



WELLNESS • RECOVERY • RESILIENCE



Mental Health Services
Oversight & Accountability Commission

Meeting Materials Packet

Commission Teleconference Meeting

June 15, 2023

9:00 AM – 1:00 PM



COMMISSION MEETING NOTICE & AGENDA

JUNE 15, 2023

NOTICE IS HEREBY GIVEN that the Commission will conduct a Regular Meeting on **June 15, 2023, at 9:00 a.m.** This meeting will be conducted via teleconference pursuant to the Bagley-Keene Open Meeting Act according to Government Code sections 11123 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: June 15, 2023

Time: 9:00 AM

Location: Virtual Only

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
Khatera Tamplen

EXECUTIVE DIRECTOR:

Toby Ewing

ZOOM ACCESS:



FOR COMPUTER/APP USE

Link: <https://mhsaac-ca.gov.zoom.us/j/89268935198>
Meeting ID: 892 6893 5198



FOR PHONE DIAL IN

Dial-in Number: 669-900-6833
Meeting ID: 892 6893 5198

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 and for additional meeting locations.

Our Commitment to Excellence

The Commission's 2020-2023 Strategic Plan articulates three strategic goals:



Advance a shared vision for reducing the consequences of mental health needs and improving wellbeing.







Advance data and analysis that will better describe desired outcomes; how resources and programs are attempting to improve those outcomes.



Catalyze improvement in state policy and community practice for continuous improvement and transformational change.

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
Chair Mara Madrigal-Weiss, Commissioners and Staff will make announcements. | |
| 9:10 AM | 3. General Public Comment
General Public Comment is reserved for items not listed on the agenda. No discussion or action by the Commission will take place. | <i>Information</i> |
| 9:40 AM
 | 4. Legislative Update
The Commission will consider legislative priorities for the current legislative session including Senate Bill 10 by Senator and Commissioner Cortese related to opioid overdose prevention and treatment in schools and Governor Newsom's proposal to move the Commission under the California Health and Human Services Agency as included in his behavioral health modernization plan; <i>facilitated by Chair Mara Madrigal-Weiss.</i> <ul style="list-style-type: none"> ○ Public Comment ○ Vote | <i>Action</i> |
| 10:40 AM
   | 5. Strategic Plan Update
The Commission will receive an update on the development of the 2024-2027 Strategic Plan; <i>presented by Boston Consulting Group (BCG).</i> <ul style="list-style-type: none"> ○ Public Comment | <i>Information</i> |

11:00 AM



6. San Diego County Innovation Project

Action

The Commission will consider approval of \$75,000,000, in innovation funding for San Diego County’s Public Behavioral Health Workforce Development and Retention Program innovation project over five years; *presented by Nadia Privara, MPA, Assistant Director of Departmental Operations and Chief Strategy and Finance Officer of Behavioral Health Services for the County of San Diego, Health and Human Services Agency.*

- Public Comment
- Vote

11:40 AM



7. Tuolumne County Innovation Project

Action

The Commission will consider approval of \$925,891.04, in innovation funding for Tuolumne County’s Family Ties: Youth and Family Wellness innovation project over five years; *presented by Lindsey Lujan, Deputy Director Quality Management Tuolumne County Behavioral Health.*

- Public Comment
- Vote

12:20 PM



8. Los Angeles County Innovation Project

Action

The Commission will consider approval of \$155,677,581, in innovation funding for Los Angeles County’s Interim Housing Multidisciplinary Assessment and Treatment Teams innovation project over five years; *presented by Kalene Gilbert, LCSW, Mental Health Program Manager, Los Angeles County Department of Mental Health.*

- Public Comment
- Vote

1:00 PM

9. Adjournment

Our Commitment to Transparency

In accordance with the Bagley-Keene Open Meeting Act, public meeting notices and agenda are available on the internet at www.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

Our Commitment to Those with Disabilities

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

June 15, 2023 Commission Meeting

Legislative Update

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 June Commission meeting, Commissioners will have the opportunity to discuss new legislation and consider taking positions on existing legislation that will create continuous improvement and transformational change to the mental health system.

Item for Consideration:

- Senate Bill 10 (Cortese)

This bill would require local educational agencies to include protocols for the prevention and treatment of an opioid overdose in their comprehensive school safety plans. This bill would also require the California Department of Education to establish the State Working Group on Fentanyl Education in Schools to promote public education, awareness, and prevention of fentanyl overdoses. This bill is sponsored by the California Consortium of Addiction Programs and Professionals, the County of Santa Clara, and the Santa Clara County Office of Education. It is supported by many organizations and has received no opposition.

- Governor Newsom's Proposal to Move the Commission under the California Health and Human Services Agency (CalHHS)

On March 19, 2023, the Governor announced a 2024 ballot initiative to improve how California responds to mental health needs, substance use disorders, and homelessness. Although proposal language has not been released, the Governor's background materials detail that the initiative would require that the Commission become advisory under the

California Health and Human Services Agency (CalHHS) and its Executive Director be a gubernatorial appointee.

The Commission received a presentation on the proposal from the Governor's staff at the April 2023 meeting. Commissioner's expressed concern that the proposed restructuring of the Commission will reduce its ability to build public support, address stigma, advocate for better results, and hold the system accountable to the community and California's taxpayers. Per the request of CalHHS and DHCS, the Commission sent a letter detailing these concerns and asking for further clarification.

Enclosures (7):

- (1) Senate Bill 10 (Cortese)
- (2) Senate Bill 10 (Cortese) Senate Floor Analysis
- (3) Governor Newsom's Fact Sheet
- (4) CalHHS/DHCS PowerPoint
- (5) CalHHS Organizational Chart
- (6) 2023 Legislative Calendar
- (7) The Life Cycle of Legislation

AMENDED IN SENATE MAY 18, 2023
AMENDED IN SENATE APRIL 10, 2023
AMENDED IN SENATE MARCH 23, 2023

SENATE BILL

No. 10

Introduced by Senator Cortese
(Principal coauthors: Senators Hurtado and Umberg)
(Coauthors: Senators Archuleta, Ashby, Caballero, Nguyen,
***Portantino, and Wilk*)**
(Coauthors: Assembly Members Haney, Jackson, Low, Quirk-Silva,
Rodriguez, and Santiago)

December 5, 2022

An act to amend Sections 32282, 47605, and 47605.6 of, and to add Sections 49414.4 and 49428.16 to, the Education Code, relating to pupil health.

LEGISLATIVE COUNSEL'S DIGEST

SB 10, as amended, Cortese. Pupil health: opioid overdose prevention and treatment: Melanie's Law.

(1) Existing law authorizes a public or private elementary or secondary school to determine whether or not to make emergency naloxone hydrochloride or another opioid antagonist and trained personnel available at its school, and to designate one or more volunteers to receive related training to address an opioid overdose, as specified.

This bill would require the State Department of Education, in collaboration with the California Health and Human Services Agency, to establish the State Working Group on Fentanyl Education in Schools, for the purpose of promoting public education, awareness, and prevention of fentanyl overdoses, with the outreach aimed at staff and

pupils in schools. The bill would state the Legislature's encouragement of county offices of education to establish similar county working groups.

The bill would require the State Working Group on Fentanyl Education in Schools, in collaboration with specified relevant entities, to develop a School Resource Guide on Opioids, serving as a toolkit that may be accessed by school staff. The bill would require that certain information be included in the guide, that the department distribute the guide to all county offices of education, school districts, state special schools, and charter schools serving pupils in any of grades 7 to 12, inclusive, and that each of those local educational agencies distribute it to their school campuses, as specified.

The bill would also require the department and the agency to collaborate to develop informational materials containing safety advice, for pupils and parents or guardians of pupils, on how to prevent an opioid overdose. The bill would require the department to distribute the informational materials to the local educational agencies, and would require the local educational agencies to distribute the informational materials to school campuses. The bill would require a school to notify pupils and parents or guardians of pupils of the informational materials, as specified.

The bill would condition implementation of these provisions on an appropriation. By creating new duties for local educational agencies, the bill would impose a state-mandated local program.

(2) Under existing law, each school district and county office of education is responsible for the overall development of a comprehensive school safety plan for each of its schools operating kindergarten or any of grades 1 to 12, inclusive, in cooperation with certain local entities. Existing law requires that the plan identify appropriate strategies and programs that will provide or maintain a high level of school safety and address the school's procedures for complying with existing laws related to school safety. Existing law requires a petition to establish a charter school to include, among other things, a reasonably comprehensive description of the procedures that the charter school will follow to ensure the health and safety of pupils and staff, including requiring the development and annual update of a school safety plan that includes certain safety topics and procedures.

This bill would additionally require a comprehensive school safety plan, and the school safety plan of a charter school, to include the development of a protocol in the event a pupil is suffering or is

reasonably believed to be suffering from an opioid overdose. By creating new duties for local educational agencies, the bill would impose a state-mandated local program.

(3) Existing law states the intent of the Legislature that alternatives to suspension or expulsion be imposed against a pupil who is truant, tardy, or otherwise absent from school activities. Existing law further states legislative intent that the Multi-Tiered System of Supports, which includes restorative justice practices, among other things, may be used to help pupils, as specified.

This bill would state the intent of the Legislature that a school use alternatives to a referral of a pupil to a law enforcement agency in response to an incident involving the pupil’s misuse of an opioid, to the extent not in conflict with any other law requiring that referral. The bill would state legislative intent that the above-described Multi-Tiered System of Supports may be used to achieve these alternatives.

(4) 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:

1 SECTION 1. This act shall be known, and may be cited, as
2 Melanie’s Law.

3 SEC. 2. Section 32282 of the Education Code is amended to
4 read:

5 32282. (a) The comprehensive school safety plan shall include,
6 but not be limited to, both of the following:

7 (1) Assessing the current status of school crime committed on
8 school campuses and at school-related functions.

9 (2) Identifying appropriate strategies and programs that will
10 provide or maintain a high level of school safety and address the
11 school’s procedures for complying with existing laws related to
12 school safety, which shall include the development of all of the
13 following:

1 (A) Child abuse reporting procedures consistent with Article
2 2.5 (commencing with Section 11164) of Chapter 2 of Title 1 of
3 Part 4 of the Penal Code.

4 (B) Disaster procedures, routine and emergency, including
5 adaptations for pupils with disabilities in accordance with the
6 federal Americans with Disabilities Act of 1990 (42 U.S.C. Sec.
7 12101 et seq.). The disaster procedures shall also include, but not
8 be limited to, both of the following:

9 (i) Establishing an earthquake emergency procedure system in
10 every public school building having an occupant capacity of 50
11 or more pupils or more than one classroom. A school district or
12 county office of education may work with the Office of Emergency
13 Services and the Alfred E. Alquist Seismic Safety Commission to
14 develop and establish the earthquake emergency procedure system.
15 The system shall include, but not be limited to, all of the following:

16 (I) A school building disaster plan, ready for implementation
17 at any time, for maintaining the safety and care of pupils and staff.
18 The department shall provide general direction to school districts
19 and county offices of education on what to include in the school
20 building disaster plan.

21 (II) A drop procedure whereby each pupil and staff member
22 takes cover under a table or desk, dropping to the pupil's or staff
23 member's knees, with the head protected by the arms, and the back
24 to the windows. A drop procedure practice shall be held at least
25 once a school quarter in elementary schools and at least once a
26 semester in secondary schools.

27 (III) Protective measures to be taken before, during, and
28 following an earthquake.

29 (IV) A program to ensure that pupils and both the certificated
30 and classified staff are aware of, and properly trained in, the
31 earthquake emergency procedure system.

32 (ii) Establishing a procedure to allow a public agency, including
33 the American Red Cross, to use school buildings, grounds, and
34 equipment for mass care and welfare shelters during disasters or
35 other emergencies affecting the public health and welfare. The
36 school district or county office of education shall cooperate with
37 the public agency in furnishing and maintaining the services as
38 the school district or county office of education may deem
39 necessary to meet the needs of the community.

1 (C) Policies pursuant to subdivision (d) of Section 48915 for
2 pupils who committed an act listed in subdivision (c) of Section
3 48915 and other school-designated serious acts that would lead to
4 suspension, expulsion, or mandatory expulsion recommendations
5 pursuant to Article 1 (commencing with Section 48900) of Chapter
6 6 of Part 27 of Division 4 of Title 2.

7 (D) Procedures to notify teachers of dangerous pupils pursuant
8 to Section 49079.

9 (E) A discrimination and harassment policy consistent with the
10 prohibition against discrimination contained in Chapter 2
11 (commencing with Section 200) of Part 1.

12 (F) The provisions of any schoolwide dress code, pursuant to
13 Section 35183, that prohibits pupils from wearing “gang-related
14 apparel,” if the school has adopted that type of a dress code. For
15 those purposes, the comprehensive school safety plan shall define
16 “gang-related apparel.” The definition shall be limited to apparel
17 that, if worn or displayed on a school campus, reasonably could
18 be determined to threaten the health and safety of the school
19 environment. A schoolwide dress code established pursuant to this
20 section and Section 35183 shall be enforced on the school campus
21 and at any school-sponsored activity by the principal of the school
22 or the person designated by the principal. For purposes of this
23 subparagraph, “gang-related apparel” shall not be considered a
24 protected form of speech pursuant to Section 48950.

25 (G) Procedures for safe ingress and egress of pupils, parents,
26 and school employees to and from school.

27 (H) A safe and orderly environment conducive to learning at
28 the school.

29 (I) The rules and procedures on school discipline adopted
30 pursuant to Sections 35291, 35291.5, 47605, and 47605.6.

31 (J) Procedures for conducting tactical responses to criminal
32 incidents, including procedures related to individuals with guns
33 on school campuses and at school-related functions. The procedures
34 to prepare for active shooters or other armed assailants shall be
35 based on the specific needs and context of each school and
36 community.

37 (K) A protocol in the event a pupil is suffering or is reasonably
38 believed to be suffering from an opioid overdose.

39 (b) It is the intent of the Legislature that schools develop
40 comprehensive school safety plans using existing resources,

1 including the materials and services of the partnership, pursuant
2 to this chapter. It is also the intent of the Legislature that schools
3 use the handbook developed and distributed *in partnership* by the
4 ~~School/Law Enforcement Partnership Program~~ *State Department*
5 *of Education's Safe Schools and Violence Prevention Center and*
6 *the Attorney General's Crime and Violence Prevention Center*
7 entitled "Safe Schools: A Planning Guide for Action" in
8 conjunction with developing their plan for school safety.

9 (c) Each schoolsite council or school safety planning committee,
10 in developing and updating a comprehensive school safety plan,
11 shall, where practical, consult, cooperate, and coordinate with
12 other schoolsite councils or school safety planning committees.

13 (d) The comprehensive school safety plan may be evaluated
14 and amended, as needed, by the school safety planning committee,
15 but shall be evaluated at least once a year, to ensure that the
16 comprehensive school safety plan is properly implemented. An
17 updated file of all safety-related plans and materials shall be readily
18 available for inspection by the public.

19 (e) As comprehensive school safety plans are reviewed and
20 updated, the Legislature encourages all plans, to the extent that
21 resources are available, to include policies and procedures aimed
22 at the prevention of bullying.

23 (f) The comprehensive school safety plan, as written and updated
24 by the schoolsite council or school safety planning committee,
25 shall be submitted for approval pursuant to subdivision (a) of
26 Section 32288.

27 (g) The department shall maintain and conspicuously post on
28 its internet website a compliance checklist for developing a
29 comprehensive school safety plan, and shall update the checklist
30 when necessary.

31 SEC. 3. Section 47605 of the Education Code is amended to
32 read:

33 47605. (a) (1) Except as set forth in paragraph (2), a petition
34 for the establishment of a charter school within a school district
35 may be circulated by one or more persons seeking to establish the
36 charter school. A petition for the establishment of a charter school
37 shall identify a single charter school that will operate within the
38 geographic boundaries of that school district. A charter school
39 may propose to operate at multiple sites within the school district
40 if each location is identified in the charter school petition. The

1 petition may be submitted to the governing board of the school
2 district for review after either of the following conditions is met:

3 (A) The petition is signed by a number of parents or legal
4 guardians of pupils that is equivalent to at least one-half of the
5 number of pupils that the charter school estimates will enroll in
6 the charter school for its first year of operation.

7 (B) The petition is signed by a number of teachers that is
8 equivalent to at least one-half of the number of teachers that the
9 charter school estimates will be employed at the charter school
10 during its first year of operation.

11 (2) A petition that proposes to convert an existing public school
12 to a charter school that would not be eligible for a loan pursuant
13 to subdivision (c) of Section 41365 may be circulated by one or
14 more persons seeking to establish the charter school. The petition
15 may be submitted to the governing board of the school district for
16 review after the petition is signed by not less than 50 percent of
17 the permanent status teachers currently employed at the public
18 school to be converted.

19 (3) A petition shall include a prominent statement that a
20 signature on the petition means that the parent or legal guardian
21 is meaningfully interested in having their child or ward attend the
22 charter school, or in the case of a teacher's signature, means that
23 the teacher is meaningfully interested in teaching at the charter
24 school. The proposed charter shall be attached to the petition.

25 (4) After receiving approval of its petition, a charter school that
26 proposes to expand operations to one or more additional sites or
27 grade levels shall request a material revision to its charter and shall
28 notify the chartering authority of those additional locations or
29 grade levels. The chartering authority shall consider whether to
30 approve those additional locations or grade levels at an open, public
31 meeting. If the additional locations or grade levels are approved
32 pursuant to the standards and criteria described in subdivision (c),
33 they shall be a material revision to the charter school's charter.

34 (5) (A) A charter school that established one site outside the
35 boundaries of the school district, but within the county in which
36 that school district is located before January 1, 2020, may continue
37 to operate that site until the charter school submits a request for
38 the renewal of its charter petition. To continue operating the site,
39 the charter school shall do either of the following:

1 (i) First, before submitting the request for the renewal of the
2 charter petition, obtain approval in writing from the school district
3 where the site is operating.

4 (ii) Submit a request for the renewal of the charter petition
5 pursuant to Section 47607 to the school district in which the charter
6 school is located.

7 (B) If a Presidential declaration of a major disaster or emergency
8 is issued in accordance with the federal Robert T. Stafford Disaster
9 Relief and Emergency Assistance Act (42 U.S.C. Sec. 5121 et
10 seq.) for an area in which a charter schoolsite is located and
11 operating, the charter school, for not more than five years, may
12 relocate that site outside the area subject to the Presidential
13 declaration if the charter school first obtains the written approval
14 of the school district where the site is being relocated to.

15 (C) Notwithstanding subparagraph (A), if a charter school was
16 relocated from December 31, 2016, to December 31, 2019,
17 inclusive, due to a Presidential declaration of a major disaster or
18 emergency in accordance with the federal Robert T. Stafford
19 Disaster Relief and Emergency Assistance Act (42 U.S.C. Sec.
20 5121 et seq.), that charter school shall be allowed to return to its
21 original campus location in perpetuity.

22 (D) (i) A charter school in operation and providing educational
23 services to pupils before October 1, 2019, located on a federally
24 recognized California Indian reservation or rancheria or operated
25 by a federally recognized California Indian tribe shall be exempt
26 from the geographic restrictions of paragraph (1) and subparagraph
27 (A) of this paragraph and the geographic restrictions of subdivision
28 (a) of Section 47605.1.

29 (ii) The exemption to the geographic restrictions of subdivision
30 (a) of *Section* 47605.1 in clause (i) does not apply to
31 nonclassroom-based charter schools operating pursuant to Section
32 47612.5.

33 (E) The department shall regard as a continuing charter school
34 for all purposes a charter school that was granted approval of its
35 petition, that was providing educational services to pupils before
36 October 1, 2019, and is authorized by a different chartering
37 authority due to changes to this paragraph that took effect January
38 1, 2020. This paragraph shall be implemented only to the extent
39 it does not conflict with federal law. In order to prevent any
40 potential conflict with federal law, this paragraph does not apply

1 to covered programs as identified in Section 8101(11) of the federal
2 Elementary and Secondary Education Act of 1965 (20 U.S.C. Sec.
3 7801) to the extent the affected charter school is the restructured
4 portion of a divided charter school pursuant to Section 47654.

5 (6) Commencing January 1, 2003, a petition to establish a charter
6 school shall not be approved to serve pupils in a grade level that
7 is not served by the school district of the governing board
8 considering the petition, unless the petition proposes to serve pupils
9 in all of the grade levels served by that school district.

10 (b) No later than 60 days after receiving a petition, in accordance
11 with subdivision (a), the governing board of the school district
12 shall hold a public hearing on the provisions of the charter, at
13 which time the governing board of the school district shall consider
14 the level of support for the petition by teachers employed by the
15 school district, other employees of the school district, and parents.
16 Following review of the petition and the public hearing, the
17 governing board of the school district shall either grant or deny
18 the charter within 90 days of receipt of the petition, provided,
19 however, that the date may be extended by an additional 30 days
20 if both parties agree to the extension. A petition is deemed received
21 by the governing board of the school district for purposes of
22 commencing the timelines described in this subdivision on the day
23 the petitioner submits a petition to the district office, along with a
24 signed certification that the petitioner deems the petition to be
25 complete. The governing board of the school district shall publish
26 all staff recommendations, including the recommended findings
27 and, if applicable, the certification from the county superintendent
28 of schools prepared pursuant to paragraph (8) of subdivision (c),
29 regarding the petition at least 15 days before the public hearing at
30 which the governing board of the school district will either grant
31 or deny the charter. At the public hearing at which the governing
32 board of the school district will either grant or deny the charter,
33 petitioners shall have equivalent time and procedures to present
34 evidence and testimony to respond to the staff recommendations
35 and findings.

36 (c) In reviewing petitions for the establishment of charter schools
37 pursuant to this section, the chartering authority shall be guided
38 by the intent of the Legislature that charter schools are and should
39 become an integral part of the California educational system and
40 that the establishment of charter schools should be encouraged.

1 The governing board of the school district shall grant a charter for
2 the operation of a school under this part if it is satisfied that
3 granting the charter is consistent with sound educational practice
4 and with the interests of the community in which the school is
5 proposing to locate. The governing board of the school district
6 shall consider the academic needs of the pupils the school proposes
7 to serve. The governing board of the school district shall not deny
8 a petition for the establishment of a charter school unless it makes
9 written factual findings, specific to the particular petition, setting
10 forth specific facts to support one or more of the following
11 findings:

12 (1) The charter school presents an unsound educational program
13 for the pupils to be enrolled in the charter school.

14 (2) The petitioners are demonstrably unlikely to successfully
15 implement the program set forth in the petition.

16 (3) The petition does not contain the number of signatures
17 required by subdivision (a).

18 (4) The petition does not contain an affirmation of each of the
19 conditions described in subdivision (e).

20 (5) The petition does not contain reasonably comprehensive
21 descriptions of all of the following:

22 (A) (i) The educational program of the charter school, designed,
23 among other things, to identify those whom the charter school is
24 attempting to educate, what it means to be an “educated person”
25 in the 21st century, and how learning best occurs. The goals
26 identified in that program shall include the objective of enabling
27 pupils to become self-motivated, competent, and lifelong learners.

28 (ii) The annual goals for the charter school for all pupils and
29 for each subgroup of pupils identified pursuant to Section 52052,
30 to be achieved in the state priorities, as described in subdivision
31 (d) of Section 52060, that apply for the grade levels served, and
32 specific annual actions to achieve those goals. A charter petition
33 may identify additional school priorities, the goals for the school
34 priorities, and the specific annual actions to achieve those goals.

35 (iii) If the proposed charter school will serve high school pupils,
36 the manner in which the charter school will inform parents about
37 the transferability of courses to other public high schools and the
38 eligibility of courses to meet college entrance requirements.
39 Courses offered by the charter school that are accredited by the
40 Western Association of Schools and Colleges may be considered

1 transferable and courses approved by the University of California
2 or the California State University as creditable under the “A to G”
3 admissions criteria may be considered to meet college entrance
4 requirements.

5 (B) The measurable pupil outcomes identified for use by the
6 charter school. “Pupil outcomes,” for purposes of this part, means
7 the extent to which all pupils of the charter school demonstrate
8 that they have attained the skills, knowledge, and attitudes specified
9 as goals in the charter school’s educational program. Pupil
10 outcomes shall include outcomes that address increases in pupil
11 academic achievement both schoolwide and for all pupil subgroups
12 served by the charter school, as that term is defined in subdivision
13 (a) of Section 52052. The pupil outcomes shall align with the state
14 priorities, as described in subdivision (d) of Section 52060, that
15 apply for the grade levels served by the charter school.

