anxiety, or isolation. One survey respondent provided that an unnamed population includes "The students who are 'doing well'. Those who wear a mask but are suffering in silence 'till we lose them."

5. Universal Screening can be helpful, but the schools lack the resources to provide adequate services for all the identified risks. It was also mentioned that universal screening without resources for services may be detrimental as the student is made aware of the potential issue but cannot receive services. Specifically, student feedback was in support of universal screening, and they would like to participate in screening for mental health risk factors. Participants did indicate that an implementation guide with strategies for success would be helpful in working towards universal screening. One survey respondent indicated that the creation of a 'tiered system' for triaging concerns identified by universal screening would be helpful in allocating resources.

6. Space and time for wellness centers are a huge concern, several students mentioned that they are limited to 15 minutes in the wellness centers at a time, while school staff mentioned that they lack adequate space to create wellness centers or staffing to keep them open for extended hours or to see enough students in a day. Additionally, participants indicated that they felt wellness centers have been implemented well in high schools and middle schools but that elementary schools have not been the recipient of funding for these centers.

During the survey, poll, and listening session, the same themes revealed themselves. Grantees and students are concerned about sustainability, marginalized and vulnerable populations, infrastructure, and the implementation of universal screening without sufficient resources. These responses and feedback were used to determine priority areas to focus funding and inform Phase IV of the MHSSA grant process as detailed in the outline.

AGENDA ITEM 10

Action

February 22, 2024 Commission Meeting

Legislative Priorities for 2024

Summary:
The Commission has prioritized an active role in policymaking related to mental health. Commission staff meets regularly with policy staff from legislative committees and works with leadership, member staff and representatives from the Mental Health Caucus, the Republican Caucus, the Legislative Analyst's Office, and the Administration on legislation related to the Commission's work.

The Commission is routinely asked to consult or provide guidance on legislative proposals under development, proposals that would impact the Commission's operations or that would result in new duties of the Commission. Commission staff also actively promote legislative priorities consistent with the direction of the Commission, typically in the form of recommendations adopted through the Commission's policy projects.

At the October and November 2023 Commission meetings, the Commission had preliminary discussions about legislative priorities for 2024 including carryover legislation from 2023, previously sponsored legislation that was unsuccessful, and recommendations from the Commission's policy reports that have yet to be implemented. Three proposals were identified for the Commission to pursue legislatively in 2024:

1. **Office of School Mental Health**. Implement the recommendation from the Commission's 2020 report, "*Every Young Heart and Mind: Schools as Centers of Wellness*," that the Governor and the Legislature should establish a leadership structure dedicated to the development of schools as centers for wellness and healing.

2. **UC Workplace Mental Health Center of Excellence.** Implement the recommendation from the Commission's 2023 report, "*Working Well: Supporting Mental Health at Work in California,*" that the Governor and Legislature should launch a center of excellence on workplace mental health that can fully leverage the capacity of employers to address stigma, improve mental health literacy, and ensure access to comprehensive mental health care; and

3. **Local Youth Mental Health Boards.** Reintroduce the Commission's 2021 sponsored bill, Assembly Bill 573 (Carrillo), which would require each community mental health service to have a local youth advisory board to provide youth with a platform to better advocate for effective and quality mental health programs. *To be authored by Assembly Member and Commissioner Carrillo and co-authored by Senator and Commissioner Cortese.*

At the February Commission meeting, the Commission will hear an update on the progress made with the Legislature on these three proposals as well discuss expectations for this legislative year.

Presented by: Kendra Zoller, Deputy Legislative Director

Enclosure: AB 2411

Handouts: PowerPoint Presentation

ASSEMBLY BILL No. 2411

Introduced by Assembly Member Wendy Carrillo
(Principal coauthor: Senator Cortese)

February 12, 2024

An act to add Chapter 1.2 (commencing with Section 5625) to Part 2 of Division 5 of the Welfare and Institutions Code, relating to mental health.

LEGISLATIVE COUNSEL'S DIGEST

AB 2411, as introduced, Wendy Carrillo. Local Youth Mental Health Boards.

Existing law, the Bronzan-McCorquodale Act, contains provisions governing the operation and financing of community mental health services for the mentally disordered in every county through locally administered and locally controlled community mental health programs.