16 (C) The method by which pupil progress in meeting those pupil
17 outcomes is to be measured. To the extent practicable, the method
18 for measuring pupil outcomes for state priorities shall be consistent
19 with the way information is reported on a school accountability
20 report card.

21 (D) The governance structure of the charter school, including,
22 but not limited to, the process to be followed by the charter school
23 to ensure parental involvement.

24 (E) The qualifications to be met by individuals to be employed
25 by the charter school.

26 (F) The procedures that the charter school will follow to ensure
27 the health and safety of pupils and staff. These procedures shall
28 require all of the following:

29 (i) That each employee of the charter school furnish the charter
30 school with a criminal record summary as described in Section
31 44237.

32 (ii) The development of a school safety plan, which shall include
33 the safety topics listed in subparagraphs (A) to (K), inclusive, of
34 paragraph (2) of subdivision (a) of Section 32282.

35 (iii) That the school safety plan be reviewed and updated by
36 March 1 of every year by the charter school.

37 (G) The means by which the charter school will achieve a
38 balance of racial and ethnic pupils, special education pupils, and
39 English learner pupils, including redesignated fluent English
40 proficient pupils, as defined by the evaluation rubrics in Section

1 52064.5, that is reflective of the general population residing within
2 the territorial jurisdiction of the school district to which the charter
3 petition is submitted. Upon renewal, for a charter school not
4 deemed to be a local educational agency for purposes of special
5 education pursuant to Section 47641, the chartering authority may
6 consider the effect of school placements made by the chartering
7 authority in providing a free and appropriate public education as
8 required by the federal Individuals with Disabilities Education Act
9 (Public Law 101-476), on the balance of pupils with disabilities
10 at the charter school.

11 (H) Admission policies and procedures, consistent with
12 subdivision (e).

13 (I) The manner in which annual, independent financial audits
14 shall be conducted, which shall employ generally accepted
15 accounting principles, and the manner in which audit exceptions
16 and deficiencies shall be resolved to the satisfaction of the
17 chartering authority.

18 (J) The procedures by which pupils can be suspended or expelled
19 from the charter school for disciplinary reasons or otherwise
20 involuntarily removed from the charter school for any reason.
21 These procedures, at a minimum, shall include an explanation of
22 how the charter school will comply with federal and state
23 constitutional procedural and substantive due process requirements
24 that is consistent with all of the following:

25 (i) For suspensions of fewer than 10 days, provide oral or written
26 notice of the charges against the pupil and, if the pupil denies the
27 charges, an explanation of the evidence that supports the charges
28 and an opportunity for the pupil to present the pupil's side of the
29 story.

30 (ii) For suspensions of 10 days or more and all other expulsions
31 for disciplinary reasons, both of the following:

32 (I) Provide timely, written notice of the charges against the pupil
33 and an explanation of the pupil's basic rights.

34 (II) Provide a hearing adjudicated by a neutral officer within a
35 reasonable number of days at which the pupil has a fair opportunity
36 to present testimony, evidence, and witnesses and confront and
37 cross-examine adverse witnesses, and at which the pupil has the
38 right to bring legal counsel or an advocate.

39 (iii) Contain a clear statement that no pupil shall be involuntarily
40 removed by the charter school for any reason unless the parent or

1 guardian of the pupil has been provided written notice of intent to
2 remove the pupil no less than five schooldays before the effective
3 date of the action. The written notice shall be in the native language
4 of the pupil or the pupil’s parent or guardian, or, if the pupil is a
5 homeless child or youth, or a foster child or youth, in the native
6 language of the homeless or foster child’s educational rights holder.
7 In the case of a foster child or youth, the written notice shall also
8 be provided to the foster child’s attorney and county social worker.
9 If the pupil is a *an* Indian child, as defined in Section 224.1 of the
10 Welfare and Institutions Code, the written notice shall also be
11 provided to the Indian child’s tribal social worker and, if applicable,
12 county social worker. The written notice shall inform the pupil,
13 the pupil’s parent or guardian, the homeless child’s educational
14 rights holder, the foster child’s educational rights holder, attorney,
15 and county social worker, or the Indian child’s tribal social worker
16 and, if applicable, county social worker of the right to initiate the
17 procedures specified in clause (ii) before the effective date of the
18 action. If the pupil’s parent or guardian, the homeless child’s
19 educational rights holder, the foster child’s educational rights
20 holder, attorney, or county social worker, or the Indian child’s
21 tribal social worker or, if applicable, county social worker initiates
22 the procedures specified in clause (ii), the pupil shall remain
23 enrolled and shall not be removed until the charter school issues
24 a final decision. For purposes of this clause, “involuntarily
25 removed” includes disenrolled, dismissed, transferred, or
26 terminated, but does not include suspensions specified in clauses
27 (i) and (ii).

28 (iv) A foster child’s educational rights holder, attorney, and
29 county social worker and an Indian child’s tribal social worker
30 and, if applicable, county social worker shall have the same rights
31 a parent or guardian of a child has to receive a suspension notice,
32 expulsion notice, manifestation determination notice, involuntary
33 transfer notice, and other documents and related information.

34 (K) The manner by which staff members of the charter schools
35 will be covered by the State Teachers’ Retirement System, the
36 Public Employees’ Retirement System, or federal social security.

37 (L) The public school attendance alternatives for pupils residing
38 within the school district who choose not to attend charter schools.

39 (M) The rights of an employee of the school district upon
40 leaving the employment of the school district to work in a charter

1 school, and of any rights of return to the school district after
2 employment at a charter school.

3 (N) The procedures to be followed by the charter school and
4 the chartering authority to resolve disputes relating to provisions
5 of the charter.

6 (O) The procedures to be used if the charter school closes. The
7 procedures shall ensure a final audit of the charter school to
8 determine the disposition of all assets and liabilities of the charter
9 school, including plans for disposing of any net assets and for the
10 maintenance and transfer of pupil records.

11 (6) The petition does not contain a declaration of whether or
12 not the charter school shall be deemed the exclusive public
13 employer of the employees of the charter school for purposes of
14 Chapter 10.7 (commencing with Section 3540) of Division 4 of
15 Title 1 of the Government Code.

16 (7) The charter school is demonstrably unlikely to serve the
17 interests of the entire community in which the school is proposing
18 to locate. Analysis of this finding shall include consideration of
19 the fiscal impact of the proposed charter school. A written factual
20 finding under this paragraph shall detail specific facts and
21 circumstances that analyze and consider the following factors:

22 (A) The extent to which the proposed charter school would
23 substantially undermine existing services, academic offerings, or
24 programmatic offerings.

25 (B) Whether the proposed charter school would duplicate a
26 program currently offered within the school district and the existing
27 program has sufficient capacity for the pupils proposed to be served
28 within reasonable proximity to where the charter school intends
29 to locate.

30 (8) The school district is not positioned to absorb the fiscal
31 impact of the proposed charter school. A school district satisfies
32 this paragraph if it has a qualified interim certification pursuant to
33 Section 42131 and the county superintendent of schools, in
34 consultation with the County Office Fiscal Crisis and Management
35 Assistance Team, certifies that approving the charter school would
36 result in the school district having a negative interim certification
37 pursuant to Section 42131, has a negative interim certification
38 pursuant to Section 42131, or is under state receivership. Charter
39 schools proposed in a school district satisfying one of these
40 conditions shall be subject to a rebuttable presumption of denial.

1 (d) (1) Charter schools shall meet all statewide standards and
2 conduct the pupil assessments required pursuant to Section 60605
3 and any other statewide standards authorized in statute or pupil
4 assessments applicable to pupils in noncharter public schools.

5 (2) Charter schools shall, on a regular basis, consult with their
6 parents, legal guardians, and teachers regarding the charter school's
7 educational programs.

8 (e) (1) In addition to any other requirement imposed under this
9 part, a charter school shall be nonsectarian in its programs,
10 admission policies, employment practices, and all other operations,
11 shall not charge tuition, and shall not discriminate against a pupil
12 on the basis of the characteristics listed in Section 220. Except as
13 provided in paragraph (2), admission to a charter school shall not
14 be determined according to the place of residence of the pupil, or
15 of that pupil's parent or legal guardian, within this state, except
16 that an existing public school converting partially or entirely to a
17 charter school under this part shall adopt and maintain a policy
18 giving admission preference to pupils who reside within the former
19 attendance area of that public school.

20 (2) (A) A charter school shall admit all pupils who wish to
21 attend the charter school.

22 (B) If the number of pupils who wish to attend the charter school
23 exceeds the charter school's capacity, attendance, except for
24 existing pupils of the charter school, shall be determined by a
25 public random drawing. Preference shall be extended to pupils
26 currently attending the charter school and pupils who reside in the
27 school district except as provided for in Section 47614.5.
28 Preferences, including, but not limited to, siblings of pupils
29 admitted or attending the charter school and children of the charter
30 school's teachers, staff, and founders identified in the initial charter,
31 may also be permitted by the chartering authority on an individual
32 charter school basis. Priority order for any preference shall be
33 determined in the charter petition in accordance with all of the
34 following:

35 (i) Each type of preference shall be approved by the chartering
36 authority at a public hearing.

37 (ii) Preferences shall be consistent with federal law, the
38 California Constitution, and Section 200.

39 (iii) Preferences shall not result in limiting enrollment access
40 for pupils with disabilities, academically low-achieving pupils,

1 English learners, neglected or delinquent pupils, homeless pupils,
2 or pupils who are economically disadvantaged, as determined by
3 eligibility for any free or reduced-price meal program, foster youth,
4 or pupils based on nationality, race, ethnicity, or sexual orientation.

5 (iv) In accordance with Section 49011, preferences shall not
6 require mandatory parental volunteer hours as a criterion for
7 admission or continued enrollment.

8 (C) In the event of a drawing, the chartering authority shall
9 make reasonable efforts to accommodate the growth of the charter
10 school and shall not take any action to impede the charter school
11 from expanding enrollment to meet pupil demand.

12 (3) If a pupil is expelled or leaves the charter school without
13 graduating or completing the school year for any reason, the charter
14 school shall notify the superintendent of the school district of the
15 pupil's last known address within 30 days, and shall, upon request,
16 provide that school district with a copy of the cumulative record
17 of the pupil, including report cards or a transcript of grades, and
18 health information. If the pupil is subsequently expelled or leaves
19 the school district without graduating or completing the school
20 year for any reason, the school district shall provide this
21 information to the charter school within 30 days if the charter
22 school demonstrates that the pupil had been enrolled in the charter
23 school. This paragraph applies only to pupils subject to compulsory
24 full-time education pursuant to Section 48200.

25 (4) (A) A charter school shall not discourage a pupil from
26 enrolling or seeking to enroll in the charter school for any reason,
27 including, but not limited to, academic performance of the pupil
28 or because the pupil exhibits any of the characteristics described
29 in clause (iii) of subparagraph (B) of paragraph (2).

30 (B) A charter school shall not request a pupil's records or require
31 a parent, guardian, or pupil to submit the pupil's records to the
32 charter school before enrollment.

33 (C) A charter school shall not encourage a pupil currently
34 attending the charter school to disenroll from the charter school
35 or transfer to another school for any reason, including, but not
36 limited to, academic performance of the pupil or because the pupil
37 exhibits any of the characteristics described in clause (iii) of
38 subparagraph (B) of paragraph (2). This subparagraph shall not
39 apply to actions taken by a charter school pursuant to the

1 procedures described in subparagraph (J) of paragraph (5) of
2 subdivision (c).

3 (D) The department shall develop a notice of the requirements
4 of this paragraph. This notice shall be posted on a charter school's
5 internet website. A charter school shall provide a parent or
6 guardian, or a pupil if the pupil is 18 years of age or older, a copy
7 of this notice at all of the following times:

8 (i) When a parent, guardian, or pupil inquires about enrollment.

9 (ii) Before conducting an enrollment lottery.

10 (iii) Before disenrollment of a pupil.

11 (E) (i) A person who suspects that a charter school has violated
12 this paragraph may file a complaint with the chartering authority.

13 (ii) The department shall develop a template to be used for filing
14 complaints pursuant to clause (i).

15 (5) Notwithstanding any other law, a charter school in operation
16 as of July 1, 2019, that operates in partnership with the California
17 National Guard may dismiss a pupil from the charter school for
18 failing to maintain the minimum standards of conduct required by
19 the Military Department.

20 (f) The governing board of a school district shall not require an
21 employee of the school district to be employed in a charter school.

22 (g) The governing board of a school district shall not require a
23 pupil enrolled in the school district to attend a charter school.

24 (h) The governing board of a school district shall require that
25 the petitioner or petitioners provide information regarding the
26 proposed operation and potential effects of the charter school,
27 including, but not limited to, the facilities to be used by the charter
28 school, the manner in which administrative services of the charter
29 school are to be provided, and potential civil liability effects, if
30 any, upon the charter school and upon the school district. The
31 description of the facilities to be used by the charter school shall
32 specify where the charter school intends to locate. The petitioner
33 or petitioners also shall be required to provide financial statements
34 that include a proposed first-year operational budget, including
35 startup costs, and cashflow and financial projections for the first
36 three years of operation. If the school is to be operated by, or as,
37 a nonprofit public benefit corporation, the petitioner shall provide
38 the names and relevant qualifications of all persons whom the
39 petitioner nominates to serve on the governing body of the charter
40 school.

1 (i) In reviewing petitions for the establishment of charter schools
2 within the school district, the governing board of the school district
3 shall give preference to petitions that demonstrate the capability
4 to provide comprehensive learning experiences to pupils identified
5 by the petitioner or petitioners as academically low achieving
6 pursuant to the standards established by the department under
7 Section 54032, as that section read before July 19, 2006.

8 (j) Upon the approval of the petition by the governing board of
9 the school district, the petitioner or petitioners shall provide written
10 notice of that approval, including a copy of the petition, to the
11 applicable county superintendent of schools, the department, and
12 the state board.

13 (k) (1) (A) (i) If the governing board of a school district denies
14 a petition, the petitioner may elect to submit the petition for the
15 establishment of a charter school to the county board of education.
16 The petitioner shall submit the petition to the county board of
17 education within 30 days of a denial by the governing board of the
18 school district. At the same time the petition is submitted to the
19 county board of education, the petitioner shall also provide a copy
20 of the petition to the school district. The county board of education
21 shall review the petition pursuant to subdivisions (b) and (c). If
22 the petition submitted on appeal contains new or different material
23 terms, the county board of education shall immediately remand
24 the petition to the governing board of the school district for
25 reconsideration, which shall grant or deny the petition within 30
26 days. If the governing board of the school district denies a petition
27 after reconsideration, the petitioner may elect to resubmit the
28 petition for the establishment of a charter school to the county
29 board of education.

30 (ii) The county board of education shall review the appeal
31 petition pursuant to subdivision (c). If the denial of the petition
32 was made pursuant to paragraph (8) of subdivision (c), the county
33 board of education shall also review the school district's findings
34 pursuant to paragraph (8) of subdivision (c).

35 (iii) As used in this subdivision, "material terms" of the petition
36 means the signatures, affirmations, disclosures, documents, and
37 descriptions described in subdivisions (a), (b), (c), and (h), but
38 shall not include minor administrative updates to the petition or
39 related documents due to changes in circumstances based on the
40 passage of time related to fiscal affairs, facilities arrangements, or

1 state law, or to reflect the county board of education as the
2 chartering authority.

3 (B) If the governing board of a school district denies a petition
4 and the county board of education has jurisdiction over a single
5 school district, the petitioner may elect to submit the petition for
6 the establishment of a charter school to the state board. The state
7 board shall review a petition submitted pursuant to this
8 subparagraph pursuant to subdivision (c). If the denial of a charter
9 petition is reversed by the state board pursuant to this subparagraph,
10 the state board shall designate the governing board of the school
11 district in which the charter school is located as the chartering
12 authority.

13 (2) If the county board of education denies a petition, the
14 petitioner may appeal that denial to the state board.

15 (A) The petitioner shall submit the petition to the state board
16 within 30 days of a denial by the county board of education. The
17 petitioner shall include the findings and documentary record from
18 the governing board of the school district and the county board of
19 education and a written submission detailing, with specific citations
20 to the documentary record, how the governing board of the school
21 district or the county board of education, or both, abused their
22 discretion. The governing board of the school district and county
23 board of education shall prepare the documentary record, including
24 transcripts of the public hearing at which the governing board of
25 the school district and county board of education denied the charter,
26 at the request of the petitioner. The documentary record shall be
27 prepared by the governing board of the school district and county
28 board of education no later than 10 business days after the request
29 of the petitioner is made. At the same time the petition and
30 supporting documentation is submitted to the state board, the
31 petitioner shall also provide a copy of the petition and supporting
32 documentation to the school district and the county board of
33 education.

34 (B) If the appeal contains new or different material terms, as
35 defined in clause (iii) of subparagraph (A) of paragraph (1), the
36 state board shall immediately remand the petition to the governing
37 board of the school district to which the petition was submitted
38 for reconsideration. The governing board of the school district
39 shall grant or deny the petition within 30 days. If the governing

1 board of the school district denies a petition after reconsideration,
2 the petitioner may elect to resubmit the petition to the state board.

3 (C) Within 30 days of receipt of the appeal submitted to the
4 state board, the governing board of the school district or county
5 board of education may submit a written opposition to the state
6 board detailing, with specific citations to the documentary record,
7 how the governing board of the school district or the county board
8 of education did not abuse its discretion in denying the petition.
9 The governing board of the school district or the county board of
10 education may submit supporting documentation or evidence from
11 the documentary record that was considered by the governing
12 board of the school district or the county board of education.

13 (D) The state board's Advisory Commission on Charter Schools
14 shall hold a public hearing to review the appeal and documentary
15 record. Based on its review, the Advisory Commission on Charter
16 Schools shall submit a recommendation to the state board whether
17 there is sufficient evidence to hear the appeal or to summarily deny
18 review of the appeal based on the documentary record. If the
19 Advisory Commission on Charter Schools does not submit a
20 recommendation to the state board, the state board shall consider
21 the appeal, and shall either hear the appeal or summarily deny
22 review of the appeal based on the documentary record at a regular
23 public meeting of the state board.

24 (E) The state board shall either hear the appeal or summarily
25 deny review of the appeal based on the documentary record. If the
26 state board hears the appeal, the state board may affirm the
27 determination of the governing board of the school district or the
28 county board of education, or both of those determinations, or may
29 reverse only upon a determination that there was an abuse of
30 discretion. If the denial of a charter petition is reversed by the state
31 board, the state board shall designate, in consultation with the
32 petitioner, either the governing board of the school district or the
33 county board of education in which the charter school is located
34 as the chartering authority.

35 (3) A charter school for which a charter is granted by either the
36 county board of education or the state board based on an appeal
37 pursuant to this subdivision shall qualify fully as a charter school
38 for all funding and other purposes of this part.

39 (4) A charter school that receives approval of its petition from
40 a county board of education or from the state board on appeal shall

1 be subject to the same requirements concerning geographic location
2 to which it would otherwise be subject if it received approval from
3 the chartering authority to which it originally submitted its petition.
4 A charter petition that is submitted to either a county board of
5 education or to the state board shall meet all otherwise applicable
6 petition requirements, including the identification of the proposed
7 site or sites where the charter school will operate.

8 (5) Upon the approval of the petition by the county board of
9 education, the petition or petitioners shall provide written notice
10 of that approval, including a copy of the petition, to the governing
11 board of the school district in which the charter school is located,
12 the department, and the state board.

13 (6) If either the county board of education or the state board
14 fails to act on a petition within 180 days of receipt, the decision
15 of the governing board of the school district to deny the petition
16 shall be subject to judicial review.

17 (l) (1) Teachers in charter schools shall hold the Commission
18 on Teacher Credentialing certificate, permit, or other document
19 required for the teacher's certificated assignment. These documents
20 shall be maintained on file at the charter school and are subject to
21 periodic inspection by the chartering authority. A governing body
22 of a direct-funded charter school may use local assignment options
23 authorized in statute and regulations for the purpose of legally
24 assigning certificated teachers, in accordance with all of the
25 requirements of the applicable statutes or regulations in the same
26 manner as a governing board of a school district. A charter school
27 shall have authority to request an emergency permit or a waiver
28 from the Commission on Teacher Credentialing for individuals in
29 the same manner as a school district.

30 (2) By July 1, 2020, all teachers in charter schools shall obtain
31 a certificate of clearance and satisfy the requirements for
32 professional fitness pursuant to Sections 44339, 44340, and 44341.

33 (3) The Commission on Teacher Credentialing shall include in
34 the bulletins it issues pursuant to subdivision (k) of Section 44237
35 to provide notification to local educational agencies of any adverse
36 actions taken against the holders of any commission documents,
37 notice of any adverse actions taken against teachers employed by
38 charter schools, and shall make this bulletin available to all
39 chartering authorities and charter schools in the same manner in
40 which it is made available to local educational agencies.

1 (m) A charter school shall transmit a copy of its annual,
2 independent financial audit report for the preceding fiscal year, as
3 described in subparagraph (I) of paragraph (5) of subdivision (c),
4 to its chartering authority, the Controller, the county superintendent
5 of schools of the county in which the charter school is sited, unless
6 the county board of education of the county in which the charter
7 school is sited is the chartering authority, and the department by
8 December 15 of each year. This subdivision does not apply if the
9 audit of the charter school is encompassed in the audit of the
10 chartering authority pursuant to Section 41020.

11 (n) A charter school may encourage parental involvement, but
12 shall notify the parents and guardians of applicant pupils and
13 currently enrolled pupils that parental involvement is not a
14 requirement for acceptance to, or continued enrollment at, the
15 charter school.

16 (o) The requirements of this section shall not be waived by the
17 state board pursuant to Section 33050 or any other law.

18 SEC. 4. Section 47605.6 of the Education Code is amended to
19 read:

20 47605.6. (a) (1) In addition to the authority provided by
21 Section 47605.5, a county board of education may also approve a
22 petition for the operation of a charter school that operates at one
23 or more sites within the geographic boundaries of the county and
24 that provides instructional services that are not generally provided
25 by a county office of education. A county board of education may
26 approve a countywide charter only if it finds, in addition to the
27 other requirements of this section, that the educational services to
28 be provided by the charter school will offer services to a pupil
29 population that will benefit from those services and that cannot be
30 served as well by a charter school that operates in only one school
31 district in the county. A petition for the establishment of a
32 countywide charter school pursuant to this subdivision may be
33 circulated throughout the county by any one or more persons
34 seeking to establish the charter school. The petition may be
35 submitted to the county board of education for review after either
36 of the following conditions is met:

37 (A) The petition is signed by a number of parents or guardians
38 of pupils residing within the county that is equivalent to at least
39 one-half of the number of pupils that the charter school estimates
40 will enroll in the school for its first year of operation and each of

1 the school districts where the charter school petitioner proposes
2 to operate a facility has received at least 30 days' notice of the
3 petitioner's intent to operate a charter school pursuant to this
4 section.

5 (B) The petition is signed by a number of teachers that is
6 equivalent to at least one-half of the number of teachers that the
7 charter school estimates will be employed at the school during its
8 first year of operation and each of the school districts where the
9 charter school petitioner proposes to operate a facility has received
10 at least 30 days' notice of the petitioner's intent to operate a charter
11 school pursuant to this section.

12 (2) An existing public school shall not be converted to a charter
13 school in accordance with this section.

14 (3) After receiving approval of its petition, a charter school that
15 proposes to establish operations at additional sites within the
16 geographic boundaries of the county board of education shall notify
17 the school districts where those sites will be located. The charter
18 school shall also request a material revision of its charter by the
19 county board of education that approved its charter and the county
20 board of education shall consider whether to approve those
21 additional locations at an open, public meeting, held no sooner
22 than 30 days following notification of the school districts where
23 the sites will be located. If approved, the location of the approved
24 sites shall be a material revision of the charter school's approved
25 charter.

26 (4) A petition shall include a prominent statement indicating
27 that a signature on the petition means that the parent or guardian
28 is meaningfully interested in having their child or ward attend the
29 charter school, or in the case of a teacher's signature, means that
30 the teacher is meaningfully interested in teaching at the charter
31 school. The proposed charter shall be attached to the petition.

32 (b) No later than 60 days after receiving a petition, in accordance
33 with subdivision (a), the county board of education shall hold a
34 public hearing on the provisions of the charter, at which time the
35 county board of education shall consider the level of support for
36 the petition by teachers, parents or guardians, and the school
37 districts where the charter school petitioner proposes to place
38 school facilities. Following review of the petition and the public
39 hearing, the county board of education shall either grant or deny
40 the charter within 90 days of receipt of the petition. However, this

1 date may be extended by an additional 30 days if both parties agree
2 to the extension. A petition is deemed received by the county board
3 of education for purposes of commencing the timelines described
4 in this subdivision when the petitioner submits a petition, in
5 accordance with subparagraph (A) or (B) of paragraph (1) of
6 subdivision (a), to the county office of education. The county board
7 of education shall publish all staff recommendations, including
8 the recommended findings, regarding the petition at least 15 days
9 before the public hearing at which the county board of education
10 will either grant or deny the charter. At the public hearing at which
11 the county board of education will either grant or deny the charter,
12 petitioners shall have equivalent time and procedures to present
13 evidence and testimony to respond to the staff recommendations
14 and findings. A county board of education may impose any
15 additional requirements beyond those required by this section that
16 it considers necessary for the sound operation of a countywide
17 charter school. A county board of education may grant a charter
18 for the operation of a charter school under this part only if it is
19 satisfied that granting the charter is consistent with sound
20 educational practice and that the charter school has reasonable
21 justification for why it could not be established by petition to a
22 school district pursuant to Section 47605. The county board of
23 education shall deny a petition for the establishment of a charter
24 school if it finds one or more of the following:

25 (1) The charter school presents an unsound educational program
26 for the pupils to be enrolled in the charter school.

27 (2) The petitioners are demonstrably unlikely to successfully
28 implement the program set forth in the petition.

29 (3) The petition does not contain the number of signatures
30 required by subdivision (a).

31 (4) The petition does not contain an affirmation of each of the
32 conditions described in subdivision (e).

33 (5) The petition does not contain reasonably comprehensive
34 descriptions of all of the following:

35 (A) (i) The educational program of the charter school, designed,
36 among other things, to identify those pupils whom the charter
37 school is attempting to educate, what it means to be an “educated
38 person” in the 21st century, and how learning best occurs. The
39 goals identified in that program shall include the objective of

1 enabling pupils to become self-motivated, competent, and lifelong
2 learners.

3 (ii) The annual goals for the charter school for all pupils and
4 for each subgroup of pupils identified pursuant to Section 52052,
5 to be achieved in the state priorities, as described in subdivision
6 (d) of Section 52060, that apply for the grade levels served by the
7 charter school, and specific annual actions to achieve those goals.
8 A charter petition may identify additional school priorities, the
9 goals for the school priorities, and the specific annual actions to
10 achieve those goals.

11 (iii) If the proposed charter school will enroll high school pupils,
12 the manner in which the charter school will inform parents
13 regarding the transferability of courses to other public high schools.
14 Courses offered by the charter school that are accredited by the
15 Western Association of Schools and Colleges may be considered
16 to be transferable to other public high schools.

17 (iv) If the proposed charter school will enroll high school pupils,
18 information as to the manner in which the charter school will
19 inform parents as to whether each individual course offered by the
20 charter school meets college entrance requirements. Courses
21 approved by the University of California or the California State
22 University as satisfying their prerequisites for admission may be
23 considered as meeting college entrance requirements for purposes
24 of this clause.

25 (B) The measurable pupil outcomes identified for use by the
26 charter school. “Pupil outcomes,” for purposes of this part, means
27 the extent to which all pupils of the charter school demonstrate
28 that they have attained the skills, knowledge, and aptitudes
29 specified as goals in the charter school’s educational program.
30 Pupil outcomes shall include outcomes that address increases in
31 pupil academic achievement both schoolwide and for all pupil
32 subgroups served by the charter school, as that term is defined in
33 subdivision (a) of Section 52052. The pupil outcomes shall align
34 with the state priorities, as described in subdivision (d) of Section
35 52060, that apply for the grade levels served by the charter school.

36 (C) The method by which pupil progress in meeting those pupil
37 outcomes is to be measured. To the extent practicable, the method
38 for measuring pupil outcomes for state priorities shall be consistent
39 with the way information is reported on a school accountability
40 report card.

- 1 (D) The location of each charter school facility that the petitioner
2 proposes to operate.
- 3 (E) The governance structure of the charter school, including,
4 but not limited to, the process to be followed by the charter school
5 to ensure parental involvement.
- 6 (F) The qualifications to be met by individuals to be employed
7 by the charter school.
- 8 (G) The procedures that the charter school will follow to ensure
9 the health and safety of pupils and staff. These procedures shall
10 require all of the following:
 - 11 (i) That each employee of the charter school furnish the charter
12 school with a criminal record summary as described in Section
13 44237.
 - 14 (ii) The development of a school safety plan, which shall include
15 the safety topics listed in subparagraphs (A) to (K), inclusive, of
16 paragraph (2) of subdivision (a) of Section 32282.
 - 17 (iii) That the school safety plan be reviewed and updated by
18 March 1 of every year by the charter school.
- 19 (H) The means by which the charter school will achieve a
20 balance of racial and ethnic pupils, special education pupils, and
21 English learner pupils, including redesignated fluent English
22 proficient pupils as defined by the evaluation rubrics in Section
23 52064.5, that is reflective of the general population residing within
24 the territorial jurisdiction of the county board of education to which
25 the charter petition is submitted. Upon renewal, for a charter school
26 not deemed to be a local educational agency for purposes of special
27 education pursuant to Section 47641, the chartering authority may
28 consider the effect of school placements made by the chartering
29 authority in providing a free and appropriate public education as
30 required by the federal Individuals with Disabilities Education Act
31 (Public Law 101-476), on the balance of pupils with disabilities
32 at the charter school.
- 33 (I) The manner in which annual, independent financial audits
34 shall be conducted, in accordance with regulations established by
35 the state board, and the manner in which audit exceptions and
36 deficiencies shall be resolved.
- 37 (J) The procedures by which pupils can be suspended or expelled
38 from the charter school for disciplinary reasons or otherwise
39 involuntarily removed from the charter school for any reason.
40 These procedures, at a minimum, shall include an explanation of

1 how the charter school will comply with federal and state
2 constitutional procedural and substantive due process requirements
3 that is consistent with all of the following:

4 (i) For suspensions of fewer than 10 days, provide oral or written
5 notice of the charges against the pupil and, if the pupil denies the
6 charges, an explanation of the evidence that supports the charges
7 and an opportunity for the pupil to present the pupil's side of the
8 story.

9 (ii) For suspensions of 10 days or more and all other expulsions
10 for disciplinary reasons, both of the following:

11 (I) Provide timely, written notice of the charges against the pupil
12 and an explanation of the pupil's basic rights.

13 (II) Provide a hearing adjudicated by a neutral officer within a
14 reasonable number of days at which the pupil has a fair opportunity
15 to present testimony, evidence, and witnesses and confront and
16 cross-examine adverse witnesses, and at which the pupil has the
17 right to bring legal counsel or an advocate.

18 (iii) Contain a clear statement that no pupil shall be involuntarily
19 removed by the charter school for any reason unless the parent or
20 guardian of the pupil has been provided written notice of intent to
21 remove the pupil no less than five schooldays before the effective
22 date of the action. The written notice shall be in the native language
23 of the pupil or the pupil's parent or guardian, or, if the pupil is a
24 homeless child or youth, or a foster child or youth, in the native
25 language of the homeless or foster child's educational rights holder.
26 In the case of a foster child or youth, the written notice shall also
27 be provided to the foster child's attorney and county social worker.
28 If the pupil is a *an* Indian child, as defined in Section 224.1 of the
29 Welfare and Institutions Code, the written notice shall also be
30 provided to the Indian child's tribal social worker and, if applicable,
31 county social worker. The written notice shall inform the pupil,
32 the pupil's parent or guardian, the homeless child's educational
33 rights holder, the foster child's educational rights holder, attorney,
34 and county social worker, or the Indian child's tribal social worker
35 and, if applicable, county social worker of the right to initiate the
36 procedures specified in clause (ii) before the effective date of the
37 action. If the pupil's parent or guardian, the homeless child's
38 educational rights holder, the foster child's educational rights
39 holder, attorney, or county social worker, or the Indian child's
40 tribal social worker or, if applicable, county social worker initiates

1 the procedures specified in clause (ii), the pupil shall remain
2 enrolled and shall not be removed until the charter school issues
3 a final decision. For purposes of this clause, “involuntarily
4 removed” includes disenrolled, dismissed, transferred, or
5 terminated, but does not include suspensions specified in clauses
6 (i) and (ii).

7 (iv) A foster child’s educational rights holder, attorney, and
8 county social worker and an Indian child’s tribal social worker
9 and, if applicable, county social worker shall have the same rights
10 a parent or guardian of a child has to receive a suspension notice,
11 expulsion notice, manifestation determination notice, involuntary
12 transfer notice, and other documents and related information.

13 (K) The manner by which staff members of the charter school
14 will be covered by the State Teachers’ Retirement System, the
15 Public Employees’ Retirement System, or federal social security.

16 (L) The procedures to be followed by the charter school and the
17 county board of education to resolve disputes relating to provisions
18 of the charter.

19 (M) Admission policy and procedures, consistent with
20 subdivision (e).

21 (N) The public school attendance alternatives for pupils residing
22 within the county who choose not to attend the charter school.

23 (O) The rights of an employee of the county office of education,
24 upon leaving the employment of the county office of education,
25 to be employed by the charter school, and any rights of return to
26 the county office of education that an employee may have upon
27 leaving the employment of the charter school.

28 (P) The procedures to be used if the charter school closes. The
29 procedures shall ensure a final audit of the charter school to
30 determine the disposition of all assets and liabilities of the charter
31 school, including plans for disposing of any net assets and for the
32 maintenance and transfer of public records.

33 (6) A declaration of whether or not the charter school shall be
34 deemed the exclusive public school employer of the employees of
35 the charter school for purposes of the Educational Employment
36 Relations Act (Chapter 10.7 (commencing with Section 3540) of
37 Division 4 of Title 1 of the Government Code).

38 (7) Any other basis that the county board of education finds
39 justifies the denial of the petition.

1 (c) A county board of education that approves a petition for the
2 operation of a countywide charter may, as a condition of charter
3 approval, enter into an agreement with a third party, at the expense
4 of the charter school, to oversee, monitor, and report to the county
5 board of education on the operations of the charter school. The
6 county board of education may prescribe the aspects of the charter
7 school's operations to be monitored by the third party and may
8 prescribe appropriate requirements regarding the reporting of
9 information concerning the operations of the charter school to the
10 county board of education.

11 (d) (1) Charter schools shall meet all statewide standards and
12 conduct the pupil assessments required pursuant to Section 60605
13 and any other statewide standards authorized in statute or pupil
14 assessments applicable to pupils in noncharter public schools.

15 (2) Charter schools shall on a regular basis consult with their
16 parents and teachers regarding the charter school's educational
17 programs.

18 (e) (1) In addition to any other requirement imposed under this
19 part, a charter school shall be nonsectarian in its programs,
20 admission policies, employment practices, and all other operations,
21 shall not charge tuition, and shall not discriminate against any
22 pupil on the basis of ethnicity, national origin, gender, gender
23 identity, gender expression, or disability. Except as provided in
24 paragraph (2), admission to a charter school shall not be determined
25 according to the place of residence of the pupil, or of the pupil's
26 parent or guardian, within this state.

27 (2) (A) A charter school shall admit all pupils who wish to
28 attend the charter school.

29 (B) If the number of pupils who wish to attend the charter school
30 exceeds the charter school's capacity, attendance, except for
31 existing pupils of the charter school, shall be determined by a
32 public random drawing. Preference shall be extended to pupils
33 currently attending the charter school and pupils who reside in the
34 county except as provided for in Section 47614.5. Preferences,
35 including, but not limited to, siblings of pupils admitted or
36 attending the charter school and children of the charter school's
37 teachers, staff, and founders identified in the initial charter, may
38 also be permitted by the chartering authority on an individual
39 charter school basis. Priority order for any preference shall be

1 determined in the charter petition in accordance with all of the
2 following:

3 (i) Each type of preference shall be approved by the chartering
4 authority at a public hearing.

5 (ii) Preferences shall be consistent with federal law, the
6 California Constitution, and Section 200.

7 (iii) Preferences shall not result in limiting enrollment access
8 for pupils with disabilities, academically low-achieving pupils,
9 English learners, neglected or delinquent pupils, homeless pupils,
10 or pupils who are economically disadvantaged, as determined by
11 eligibility for any free or reduced-price meal program, foster youth,
12 or pupils based on nationality, race, ethnicity, or sexual orientation.

13 (iv) In accordance with Section 49011, preferences shall not
14 require mandatory parental volunteer hours as a criterion for
15 admission or continued enrollment.

16 (C) In the event of a drawing, the county board of education
17 shall make reasonable efforts to accommodate the growth of the
18 charter school and in no event shall take any action to impede the
19 charter school from expanding enrollment to meet pupil demand.

20 (3) If a pupil is expelled or leaves the charter school without
21 graduating or completing the school year for any reason, the charter
22 school shall notify the superintendent of the school district of the
23 pupil's last known address within 30 days and shall, upon request,
24 provide that school district with a copy of the cumulative record
25 of the pupil, including report cards or a transcript of grades, and
26 health information. If the pupil is subsequently expelled or leaves
27 the school district without graduating or completing the school
28 year for any reason, the school district shall provide this
29 information to the charter school within 30 days if the charter
30 school demonstrates that the pupil had been enrolled in the charter
31 school. This paragraph applies only to pupils subject to compulsory
32 full-time education pursuant to Section 48200.

33 (4) (A) A charter school shall not discourage a pupil from
34 enrolling or seeking to enroll in the charter school for any reason,
35 including, but not limited to, academic performance of the pupil
36 or because the pupil exhibits any of the characteristics described
37 in clause (iii) of subparagraph (B) of paragraph (2).

38 (B) A charter school shall not request a pupil's records or require
39 a parent, guardian, or pupil to submit the pupil's records to the
40 charter school before enrollment.

1 (C) A charter school shall not encourage a pupil currently
2 attending the charter school to disenroll from the charter school
3 or transfer to another school for any reason, including, but not
4 limited to, academic performance of the pupil or because the pupil
5 exhibits any of the characteristics described in clause (iii) of
6 subparagraph (B) of paragraph (2). This subparagraph shall not
7 apply to actions taken by a charter school pursuant to the
8 procedures described in subparagraph (J) of paragraph (5) of
9 subdivision (b).

10 (D) The department shall develop a notice of the requirements
11 of this paragraph. This notice shall be posted on a charter school's
12 internet website. A charter school shall provide a parent or
13 guardian, or a pupil if the pupil is 18 years of age or older, a copy
14 of this notice at all of the following times:

- 15 (i) When a parent, guardian, or pupil inquires about enrollment.
- 16 (ii) Before conducting an enrollment lottery.
- 17 (iii) Before disenrollment of a pupil.

18 (E) (i) A person who suspects that a charter school has violated
19 this paragraph may file a complaint with the chartering authority.

20 (ii) The department shall develop a template to be used for filing
21 complaints pursuant to clause (i).

22 (5) Notwithstanding any other law, a charter school in operation
23 as of July 1, 2019, that operates in partnership with the California
24 National Guard may dismiss a pupil from the charter school for
25 failing to maintain the minimum standards of conduct required by
26 the Military Department.

27 (f) The county board of education shall not require an employee
28 of the county or a school district to be employed in a charter school.

29 (g) The county board of education shall not require a pupil
30 enrolled in a county program to attend a charter school.

31 (h) The county board of education shall require that the
32 petitioner or petitioners provide information regarding the proposed
33 operation and potential effects of the charter school, including, but
34 not limited to, the facilities to be used by the charter school, the
35 manner in which administrative services of the charter school are
36 to be provided, and potential civil liability effects, if any, upon the
37 charter school, any school district where the charter school may
38 operate, and upon the county board of education. The petitioner
39 or petitioners shall also be required to provide financial statements
40 that include a proposed first-year operational budget, including

1 startup costs, and cashflow and financial projections for the first
2 three years of operation. If the charter school is to be operated by,
3 or as, a nonprofit public benefit corporation, the petitioner shall
4 provide the names and relevant qualifications of all persons whom
5 the petitioner nominates to serve on the governing body of the
6 charter school.

7 (i) In reviewing petitions for the establishment of charter schools
8 within the county, the county board of education shall give
9 preference to petitions that demonstrate the capability to provide
10 comprehensive learning experiences to pupils identified by the
11 petitioner or petitioners as academically low achieving pursuant
12 to the standards established by the department under Section 54032,
13 as that section read before July 19, 2006.

14 (j) Upon the approval of the petition by the county board of
15 education, the petitioner or petitioners shall provide written notice
16 of that approval, including a copy of the petition, to the school
17 districts within the county, the Superintendent, and the state board.

18 (k) If a county board of education denies a petition, the petitioner
19 shall not elect to submit the petition for the establishment of the
20 charter school to the state board.

21 (l) (1) Teachers in charter schools shall be required to hold the
22 Commission on Teacher Credentialing certificate, permit, or other
23 document required for the teacher's certificated assignment. These
24 documents shall be maintained on file at the charter school and
25 shall be subject to periodic inspection by the chartering authority.
26 A governing body of a direct-funded charter school may use local
27 assignment options authorized in statute and regulations for the
28 purpose of legally assigning certificated teachers, in accordance
29 with all of the requirements of the applicable statutes or regulations
30 in the same manner as a governing board of a school district. A
31 charter school shall have authority to request an emergency permit
32 or a waiver from the Commission on Teacher Credentialing for
33 individuals in the same manner as a school district.

34 (2) The Commission on Teacher Credentialing shall include in
35 the bulletins it issues pursuant to subdivision (k) of Section 44237
36 to provide notification to local educational agencies of any adverse
37 actions taken against the holders of any commission documents,
38 notice of any adverse actions taken against teachers employed by
39 charter schools. The Commission on Teacher Credentialing shall
40 make this bulletin available to all chartering authorities and charter

1 schools in the same manner in which it is made available to local
2 educational agencies.

3 (m) A charter school shall transmit a copy of its annual,
4 independent, financial audit report for the preceding fiscal year,
5 as described in subparagraph (I) of paragraph (5) of subdivision
6 (b), to the county office of education, the Controller, and the
7 department by December 15 of each year. This subdivision does
8 not apply if the audit of the charter school is encompassed in the
9 audit of the chartering authority pursuant to Section 41020.

10 (n) A charter school may encourage parental involvement but
11 shall notify the parents and guardians of applicant pupils and
12 currently enrolled pupils that parental involvement is not a
13 requirement for acceptance to, or continued enrollment at, the
14 charter school.

15 (o) The requirements of this section shall not be waived by the
16 state board pursuant to Section 33050 or any other law.

17 SEC. 5. Section 49414.4 is added to the Education Code, to
18 read:

19 49414.4. (a) It is the intent of the Legislature that, as part of
20 a restorative justice framework, a school use alternatives to a
21 referral of a pupil to a law enforcement agency in response to an
22 incident involving the pupil's misuse of an opioid, to the extent
23 not in conflict with any other law requiring that referral.

24 (b) It is further the intent of the Legislature that the Multi-Tiered
25 System of Supports, which includes restorative justice practices,
26 trauma-informed practices, social and emotional learning, and
27 schoolwide positive behavior interventions and support, may be
28 used to achieve the alternatives described in subdivision (a), in
29 order to help pupils gain critical social and emotional skills, receive
30 support to help transform trauma-related responses, understand
31 the impact of their actions, and develop meaningful methods for
32 repairing harm to the school community.

33 SEC. 6. Section 49428.16 is added to the Education Code, to
34 read:

35 49428.16. (a) It is the intent of the Legislature to assist local
36 educational agencies in developing strategies for preventing pupil
37 opioid overdoses, including synthetic opioids.

38 (b) (1) The State Department of Education, in collaboration
39 with the California Health and Human Services Agency, shall
40 establish the State Working Group on Fentanyl Education in

1 Schools. The purpose of the working group shall be the promotion
2 of public education, awareness, and prevention of fentanyl
3 overdoses, with the outreach aimed at staff and pupils in schools.

4 (2) The Legislature encourages county offices of education to
5 establish their own respective County Working Group on Fentanyl
6 Education in Schools, in accordance with the purpose and outreach
7 described in paragraph (1). The County Working Group on
8 Fentanyl Education in Schools shall include, but is not limited to,
9 representatives of local educational agencies within the county
10 and the county public health department.

11 (c) (1) The State Working Group on Fentanyl Education in
12 Schools shall collaborate with relevant entities, including, but not
13 limited to, all of the following, to develop a School Resource Guide
14 on Opioids, serving as a toolkit that may be accessed by school
15 staff:

16 (A) The California Society of Addiction Medicine.

17 (B) The Emergency Medical Services Authority.

18 (C) The California School Nurses Organization.

19 (D) The California Medical Association.

20 (E) The American Academy of Pediatrics.

21 (2) The guide shall include, but not be limited to, all of the
22 following information:

23 (A) Resource information on an entity's application process for
24 the statewide standing order issued by the State Public Health
25 Officer pursuant to Section 1714.22 of the Civil Code, and resource
26 information on an entity's participation in the Naloxone
27 Distribution Project administered by the State Department of Health
28 Care Services.

29 (B) Resource information on the provision of emergency
30 naloxone hydrochloride or another opioid antagonist, as described
31 in Section 49414.3.

32 (3) The State Department of Education shall distribute the guide
33 to all local educational agencies. Each local educational agency
34 shall distribute the guide to its school campuses, making sure that
35 the guide is available to school staff.

36 (d) (1) The State Department of Education and the California
37 Health and Human Services Agency shall collaborate to develop
38 informational materials containing safety advice, for pupils and
39 parents or guardians of pupils, on how to prevent an opioid
40 overdose. The department shall distribute the informational

1 materials to all local educational agencies. Each local educational
2 agency shall distribute the informational materials to its school
3 campuses.

4 (2) A school of a local educational agency shall notify pupils
5 and parents or guardians of pupils of the informational materials
6 described in paragraph (1), in accordance with the methodology
7 and frequency requirements described in Section 49428.

8 (e) For purposes of this section, the following definitions apply:

9 (1) “Local educational agency” has the same meaning as set
10 forth in Section 49428.15.

11 (2) “Opioid antagonist” has the same meaning as set forth in
12 Section 49414.3.

13 (f) Any provision of this section shall be implemented only to
14 the extent that an appropriation is made in the annual Budget Act
15 or another statute for the respective purpose of the provision.

16 SEC. 7. If the Commission on State Mandates determines that
17 this act contains costs mandated by the state, reimbursement to
18 local agencies and school districts for those costs shall be made
19 pursuant to Part 7 (commencing with Section 17500) of Division
20 4 of Title 2 of the Government Code.

THIRD READING

Bill No: SB 10
Author: Cortese (D), et al.
Amended: 5/18/23
Vote: 21

SENATE EDUCATION COMMITTEE: 7-0, 3/22/23
AYES: Newman, Ochoa Bogh, Cortese, Glazer, McGuire, Smallwood-Cuevas,
Wilk

SENATE HEALTH COMMITTEE: 11-0, 4/12/23
AYES: Eggman, Nguyen, Glazer, Gonzalez, Hurtado, Limón, Menjivar, Roth,
Rubio, Wahab, Wiener
NO VOTE RECORDED: Grove

SENATE APPROPRIATIONS COMMITTEE: 7-0, 5/18/23
AYES: Portantino, Jones, Ashby, Bradford, Seyarto, Wahab, Wiener

SUBJECT: Pupil health: opioid overdose prevention and treatment: Melanie's
Law

SOURCE: California Consortium of Addiction Programs and Professionals
County of Santa Clara
Santa Clara County Office of Education

DIGEST: This bill requires Local Educational Agencies (LEA) and County Offices of Education (COE) to include strategies for the prevention and treatment of an opioid overdose in their school safety plans, and requires the California Department of Education (CDE) to develop training materials on the use of emergency opioid antagonists for school personnel, and safety materials for parents, guardians, and pupils in conjunction with the California Health and Human Services Agency (CalHHS).