This bill would require each community mental health service to have a local youth mental health board (board), appointed as specified, consisting of members between 15 and 23 years of age, inclusive, at least 1/2 of whom are, to the extent possible, mental health consumers who are receiving, or have received, mental health services, or siblings or close family members of mental health consumers and 1/2 of whom are, to the extent possible, enrolled in schools in the county. The bill would require the board, among other duties, to review and evaluate the local public mental health system and advise the governing body and school district governing bodies on mental health services related to youth that are delivered by the local mental health agency or local behavioral health agency, school districts, or others, as applicable. The bill, upon appropriation by the Legislature, would require the governing

body to provide a budget for the board sufficient to facilitate the purposes, duties, and responsibilities of the board. By increasing the duties of local governments, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares all of the following:

(a) Mental health needs are the most common and disabling medical conditions affecting children.

(b) Mental health needs in youth have increased in recent years nationally and have been further exacerbated by the COVID-19 pandemic.

(c) Based on national and state prevalence rates, between 620,000 and 1,240,000 of California's 6,200,000 students enrolled in K-12 schools are estimated to have a mental health condition.

(d) One-half of all lifetime mental health needs emerge before 14 years of age, and three-quarters before 24 years of age.

(e) Almost one in five youth report having seriously considered suicide in the past year.

(f) Suicide is the second leading cause of death for youth.

(g) Many children suffer without help. Approximately one-half to three-quarters do not receive mental health treatment or services. For children living in low-income households with limited English proficiency, unmet mental health needs are even greater.

(h) Other student groups, such as LGBTQ students and Muslim students, experience high rates of bullying, harassment, and victimization. Muslim students are twice as likely as their peers to report they are bullied. LGBTQ students are twice as likely as

average to report depression symptomology and are three times more likely to report suicidal ideation.

(i) Nationally, 22 percent of Latino youth have depressive symptoms, a rate higher than any minority group besides Native American youth. The United States Office of Minority Health has found that Latina adolescents have the highest rates of suicidal ideation and suicide attempts, and, while lower than Latinas, Latino adolescent males have higher rates of suicidal ideation and suicide attempts than their White peers.

(j) Students in foster care, African American students and Native American students are more likely to be suspended or expelled than other groups of students. African American, Native American, and Pacific Islander students are more than twice as likely as their peers to be chronically absent.

(k) Youth involvement in mental health programming leads to better quality services that are responsive to the needs of youth.

(*l*) To date, only one out of every seven California counties has established children or youth behavioral health advisory committees. This represents an unrealized opportunity to engage youth in the community planning process for mental health services for youth.

(m) Providing youth with opportunities to make meaningful contributions to their schools and communities through participation and leadership in various settings contributes to positive youth development and is likely to support improved youth engagement with appropriate behavioral health services.

SEC. 2. Chapter 1.2 (commencing with Section 5625) is added to Part 2 of Division 5 of the Welfare and Institutions Code, to read:

Chapter 1.2. Youth Mental Health Boards

5625. (a) (1) Each community mental health service shall have a local youth mental health board (board) consisting of eight or more members, as determined by the governing body, and appointed by the governing body, except that boards in counties with a population of fewer than 80,000 may have a minimum of five members.

(2) (A) The board shall serve in an advisory role to the governing body, governing bodies of school districts within the

county, the county office of education, and other public entities and officials within the county, as determined by the board.

(B) Board membership shall include county residents between 15 and 23 years of age, inclusive, and should reflect the diversity of the population in the county, including race, ethnicity, sexual orientation, and gender identity, to the extent possible.

(C) To the extent possible, one-half or more of the board membership shall be mental health consumers who are receiving, or have received, mental health services, or siblings or close family members of mental health consumers, as determined by the governing board.

(D) To the extent possible, one-half or more of the board members shall be enrolled in school in the county.

(3) In counties with a population of fewer than 80,000, at least two members shall be consumers who are receiving, or who have received, mental health services.

(b) The board, at its discretion, may meet concurrently with and advise the board established pursuant to Section 5604 on matters pertaining to meeting the mental health needs of youth.

(c) The board is established to inform decisions by the governing body, school districts, the county office of education, and other governmental and nongovernmental bodies involved with the community mental health service, as determined by the board.