ANALYSIS:

Existing law:

- 1) Permits school nurses or trained personnel who have volunteered to provide emergency naloxone hydrochloride or another opioid antagonist, by nasal spray or by auto-injector, to persons suffering, or reasonably believed to be suffering, from an opioid overdose. (EC § 49414.3(a))
- 2) Requires the Superintendent of Public Instruction (SPI) to establish and revise every five years or sooner, minimum standards of training for the administration of naloxone hydrochloride or another opioid antagonist as specified. The CDE shall maintain a clearinghouse for best practices in training nonmedical personnel to administer naloxone hydrochloride or another opioid antagonist to pupils. (EC § 49414.3(e))
- 3) Requires an LEA, COE, or charter school electing to utilize naloxone hydrochloride or another opioid antagonist for emergency aid to ensure that each employee who volunteers are provided defense and indemnification by the LEA, COE, or charter school for any and all civil liability. This information shall be reduced to writing, provided to the volunteer, and retained in the volunteer's personnel file. (EC 49414.3(i))
- 4) Provides a school with no more than two weeks to restock their supply of naloxone hydrochloride or another opioid antagonist after use. (EC § 49414.3(h))
- 5) Requires, if a school district, charter school, or private school elects to offer an athletic program, the school district, charter school, or private school to annually give the Opioid Factsheet for Patients published by the Centers for Disease Control and Prevention to each athlete. The athlete and, if the athlete is 17 years of age or younger, the athlete's parent or guardian shall sign a document acknowledging receipt of the Opioid Factsheet for Patients and return that document to the school district, charter school, or private school before the athlete initiates practice or competition. The Opioid Factsheet for Patients may be sent and returned through an electronic medium, including, but not limited to, fax or email. (EC § 49476)
- 6) Requires each LEA and COE to be responsible for the overall development of all comprehensive school safety plans for its schools operating in kindergarten or any grades 1 through 12. (EC § 32281(a))

- 7) Specifies that the schoolsite council or a school safety planning committee is responsible for developing the comprehensive school safety plan. (EC § 32281(b))
- 8) Specifies that the comprehensive school safety plan must include an assessment of the current status of school crime committed on school campuses and at school-related functions and identification of appropriate strategies and programs to provide or maintain a high level of school safety and address the school's procedures for complying with existing laws related to school safety, including child abuse reporting procedures; disaster procedures; an earthquake emergency procedure system; policies regarding pupils who commit specified acts that would lead to suspension or expulsion; procedures to notify teachers of dangerous pupils; a discrimination and harassment policy; the provisions of any schoolwide dress code; procedures for safe ingress and egress of pupils, parents, and school employees to and from school; a safe and orderly environment conducive to learning; and rules and procedures on school discipline. (EC § 32282(a))
- 9) Requires the comprehensive school safety plan to be evaluated at least once a year. (EC § 32282(d))
- 10) Permits a licensed health care provider who is authorized by law to prescribe an opioid antagonist may issue standing orders for the distribution of an opioid antagonist to a person at risk of an opioid-related overdose or to a family member, friend, or other person in a position to assist a person at risk of an opioid-related overdose. (CIV § 1747.22(c))

This bill

- 1) Requires each LEA and COE to incorporate strategies for preventing and treating overdoses from opioids, including, but not limited to, synthetic opioids, such as fentanyl, in their school safety plan.
- 2) Requires CDE in collaboration with CalHHS, rather than the Children and Youth Behavioral Health Initiative, upon appropriation, to develop materials on how to prevent an opioid overdose to LEAs and for LEAs to distribute the information materials to pupils and parents or guardians.

- 3) Encourages counties to establish a Working Group on Fentanyl Education in Schools to promote public education, awareness, and prevention of fentanyl overdoses.
- 4) Requires, upon appropriation, the CDE and the CalHHS to develop and share informational materials containing safety advice on how to prevent an opioid overdose to LEAs and for LEAs to distribute the information materials to pupils and parents or guardians as specified.
- 5) Declares the Legislature intends that as part of a restorative justice framework, a school use alternatives to a referral of a pupil to a law enforcement agency in response to an incident involving the pupil's misuse of an opioid, to the extent not in conflict with any other law requiring that referral.
- 6) Declares the Legislature intends that the Multi-Tiered System of Supports, which includes restorative justice practices, trauma-informed practices, social and emotional learning, and schoolwide positive behavior interventions and support, may be used to achieve the alternatives described as specified to help pupils gain critical social and emotional skills, receive support to help transform trauma-related responses, understand the impact of their actions, and develop meaningful methods for repairing harm to the school community.
- 7) Makes technical changes.

Comments

- 1) *Need for the bill.* According to the author, "Fentanyl was responsible for an astounding one in five youth deaths, ages 15-to-24, in California last year. In one year alone (2019-2020), fentanyl overdoses among youth nearly doubled and we have seen that trend continue to increase. This drug can be found in fake and counterfeit pills that are sold through social media or e-commerce platforms, making them available to youth. SB 10 will expand statewide prevention and education efforts to combat the skyrocketing overdoses and fentanyl-related deaths that have plagued youth statewide."
- 2) *California Department of Public Health (CDPH) Statewide Standing Order for Naloxone.* Naloxone can help reduce opioid overdose deaths in California, but many organizations find it difficult to obtain the required standing order to obtain naloxone from health care providers. According to CDPH, of the 6,843 opioid-related overdose deaths in 2021, 5,722 were related to fentanyl. CDPH

issued the standing order, in 2017, to address this need and support equitable naloxone access. The standing order:

- a) Allow community organizations and other entities in California that are not currently working with a physician, to distribute naloxone to a person at risk of an opioid-related overdose or to a family member, friend, or other person in a position to assist; and
- b) Allow for the administration of naloxone by a family member, friend, or other person to a person experiencing or reasonably suspected of experiencing an opioid overdose.

Among the organizations and entities that can distribute naloxone under the order are colleges and universities. An individual at risk of experiencing an overdose or someone who can assist an individual at risk is allowed to do so. Under the statewide standing order, staff of community organizations and other entities distributing naloxone must be trained. They are also required to provide training to individuals who receive naloxone from them. Colleges and other organizations may apply to use the statewide standing order if they meet certain conditions.

A separate distribution program administered through The Department of Health Care Services (DHCS) allows universities and colleges to apply for and obtain naloxone at no cost to the institution. According to the CDPH website, since October 2018, their Naloxone Distribution Project (NDP) has distributed over 1 million units of naloxone, and recorded over 57,000 overdose reversals.

- 3) *Addressing Fentanyl Among California Youth.* According to CDPH, fentanyl-related overdose deaths increased 625 percent among ages 10-19 from 2018 to 2020. In 2021, there were 224 fentanyl-related overdose deaths among teens ages 15–19 years old in California. Pursuant to Chapter 55, Statutes of 2016 (AB 1748), among other things, requires the SPI to establish minimum training standards for school employees who volunteer to administer naloxone or another opioid antagonist. In addition to setting minimum training standards, the CDE must maintain on its website a clearinghouse for best practices in training nonmedical personnel to administer naloxone or another opioid antagonist to pupils.

The CDE, in conjunction with the CDPH, provide LEAs with resources and information that they can readily share with parents and students to help keep

them safe. The shareable Fentanyl Awareness and Prevention toolkit page offer information about the risks of fentanyl and how to prevent teen use and overdoses. In addition to the toolkit, the CDPH's Substance and Addiction Prevention branch also provides resources for parents, guardians, caretakers, educators, schools, and youth-serving providers.

LEAs and COEs have also adjusted to address this growing crisis. For example, the Lake County Office of Education and Washington Unified School District in West Sacramento recently implemented a local school naloxone policy consistent with state statutes. San Diego Unified School District created its naloxone toolkit to aid other LEAs and inform parents and guardians.

- 4) *Health Education Framework.* The health education standards shape the direction of health education instruction for children and youths in California's public schools: they provide LEAs with fundamental tools for developing health education curricula and improving student attainment in this area, and they help ensure that all students in kindergarten through high school receive high-quality health education instruction, providing students with the knowledge, skills, and confidence to lead healthy lives. Health education has undergone a paradigm shift over the last 15 years. Data from national and state surveys, including the California Healthy Kids Survey, indicated that although youths knew what was harmful to their health, they did not have the skills to avoid risky behaviors. To ensure students not only knew about the harms of drugs, alcohol, and tobacco but also learned how to prevent and recognize these behaviors, the State Board of Education adopted a revised health education curriculum in 2019. The framework aims to achieve the following goals through different grades.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: Yes

According to the Senate Appropriations Committee, by requiring LEAs to include protocols related to the treatment and prevention of an opioid overdose in their comprehensive school safety plans, this bill could result in a reimbursable state mandate. The extent of these costs is unknown, but based on the existing Comprehensive School Safety Plan I and II mandates, the Proposition 98 General Fund costs could be in the low hundreds of thousands of dollars each year. Further, by expanding the existing Comprehensive School Safety Plan mandates, this bill could place unknown cost pressure on the K-12 Mandates Block Grant. The CDE estimates one-time General Fund costs of approximately \$196,000 for

various administrative activities associated with the establishment of the work group and producing the resource guide on opioids.

SUPPORT: (Verified 5/18/23)

California Consortium of Addiction Programs and Professionals (co-source)
County of Santa Clara (co-source)
Santa Clara County Office of Education (co-source)
California Association for Health, Physical Education, Recreation & Dance
California Association of Student Councils
California Psychological Association
California School Nurses Organization
Healthier Kids Foundation
Los Angeles County Office of Education
Mcalister Institute
Native American Training Institute
Santa Clara County School Boards Association
Steinberg Institute
Tarzana Treatment Centers, Inc.
The Turning Point Home

OPPOSITION: (Verified 5/18/23)

None received

ARGUMENTS IN SUPPORT: According to the Los Angeles County Office of Education “Fentanyl was responsible for an astounding one in five youth deaths (ages 15-to-24) in California last year. In one year alone (2019-2020), fentanyl overdoses among youth nearly doubled and we have seen that trend continue to increase. This drug is responsible for more deaths among youth than all other drugs combined. Fentanyl can be found in fake and counterfeit pills that are sold through social media or e-commerce platforms, making them available to youth. Across America, the Drug Enforcement Agency has noted a considerable rise in the amount of fake and counterfeit pills containing a deadly dose of fentanyl – nearly a 502 percent increase since 2019. SB 10 would enhance efforts already allowed in school districts to provide resources to educate and support the prevention of opioid misuse among the youth.”

Prepared by: Kordell Hampton / ED. / (916) 651-4105
5/23/23 11:55:29

**** END ****



Modernizing Our Behavioral Health System & Building More Mental Health Housing

Gov. Newsom is proposing a 2024 ballot initiative to improve how California treats mental illness, substance abuse, and homelessness: **a bond to build state of the art mental health treatment campuses to house Californians with mental illness and substance use disorders and to create housing for homeless veterans, and modernize the Mental Health Services Act to require at least \$1 billion every year for behavioral health housing and care**

MORE HOUSING AND TREATMENT FOR THOUSANDS: The shortage of 6,000 behavioral health beds contributes to the crisis of homelessness. A general obligation bond would provide billions of dollars for thousands of new beds to treat mental illness and substance abuse, serving over **10,000 more people every year** – not in institutions of the past, but locations where people can really heal:

1. **Multi-Property Settings:** Residential campus-style settings where multiple individuals can live, attend groups, recover, and further stabilize with a number of onsite supportive services.
2. **Cottage Settings:** Smaller residential settings, where many services will be available but will also allow individuals to access existing services in the community.
3. **Home Settings:** Permanent Supportive Housing and Scattered Site Housing offer even smaller settings to integrate individuals into the community and provide long-term housing stability.

ADDITIONAL FUNDS TO PROVIDE HOUSING FOR HOMELESS VETERANS: California has 10,395 homeless veterans – the bond would provide **funding to build new housing for those who need it**.

MODERNIZING THE MENTAL HEALTH SERVICES ACT: The MHSA funds 30% of the mental health system, but it's never undergone reform in the 20 years since voters passed it. Current MHSA rules don't allow funds to be used to meet the housing needs for people with serious behavioral issues. Modernizing it will lead to \$1 billion every year for housing, treating substance abuse disorders, and more:

1. **\$1 billion annually required for behavioral health housing** and other community-based residential solutions to provide an ongoing source of funding for new settings.
2. **Include those with substance use disorders**, broadening the target population of MHSA funding to include more people who need support.
3. **Focus funding on Full-Service Partnerships and services for the most seriously ill**, prioritizing community services and supports, prevention, early intervention, and infrastructure.
4. **Require counties to bill Medi-Cal for all reimbursable services** in accordance with Medicaid State Plan and applicable waivers, to further stretch scarce dollars and leverage MHSA to maximize federal funding for services.
5. **Improve local accountability and increase transparency** by updating counties' behavioral health plans and moving the MHSA Commission under CalHHS to increase coordination.

Modernizing California's Behavioral Health System

April 2023

Context

- » Since 2019, California has embarked on massive investments and policy reforms to re-envision the state's mental health and substance use system.
- » We have invested more than \$10 billion in a range of efforts that begin to build up the community-based care the sickest Californians desperately need. This includes investments in prevention and early intervention programs for kids, to investments in programs like the CARE Act and system improvements in Medi-Cal through CalAIM.
- » But more can and must be done. Now it's time to take the next step and build upon what we have already put in place – continuing the transformation of how California treats mental illness and substance abuse.

Key Elements

1. Authorize a general obligation bond to fund unlocked community behavioral health residential settings
 - The bond would also provide housing for homeless veterans
2. Modernize the Mental Health Services Act (MHSA)
3. Improve statewide accountability and access to behavioral health services

Authorize General Obligation Bond



Authorize a General Obligation Bond

- » Build thousands of new unlocked community behavioral health beds in residential settings for Californians with mental illness and substance use disorders
- » Provide more funding for housing of homeless veterans
- » \$3-5 billion bond on 2024 ballot

Adding New Behavioral Health Settings

Multi-Property Settings

Residential campus-style settings where multiple individuals can live, attend groups, recover, and further stabilize with a number of onsite supportive services.

Cottage Settings

Smaller residential settings, where many services will be available but will also allow individuals to access existing services in the community.

Transitions from these settings will support community living and long term housing stability. Depending on need that may be returning home, Permanent Supportive Housing, Scattered Site or Shared Housing, for examples.

Modernize the Mental Health Services Act



Modernize the Mental Health Services Act

- » Update local categorical funding buckets – lifting up housing interventions and workforce
- » Broaden the target population to include those with debilitating substance use disorders
- » Focus on the most vulnerable
- » Fiscal accountability, updates to county spending and revise county processes
- » Restructure role of the Mental Health Services Oversight Accountability Commission
- » Many components will require 2024 Ballot initiative
- » Multi-year implementation starting in July 2025

Update Local Categorical Funding Buckets

- » 30% for housing in residential settings for individuals with serious mental illness/serious emotional disturbance and/or substance use disorder.
 - Counties will manage the funds and direct the funds toward local priorities that meet designated purposes including but not limited to rent subsidies, operating subsidies, shared housing, and non federal share for housing related Medi-Cal services. Capital investments will require authority from DHCS
- » A services bucket with two sub-categories:
 - 35% of the local assistance for Full Service Partnership (FSP) which should be optimized to leverage Medicaid as much as is allowable
 - 35% for other services including Community Services and Supports (non FSP), Prevention and Early Intervention, Capital Facilities and Technological Needs, Workforce Education and Training, and prudent reserve (no required spending per category)
- » To reduce overlap with the Children and Youth Behavioral Health Initiative and close the gap in preventive services, Prevention and Early Intervention (PEI) dollars for schools should be focused on schoolwide behavioral health supports and programs and not services and supports for individuals.

Housing Interventions

- » Dedicate 30% in local MHSA funding for housing interventions for people living with serious mental illness/serious emotional disturbance and/or substance use disorder who are experiencing homelessness. 30% is approximately \$1 billion but will vary year to year.
- » Funding could be used for full spectrum of housing services, rental subsidies, operating subsidies, capital and non-federal share for certain housing-related Medi-Cal covered services. It also could be used to further the California Behavioral Health Community-Based Continuum Demonstration.
- » Funding for capital development projects, subject to DHCS limits established through bulletin authority.

Blending FSP & Housing Intervention Funds

Under this proposal, MHSA funding could be used for a wide range of housing options, including:

- Rental subsidies, operating subsidies, shared housing, and the non-federal share for certain Medi-Cal covered housing-related services (e.g., Rent/Temporary Housing covered under the CalBH-CBC demonstration).

This funding is not intended for non-housing services and supports (e.g., Targeted Case Management services or Peer Support Services) that would help keep the individual housed; those services and supports would be funded by either other MHSA buckets of funding or through Medi-Cal, where the other MHSA components could be used for the non-federal share.

- *For example - A consumer in an FSP is placed in an adult residential facility uniquely designed for complex co-occurring disorders which requires lower staffing ratios and enhanced services for rehabilitation and recovery. The cost of the placement exceeds the rate provided by the SSI/SSP Non-Medical Out of Home Care Rate (NMOHC). MHSA funds can be a "patch" to fully cover costs. This use of funding can be scored as part of the overall 30% requirement for housing.*

Workforce

- » Expand the use of local MHSA funds under the Workforce Education and Training (WET) component to include activities for workforce recruitment, development, and retention.
- » The use of these funds could include professional licensing and/or certification testing and fees, loan repayment, stipends, internship programs, retention incentives, and continuing education and that increase the racial/ ethnic and geographic diversity of the workforce.
- » In addition to expanding the local MHSA funds under WET, allocate MHSA funds to create a new Behavioral Health Workforce Initiative, while drawing down additional federal funds for a five-year period.

Broaden Target Population

- » Authorize MHSA funding to provide treatment and services to individuals who have a debilitating substance use disorder (SUD) but do not have a co-occurring mental health disorder.
- » Increase access to SUD services for individuals with moderate and severe SUD.
- » Require counties to incorporate SUD prevalence and local unmet need data into spending plans. Use data to inform and develop accountability to improve the balance of funding for SUD.

Focus on Most Vulnerable

Adults

- » Adults with serious mental illness (SMI) or substance use disorder (SUD) who are or at risk of experiencing homelessness or are or are at risk of being justice-involved, and/or meet the criteria for behavioral health linkages under the CalAIM Justice-Involved Initiative
- » Adults with SMI at-risk of conservatorship

Children and Youth

- » Children and youth with serious emotional disturbance or SUD, who are experiencing homelessness, are involved or at risk of being justice-involved, meet the criteria for behavioral health linkages under the CalAIM Justice-Involved Initiative or are in or transitioning out of the child welfare system

Fiscal Accountability and County Spending

- » Require counties to bill Medi-Cal for all reimbursable services in accordance with Medicaid State Plan and applicable waivers, to further stretch scarce dollars and leverage MHSA to maximize federal funding for services.
- » Reduce allowable prudent reserve amounts from 33% to 20% for large counties and 25% for small counties.
- » Reassess prudent reserve more frequently from every 5 years to every 3 years.
- » Authorize up to 2 percent of local MHSA revenue to be used for administrative resources to assist counties in improving plan operations, quality outcomes, reporting fiscal and programmatic data and monitoring subcontractor compliance for all county behavioral health funding.

Revise County Process

- » Pare back the requirements for Three-Year Program and Expenditure Plans, standardize the level of detail and submission process, and provide additional flexibilities for transparent amendment process.
- » Provide county behavioral health agencies with more flexibility to adjust spending.
- » Transform the MHSA planning process into a broader county/region behavioral health planning process. Require counties to work with Medi-Cal Managed Care Plans in the development of their Population Needs Assessments and with Local Health Jurisdictions in the development of their Community Health Improvement Plans and for these reports to inform the MHSA planning process to ensure strategic alignment of funding and local cross-system collaboration.
- » Require plans be approved by boards of supervisors by June 30.

Mental Health Services Oversight Accountability Commission

- » Move the Mental Health Services Oversight Accountability Commission (MHSOAC) under the California Health and Human Services Agency to ensure their work is connected and coordinated with the State's overall behavioral health system.
- » MHSOAC will continue to examine data and outcomes to identify key policy issues and emerging best practices and promote high-quality programs.
- » MHSOAC will also continue to report to the Legislature and include representation from the Legislature, and maintain their responsibilities related to stakeholder engagement. Under the proposal, DHCS will provide oversight of the fiscal allocations and counties' use of funding, including accountability for contracted services.
- » Require that the Commission would become advisory, and its Executive Director would be a gubernatorial appointee.

Improve Statewide Accountability and Access to Behavioral Health Services



Fiscal Transparency

Require counties to report:

- » Annual allocation of MHSA, Realignment, and all federal block grants;
- » Annual spend on non-federal match payments including MHSA, Realignment or other county sources;
- » MHSA, Realignment and Block Grant only spend;
- » Any other behavioral health investments using local General Fund or other funds;
- » Any unspent MHSA, Realignment or block grant funds for that fiscal year;
- » Cumulative unspent MHSA, Realignment or block grant funds, inclusive of reserves;
- » Admin costs, and
- » Information on services provided to persons not covered by Medi-Cal, including commercial insurance, Medicare, and uninsured.

County Accountability and Infrastructure

- » Develop outcome measures, not just process measures, to drive toward meaningful and measurable system change.
- » Align county Behavioral Health (BH) plans (including MHPs and DMC-ODS) and Medi-Cal Managed Care Plan contract requirements when the same requirements exist across programs. This includes, but is not limited to:
 - Require key administrative positions (e.g., quality director, chief financial officer, operations director, compliance officer)
 - Compliance oversight and monitoring of subcontractors
 - Post on their website network adequacy filings, annual number of utilizers and utilization by service type
 - Establish a robust set of quality metrics for county BH plans and establish quality thresholds/goals
 - Require county BH plans annually report utilization and quality to Board of Supervisors (BOS) and require the BOS to attest that they are meeting their obligation under Realignment
 - Require county BH plans to form member advisory council to inform policy and programs
 - Implement closed loop referrals

Alignment between Medi-Cal and Commercial Coverage of Behavioral Health Services

- » Over the next year, DMHC and DHCS will develop a plan for achieving parity between commercial and Medi-Cal mental health and substance use disorder benefits. This may include, but is not limited to, phasing in alignment of utilization management, benefit standardization, and covered services.
- » DMHC and DHCS will establish a stakeholder process that will include health plans, and other system partners to develop framework.

Next Steps

The image features the text "Next Steps" in a bold, dark blue font, centered in the upper half of the frame. Below the text, there are two thick, wavy lines that span the width of the image. The top line is a teal color, and the bottom line is a darker blue. Both lines have a slight curve, creating a decorative border at the bottom of the page.

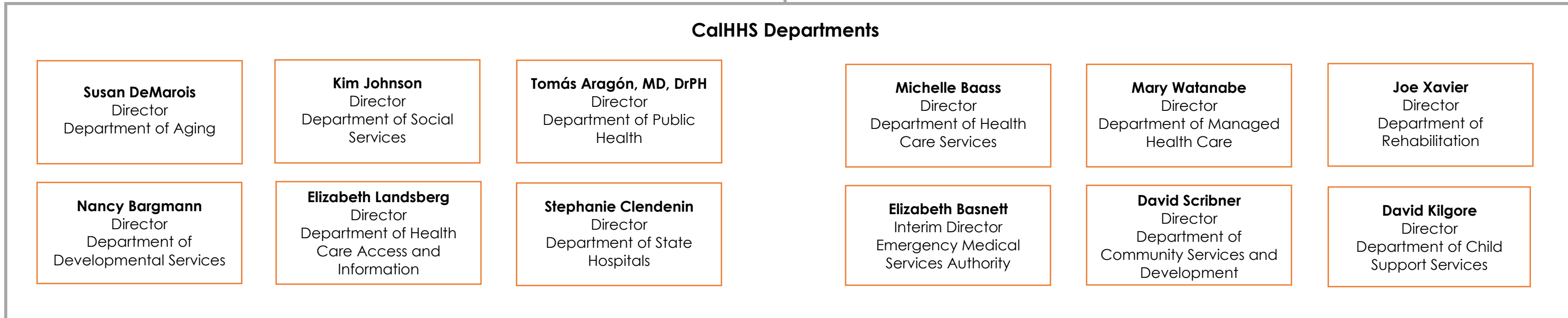
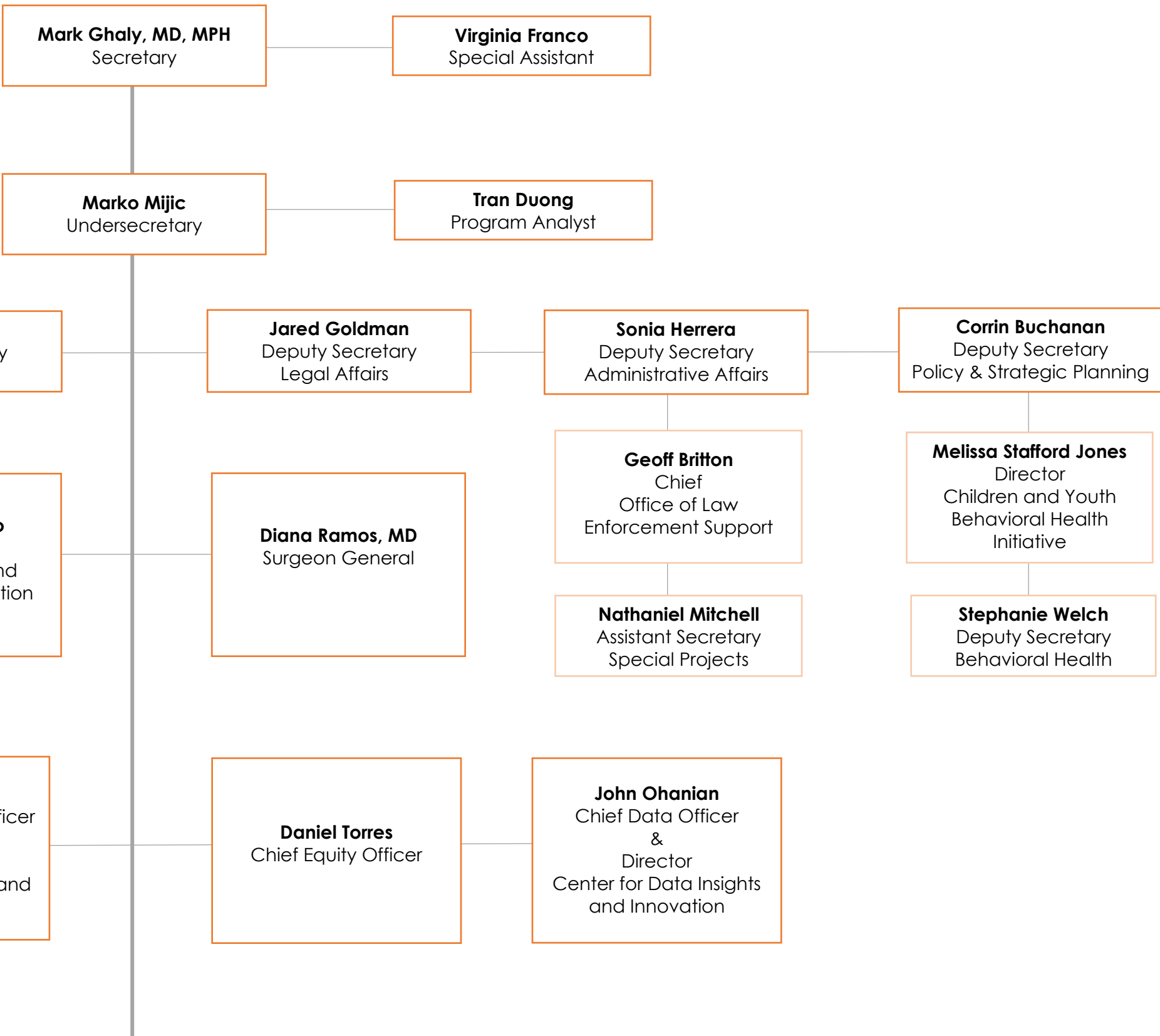
Next Steps

- » We look forward to working with the Legislature, system and implementation partners, and a broad set of stakeholders, including those impacted by behavioral health conditions, to set these reforms into motion to deliver equitable, accessible, and affordable community-based behavioral health care for All Californians.

Questions?

For questions and inquiries, contact
BehavioralHealthTaskForce@chhs.ca.gov





2023 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE
Revised 11-4-22

DEADLINES

JANUARY							
	S	M	T	W	TH	F	S
	1	2	3	4	5	6	7
Wk. 1	8	9	10	11	12	13	14
Wk. 2	15	16	17	18	19	20	21
Wk. 3	22	23	24	25	26	27	28
Wk. 4	29	30	31				

- Jan. 1** Statutes take effect (Art. IV, Sec. 8(c)).
- Jan. 4** Legislature reconvenes (J.R. 51(a)(1)).
- Jan. 10** Budget must be submitted by Governor (Art. IV, Sec. 12(a)).
- Jan. 16** Martin Luther King, Jr. Day.
- Jan. 20** Last day to submit **bill requests** to the Office of Legislative Counsel.

FEBRUARY							
	S	M	T	W	TH	F	S
Wk. 4				1	2	3	4
Wk. 1	5	6	7	8	9	10	11
Wk. 2	12	13	14	15	16	17	18
Wk. 3	19	20	21	22	23	24	25
Wk. 4	26	27	28				

- Feb. 17** Last day for bills to be **introduced** (J.R. 61(a)(1), J.R. 54(a)).
- Feb. 20** Presidents' Day.

MARCH							
	S	M	T	W	TH	F	S
Wk. 4				1	2	3	4
Wk. 1	5	6	7	8	9	10	11
Wk. 2	12	13	14	15	16	17	18
Wk. 3	19	20	21	22	23	24	25
Wk. 4	26	27	28	29	30	31	

- Mar. 30** **Spring Recess** begins upon adjournment (J.R. 51(a)(2)).
- Mar. 31** Cesar Chavez Day observed.

APRIL							
	S	M	T	W	TH	F	S
Wk. 4							1
Spring Recess	2	3	4	5	6	7	8
Wk. 1	9	10	11	12	13	14	15
Wk. 2	16	17	18	19	20	21	22
Wk. 3	23	24	25	26	27	28	29
Wk. 4	30						

- Apr. 10** Legislature reconvenes from **Spring Recess** (J.R. 51(a)(2)).
- Apr. 28** Last day for **policy committees** to hear and report to fiscal committees **fiscal bills** introduced in their house (J.R. 61(a)(2)).

MAY							
	S	M	T	W	TH	F	S
Wk. 4		1	2	3	4	5	6
Wk. 1	7	8	9	10	11	12	13
Wk. 2	14	15	16	17	18	19	20
Wk. 3	21	22	23	24	25	26	27
No Hrgs.	28	29	30	31			

- May 5** Last day for **policy committees** to hear and report to the Floor **nonfiscal bills** introduced in their house (J.R. 61(a)(3)).
- May 12** Last day for **policy committees** to meet prior to June 5 (J.R. 61(a)(4)).
- May 19** Last day for **fiscal committees** to hear and report to the Floor bills introduced in their house (J.R. 61(a)(5)).
Last day for **fiscal committees** to meet prior to June 5 (J.R. 61(a)(6)).
- May 29** Memorial Day.
- May 30-June 2** **Floor session only.** No committee may meet for any purpose except Rules Committee, bills referred pursuant to A.R. 77.2, and Conference Committees (J.R. 61(a)(7)).

*Holiday schedule subject to final approval by Rules Committee.

2023 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE
Revised 11-4-22

JUNE							
	S	M	T	W	TH	F	S
No Hrgs.					1	2	3
Wk. 4	4	5	6	7	8	9	10
Wk. 1	11	12	13	14	15	16	17
Wk. 2	18	19	20	21	22	23	24
Wk. 3	25	26	27	28	29	30	

- June 2** Last day for each house to pass bills introduced in that house (J.R. 61(a)(8)).
- June 5** Committee meetings may resume (J.R. 61(a)(9)).
- June 15** Budget Bill must be passed by midnight (Art. IV, Sec. 12(c)(3)).

JULY							
	S	M	T	W	TH	F	S
Wk. 3							1
Wk. 4	2	3	4	5	6	7	8
Wk. 1	9	10	11	12	13	14	15
Summer Recess	16	17	18	19	20	21	22
Summer Recess	23	24	25	26	27	28	29
Summer Recess	30	31					

- July 4** Independence Day.
- July 14** Last day for **policy committees** to meet and report bills (J.R. 61(a)(10)).
- Summer Recess** begins upon adjournment, provided Budget Bill has been passed (J.R. 51(a)(3)).

AUGUST							
	S	M	T	W	TH	F	S
Summer Recess			1	2	3	4	5
Summer Recess	6	7	8	9	10	11	12
Wk. 2	13	14	15	16	17	18	19
Wk. 3	20	21	22	23	24	25	26
Wk. 4	27	28	29	30	31		

- Aug. 14** Legislature reconvenes from Summer Recess (J.R. 51(a)(3)).

SEPTEMBER							
	S	M	T	W	TH	F	S
Wk. 4						1	2
No Hrgs.	3	4	5	6	7	8	9
No Hrgs.	10	11	12	13	14	15	16
Interim Recess	17	18	19	20	21	22	23
Interim Recess	24	25	26	27	28	29	30

- Sept. 1** Last day for **fiscal committees** to meet and report bills (J.R. 61(a)(11)).
- Sept. 4** Labor Day.
- Sept. 5-14** **Floor session only.** No committees may meet for any purpose, except Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(a)(12)).
- Sept. 8** Last day to **amend** on the Floor (J.R. 61(a)(13)).
- Sept. 14** Last day for each house to pass bills. (J.R. 61(a)(14)).
- Interim Recess** begins upon adjournment (J.R. 51(a)(4)).

IMPORTANT DATES OCCURRING DURING INTERIM RECESS

2023

Oct. 14 Last day for Governor to sign or veto bills passed by the Legislature on or before Sept. 14 and in the Governor's possession on or after Sept. 14 (Art. IV, Sec. 10(b)(1)).

2024

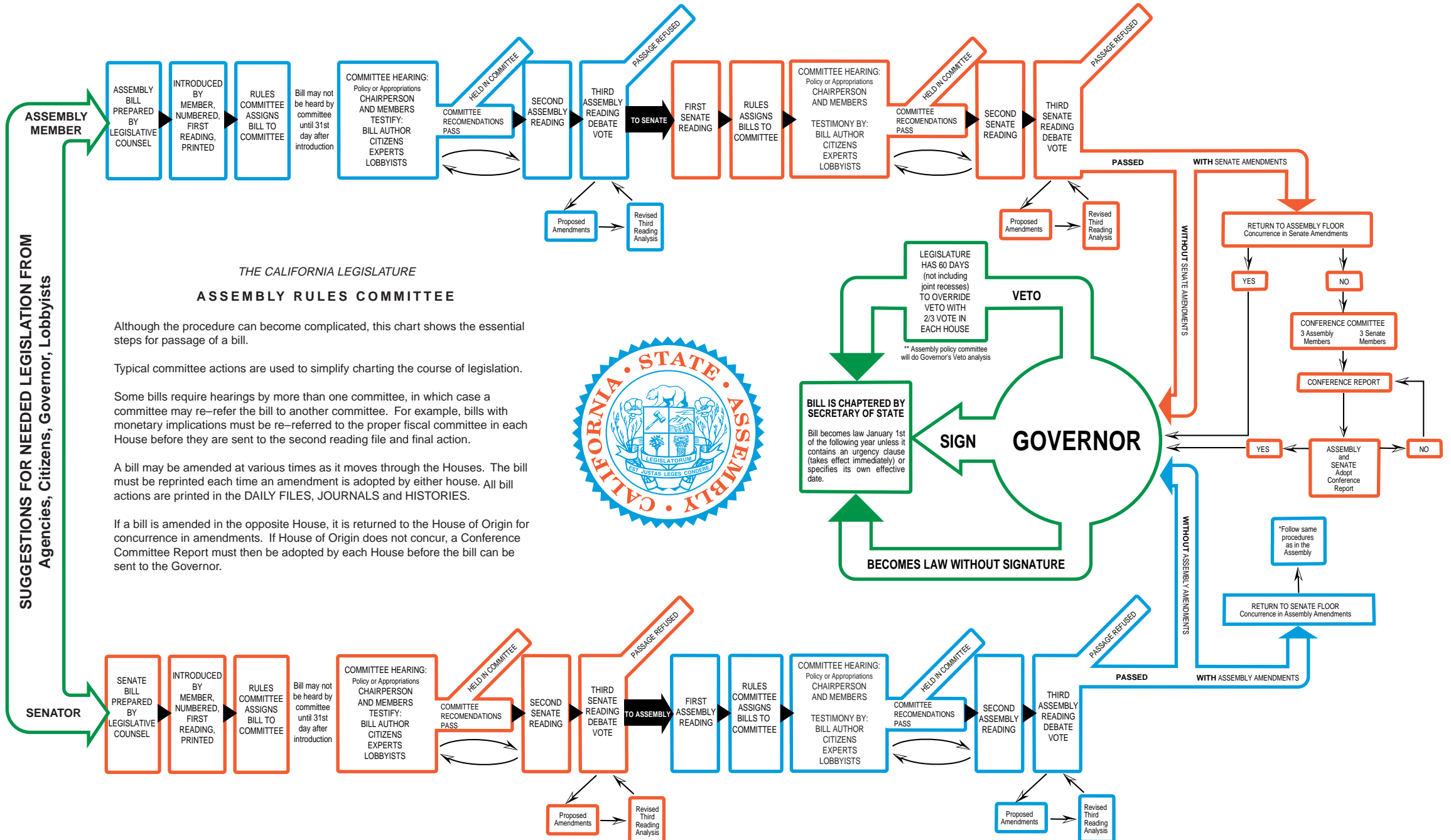
Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

Jan. 3 Legislature reconvenes (J.R. 51(a)(4)).

*Holiday schedule subject to final approval by Rules Committee.

THE LIFE CYCLE OF LEGISLATION

From Idea into Law



THE CALIFORNIA LEGISLATURE

ASSEMBLY RULES COMMITTEE

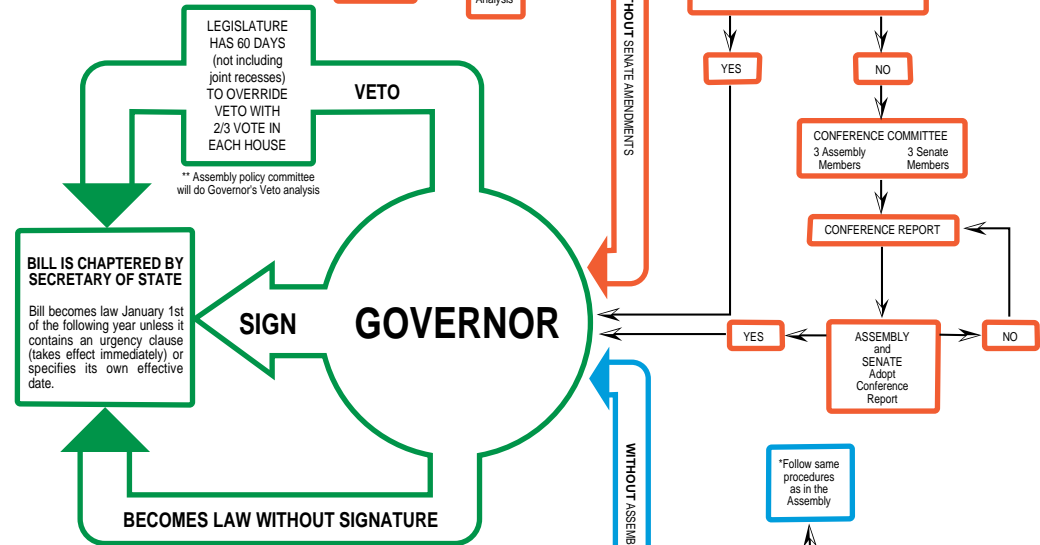
Although the procedure can become complicated, this chart shows the essential steps for passage of a bill.

Typical committee actions are used to simplify charting the course of legislation.

Some bills require hearings by more than one committee, in which case a committee may re-refer the bill to another committee. For example, bills with monetary implications must be re-referred to the proper fiscal committee in each House before they are sent to the second reading file and final action.

A bill may be amended at various times as it moves through the Houses. The bill must be reprinted each time an amendment is adopted by either house. All bill actions are printed in the DAILY FILES, JOURNALS and HISTORIES.

If a bill is amended in the opposite House, it is returned to the House of Origin for concurrence in amendments. If House of Origin does not concur, a Conference Committee Report must then be adopted by each House before the bill can be sent to the Governor.



AGENDA ITEM 5

Action

June 15, 2023 Commission Meeting

Strategic Plan Update

Background

In January, the Commission reviewed progress made under the 2020-23 strategic plan, challenges in accomplishing some of the goals, and identified four priorities for 2023: Data, Full-Service Partnerships, Impact of Firearm Violence, and development of the 2024-27 Strategic Plan. Commissioner Carnevale was appointed as the lead Commissioner for the 2024-2027 strategic planning efforts and approval was given for a consultant to be selected to support the development of the 2024-27 plan.

In May, Boston Consulting Group engaged with internal and external community partners to collect perspectives on the Commission's projects, to assess the Commission's model for catalyzing transformational change, to develop a decision-making framework to guide the transformation of mental health care and provided the Commission with an outline for the new strategic plan.

The plan will be developed over the next several months with several opportunities to engage community partners for guidance. As part of this effort, Boston Consulting Group will hold the first public input session seeking input from the public on the Commission's work to date, what is required to transform mental health care in California, and key opportunities for delivering comprehensive mental health services. All interested community partners can join the 60-minute virtual input session on June 16th from 11-12pm., at the [following link](#). If community partners are not able to participate in this session, there will be additional opportunities to provide guidance and feedback to the Commission as it develops the plan.

Similarly, the Commission will be routinely briefed and consulted in the development of the draft plan. As part of this effort, the Boston Consulting Group will provide a brief update today on the progress made over the last several weeks.

Presenter(s): Anna Silk, Principal Consultant, Boston Consultant Group

Enclosures: None

Handouts: PowerPoint slides

Proposed Motion: None

AGENDA ITEM 6

Action

June 15, 2023 Commission Meeting

San Diego County Innovation Project

Summary: The Commission will consider the approval of San Diego County's request to fund the following innovation project:

1. Public Behavioral Health Workforce Development and Retention Program - \$75,000,000 in MHPA Innovation funds over five years.

San Diego County – consistent with the entire State – is facing extreme workforce challenges that impede their ability to deliver services and support. The County is proposing to test new approaches to recruit and retain employees within the County's public behavioral health system. Under this proposed innovation, the County would implement three types of financial incentive programs:

- Outcomes-Based Renewable Training and Tuition Fund - This programmatic component would provide 0% interest up-front loans to students to receive clinical and supervisory training
- Upskilling to Meet Professional Need - This program will assist employees with the opportunity to advance their career goals by providing training and education specific to the professions that are most critically needed
- Home Ownership Incentive Program - Due to the large cost-of-living in San Diego County, this component seeks to attract behavioral health workers by offering incentives towards the purchase of a home in the County

The County states that although they currently utilize Workforce Education and Training (WET) funds for workforce development and training, additional efforts are needed to meet their workforce needs.

In August 2022, the County released a report highlighting the shortage of public behavioral health workers (*Addressing San Diego's Behavioral Health Worker Shortage Report has been attached to innovation project*).

The report highlighted the stark reality that San Diego is facing a critical public behavioral healthcare shortage and if ignored, the needs of individuals who seek and need behavioral health services will continue to be unserved/underserved.

This Innovation proposal is intended to respond to the workforce shortage outlined in the County’s report. Community input informed this Innovation proposal and was gathered from more than 500 community partners through key informant interviews, nine focus groups, nine listening sessions and four training sessions to inform participants on the Mental Health Services Act and the Community Planning Process. A sample of the participants who were involved in the community planning process are as follows: clients with lived experience, parents of individuals with lived experience, transitional age youth, older adults, justice-involved, faith-based communities, veterans, African Americans, Native Americans and American Indian, Latinx, immigrants and refugees, and LGBTQ+ communities.

The County held their public comment period between April 4, 2023 and May 4, 2023, followed by their Mental Health Board Hearing on May 4, 2023. San Diego received approval from their County Board of Supervisors on May 2, 2023.

Commission Level

This project was initially shared with Community Partners on April 7, 2023, and the final version was again shared on May 25, 2023.

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

Enclosures (3): (1) Commission Community Engagement Process; (2) Biography for Nadia Privara, MPA, San Diego County Presenter; (3) Staff Analysis: “Public Behavioral Health Workforce Development and Retention”

Handout (1): PowerPoint slides will be presented at the meeting.

Additional Materials (1): A link to the County’s Innovation Plan is available on the Commission website at the following link:

https://mhsoac.ca.gov/wp-content/uploads/San-Diego_INN-Plan_Needs-Assessment_Workforce.pdf

Proposed Motion: That the Commission approves San Diego County’s Innovation Project, as follows:

Name:	Public Behavioral Health Workforce Development and Retention Program
Amount:	Up to \$75,000,000 in MHSA Innovation funds
Project Length:	Five (5) years



Commission Process for Community Engagement on Innovation Plans

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

Sharing of Innovation Projects with Community Partners

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



Nadia Privara, MPA, is the Assistant Director of Departmental Operations and Chief Strategy and Finance Officer of Behavioral Health Services for the County of San Diego, Health and Human Services Agency. Ms. Privara has 11 years of experience managing highly complex government projects and contributing to the management of the \$1.02 billion Behavioral Health Services budget and associated programs, including managing various federal, state, and local revenues. Ms. Privara provides direct oversight to the Behavioral Health Services Strategy and Finance unit which encompasses over 100 County employees across the Finance, Data Science, and Communications and Engagement teams. In her various roles with the County of San Diego Behavioral Health Services department she has provided leadership and strategic direction for critical services designed to meet the needs of the low-income, and Medi-Cal eligible community with serious mental illness and substance use disorders in the region.



STAFF ANALYSIS – SAN DIEGO COUNTY

Innovation (INN) Project Name:	Public Behavioral Health Workforce Development and Retention Program
Total INN Funding Requested:	\$75,000,000
Duration of INN Project:	5 Years
MHSOAC consideration of INN Project:	June 15, 2023

Review History:

Public Comment Period:	April 4, 2023-May 4, 2023
Date Project Shared with Stakeholders:	April 7, 2023 and May 25, 2023
Approved by the County Board of Supervisors:	May 2, 2023
Mental Health Board Hearing:	May 4, 2023
County submitted INN Project:	May 8, 2023

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

The primary purpose of this project is to *increase access to mental health services to underserved groups.*

This Proposed Project meets INN criteria *by introducing a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system.*

Project Introduction:

San Diego County – consistent with the entire State – is facing extreme workforce challenges that impede their ability to deliver services and support. The County is proposing to test new approaches to recruit and retain employees within the County’s public behavioral health system. Under this proposed innovation, the County would implement three types of financial incentive programs:

- Outcomes-Based Renewable Training and Tuition Fund
- Upskilling to Meet Professional Need

- Home Ownership Incentive Program

The County states that although they currently utilize Workforce Education and Training (WET) funds for workforce development and training, additional efforts are needed to meet their workforce needs.

What is the Problem:

In August 2022, the County released a report highlighting the shortage of public behavioral health workers (*Addressing San Diego’s Behavioral Health Worker Shortage*), gathering feedback, thoughts, and opinions from over 1,600 behavioral health workers through focus groups and direct surveys. *The report has been included and attached to the innovation project plan.*

The report highlighted the stark reality that San Diego is facing a critical public behavioral healthcare shortage and if ignored, the needs of individuals who seek and need behavioral health services will continue to be unserved/underserved.

The following data has been provided by the County based on the needs assessment report:

- There are currently 17,000 professionals working among 11 high priority behavioral health occupations
 - The needs assessment reflects that 25,000 professionals are needed, which is 8,000 employees short to meet the demand.
 - To keep with population growth within the County, an estimated 27,600 professionals will be needed by 2027
 - The County indicates that an estimated additional 18,500 professionals will need to be recruited, hired, educated, trained, and retained between 2022-2027 to meet behavioral health demands within the County.

San Diego County is addressing a statewide challenge in our Behavioral Health system, and through this innovation project, hopes to test and pilot the use of financial incentives to assess the efficacy of those solutions to strengthen staff recruitment, employment, and retainment. These learnings can then be shared more broadly and with other counties facing similar challenges in their workforce.