(d) The board shall review and evaluate the local public mental health system, pursuant to Section 5604.2, and advise the county and school district governing bodies on mental health services related to youth that are delivered by the local mental health agency or local behavioral health agency, school districts, or others, as applicable.

(e) The term of each member of the board shall be for no less than two years and no more than three years. The governing body shall equitably stagger appointments so that an equal number of appointments, to the extent possible, expire in each year.

(f) If two or more local agencies jointly establish a community mental health service pursuant to Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 of Title 1 of the Government Code, the board for the community mental health service shall consist of an additional five members for each additional agency, with equal representation from each local agency to the extent possible.

(g) A member of the board or the member's spouse, parent, or sibling shall not be a full-time or part-time employee of a county mental health service, an employee of the State Department of Health Care Services, or an employee or a member of the governing body of a mental health contract agency doing business in the local jurisdiction.

(h) Members of the board shall abstain from voting on any issue in which the member has a financial interest, as defined in Section 87103 of the Government Code.

(i) The board may be established as an advisory board or a commission, depending on the preference of the county.

5626. A local youth mental health advisory board shall be subject to the provisions of Chapter 9 (commencing with Section 54950) of Part 1 of Division 2 of Title 5 of the Government Code, relating to meetings of local agencies.

5627. (a) The local youth mental health board may do all of the following:

(1) Review and evaluate the community's youth mental health needs, services, and related challenges and opportunities, as determined by the board.

(2) Review county agreements affecting youth entered into pursuant to Section 5650. The board may make recommendations to the governing body regarding concerns identified within these agreements.

(3) Advise the governing body and the local mental health director as to any aspect of the local mental health program relating to youth. The board may request assistance from the local patients' rights advocates, local agencies, the grand jury, and others when reviewing and advising on mental health evaluations or services provided in facilities with limited access.

(4) Submit an annual report to the county governing body, school districts, and other local governing bodies, where relevant, on the needs and performance of the county's mental health system as it relates to the needs of youth, with recommendations for improvement as needed.

(b) This section does not limit the ability of the governing body to transfer additional duties or authority to a local youth mental health board.

5628. (a) The governing body shall assign staff to support the local youth mental health board and pay, from any available funds,

the actual and necessary expenses of the members of the local youth mental health board incurred incident to the performance of their official duties and functions. The expenses may include travel, lodging, childcare, and meals for the members of a youth mental health board while on official business, as approved by the director of the local mental health program.

(b) Upon appropriation by the Legislature, the governing body shall provide a budget for the local youth mental health board that is sufficient to facilitate the purposes, duties, and responsibilities of the youth mental health board.

5629. The local youth mental health board shall develop bylaws to be approved by the governing body that do all of the following:

(a) Establish the specific number of members on the youth mental health board, consistent with subdivision (a) of Section 5625.

(b) Ensure that the composition of the local youth mental health board represents and reflects the diversity and demographics of the county as a whole, consistent with subdivision (a) of Section 5625, to the extent feasible.

(c) Establish that a quorum be one person more than one-half of the appointed members.

(d) Establish that the chairperson of the local youth mental health board be in consultation with the local mental health director.

SEC. 3. If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.

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MISCELLANEOUS ENCLOSURES

February 22nd, 2024 Commission Meeting

Enclosures (4):

(1) Evaluation Dashboard
(2) Innovation Dashboard
(3) Department of Health Care Services Revenue and Expenditure Reports Status Update
(4) Rolling Calendar

Mental Health Services
Oversight & Accountability Commission

Summary of Updates

Contracts

New Contracts: 1

Total Contracts: 4

Funds Spent Since the January Commission Meeting

Contract Number	Amount
21MHSOAC023	$ 353,695.64
22MHSOAC025	$ 100,000.00
22MHSOAC050	$ 135,000.00
23MHSOAC018	$ 0.00
TOTAL	**$ 588,695.64**

The Regents of the University of California, San Francisco: Partnering to Build Success in Mental Health Research and Policy (21MHSOAC023)

MHSOAC Staff: Melissa Martin Mollard
Active Dates: 07/01/21 - 06/30/24
Total Contract Amount: $4,244,347.68
Total Spent: $ 3,536,956.4

UCSF is providing onsite staff and technical assistance to the MHSOAC to support project planning, data linkages, and policy analysis activities including a summative evaluation of Triage grant programs.