Note: During technical consultation with San Diego County, Commission staff expressed some concerns, and more specifically why MHSWA Workforce, Education & Training (WET) funds are not being utilized for this project. The county indicated that WET funds are not structured to address the challenges the County faces today. The Commission may wish to ask the County for more clarification on this rationale.

How this Innovation project addresses this problem:

San Diego would like to implement a three-prong approach, utilizing financial incentives, to recruit and retain staff within the public behavioral health workforce:

1. Outcomes-Based Renewable Training and Tuition Fund
2. Upskilling the Meet Professional Need
3. Home Ownership Incentive Program

Outcomes-Based Renewable Training and Tuition Fund (see pg 4-5)

This programmatic component would provide 0% interest up-front loans to students to receive clinical and supervisory training. Outcomes-based training pertains to programming that is focused on building specific competencies¹. In this case “the financing options would focus on higher-paying non-certified, non-licensed professionals’ occupations, licensed and certified counselors, nurses, and psychologists” (pg 4). The County states that convenient financing plans would make it more feasible for students of all incomes to receive training and education in the behavioral health field without feeling overwhelmed with educational debt.

The County cites that other outcomes and tuition-based programs have existed in the technology and business fields and the County is hoping to test if this approach is effective in recruiting students into the public behavioral health field.

The County will hire an administrator who will assist in developing criteria for this component and will look at other funding programs as a reference guide (i.e. Title IV-E Child Welfare Fellowship and Training program). Some of the criteria for this component that will be considered once an administrator is onboarded are as follows (see pg 5 in project for complete list):

- Maximum loan amount
- Developing eligibility criteria including work tenure requirements
- Loan origination and servicing
- Payment terms
- Receiving, managing and issuing awards

Note: The County may wish to establish or discuss the desired criteria prior to meeting with administrator to ensure they are carrying out the County’s vision and expectations as to how this project is to be implemented.

Upskilling to Meet Professional Need (see pg 5-6)

This program will assist employees with the opportunity to advance their career goals by providing training and education specific to the professions that are most critically needed:

- Community Behavioral Health Workers
- Peer Support Specialists
- Substance Use Disorder Counselors
- Licensed Behavioral Health Clinicians
- Psychiatric Nurses

The purpose of this program is to retain current public behavioral health workers and provide an opportunity to receive scholarships so that they may receive certification and/or licensure for career advancement.

Home Ownership Incentive Program (see pg 6)

Due to the large cost-of-living in San Diego County, this component seeks to attract behavioral health workers by offering incentives towards the purchase of a home in the County.

The Commission may wish to consider if the use of innovation funding is an appropriate mechanism for home ownership incentives.

The County will hire an administrator who will assist in developing criteria for this component as in the Outcomes-Based Renewable Training and Tuition Fund explained above, to ensure it can be sustainable over time.

Note: Given the focus of this innovation project, Commission staff strongly recommend that the County reference the Commission’s Workplace Mental Health Report and include the established standards as part of their strategy to retain employees.

The Community Program Planning Process (see pgs 13-15):

Local Level

The County indicates they contracted with the University of California, San Diego as well as two additional subcontractors: San Diego Community Health Improvement Partners (SDCHIP) and Global Action Research Center (Global ARC) to assist the County with their community engagement activities.

This Innovation proposal is intended to respond to the workforce shortage outlined in the County’s report. Community input informed this Innovation proposal and was gathered from more than 500 community partners through key informant interviews, nine focus groups, nine listening sessions and four training sessions to inform participants on the Mental Health Services Act and the Community Planning Process. A sample of the participants who were involved in the community planning process are as follows: clients with lived experience, parents of individuals with lived experience, transitional age youth, older adults, justice-

involved, faith-based communities, veterans, African Americans, Native Americans and American Indian, Latinx, immigrants and refugees, and LGBTQ+ communities.

The lack of available providers and improving access to behavioral health services were identified as a priority during the community process.

The County held their public comment period between April 4, 2023 and May 4, 2023, followed by their Mental Health Board Hearing on May 4, 2023. San Diego received approval from their County Board of Supervisors on May 2, 2023.

Commission Level

This project was initially shared with Community Partners on April 7, 2023, and the final version was again shared on May 25, 2023.

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

Learning Objectives and Evaluation (see pg 12 of project):

The County has established the following learning goals to guide this project:

- Determine which workforce development models are most successful in attracting and retaining public behavioral health workers within the County
- Gather and analyze data to understand return on investment that will help inform future workforce development programs

Measurement of these established learning goals will be both qualitative and quantitative and the County will work with the external evaluator to determine how to best evaluate gathered data and measure outcomes. Although San Diego will depend on the expertise of the evaluator for this project, the County has set forth the following outcomes that may assist in gathering data:

- Decline in vacancy and work attrition rates in comparison with historical trend
- Improvement in workforce engagement and overall job satisfaction
- Increase in the number of individuals who obtain certification and licensure in behavioral health professions
- Increase in the number of qualified applications who respond to public behavioral health job postings
- Reduction in the vacancy rates of public behavioral health positions

The County hopes this project will serve approximately 2,950 individuals over the span of this project based on the following program components:

- Outcomes-Based Renewable Training and Tuition Fund – approximately 2,100 individuals
- Upskilling to Meet the Professional Need – approximately 700 individuals
- Home Ownership Incentive Program – approximately 150 individuals

The Budget (see pgs 17-21 of project):

5 Year Budget*	FY 24/25	FY 25/26	FY 26/27	FY 27/28	FY 28/29	TOTAL
Personnel	\$ 143,707.00	\$ 143,707.00	\$ 143,707.00	\$ 143,707.00	\$ 143,707.00	\$ 718,535.00
Operating Costs (Direct & Indirect)	\$ 13,061,964.00	\$ 13,061,964.00	\$ 13,061,964.00	\$ 13,061,964.00	\$ 13,061,964.00	\$ 65,309,820.00
Consultant / Evaluation Costs	\$ 1,794,286.00	\$ 1,794,286.00	\$ 1,794,286.00	\$ 1,794,286.00	\$ 1,794,286.00	\$ 8,971,430.00
Total	\$ 15,000,000.00	\$ 15,000,000.00	\$ 15,000,000.00	\$ 15,000,000.00	\$ 15,000,000.00	\$ 75,000,000.00

Funding Source*	FY 24/25	FY 25/26	FY 26/27	FY 27/28	FY 28/29	TOTAL
Innovation Funds	\$ 15,000,000.00	\$ 15,000,000.00	\$ 15,000,000.00	\$ 15,000,000.00	\$ 15,000,000.00	\$ 75,000,000.00
Total	\$ 15,000,000.00	\$ 15,000,000.00	\$ 15,000,000.00	\$ 15,000,000.00	\$ 15,000,000.00	\$ 75,000,000.00

*Numbers may not add up due to rounding; however, total dollar amount requested is accurate

San Diego County is requesting authorization to spend up to \$75,000,000 in innovation funding over a five-year period. *The County states approximately \$8,000,000 are subject to reversion.*

- Personnel costs in the amount of \$718,535 (0.95% of total project cost) will be used to pay for one FTE Program Manager who will also oversee all contracts for this project
- Operating costs total \$65,309,820 (87% of total project cost) to cover the programmatic components of this project:
 - Outcomes-Based Renewable Training Fund (approximately \$6.6 annually)
 - Upskilling to Meet Professional Need (approximately \$3.6 annually)
 - Homeownership Incentive Program (approximately \$1.2 annually)
- Consultant and Evaluation costs total \$8,971,430 (12% of total project) to cover costs associated with the procurement of multiple contracts, external evaluation of this project (\$3,571,429 or 4.8% of total project), obtaining legal advice, as well as the development of criteria for the programmatic components of this project.

San Diego County states the final evaluation of this project will help to determine what programmatic components will be continued, and they hope to utilize MHSa funding and leverage public and private partnerships for long-term sustainability (pg. 16).

References:

[An Outcomes-based Approach to Corporate Learning and Development \(trainingindustry.com\)](https://www.trainingindustry.com/)

AGENDA ITEM 7

Action

June 15, 2023 Commission Meeting

Tuolumne County Innovation Project

Summary: The Commission will consider the approval of Tuolumne County's request to fund the following innovation project:

1. Family Ties: Youth and Family Wellness - \$925,891.04 in MHSA Innovation funds over five years.

This Innovation proposal being brought forward by Tuolumne County is attempting to address the high attrition rate of youth who no longer engage in behavioral health services. The County, in collaboration with local agencies and organizations, collected and analyzed data over a five-year period highlighting the need for the County to provide services for both youth and their families with the goal of reducing the utilization of crisis services and addressing the high rate of attrition.

Family involvement is a significant contributor to improving outcomes for youth with behavioral health challenges. Therefore, the County is proposing to test if the use of alternative therapies (i.e. meditation, yoga, mindfulness, music and art therapy, equestrian therapy and aromatherapy) provided during family functions and events, will result in an increase in access to mental health services, decreased use of emergency crisis services and improved outcomes for youth.

Tuolumne County will work with their community to solicit feedback on the best and most appropriate use of nontraditional and alternative modalities of therapy for youth and their families to promote mental health wellness and decrease incidence of youth recidivism by allowing families to be an integral part of their youth's wellness, resiliency, and recovery. Examples of nontraditional therapies that may be explored by their community may include meditation, yoga, mindfulness, music and art therapy, equestrian therapy and aromatherapy. Once the community has provided feedback and guidance on best therapy modalities to pilot, a Request for Proposal will be released to providers, contractors, and community-based organizations to deliver these services.

The County would like to learn if the use of nontraditional and alternative modalities of therapy increases engagement of youth and their families resulting in better outcomes and overall wellness and resiliency.

The County solicited innovation ideas from their community beginning March 2022, reaching out to over 400 community partners, agencies, community-based organizations as well as county staff to gather seed ideas for innovation projects reflective of needs expressed by the community. All submitted proposal ideas were presented to the County's Quality Management Committee for discussion and this project was selected for consideration in moving forward. On April 6, 2022, this project was brought to the County's Behavioral Health Advisory Board to solicit additional feedback on this proposal and to determine if this project was a good use of MHS Innovation funding. Their community as well as the Behavioral Health Advisory Board supported this project and began to work collaboratively to develop it.

The County states their community will continue to be integrated in the development of this project, including receiving feedback regarding the types of nontraditional and alternative modalities of therapy that will be utilized.

Requests for proposals for nontraditional and alternative modalities of therapy will be released once the community has had an opportunity to provide thoughts and feedback on the types of services that might be most beneficial for the youth and their families.

Tuolumne County's community planning process included the following:

- A 30-day public comment period: August 18, 2022 through September 18, 2022;
- A local Mental Health Board Hearing: September 19, 2022; and,
- The Board of Supervisor's Approval: September 20, 2022

A final plan, incorporating community partner and stakeholder input as well as technical assistance provided by Commission staff, was submitted on December 7, 2022.

Commission Level

This project was initially shared with Community Partners on August 26, 2022, and the final version was again shared on December 7, 2022. Additionally, this project was shared with both the Client and Family Leadership and Cultural and Linguistic Competence Committees.

One comment was received in support of this project from a member of the Client and Family Leadership Committee:

I approve this Plan because Staff have created an innovative Learning Plan for the County Behavioral Health system to utilize in its Program Planning the opportunity for complementary and alternative therapies that are not a part of mainstream treatment options. The established Learning Goals and Project AIMS openly desire to do research and to study various alternative therapies, gather data, require participation via questionnaires, track attendance, and report on the various approaches to offer additional tools and resources for families to obtain improved youth outcomes. I wholeheartedly support this Innovation Plan and I look forward to reading the quarterly reports.

NOTE: In our review of this project, Commission staff raised concerns over whether the County had achieved robust youth engagement, especially with those they intend to target who are

currently disengaged from services without knowing why the disengagement occurred. Commission staff mentioned to the County that Commission support may be available to bolster youth engagement for this Innovation proposal.

Enclosures (3): (1) Commission Community Engagement Process; (2) Biography for Lindsey Lujan, Deputy Director, Tuolumne County Presenter; (3) Staff Analysis: “Family Ties: Youth and Family Wellness”

Handout (1): PowerPoint slides will be presented at the meeting.

Additional Materials (1): A link to the County’s Innovation Plan is available on the Commission website at the following:

https://mhsoac.ca.gov/wp-content/uploads/Tuolumne_INN-Plan_Family-Ties_Youth-and-Family-Wellness.pdf

Proposed Motion: That the Commission approves Tuolumne County’s Innovation Project, as follows:

Name:	Family Ties: Youth and Family Wellness
Amount:	Up to \$925,891.04 in MHSA Innovation funds
Project Length:	Five (5) years



Commission Process for Community Engagement on Innovation Plans

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

Sharing of Innovation Projects with Community Partners

- **Procedure – Initial Sharing of INN Projects**
 - i. Innovation project is initially shared while County is in their public comment period
 - ii. County will submit a link to their plan to Commission staff
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Presenter Biography

Lindsey Lujan, Deputy Director

Lindsey Lujan is the Deputy Director for Quality Management at Tuolumne County Behavioral Health. Lindsey has worked with Tuolumne County Behavioral Health for almost seven years. Prior to working with the county, she worked in academia with Stanislaus and Sacramento State Universities focusing on social research. From there she moved into work with a local non-profit overseeing reporting for state funding and working as a direct service provider. She began her career at Tuolumne in the Behavioral Health Quality Improvement Program as an analyst, to help build reporting capabilities. She moved into a position overseeing the Quality Improvement Program within two years. She acted as the interim MHSAs Coordinator in 2021 and now oversees both the MHSAs Administration and Quality Management at Tuolumne County in her current role as Deputy Director.



Staff Analysis – Tuolumne County

Innovation (INN) Project Name:	Family Ties: Youth and Family Wellness
Total INN Funding Requested:	\$925,891.04
Duration of INN Project:	5 Years
MHSOAC consideration of INN Project:	June 15, 2023

Review History:

Approved by the County Board of Supervisors:	September 20, 2022
Mental Health Board Hearing:	September 19, 2022
Public Comment Period:	August 18, 2022-September 18, 2022
County submitted INN Project:	December 7, 2022
Date Project Shared with Stakeholders:	August 26, 2022 and December 7, 2022

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

The primary purpose of this project is to increase the quality of mental health services, including measured outcomes.

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

Project Introduction:

This Innovation proposal being brought forward by Tuolumne County is attempting to address the high attrition rate of youth who no longer engage in behavioral health services. The County, in collaboration with local agencies and organizations, collected and analyzed data over a five-year period highlighting the need for the County to provide services for both youth and their families with the goal of reducing the utilization of crisis services and addressing the high rate of attrition.

Family involvement is a significant contributor to improving outcomes for youth with behavioral health challenges. Therefore, the County is proposing to test if the use of alternative

therapies (i.e. meditation, yoga, mindfulness, music and art therapy, equestrian therapy and aromatherapy) provided during family functions and events, will result in an increase in access to mental health services, decreased use of emergency crisis services and improved outcomes for youth.

What is the Problem:

In recent years, Tuolumne County has made efforts in providing resources and outreach for the youth in their County. Partnerships have strengthened between the Behavioral Health Division and agencies, prompting a Memorandum of Understanding with Children of Welfare Services, County Probation, Public Health Department, Juvenile Courts and the Superintendent of Schools to provide coordinated care specific for their youth population.

While the agencies within the County continued to provide care and services for the youth, the community began to question if there was adequate or sufficient care and services provided for youth as well as their families.

The County's Quality Improvement Team, responsible for data collection and analysis for individuals who access the County's behavioral health system, began to collect data revealing that youth who experienced crisis events had a recidivism rate of 20% after being admitted to outpatient specialty mental health services. Based upon learnings gathered from County data, the longest period of time youth were engaged in the behavioral health system was their first occurrence with a crisis event. Each subsequent crisis event resulted in engagement in the behavioral health system for a lesser amount of time, continuing that trend with each subsequent crisis engagement. The County is trying to learn if bringing in youth and the family unit together on the initial engagement within the behavioral health system will result in better treatment outcomes, decreased recidivism rates, and an increase in access.

Data also revealed that providing services for the entire family unit was essential for youth recovery. The County recognized some services provided were specific for youth, while other services were specific for families. This project will allow youth and their families to receive services, individually and collectively as a family unit.

How this Innovation project addresses this problem:

Tuolumne County will work with their community to solicit feedback on the best and most appropriate use of nontraditional and alternative modalities of therapy for youth and their families to promote mental health wellness and decrease incidence of youth recidivism by allowing families to be an integral part of their youth's wellness, resiliency, and recovery. Examples of nontraditional therapies that may be explored by their community may include meditation, yoga, mindfulness, music and art therapy, equestrian therapy and aromatherapy. Once the community has provided feedback and guidance on best therapy modalities to pilot, a Request for Proposal will be released to providers, contractors, and community-based organizations to deliver these services.

Identified forms of therapy will be provided through family event nights that will also be determined by the community and may include movie nights, food night themes, and activity nights. The introduction of the selected therapeutic approaches will be presented by clinical experts during these family events who will offer support for families and youth. Tuolumne Behavioral Health intends to work closely with families who are currently receiving services as well as foster families within the County who may benefit from additional resources and services. Beyond the County Behavioral Health, agencies who will work in partnership for this project will include the Child Welfare Service and the County Probation office.

These non-mandated family events will be offered at various locations and times with the goal of allowing different families to attend as permitted. County will also provide transportation to events if needed. Engagement and participation in these family events will allow the County to track the number of referrals and request for services, allowing the provision of continued ongoing support.

The County has researched similar projects and found that none of the researched projects utilized alternative therapies to engage families during activities and family nights. For example, Amador County offers a program on Maternal Child Health and Wellness but only focuses on the mother. Santa Clara County's REACH Program (Raising Early Awareness and Creating Hope) offers counseling for families and youth; however, it is specific to psychosis prevention and education, limiting services for a select population. The County also found some counties did offer programs and events for families but those focused on substance use disorders and included only traditional therapy modalities.

The County would like to learn if the use of nontraditional and alternative modalities of therapy increases engagement of youth and their families resulting in better outcomes and overall wellness and resiliency.

Tuolumne County's MHSSA partnership grant:

In 2019, Tuolumne County Superintendent of Schools received grant funding from the Mental Health Student Services Act (MHSSA) overseen by the Commission. Commission staff sought clarification from the County to discern how this innovation project being brought forward differs from the grant money that was received and what this project will do that is not being provided with the grant money.

In response, the County states the MHSSA funding received is specific for on-site school services and does not provide specialty or alternative therapies. Additionally, services provided through MHSSA funding are only able to be provided during school hours and only focuses on the student as opposed to the entire family, as is provided with this innovation project. This project will focus on the whole family unit on non-school sites, during non-school hours by utilizing alternative modalities of therapy guided by community feedback.

The Community Program Planning Process

Local Level

The County solicited innovation ideas from their community beginning March 2022, reaching out to over 400 community partners, agencies, community-based organizations as well as county staff to gather seed ideas for innovation projects reflective of needs expressed by the community. All submitted proposal ideas were presented to the County’s Quality Management Committee for discussion and this project was selected for consideration to move forward. On April 6, 2022, this project was brought to the County’s Behavioral Health Advisory Board to solicit additional feedback on this proposal and to determine if this project would be a viable option in utilizing MHS Innovation funding. Their community as well as the Behavioral Health Advisory Board supported this project and began to work collaboratively to develop it.

The County states their community will continue to be integrated in the development of this project, including receiving feedback regarding the types of nontraditional and alternative modalities of therapy that will be utilized.

Requests for proposals for nontraditional and alternative modalities of therapy will be released once the community has had an opportunity to provide thoughts and feedback on the types of services that might be most beneficial for the youth and their families.

Tuolumne County’s community planning process included the following:

- 30-day public comment period: August 18, 2022 through September 18, 2022
- Local Mental Health Board Hearing: September 19, 2022
- Board of Supervisor Approval: September 20, 2022

A final plan, incorporating community partner input as well as technical assistance provided by Commission staff, was submitted on December 7, 2022.

Commission Level

This project was initially shared with Community Partners on August 26, 2022, and the final version was again shared on December 7, 2022. Additionally, this project was shared with both the Client and Family Leadership and Cultural and Linguistic Competence Committees.

One comment was received in support of this project from a member of the Client and Family Leadership Committee:

“I approve this Plan because Staff have created an innovative Learning Plan for the County Behavioral Health system to utilize in its Program Planning the opportunity for complementary and alternative therapies that are not a part of mainstream treatment options. The established Learning Goals and Project AIMS openly desire to do research

and to study various alternative therapies, gather data, require participation via questionnaires, track attendance, and report on the various approaches to offer additional tools and resources for families to obtain improved youth outcomes. I wholeheartedly support this Innovation Plan and I look forward to reading the quarterly reports.”

NOTE: In our review of this project, Commission staff raised concerns over whether the County had achieved robust youth engagement, especially with those they intend to target who are currently disengaged from services without knowing why the disengagement occurred. Commission staff mentioned to the County that Commission support may be available to bolster youth engagement for this Innovation proposal.

Learning Objectives and Evaluation:

The County has developed the learning questions below that will assist the County in determining if this project will inform best practices on how to engage families in supporting their youth who are in mental health services. This project is anticipated to serve at least 50 youth and their families annually within the first two years and then hopes to expand to 100 individuals each year after.

The learning questions for this project are as follows:

1. Can we engage families who have mental health needs or have youth with mental health needs if we offer complementary and alternative therapies that are not part of mainstream?
2. Will these alternative approaches offer additional tools and resources for families to obtain improved youth outcomes around length of stay, recidivism, and the Family Urgent Response Systems (FURS) request and crisis services?
3. What alternative therapies are the most utilized and sought out by families?
4. Can we engage more families in treatment either through coordination with Managed Care providers or through the Behavioral Health system for more long-term treatment?

The County hopes to identify the impact of this project by the following measures:

- Number of individuals and families that attend events
- Continued engagement of families
- An increase of new families that attend events reflecting outreach efforts from County staff
- Number of referrals made as a result of attending events
- Number of requests to access mental health services and/or referrals made as a result of attending events

Quantitative and Qualitative data collected for this project may include:

- Baseline data of youth and families who currently attend events to compare data with attendance post-implementation of project

- Utilization of crisis services by youth who attend events compared with those who do not attend events
- Surveys with youth and their families rating interest in each of the alternative therapies provided at events
- Self-reported demographic information
- Self-reported questionnaire regarding satisfaction of sponsored events

The evaluation of this project will be completed by County staff within the Quality Improvement Program, whose primary responsibility is to collect and analyze data for the County’s Behavioral Health Department. The evaluation will inform sustainability of successful programmatic components of this project.

The Budget

5 Year Budget	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	TOTAL
Personnel	\$ 86,172.50	\$ 114,142.44	\$ 118,398.76	\$ 124,548.10	\$ 130,744.50	\$ 574,006.30
Operating Costs	\$ 1,430.00	\$ 7,722.00	\$ 15,444.00	\$ 25,740.00	\$ 25,740.00	\$ 76,076.00
Non-recurring costs	\$ 5,000.00	\$ 10,000.00	\$ -	\$ -	\$ -	\$ 15,000.00
Evaluation	\$ 23,750.00	\$ 24,937.50	\$ 26,184.38	\$ 27,493.59	\$ 28,868.27	\$ 131,233.74
Consultant Costs	\$ 3,575.00	\$ 28,600.00	\$ 28,600.00	\$ 28,600.00	\$ 28,600.00	\$ 117,975.00
Other Costs		\$ 1,200.00	\$ 2,400.00	\$ 4,000.00	\$ 4,000.00	\$ 11,600.00
						\$ -
						\$ -
Total	\$ 119,927.50	\$ 186,601.94	\$ 191,027.14	\$ 210,381.69	\$ 217,952.77	\$ 925,891.04
Funding Source	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	TOTAL
Innovation Funds	\$ 119,927.50	\$ 186,601.94	\$ 191,027.14	\$ 210,381.69	\$ 217,952.77	\$ 925,891.04
Total	\$ 119,927.50	\$ 186,601.94	\$ 191,027.14	\$ 210,381.69	\$ 217,952.77	\$ 925,891.04

Tuolumne County is seeking authorization to use up to **\$925,891.04** in innovation funding over a five-year period. (**\$779,405.16 of this budget are funds subject to reversion in June 2023**).

- Personnel costs are \$574,006.30 (62% of total project) to cover salaries and benefits for staffing of this project.
- Operating costs total \$76,076 (8.2% of total project) to cover the cost of supplies for family events (tablecloths, promotional flyers, event materials, etc).
- Non-recurring costs total \$15,000 (1.6% of total project) to cover purchase of technology needs (projector, screen, laptop, etc).
- Evaluation of this project is \$131,234 (14.1% of total project) and will be completed by County staff working in the Quality Improvement Program.
- Consultant costs total \$117,975 (12.7% of total project) to secure providers who offer alternative therapies through a Request for Proposal process.
- Other costs total \$11,600 (0.1% of total project) to allow the County to rent meeting space for events that are not held at the County’s Behavioral Health campus.

AGENDA ITEM 8

Action

June 15, 2023 Commission Meeting

Los Angeles County Innovation Project

Summary: The Commission will consider the approval of Los Angeles County's request to fund the following innovation project:

1. Interim Housing Multidisciplinary Assessment and Treatment Teams - \$155,677,581 in MHSa Innovation funds over five years.

Los Angeles County seeks to learn if creating twenty-four (24) regional, field-based, multidisciplinary teams is a best practice for addressing the needs of people experiencing homelessness who are living in interim housing with the overall goal to increase successful transition to permanent supportive housing. The collaborative teams will provide physical health, mental health, substance use services and support for activities of daily living. Training for housing service providers will also be a part of the project to reduce the risk of people experiencing homelessness exiting interim housing.

The project is a collaboration that will consist of staff from the Los Angeles County Department of Mental Health, Department of Public Health Substance Abuse Prevention and Control, and Department of Health Services' Housing for Health. In addition, the County is partnering with managed care organizations to utilize funds from the Housing and Homelessness Incentive Program to support needed physical health services including on site nursing.

MHSa Innovation funding will be used to support the mental health component of this project, including the provision of on-site specialty mental health and co-occurring substance use disorder care and supports.

Los Angeles County has struggled to hire staff and implement innovation programs previously approved by the Commission. The County acknowledges previous delays and reports that County Behavioral Health has hired a significant number of clinical staff in the past nine months and has been supported by the lifting of a county imposed hiring freeze. In addition, the County declared a State of Emergency to prioritize services for the unhoused and has the support of the Board of Supervisors to hire related staff.

The County provided an update (enclosed) on prior innovation projects. The update outlines reasons for delays and the County's response.

Community Program Planning

Local Level

This proposal was developed as part of the County's community engagement process for a broader Homeless Initiative. This process involved community members, local government, persons with lived experience with homelessness, and the Spanish speaking community.

Community engagement included:

- 18 virtual listening sessions
- 10 Stakeholder Planning Meetings
- Presentation to local community partners including underserved community leads and the Service Area Leadership Team for Los Angeles County.

Los Angeles County's community planning process occurred on the following dates:

- 30-day public comment period: January 20, 2023 through February 20, 2023
- Local Mental Health Board Hearing: February 23, 2023
- Board of Supervisor Approval: Following Commission Approval

A final plan, incorporating community partner input as well as technical assistance provided by Commission staff, was submitted to the Commission on April 26, 2023.

Commission Level

Information on this project was shared with the Commission's community partners on April 4, 2023, and a revised version was shared on April 26, 2023.

One letter of support was received by the Commission in response to the sharing of this project and is enclosed.

Enclosures (5): (1) Commission Community Engagement Process; (2) Biography for Los Angeles County Presenter; (3) Staff Analysis: Interim Housing Multidisciplinary Assessment and Treatment Teams project; (4) Letter of Support; (5) Innovation Update

Handouts (3): (1) PowerPoint slides will be presented at the meeting; (2) Quarterly Report to Board; (3) Hollywood 2.0 update and addendum to update

Additional Materials (1): A link to the County's Innovation Plan is available on the Commission website at the following link:

https://mhsoac.ca.gov/wp-content/uploads/Los-Angeles_INN-Plan_Interim-Housing-Teams.pdf

Staff Recommendation: The Commission approves Los Angeles County's Innovation Project, as follows:

Name:	Interim Housing Multidisciplinary Assessment and Treatment Teams
Amount:	Up to \$155,677,581 in MHSA Innovation funds
Project Length:	Five (5) years



Commission Process for Community Engagement on Innovation Plans

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

Sharing of Innovation Projects with Community Partners

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



Kalene Gilbert, LCSW, is a Mental Health Clinical Program Manager IV serving as the Mental Health Services Coordinator for Los Angeles County.

During her tenure with the Department of Mental Health as a clinician, Ms. Gilbert provided mental health services for adults in the San Gabriel Valley. As an administrator since 2008, she has overseen adult services ranging from traditional outpatient to intensive service; children's services, including service delivered to the child welfare population; and prevention services where her role was to develop and implement community based mental health programs. Finally, Ms. Gilbert worked for two years as the Quality Improvement manager, responsible for development of the annual Performance Work plan and Needs Assessments.



STAFF ANALYSIS –Los Angeles County

Innovation (INN) Project Name:	Interim Housing Multidisciplinary Assessment and Treatment Teams
Total INN Funding Requested:	\$155,677,581
Duration of INN Project:	5 Years
MHSOAC consideration of INN Project:	June 15, 2023

Review History:

Approved by the County Board of Supervisors:	Scheduled for June 6, 2023
Mental Health Board Hearing:	February 23, 2023
Public Comment Period:	January 20, 2023-February 20, 2023
County submitted INN Project:	April 26, 2023
Date Project Shared with Stakeholders:	April 4, 2023 and April 26, 2023

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

The primary purpose of this project is to *increase access to mental health services to underserved groups; promote interagency and community collaboration related to mental health services or supports or outcomes; and increase access to mental health services, including but not limited to services provided through permanent supportive housing.*

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:

Los Angeles County seeks to learn if creating twenty-four (24) regional, field-based, multidisciplinary teams is a best practice for addressing the needs of people experiencing homelessness who are living in interim housing with the overall goal to increase successful transition to permanent supportive housing. The collaborative teams will provide physical health, mental health, substance use services and support for activities of daily living. Training for housing service providers will also be a part of the project to reduce the risk of people experiencing homelessness exiting interim housing.

What is the Problem:

Los Angeles County reports having the largest unsheltered population in the country with 69,144 people experiencing homelessness identified in the 2022 Greater Los Angeles Point in Time Homeless Count. Of those identified as people experiencing homelessness, 39.5% are reported to experience mental health and/or substance use disorders.

To address this great and complex need, the County has leveraged public (local, state and federal) funding and private funding to collaboratively make significant investments in the development of permanent supportive housing solutions. These solutions included a significant increase in the inventory of interim housing available to any person experiencing homelessness.

Los Angeles county is organized into eight (8) service planning areas and currently has 220 interim housing sites across these areas for a total of 14,376 beds. The County has 11 more interim housing sites in the pipeline and expects another 182.2 million to be budgeted for interim housing in fiscal year 23-24 through the Los Angeles County Homeless Initiative.

While the County has made progress in increasing the availability and flexibility of housing available to people experiencing homelessness, the lessons learned from programs like Project Roomkey (a state initiative that funded interim housing), identified numerous barriers facing individuals who choose to participate in interim housing. These barriers included complex health and/or mental health conditions which affected the ability of people experiencing homelessness to engage in activities of daily living resulting in difficulty transitioning to permanent supportive housing or other permanent housing opportunities and increased the risk of being exited from housing. In addition, the current model requires PEOPLE EXPERIENCING HOMELESSNESS to connect to specialty mental health services on their own making it difficult when complex health issues impact daily functioning.

The need for services to address the barriers facing people experiencing homelessness in interim housing was also identified during the community and stakeholder engagement process for Los Angeles County's recent Measure H funding recommendations and by the Board of Supervisors in a December 20, 2022 Board Motion for the County to support the City of Los Angeles in their State of Emergency on Homelessness.

The County also identified a need for more training and specialized staffing within interim housing sites as individuals living with complicated health issues and/or substance use disorders need services that are not typically provided by homeless service providers. Staffing at Project Roomkey sites was provided by housing services agencies who lacked adequate funding to train and fully staff the sites at the level needed to meet the complicated medical and behavioral health needs facing people experiencing homelessness.

The County has previously utilized a collaborative approach to provide services to people experiencing homelessness that live with complicated physical and behavioral health issues both through homeless outreach teams and through specialized supportive services once

individuals obtain permanent housing. **However, the County has not been successful in providing on demand, field-based services for people experiencing homelessness living in interim housing that helps achieve permanent supportive housing as the next step in their housing journey.**

The County hopes to test this project as a best practice to help individuals living with complicated physical and behavioral health needs to eventually secure and thrive in permanent supportive housing.

How this Innovation project addresses this problem

This Innovation project will develop, pilot, and evaluate the effectiveness of twenty-four (24) regional, field-based multidisciplinary assessment and treatment teams specifically dedicated to serving people experiencing homelessness who are living in interim housing in all eight of the service areas in Los Angeles County. The primary focus will be providing services to individuals who are 18 and over and living with mental health, health and/or co-occurring substance use disorders that impact their activities of daily living and who can benefit from supports to successfully access and maintain their interim housing, transition to appropriate permanent housing, and prevent a return to homelessness. Services will be provided at interim housing sites that serve individuals and families and referrals will be made to the children's system of care when appropriate.

The Interim Housing Multidisciplinary Assessment and Treatment Teams is a collaboration that will consist of staff from the Los Angeles Department of Mental health, Department of Public Health Substance Abuse Prevention and Control, and Department of Health Services' Housing for Health. **In addition, the County is partnering with managed care organizations to utilize funds from the Housing and Homelessness Incentive Program (HHIP) to support needed physical health services including on site nursing.**

MHSA Innovation funding will be used to support the mental health component of this project, including the provision of on-site specialty mental health and co-occurring substance use disorder care and supports. Mental health services will include crisis response, outreach, triage, screening/assessment, individual and/or group rehabilitation and therapy, medication evaluation/administration, including medications for addiction treatment, crisis intervention and linkage to longitudinal care and consultation.

Substance use educational sessions (individual and group), outreach, engagement, screening, and referrals to substance use disorder services including harm reduction services, and on-site outpatient treatment services, will be provided by Department of Public Health, Substance Abuse Prevention and Control.

Los Angeles County has struggled to hire staff and implement innovation programs previously approved by the Commission. The County acknowledges delays and reports that County Behavioral Health has hired a significant number of clinical staff in the past nine months with 505 new hires and promotions, with another 100 in progress. The County has been supported by the

lifting of a county imposed hiring freeze and began offering hiring incentives, including loan repayment, and hiring bonuses to attract new staff. In addition, the County declared a State of Emergency to prioritize services for the unhoused and has the support of the BOS to hire related staff. For this project, the County intends to use hiring strategies such as hiring fairs which allow them to fully process (interview, fingerprint, etc.) in one place and make an offer on the spot.

The Community Program Planning Process (see pages 23-29 of plan)

Local Level

This proposal was developed as part of the County's community engagement process for a broader Homeless Initiative. This process engaged community members, local government, persons with lived experience with homelessness, and the Spanish speaking community.

Community engagement included:

- 18 virtual listening sessions
 - more than 750 attendees' total
 - sessions held in all eight service planning areas
 - seven City/Councils of Government sessions
 - two sessions with people with lived expertise
 - one countywide session in Spanish

- 10 Stakeholder Planning Meetings
 - one Homeless Service Provider meeting
 - five Homeless Rehousing System Lead Agency planning meetings
 - four Homeless Strategy Lead Department Agency meetings

- Presentation to local community partners including underserved community leads and the Service Area Leadership Team. Materials were available in Spanish translation and live interpretation was offered in Spanish, Korean and ASL.

This concept was also recommended by the Housing and HHIP stakeholder process implemented by the Housing and Homeless Incentive Program.

Los Angeles County's community planning process included the following:

- 30-day public comment period: January 20, 2023 through February 20, 2023
- Local Mental Health Board Hearing: February 23, 2023
- Board of Supervisor Approval: Following Commission Approval

A final plan, incorporating community partner and stakeholder input as well as technical assistance provided by Commission staff, was submitted to the Commission on April 26, 2023.

Commission Level

Information on this project was initially shared with the Commission's community partners on April 4, 2023, and a revised version was shared on April 26, 2023.

One letter of support was received by the Commission in response to the sharing of this project and is enclosed.

Learning Objectives and Evaluation (please see pages 8, 14-17 of full plan)

The County anticipates serving 4000 individuals annually who are experiencing homelessness and living in interim housing sites for a total of 20,000 individuals served over the life of the project.

The County seeks to understand whether having dedicated field-based, culturally responsive, multidisciplinary, multi-agency teams serving interim housing sites in each of the service areas, result in the following:

Interim Housing Residents

- Increased access and linkages to specialty mental health, health, and co-occurring SUD services
- Increase and streamline access to non-specialty mental health care provided by managed care plans
- Increased linkages to SUD outpatient residential treatment services
- Increased exits to permanent housing
- Decreased exits to homelessness
- Decreased use of crisis/emergency services
- Improve interim housing resident experience and sense of well-being?

Interim Housing Provider Staff

- Increased knowledge and skills when serving individuals with severe mental illness, complex health and substance use disorders and feeling more confident in being able to serve this population in their interim housing sites
- Increased ability to discern capacity to stabilize an interim housing resident's mental health, health and/or substance use disorder in-house versus the necessity to request crisis services or specialty assessment

County Behavioral Health

- Improve care coordination amongst county departments and managed care organizations
- Improve ability to link interim housing to the appropriate level of care/permanent housing resource
- Improve the quality of care in interim housing settings

The County will contract with an independent vendor to evaluate the project and work with the evaluator to establish baseline measures for quantitative learning objectives and build out qualitative goals.

The Budget (please see pages 23-27 of full plan)

5 Year Budget	FY 23/24	FY 24/25	FY 25/26	FY 26/27	FY 27/28	TOTAL
Personnel	\$ 24,019,433	\$ 24,019,433	\$ 24,019,433	\$ 24,019,433	\$ 24,019,433	\$ 120,097,165
Operating Costs	\$ 13,530,860	\$ 13,530,860	\$ 13,530,860	\$ 13,530,860	\$ 13,530,860	\$ 67,654,300
Non-recurring costs	\$ 1,406,760					\$ 1,406,760
Indirect Costs	\$ 3,895,705	\$ 3,755,029	\$ 3,755,029	\$ 3,755,029	\$ 3,755,029	\$ 18,915,821
Evaluation	\$ 750,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 4,750,000
						\$ -
Total	\$ 43,602,758	\$ 42,305,322	\$ 42,305,322	\$ 42,305,322	\$ 42,305,322	\$ 212,824,046

Funding Source	FY 23/24	FY 24/25	FY 25/26	FY 26/27	FY 27/28	TOTAL
Innovation Funds	\$ 32,173,465	\$ 30,876,029	\$ 30,876,029	\$ 30,876,029	\$ 30,876,029	\$ 155,677,581
Medi-Cal Funding	\$ 11,429,293	\$ 11,429,293	\$ 11,429,293	\$ 11,429,292	\$ 11,429,293	\$ 57,146,464
Total	\$ 43,602,758	\$ 42,305,322	\$ 42,305,322	\$ 42,305,321	\$ 42,305,322	\$ 212,824,046

Los Angeles County is seeking authorization to use up to \$155,677,581 in Innovation funding over a five-year period to fund the mental health component of the project, including:

- Personnel Costs total \$120,097,165 (56% of the total project) and include all expenses for mental health services delivered through twenty-four (24) service teams and the administrative teams overseeing services and operations.
 - Service Navigation and Dispatch personnel will include:
 - 1 FTE Senior Mental health Counselor
 - 1 FTE Mental Health Clinical Supervisor
 - 2 FTE Mental health Counselor RN
 - 4 FTE Psychiatric Social Worker II
 - 4 FTE Patient Financial Services Worker
 - 2 FTE Senior Typist Clerk
 - Service team personnel will include:
 - 12 FTE Mental Health Clinical Supervisor
 - 24 FTE Psychiatric Social Worker II
 - 24 FTE Medical Case Worker II
 - 12 FTE Licensed Vocational Nurse I
 - 11 FTE Supervising Community Health Worker (designated peer positions)
 - 55 FTE Community Health Worker (designated peer positions)
 - 12 FTE Intermediate Typist Clerk
 - Psychiatric team personnel will include:
 - 1 FTE Supervising Mental Health Psychiatrist
 - 8 FTE Mental Health Psychiatrists

- Two administrative teams tasked with program planning, implementation, staff management, clinical supervision, training, communication, and oversight (data, budget, reports, contracts, evaluation etc.):
 - Division Administrative Team
 - 1 FTE Mental Health Program Manager III
 - 1 FTE Health Program Analyst II
 - 1 FTE Senior Information Systems Analyst
 - 1 FTE Senior Secretary II
 - 1 FTE Staff Assistant II
 - 1 FTE Senior Typist Clerk
 - Program Administrative Team
 - 2 FTE Mental Health Program Manager II
 - 2 FTE Health Program Analyst I
 - 2 FTE Senior Secretary III
 - 2 FTE Staff Assistant I
 - 2 FTE Senior Typist Clerk
- Operating costs total \$67,654,300 (32% of the total project) and include: a direct service order to the Department of Public Health to provide staff, 10 treatment beds, and harm reductions kits; client services and supplies such as food, toiletries, clothing; and staff supplies, and equipment needed to operate the program.
- Non-recurring costs total \$1,406,760 and will fund the purchase of fifty (50) vehicles to be used by service teams to transport clients to access services and supports.
- Independent evaluation contract costs \$4,750,000 (2.2% of the total project) associated with developing the evaluation plan, supporting data collection, analysis and preparing reports.

Physical health services will be funded through managed care organizations using HHIP dollars.

In addition to the identified peer positions, the County has built-in leadership and promotional positions for peers through the eleven (11) supervising community health workers. The County also has over 500 designated peer positions within the system of care. Each regional planning area will have a peer team which will drive treatment planning, service connection and support for interim housing residents.

Sustainability

If the project is determined to be successful, the County will utilize MHS Community Services & Supports paired with Medi-Cal drawdown, Drug Medi-Cal and consider other local, state and/or federal funding streams such as Measure H and SAMHSA.

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



May 3, 2023

Mara Madrigal-Wiess, Chair
Mental Health Services Oversight and Accountability Commission
1812 9th Street
Sacramento, CA 95811
Via Email: shannon.tarter@mhsoac.ca.gov

Re: LADMH Interim Housing Multidisciplinary Assessment and Treatment Proposal – Support

Dear Chair and Commissioners:

On behalf of the Steinberg Institute, we are pleased to share our strong support for Los Angeles County's Interim Housing Multidisciplinary Assessment and Treatment innovation proposal. Through the proposed Innovation project, Los Angeles County would create new regional, field-based, multidisciplinary teams that are specifically dedicated to serving people experiencing homelessness who are living in interim housing. *We respectfully request your support for this proposal.*

The Steinberg Institute is a non-profit public policy institute dedicated to transforming California's mental health and substance use care systems through education, advocacy, accountability, and inspired leadership. Research has consistently shown that homelessness is, in and of itself, traumatic. It is impossible to recover from a mental health and/or substance use disorder while trying to survive homelessness. Shelter and housing are essential to a comprehensive treatment plan.

As of 2022, there were nearly 70,000 people experiencing homelessness in Los Angeles County. Of this number, more than 70 percent are unsheltered on any given night, marking Los Angeles County with the unfortunate distinction of having the largest unsheltered homeless population in the nation. Nearly 40 percent of individuals experiencing homelessness in Los Angeles County have mental health and/or substance use disorders.

Although significant efforts and resources have been allocated to the development of permanent affordable housing solutions, there is no question that interim housing continues to play an essential role in addressing the immediate and future needs of unsheltered people experiencing homelessness.

Furthermore, given the prevalence of mental health and substance use disorders among people experiencing homelessness, no doubt providing interim housing residents with on-site access to health, mental health, and substance use services and supports. This would fill an important gap in the homeless services system and offer assistance that is imperative to supporting a successful interim housing stay and transition to permanent housing and preventing individuals from returning to homelessness by providing critical skills and supports.

To address the needs of people experiencing homelessness who live with a mental health and/or substance use disorder, the proposed innovation project would create field-based multidisciplinary teams that are specifically dedicated to serving these individuals who are living in interim housing. In doing so, the project would fill current gaps in behavioral health, including substance use, and physical health services, support interim housing stability, facilitate transition to permanent housing and prevent a return to homelessness. For these reasons, the Steinberg Institute is thrilled to support this proposal. Should you have any questions, I can be reached at tara@steinberginstitute.org.

Sincerely,

A handwritten signature in black ink, appearing to read "T. Gamboa". The signature is fluid and cursive, with the first letter of the first name being a large, stylized capital 'T'.

Tara Gamboa-Eastman
Senior Advocate



DEPARTMENT OF MENTAL HEALTH

hope. recovery. wellbeing.

LISA H. WONG, Psy.D.
Director

Curley L. Bonds, M.D.
Chief Medical Officer

Connie D. Draxler, M.P.A.
Acting Chief Deputy Director

June 5, 2023

Dr. Sharmil Shah, Psy.D.
Chief, Program Operations
Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

LOS ANGELES COUNTY INNOVATIONS UPDATE JUNE 2023

Dr. Shah,

Since taking on the role of Mental Health Services Act (MHSA) Coordinator, I've begun the work to assess our current and future proposed Innovations (INN) projects to ensure implementation, ongoing support, and accountability. I am providing this update report on the status of each of our currently approved INN projects.

One of the most significant shifts in this past year has been the appointment of our new Director, Dr. Lisa Wong. Dr. Wong took on the role of Acting Director in July of 2022 and was formally appointed to the position on February 28, 2023. Upon her appointment she immediately set about structural and planning changes to ensure priority projects will be thoughtfully developed, launched in a timeline manner, evaluated, and to ensure optimal utilization, efficacy, and input. Dr. Wong has taken several steps to reach this goal. Among them:

- Hiring of a dedicated MHSA Coordinator to oversee projects and development;
 - Securing staffing and infrastructure support for the re-established MHSA Administration;
- Following the hiring freeze, Dr. Wong took immediate steps to bolster Human Resources staffing and management. This included revising internal workflows and policies to make the hiring process more efficient and effective;
 - Between July 2022 and January 2023, The Los Angeles County Department of Mental Health (LACDMH) completed 505 new hires and promotions with priority for direct service positions, compared with 519 the entire previous fiscal year. As of January 2023, more than 100 additional candidates were in the hiring process;

- Significant expansion of hiring incentive programs such as loan repayment and stipend programs available to both Legal Entity and Directly Operated providers;
- Implementing a recruitment campaign targeted at Community Health/Peer Workers and Clinicians; and
- Prioritize the hiring of a Peer Chief to establish leadership and drive programming.

Dr. Wong has made significant efforts to outline priority projects and report accomplishments on a quarterly basis to ensure accountability. The accomplishments listed above, and more can be seen in the attached “DMH Priorities & Accomplishments July 1, 2022 – February 2023”.

Dr. Wong has also spent time with LACDMH management, Los Angeles County Board members, community members, and others to identify priorities and priority populations for LACDMH. Some of these priority areas and populations include:

- Addressing the need of persons who are unhoused and have severe and persistent mental illness;
- Addressing the needs of the justice involved population to ensure access to care and continuity of service;
- Support and expansion of Peer Resource Centers countywide;
- Enhancing crisis response through the modernization of our Call Center, expansion of field teams, and expansion of the community-based crisis services available; including expansion of Urgent Care Centers and Crisis Residential Beds;
- Children, youth, and families engaged in the child welfare system; and
- Addressing systems disparities and access to care, with a focus on the unique needs of the Black, Latino, API, and Indigenous populations.

In this document, I will cover INN projects which were current as of July 1, 2022, and newly proposed projects. For each project I have listed:

- The name of the INN project;
- The approved INN budget;
- The spend down as of June 30, 2022;
- The proposed project end date; and
- The project status.

Please note these spend down amounts do not include expenditures for this fiscal year, which will be calculated after the end of the year. LACDMH can provide an updated report with inclusive spending for Fiscal Year (FY) 2022-23 once complete.