Deliverable	Status	Due Date	Change
Quarterly Progress Reports	Complete	09/30/21	No
Quarterly Progress Reports	Complete	12/31/21	No
Quarterly Progress Reports	Complete	03/31/2022	No
Quarterly Progress Reports	Complete	06/30/2022	No
Quarterly Progress Reports	Complete	09/30/2022	No
Quarterly Progress Reports	Complete	12/31/2022	No
Quarterly Progress Reports	Complete	03/31/2023	No
Quarterly Progress Reports	Complete	06/30/2023	No
Quarterly Progress Reports	Complete	09/30/2023	No
Quarterly Progress Reports	Complete	12/31/2023	No
Quarterly Progress Reports	In Progress	03/31/2024	Yes
Quarterly Progress Reports	Not Started	06/30/2024	No

WestEd: MHSSA Evaluation Planning (22MHSOAC025)

MHSOAC Staff: Kai LeMasson
Active Dates: 06/26/23 - 12/31/24
Total Contract Amount: $1,500,000.00
Total Spent: $400,000.00

This project will result in a plan for evaluating the Mental Health Student Services Act (MHSSA) partnerships, activities and services, and student outcomes. The MHSSA Evaluation Plan will be informed by community engagement and include an evaluation framework, research questions, viable school mental health metrics, and an analytic and methodological approach to evaluating the MHSSA.

Deliverable	Status	Due Date	Change
Project Management Plan	Complete	August 1, 2023	No
Community Engagement Plan	Complete	September 1, 2023	No
Community Engagement Plan Implementation (a, b and c)	Complete In Progress	December 15, 2023 January 15, 2024 October 30, 2024	No
Evaluation Framework and Research Questions	In Progress	December 15, 2023	No
School Mental Health Metrics	Not Started	June 15, 2024	No
Evaluation Plan (draft and final)	Not Started	September 1, 2024 October 30, 2024	No
Consultation on Report to the California Legislature	Not Started	March 1, 2024	No
Progress Reports (a, b, and c)	Complete In Progress	September 15, 2023 January 15, 2024 June 15, 2024	No

Mental Health Services
Oversight & Accountability Commission

Third Sector: FSP Evaluation (22MHSOAC050)

MHSOAC Staff: Melissa Martin Mollard
Active Dates: 06/28/23 – 6/30/24
Total Contract Amount: $450,000.00
Total Spent: $285,000.00

This project will evaluate the effectiveness of FSPs through community engagement, outreach and survey activities culminating in a final report to the Commission with specific recommendations for strengthening the implementation and outcomes of FSP programs throughout the State.

Deliverable	Status	Due Date	Change
Community Engagement Plan (draft and final)	Complete	August 31, 2023 September 30, 2023	No
Statewide Survey (draft and final)	Complete	October 31, 2023 December 31, 2023	Yes
Progress Reports (#1 and #2)	#1 Complete #2 In Progress	October 31, 2023 March 31, 2024	No
Final Report (draft and final	Not Started	March 31, 2024 May 31, 2024	No

The Regents of the University of California, San Francisco:: Universal Screening Project (23MHSOAC018)

MHSOAC Staff: Kali Patterson

Active Dates: 12/12/23 -12/31/24

Total Contract Amount: $160,000

Total Spent: $0

The project will support the Commission in conducting research on the subject of universal mental health screening for children and youth and conduct a landscape analysis to understand universal mental health screening policies and practices for children and youth in California. Doing so will allow the Commission, as part of its required legislative Report, to develop recommendations to improve universal screening of students in California schools.

Deliverable	Status	Due Date	Change
Survey Tool	Complete	02/01/2024	No
Literature Review Report	Complete	02/01/2024	No
Project Support and Consult a. Workplan b. Meetings and Interviews c. Analysis and Summary	a. In Progress b. Complete c. In Progress	1/15/2024 1/15/2024 4/30/2024	No
Landscape Analysis Report a. Draft Report b. Final Report	In Progress	06/30/2024 7/31/2024	No

Mental Health Services
Oversight & Accountability Commission

INNOVATION DASHBOARD

FEBRUARY 2024

UNDER REVIEW	Final Proposals Received	Draft Proposals Received	TOTALS
Number of Projects	1	0	**1**
Participating Counties (unduplicated)	1	0	**1**
Dollars Requested	$29,139,565	$0	**$29,139,565**

PREVIOUS PROJECTS	Reviewed	Approved	Total INN Dollars Approved	Participating Counties
FY 2018-2019	54	54	$303,143,420	32 (54%)
FY 2019-2020	28	28	$62,258,683	19 (32%)
FY 2020-2021	35	33	$84,935,894	22 (37%)
FY 2021-2022	21	21	$50,997,068	19 (32%)
FY 2022-2023	31	31	$354,562,908.86	26 (44%)

TO DATE	Reviewed	Approved	Total INN Dollars Approved	Participating Counties
2023-2024	9	9	$146,834,355	9

INNOVATION PROJECT DETAILS

DRAFT PROPOSALS

Status	County	Project Name	Funding Amount Requested	Project Duration	Draft Proposal Submitted to OAC	Final Project Submitted to OAC

FINAL PROPOSALS

Status	County	Project Name	Funding Amount Requested	Project Duration	Draft Proposal Submitted to OAC	Final Project Submitted to OAC
Under Final Review	Riverside	Eating Disorder Intensive Outpatient and Training Program	$29,139,565	5 Years	11/29/2023	01/19/2024

APPROVED PROJECTS (FY 23-24)

County	Project Name	Funding Amount	Approval Date
Santa Clara	TGE Center	$11,938,639	7/27/2023
San Luis Obispo	Embracing Mental & Behavioral Health for Residential Adult Care & Education (EMBRACE)	$860,000	9/28/2023
Santa Cruz	Crisis Now Multi-County Innovation Plan	$4,544,656	9/28/2023
Amador	Workforce Retention Strategies	$1,995,129	9/28/2023
Tri-City	Community Planning Process	$675,000	10/26/2023
Los Angeles	Kedren Children and Family Restorative Care Village	$100,594,450	11/16/2023
Sacramento	allcove Multi-County Collaborative	$10,000,000	11/16/2023
Sutter-Yuba	Multi County FSP Project	$1,226,250	01/25/2024
Sacramento	Community Defined Mental Wellness Practices for the African American/Black/African Descent Unhoused	$15,000,231	01/25/2024

DHCS Status Chart of County RERs Received
February 22, 2024, Commission Meeting

Below is a Status Report from the Department of Health Care Services regarding County MHSA Annual Revenue and Expenditure Reports received and processed by Department staff, dated August 30, 2023. This Status Report covers FY 2020 -2021 through FY 2021-2022, all RERs prior to these fiscal years have been submitted by all counties.

The Department provides MHSOAC staff with weekly status updates of County RERs received, processed, and forwarded to the MHSOAC. Counties also are required to submit RERs directly to the MHSOAC. The Commission provides access to these for Reporting Years FY 2012-13 through FY 2021-2022 on the data reporting page at: https://mhsoac.ca.gov/county-plans/.

The Department also publishes County RERs on its website. Individual County RERs for reporting years FY 2006-07 through FY 2015-16 can be accessed at: http://www.dhcs.ca.gov/services/MH/Pages/Annual-Revenue-and-Expenditure-Reports-by-County.aspx. Additionally, County RERs for reporting years FY 2016-17 through FY 2021-22 can be accessed at the following webpage: http://www.dhcs.ca.gov/services/MH/Pages/Annual_MHSA_Revenue_and_Expenditure_Reports_by_County_FY_16-17.aspx.

DHCS also publishes yearly reports detailing funds subject to reversion to satisfy Welfare and Institutions Code (W&I), Section 5892.1 (b). These reports can be found at: https://www.dhcs.ca.gov/services/MH/Pages/MHSA-Fiscal-Oversight.aspx.