Innovations Projects Update

Projects Ending in Fiscal Year 2022-23:

Project: Help@ Hand Technology Suite
INN Budget: \$33,000,000
Spend Down to Date¹: \$14,007,264.95
Project End Date: February 28, 2023

LACDMH entered into an agreement with CalMHSA, a PointPowers Authority utilized by counties, to administer the administrative functions of this multi-county project. The participation agreement was approved by the Los Angeles County Board of Supervisors on February 20, 2018. Approved by Board of Supervisors in February 2018. Participating county mental health departments aim to bring technology-based mental health solutions into the public mental health system with objectives to:

- Increase access to the appropriate level of care;
- Reduce stigma associated with mental illness by promoting mental wellness;
- Detect and acknowledge mental health symptoms sooner;
- Increase purpose, belonging, and social connectedness of individuals served; and
- Analyze and collect data to improve mental health needs assessment and service delivery.

Status: Despite information provided in our FY 22-23 Annual Update, the Help@Hand Technology Suite Innovations Project continued until it's established project end date on February 28, 2023. Among the programs included in the Help@Hand Technology Suite, LACDMH is considering continued support for the iPrevail application to provide availability to all Los Angeles County Residents. The remaining contracts will be discontinued, or we will be able to work with our internal Information Technology team to meet our needs. The final report is pending and will be included in our 2-Year Plan planning process and final report.

Project: Mobile Transcranial Magnetic Stimulation (TMS)
INN Budget: \$2,499,102
Spend Down to Date¹: \$1,524,952.45
Project End Date: June 30, 2023

TMS is Food and Drug Administration (FDA) approved for the treatment of depression and is a non-invasive treatment that can enhance or suppress the activity of neurons in targeted areas of the brain through the use of electromagnetic stimulation. According to the American Psychiatric Association best practice guidelines for the treatment of major

depressive disorder, TMS is now a first-line treatment for depression that has not responded to one antidepressant medication (APA 2010) as well as being effective for treatment-resistant depression.

Status: Provision of service for this project began on May 30, 2019, after obtaining a mobile TMS unit. The mobile TMS unit consists of a customized van with modifications that allow a small treatment team to deliver TMS services within it. Until March 13, 2020, clients were being referred and receiving daily (Monday-Friday) treatments within the mobile TMS unit at one location, the Harbor-UCLA Outpatient Psychiatry Clinic.

While the TMS unit has been at one location, the program has received referrals and treated clients from six LACDMH clinics located throughout Los Angeles County (including Service Areas 2, 3, 5, and 8). TMS services were put on hold as of March 14, 2020, due to the COVID-19 pandemic. In November 2020, TMS services restarted once weekly treatment for clients who had been receiving treatment prior to COVID-19 and who were struggling with worsening mood symptoms. By February 2021, TMS services were being provided to current clients five days per week and the TMS team began treating new clients. TMS services are currently being provided five days per week.

Due to the small size of interior space of the Mobile TMS van and concern for client and staff safety during COVID-19 pandemic, the TMS device was moved from the van into an office space in Long Beach in February of 2021. As of January 2023, TMS services continue to be administered five days a week and take place inside a designated office space. The final outcomes report for this project is pending and will be presented to stakeholders. In the interim, LACDMH will continue providing TMS treatment as part of our mental health service menu.

Ongoing Projects:

Project: Therapeutic Transportation
INN Budget: \$18,342,400
Spend Down to Date¹: \$990,091.61
Project End Date: June 30, 2026

LACDMH received approval from the Mental Health Services Oversight and Accountability Commission (OAC) on September 27, 2018, to implement 20 teams across the county and across multiple shifts to transform the County's approach to responding to individuals placed on an involuntary hold or at significant risk of being placed on a hold through engagement, support, and recovery-focused interventions delivered using specially outfitted vans, staffed with mental health clinicians, mental health counselor, RNs (MHC, RN) and peer support specialists. Staff offered a supportive and expedited response to transportation as well as initiate supportive case management in order to

begin the healing and recovery from the exacerbation of mental health symptoms from the first point of contact. Each team will respond to the Psychiatric Mobile Response Team's (PMRT) request either to transport a client who is on a hold or to intervene on the streets to avoid the need for an involuntary hold.

Currently, the overall goals of the Therapeutic Transportation Project are to: (1) increase access and enhance the quality of mental health services to individual callers in crisis; (2) decompress Emergency Departments; (3) reduce the use of Los Angeles Fire Department (LAFD) resources for mental health responses; and (4) leverage partnerships to develop a community-driven approach toward improving outcomes for individuals experiencing a mental health crisis.

Status: The Therapeutic Transportation (TT) project was partially implemented on January 30, 2022, in collaboration with LAFD. Since then, DMH staff have been housed at LAFD Stations 4, 40, 59, 77, and 94 with the goal of providing services 24/7. The teams include four Licensed Psychiatric Technicians, four Community Health Workers with lived experience, and four Drivers and were trained by LAFD on communications and how to utilize the radios and iPad for deployment purposes. The project has been implemented in multiple cities and received 1,680 calls from January through December 2022. LAFD Emergency Medical Technicians (EMTs)/paramedics do not have the training or experience to deal with mental health crises and in turn, need the support of LACDMH to provide a mental health field response operation. LACDMH has collaborated with and staffed a total of five sites and as of December 2022, the team has fielded 1,680 calls, with 958 resulting in transport (57%).

The implemented intervention is that of the original proposal, however the partnership with LAFD occurred after approval of the project by the OAC. LACDMH will work with the OAC to explore if it is necessary to formally update the goals of this project to reflect this collaboration with LAFD.

Project: Early Psychosis Learning Health Care Network

INN Budget: \$4,545,027

Spend Down to Date¹: \$2,160,399.65

Project End Date: June 30, 2025

The Early Psychosis Learning Healthcare Network (LHCN) allows counties who use a variety of Coordinated Specialty Care models to treat early psychosis to collect common outcome data. They can then use this outcome data to inform treatment and engage in cross-county learning.

Status: Additional funding by the National Institutes of Health (NIH) obtained by University of California Davis (UC Davis) has allowed the project to further expand to add additional sites across the State. The overarching name of the project, which encompasses the LHCN and the NIH-funded components, is now the California

Collaborative Network to Promote Data Driven Care and Improve Outcomes in Early Psychosis (EPI-CAL). In the next project period, the EPI-CAL team will continue to conduct fidelity assessments with EPI-CAL programs and meet with County and program leadership to provide detailed feedback on fidelity results. The team will also continue and complete training of Early Psychosis (EP) programs from both the LHCN and larger EPI-CAL network, especially as new programs join. As implementation of Beehive continues, the team will elicit feedback from EP programs how to improve both the training process and Beehive itself via feedback surveys, regular check-ins from point people, and qualitative interviews. Beehive is a tablet-and-web-based application developed by the UC Davis-led Learning Healthcare Network that is being used by programs to collect client and clinician-reported outcome data and help clinicians, clinic management, and County administration visualize client outcome data to help inform treatment and track clinic and Countywide program outcomes. The goal is to continue to improve Beehive in an iterative process and to incorporate community partner feedback so that Beehive be a useful data collection and visualization tool for the programs using it. We are also working with sites to understand why enrollments are not matching the original projections and to support them to increase the degree to which they are integrating Beehive into their standard practice.

Another major goal of the next project period is to develop the final analysis plan for all LHCN data, with a particular focus on the consumer outcomes data collected via Beehive. This will integrate results from the fidelity assessments.

Project: Hollywood 2.0

INN Budget: \$116,750,000

Spend Down to Date: \$0 (expenditure began this fiscal year)

Project End Date: June 30, 2027

Hollywood 2.0 will test a new and comprehensive approach to providing services to individuals in the Hollywood area suffering from severe and persistent mental illness and experiencing chronic homelessness, incarceration, and or repeated hospital use, as a result. It aims to provide our most vulnerable residents with relentless engagement and enhanced access to treatment functioning as tools to facilitate individuals with connection to people, place, and purpose in life. Hollywood 4WRD (4 Walls, a Roof, and a Door), a grassroots public-private coalition will serve as the engagement body for the Hollywood 2.0 Pilot Project.

Status: This FY 2022-23, work has continued with community partners, Hollywood 4WRD, to identify priority activities and expenditures have begun this fiscal year. LACDMH has hired a Program Manager, Karla Bennet, to launch and oversee the program and LACDMH has begun hiring staff.

Current Projects which are Not Implemented:

Project: Ongoing Focused Support for Conservatees Living in the Community
INN Budget: \$16,282,502
Project End Date: June 20, 2023

The LACDMH proposed to design a pilot project to work with the Public Guardian's Office (PG) to increase access to available mental health service for conservatees living in the community. Under this innovative approach, each conservatee would be assigned a team composed of a clinical advocate and a peer mentor who will assist the client throughout the system. Guided by the principles of the recovery model this team would provide ongoing support and advocacy for the conservatee. The team would offer support, hope and empowerment while promoting the importance of collaboration, meaningful social connections, and community integration. This model would integrate services provided by professionals, peers, and other community organizations for the best interest of the client. Thus, the clinical advocates and peer mentors would develop partnerships with the PG conservators and other supportive programs to promote a culture of healing. They would also provide intensive specialty training for members of PG and other community organizations, such as board and care facilities.

Status: This project was not implemented because LACDMH implemented a pilot program with this specific intervention, outreaching to conservatees as part of our FSP Redesign in FY 2019-20. The program was funded using Community Services and Supports/Full-Service Partnership funds. To date the pilot has transformed into an ongoing program and serves 300 clients annually.

Project: Peer Operated Full-Service Partnership
INN Budget: \$9,874,886
Project End Date: June 30, 2023

LACDMH received approval from the MHSOAC on April 26, 2018, to implement two teams comprised mostly of peer support specialists to provide Full-Service Partnership level services. Peer Operated FSP will utilize a team primarily staffed by individuals with lived experience as mental health consumers or family members, supported by clinical staff, to provide intensive field-based services to individuals with multiple challenges including justice involvement. Two contracted Peer Operated FSPs will each serve a caseload of 50 individuals. Each program will provide a full array of mental health services ranging from peer support to medication management as well as 24-hour on-call coverage.

Status: Former Executive Management decided to not implement this program. Upon appointment of the new Director, there was no time available to establish this program, and we determined Peers to be critical to existing programs such as our Community

Services and Supports (CSS) funded Homeless Outreach Mobile Engagement Teams and newly proposed projects INN projects. However, LACDMH is planning for an FSP expansion that will focus on the Conservatee population out of subacute settings which will include heavy incorporation of Peer Support. In addition, LACDMH will submit an Innovation proposal to incorporate peer support into Care Court Services.

Proposed Projects:

Project: Interim Housing Multidisciplinary Assessment & Treatment Teams

INN Budget: \$155,677,580

Duration of Project: 5 Years

This proposed Innovation project seeks to create new regional, field-based, multidisciplinary teams dedicated to serving people experiencing homelessness (PEH) who are living in interim housing. The project is designed to address current gaps in behavioral health and physical health services, support interim housing stability, facilitate transition to permanent housing and prevent a return to homelessness.

The Interim Housing Multidisciplinary Assessment and Treatment Teams will serve all eight Service Areas in Los Angeles County and will be comprised of staff from LACDMH, DPH-SAPC and DHS-HFH in an effort to ensure the full spectrum of client needs can be addressed. Teams will be assigned to support interim housing sites.

Project: Kedren Restorative Care Village

Budget: \$109,109,252

Duration of Project: 5 years

The Kedren Restorative Care Village will promote interagency and community collaboration related to mental health services, supports, and outcomes by building a continuum of care for children and their families in a single location. The levels of care include:

- Family Housing (24 units);
- Children and youth Crisis Residential (16 beds);
- Crisis and Stabilization Unit;
- Inpatient services will be available on site, but will not be funded with MHSAs funds;
- Outpatient Services including:
 - Rehabilitation services; and
 - Partial hospitalization.

The goals of this project include:

- Increasing step-down care resources including a crisis stabilization unit (urgent care center) and crisis residential treatment program;
- Increasing access to housing resources for families whose children are in Kedren RCV program, including 24 units of on-site housing children and families; and
- Ensuring appropriate level of care is provided (i.e., decreasing number of emergency room visits, reduce number of inpatient bed days, etc.).

Project: Community Assistance, Recovery, and Empowerment (CARE) Court Peer Support Teams

Budget: \$15,978,441 (Subject to change based on estimated leveraging)

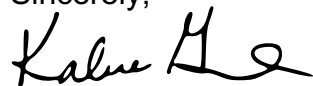
Duration of Project: 5 years

The implementation of SB1338 – the CARE Court Program in Los Angeles County allows LACDMH to lead the County in working with individuals who are struggling to care for themselves and advocate with insight for their own care.

The Innovation proposal would fund peer positions across the CARE Act program's administrative and clinical functions. The goal is for peers to play a role in making decisions and providing services to help individuals in their unique CARE agreements or plans of recovery. The funding of this project would allow our implementation of CARE to be innovative and support systemic change. The CARE program would engage clients in a diverse multidisciplinary team with peers and clinicians together in the courthouse and community providing special services. CARE Court in legislation does not have a peer supporter offered until later in the judicial process and the project will provide a peer from initial contacts through program completion.

LACDMH thanks the OAC for their time and consideration for the work ahead. I will be glad to answer further questions and/or provide additional information in-person or in writing. I can be contacted at kgilbert@dmh.lacounty.gov.

Sincerely,



Kalene Gilbert, LCSW

Mental Health Services Act Coordinator

Los Angeles County Department of Mental Health

KG

Attachment: DMH Accomplishments 7.1.22 to 2.9.23 (Final)

¹Spend down to date is through Fiscal Year 2021-22. Fiscal Year 2022-23 is still in progress.

MISCELLANEOUS ENCLOSURES

June 15, 2023, 2023 Commission Meeting

Enclosures (3):

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

Summary of Updates

Contracts

New Contract: None

Total Contracts: 3

Funds Spent Since the May Commission Meeting

Contract Number	Amount
17MHSOAC073	\$ 207,358.08
17MHSOAC074	\$ 207,358.08
21MHSOAC023	\$ 0.00
Total	\$ 414,716.16

Contracts with Deliverable Changes

[17MHSOAC073](#)

[17MHSOAC074](#)

[21MHSOAC023](#)

Regents of the University of California, Davis: Triage Evaluation (17MHSOAC073)

MHSOAC Staff: Kai LeMasson

Active Dates: 01/16/19 - 12/31/23

Total Contract Amount: \$2,453,736.50

Total Spent: \$2,089,594.40

This project will result in an evaluation of both the processes and strategies county triage grant program projects have employed in those projects, funded separately to serve Adult, Transition Age Youth and child clients under the Investment in Mental Health Wellness Act in contracts issued by the Mental Health Services Oversight and Accountability Commission. This evaluation is intended to assess the feasibility, effectiveness and generalizability of pilot approaches for local responses to mental health crises in order to promote the implementation of best practices across the State.

Deliverable	Status	Due Date	Change
Workplan	Complete	4/15/19	No
Background Review	Complete	7/15/19	No
Draft Summative Evaluation Plan	Complete	2/12/20	No
Formative/Process Evaluation Plan	Complete	1/24/20	No
Updated Formative/Process Evaluation Plan	Complete	1/15/21	No
Data Collection and Management Report	Complete	6/15/20	No
Final Summative Evaluation Plan	Complete	7/15/20	No

Deliverable	Status	Due Date	Change
Data Collection for Formative/Process Evaluation Plan Progress Reports (10 quarterly reports)	In Progress	1/15/21- 6/15/23	No
Formative/Process Evaluation Plan Implementation and Preliminary Findings (11 quarterly reports)	In Progress	1/15/21- 6/15/23	No
Co-host Statewide Conference and Workplan (a and b)	In Progress	9/15/21 Fall 2022	No
Midpoint Progress Report for Formative/Process Evaluation Plan	Complete	7/15/21	No
Drafts Formative/Process Evaluation Final Report (a and b)	Complete In Progress	3/30/23 7/15/23	No
Final Report and Recommendations	Not Started	11/30/23	No

The Regents of the University of California, Los Angeles: Triage Evaluation (17MHSOAC074)

MHSOAC Staff: Kai LeMasson

Active Dates: 01/16/19 - 12/31/23

Total Contract Amount: \$2,453,736.50

Total Spent: **\$2,089,594.40**

This project will result in an evaluation of both the processes and strategies county triage grant program projects have employed in those projects, funded separately to serve Adult, Transition Age Youth and child clients under the Investment in Mental Health Wellness Act in contracts issued by the Mental Health Services Oversight and Accountability Commission. This evaluation is intended to assess the feasibility, effectiveness and generalizability of pilot approaches for local responses to mental health crises in order to promote the implementation of best practices across the State.

Deliverable	Status	Due Date	Change
Workplan	Complete	4/15/19	No
Background Review	Complete	7/15/19	No
Draft Summative Evaluation Plan	Complete	2/12/20	No
Formative/Process Evaluation Plan	Complete	1/24/20	No
Updated Formative/Process Evaluation Plan	Complete	1/15/21	No
Data Collection and Management Report	Complete	6/15/20	No
Final Summative Evaluation Plan	Complete	7/15/20	No
Data Collection for Formative/Process Evaluation Plan Progress Reports (10 quarterly reports)	In Progress	1/15/21- 6/15/23	No

Deliverable	Status	Due Date	Change
Formative/Process Evaluation Plan Implementation and Preliminary Findings (11 quarterly reports)	In Progress	1/15/21-6/15/23	No
Co-host Statewide Conference and Workplan (a and b)	In Progress	9/15/21 TBD	No
Midpoint Progress Report for Formative/Process Evaluation Plan	Complete	7/15/21	No
Drafts Formative/Process Evaluation Final Report (a and b)	Complete In progress	3/30/23 7/15/23	No
Final Report and Recommendations	Not Started	11/30/23	No

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

MHSOAC Staff: Rachel Heffley

Active Dates: 07/01/21 - 06/30/24

Total Contract Amount: \$5,414,545.00

Total Spent: \$ 2,475,870.88

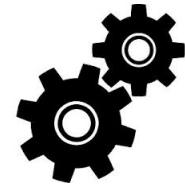
UCSF is providing onsite staff and technical assistance to the MHSOAC to support project planning, data linkages, and policy analysis activities including a summative evaluation of Triage grant programs.

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	Yes
Quarterly Progress Reports	In Progress	06/30/2023	No

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

INNOVATION DASHBOARD

JUNE 2023



UNDER REVIEW	Final Proposals Received	Draft Proposals Received	TOTALS
Number of Projects	3	3	6
Participating Counties (unduplicated)	3	3	6
Dollars Requested	\$231,603,472	\$16,507,574	\$248,111,046

PREVIOUS PROJECTS	Reviewed	Approved	Total INN Dollars Approved	Participating Counties
FY 2017-2018	34	33	\$149,548,570	19 (32%)
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%)

TO DATE	Reviewed	Approved	Total INN Dollars Approved	Participating Counties
2022-2023	28	28	\$122,959,436.86	23

INNOVATION PROJECT DETAILS

DRAFT PROPOSALS

Status	County	Project Name	Funding Amount Requested	Project Duration	Draft Proposal Submitted to OAC	Final Project Submitted to OAC
Under Review	Santa Clara	TGE Center	\$11,938,639	54 Months	10/4/2022	Pending
Under Review	Yolo	Crisis Now	\$3,584,357	3 Years	6/1/2022	Pending
Under Review	San Luis Obispo	Behavioral Health for Residential Care Facilities: Older Adult Mental Health Care & Education Project (BRACE)	\$984,578	3 Years	3/24/2023	Pending

FINAL PROPOSALS

Status	County	Project Name	Funding Amount Requested	Project Duration	Draft Proposal Submitted to OAC	Final Project Submitted to OAC
Under Final Review	Tuolumne	Family Ties: Youth and Family Wellness	\$925,892	5 Years	8/22/2022	12/7/2022
Under Final Review	Los Angeles	Interim Housing Multidisciplinary Assessment & Treatment Teams	\$155,677,581	5 Years	3/7/2023	4/6/2023
Under Final Review	San Diego	Public Behavioral Health Workforce Development and Retention Program	\$75,000,000	5 Years	3/17/2023	5/8/2023

APPROVED PROJECTS (FY 22-23)

County	Project Name	Funding Amount	Approval Date
Napa	FSP Multi-County Collaborative	\$844,750	10/11/2022
Sonoma	Semi-Statewide Enterprise Health Record	\$4,420,447.54	11/17/2022
Tulare	Semi-Statewide Enterprise Health Record	\$6,281,021	11/17/2022

APPROVED PROJECTS (FY 22-23)

County	Project Name	Funding Amount	Approval Date
Humboldt	Semi-Statewide Enterprise Health Record	\$608,678	11/17/2022
Colusa	Social Determinants of Rural Mental Health (Extension)	\$983,124	11/18/2022
Sacramento	Behavioral Health Crisis Services Collaborative	\$1,000,000	1/4/2023
Alameda	Peer-led Continuum for Forensics and Reentry Services	\$8,692,893	1/25/2023
Alameda	Alternatives to Confinement	\$13,432,651	1/25/2023
Santa Barbara	Housing Assistance and Retention Team	\$7,552,606	1/25/2023
Kings	Semi-Statewide Enterprise Health Record (EHR) Multi-County INN Project	\$3,203,101.78	1/25/2023
Imperial	Semi-Statewide Enterprise Health Record (EHR) Multi-County INN Project	\$3,089,330	1/25/2023
Mono	Semi-Statewide Enterprise Health Record (EHR) Multi-County INN Project	\$986,403	1/25/2023
Placer	Semi-Statewide Enterprise Health Record (EHR) Multi-County INN Project	\$4,562,393	1/25/2023
San Benito	Semi-Statewide Enterprise Health Record (EHR) Multi-County INN Project	\$4,940,202	1/25/2023
San Joaquin	Semi-Statewide Enterprise Health Record (EHR) Multi-County INN Project	\$8,478,140	1/25/2023
Siskiyou	Semi-Statewide Enterprise Health Record (EHR) Multi-County INN Project	\$1,073,106	1/25/2023
Ventura	Semi-Statewide Enterprise Health Record (EHR) Multi-County INN Project	\$3,514,910	1/25/2023
San Mateo	Mobile Behavioral Health Services for Farmworkers	\$1,815,000	2/23/2023
San Mateo	Music Therapy for Asian Americans	\$940,000	2/23/2023
San Mateo	Recovery Connection Drop-in-Center	\$2,840,000	2/23/2023
San Mateo	Adult Residential In-Home Support Element (ARISE)	\$1,240,000	2/23/2023

APPROVED PROJECTS (FY 22-23)

County	Project Name	Funding Amount	Approval Date
Contra Costa	Supporting Equity through Community Defined Practices	\$6,119,182	3/23/2023
Fresno	The Lodge (EXTENSION)	\$3,160,000	4/27/2023
Fresno	Participatory Action Research with Justice-Involved Youth using an Adverse Childhood Experiences (ACEs) Framework	\$3,000,000	4/27/2023
Stanislaus	Embedded Neighborhood Mental Health Team	\$5,185,000	4/27/2023
Marin	From Housing to Healing, Re-Entry Community for Women (EXTENSION)	\$560,300	5/11/2023
Monterey	Rainbow Connections	\$7,883,562.86	5/25/2023
San Bernardino	Progressive Integrated Care Collaborative	\$16,557,576	5/25/2023

DHCS Status Chart of County RERs Received
June 15, 2023, Commission Meeting

Below is a Status Report from the Department of Health Care Services regarding County MESA Annual Revenue and Expenditure Reports received and processed by Department staff, dated May 15, 2023. This Status Report covers FY 2019 -2020 through FY 2021-2022, all RERs prior to these fiscal years have been submitted by all counties.

The Department provides MESA staff with weekly status updates of County RERs received, processed, and forwarded to the MESA. Counties also are required to submit RERs directly to the MESA. The Commission provides access to these for Reporting Years FY 2012-13 through FY 2021-2022 on the data reporting page at: <https://mesa.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 MESA Revenue and Expenditure Reports by County FY 16-17.aspx](http://www.dhcs.ca.gov/services/MH/Pages/Annual_MESA_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/MESA-Fiscal-Oversight.aspx>.

DCHS MHSA Annual Revenue and Expenditure Report Status Update

There is one RER not finalized for FY 19-20, Inyo.

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				
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
 June 15, 2023, 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	
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	2/15/2022	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
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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			
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	2/2/2023	3/15/2023
Total	59	56	58	54	40	53