DCHS MHSA Annual Revenue and Expenditure Report Status Update

County	FY 20-21 Electronic Copy Submission	FY 20-21 Return to County	FY 20-21 Final Review Completion	FY 21-22 Electronic Copy Submission	FY 21-22 Return to County	FY 21-22 Final Review Completion
Alameda	1/26/2022	2/3/2022	2/8/2022	1/31/2023	2/6/2023	2/7/2023
Alpine	1/26/2022	2/3/2022	2/15/2022	4/14/2023		4/17/2023
Amador	1/27/2022	2/3/2022	2/10/2022	1/31/2023	2/7/2023	2/17/2023
Berkeley City	2/1/2022	2/3/2022	3/1/2022	1/31/2023	2/2/2023	2/7/2023
Butte	8/11/2022	8/12/2022	8/15/2022			
Calaveras	1/31/2022	2/4/2022	2/8/2022	1/27/2023		2/7/2023
Colusa	2/1/2022	2/4/2022	2/15/2022	4/3/2023	4/4/2023	5/11/2023
Contra Costa	1/31/2022	2/4/2022	3/11/2022	1/30/2023		2/1/2023
Del Norte	1/28/2022	2/7/2022	2/23/2022	1/30/2023		2/7/2023
El Dorado	1/28/2022	2/4/2022	2/9/2022	2/24/2023		2/28/2023
Fresno	1/26/2022	2/7/2022	2/16/2022	1/31/2023	2/2/2023	2/10/2023
Glenn	3/21/2022	3/22/2022	4/6/2022			
Humboldt	8/15/2022	8/16/2022	8/24/2022	1/31/2023		2/2/2023
Imperial	1/31/2022	2/4/2022	2/15/2022	1/20/2023	1/23/2023	2/1/2023
Inyo	4/1/2022	4/12/2022	5/19/2023	5/19/2023		8/16/2023
Kern	2/3/2022	2/7/2022	2/17/2022	1/31/2023	2/1/2023	2/15/2023
Kings	2/22/2022	2/22/2022	3/11/2022	1/10/2023	1/19/2023	2/14/2023
Lake	2/1/2022	2/8/2022	2/23/2022	1/31/2023		2/1/2023
Lassen	2/2/2022	2/8/2022	2/17/2022	2/8/2023	2/9/2023	2/14/2023
Los Angeles	2/1/2022	2/7/2022	2/22/2022	1/31/2023	2/2/2023	2/17/2023
Madera	3/25/2022	3/29/2022	5/19/2022	2/8/2023	2/9/2023	2/14/2023
Marin	1/31/2022	2/7/2022	2/9/2022	1/30/2023	1/31/2023	2/3/2023
Mariposa	1/31/2022	2/7/2022	2/25/2022	4/19/2023	4/20/2023	4/21/2023

DHCS Status Chart of County RERs Received
February 22, 2024, Commission Meeting

County	FY 20-21 Electronic Copy Submission	FY 20-21 Return to County	FY 20-21 Final Review Completion	FY 21-22 Electronic Copy Submission	FY 21-22 Return to County	FY 21-22 Final Review Completion
Mendocino	2/1/2022	2/7/2022	2/24/2022	1/31/2023		2/2/2023
Merced	1/27/2022	2/7/2022	2/8/2022	1/19/2023		1/23/2023
Modoc	4/27/2022	4/28/2022	4/28/2022	3/23/23	4/4/2023	4/5/2023
Mono	1/18/2022	2/7/2022	2/17/2022	1/31/2023		2/2/2023
Monterey	2/2/2022	2/7/2022	2/9/2022	1/31/2023	2/2/2023	2/2/2023
Napa	2/7/2022	2/8/2022	3/3/2022	1/31/2023	2/1/2023	2/13/2023
Nevada	1/31/2022	2/2/2022	2/3/2022	1/31/2023	2/1/2023	2/2/2023
Orange	1/31/2022	2/3/2022	2/17/2022	1/31/2023		2/1/2023
Placer	1/31/2022	3/17/2022	4/13/2022	1/31/2023	2/1/2023	2/14/2023
Plumas	7/14/2022	7/14/2022	11/29/2022	2/14/2023	2/15/2023	2/21/2023
Riverside	1/31/2022	2/4/2022	3/11/2022	1/31/2023	2/1/2023	2/15/2023
Sacramento	1/31/2022	2/3/2022	3/11/2022	1/25/2023	1/26/2023	1/27/2023
San Benito	2/13/2023	2/13/2023	2/27/2023	5/10/2023	5/11/2023	5/25/2023
San Bernardino	3/23/2022	3/23/2022	3/29/2022	1/31/2023		2/6/2023
San Diego	1/31/2022	2/3/2022	2/18/2022	1/31/2023	1/31/2023	2/14/2023
San Francisco	1/31/2022		2/4/2022	1/31/2023	2/1/2023	2/16/2023
San Joaquin	3/22/2022	3/23/2022	3/25/2022	1/31/2023		2/1/2023
San Luis Obispo	1/26/2022	2/2/2022	2/7/2022	12/30/2023	1/6/2023	1/19/2023
San Mateo	1/31/2022	8/3/2022	8/4/2022	3/6/2023	3/24/2023	4/3/2023
Santa Barbara	1/26/2022	1/26/2022	2/10/2022	12/23/2023	2/7/2023	2/15/2023
Santa Clara	1/31/2022	2/15/20222	2/18/2022	1/31/2023	1/31/2023	2/16/2023
Santa Cruz	3/25/2022	3/25/2022	4/4/2022	4/6/2023	4/14/2023	
Shasta	1/25/2022	1/26/2022	2/10/2022	1/31/2023	2/2/2023	2/16/2023
Sierra	1/31/2022	2/2/2022	2/28/2022	1/27/2023	1/30/2023	2/16/2023
Siskiyou	7/18/2022	7/18/2022	8/10/2022	2/6/2023	2/7/2023	2/9/2023
Solano	1/31/2022	2/2/2022	2/8/2022	1/31/2023	1/31/2023	2/15/2023

DHCS Status Chart of County RERs Received
February 22, 2024, Commission Meeting

County	FY 20-21 Electronic Copy Submission	FY 20-21 Return to County	FY 20-21 Final Review Completion	FY 21-22 Electronic Copy Submission	FY 21-22 Return to County	FY 21-22 Final Review Completion
Sonoma	1/31/2022	2/3/2022	2/22/2022	1/31/2023	2/2/2023	3/6/2023
Stanislaus	1/31/2022	2/2/2022	2/15/2022	1/31/2023	2/2/2023	2/3/2023
Sutter-Yuba	2/9/2022	2/10/2022	2/15/2022	1/31/2023	2/2/2023	3/6/2023
Tehama	4/12/2023	4/12/2023	4/13/2023			
Tri-City	1/31/2022	2/2/2022	5/25/2022	1/25/2023	1/25/2023	2/16/2023
Trinity	7/5/2022	7/5/2022	7/27/2022	7/18/2023	7/24/2023	8/24/2023
Tulare	1/31/2022	2/2/2022	2/10/2022	1/31/2023	1/31/2023	2/15/2023
Tuolumne	1/31/2022		2/4/2022	3/29/2023	3/30/2023	4/5/2023
Ventura	1/28/2022	2/2/2022	2/14/2022	1/30/2023	1/30/2023	1/31/2023
Yolo	1/31/2022	2/2/2022	2/2/2022	1/31/2023	2/2/203	3/15/2023
Total	**59**	**56**	**59**	**56**	**41**	**56**

Mental Health Services
Oversight & Accountability Commission

Commission Meeting Calendar (Tentative)

Focus areas are identified through the Commission's Strategic Plan goals and objectives. The 2024-2027 goals include: Champion Vision into Action, Catalyze Best Practice Networks, Inspire Innovation and Learning, and Relentlessly Drive Expectations.

The Commission's 2024-27 North Star priority is to accelerate system-level improvements to achieve early, effective, and universally available services. This priority will guide the evolution and design of the Commission's initiatives and projects, further informed by three more clearly defined operational priorities: (1) Build foundational knowledge, (2) Close the gap between what is being done and what can be done, and (3) Close the gap between what can be done and what must be done.

The draft calendar below reflects efforts to align the Commission meeting focus areas with priorities outlined in the 2024-2027 Strategic Plan. **All topics and locations subject to change**.

Dates	Locations	Focus Areas*
March 28	Sacramento	Behavioral Health Services Act Implementation – Pending Vote
April 24, 25	Chico	**4/24** - Site Visit to a Full-Service Partnership program **4/25** - Panel: Behavioral Health Reform in Rural Counties
May 23	Sacramento	Strengthening Full-Service Partnerships Panel
June 27	No Meeting	
July 25	San Diego	TBD
August 22	Bay Area	TBD
September 26	Sacramento	TBD
October 24	Fresno	TBD
November 21	Southern California	TBD

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