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Mental Health Services
Oversight & Accountability Commission

Meeting Materials Packet

Commission Teleconference Meeting
July 27, 2023
9:00 AM – 3:10 PM

Mental Health Services
Oversight & Accountability Commission

COMMISSION MEETING NOTICE & AGENDA

JULY 27, 2023

NOTICE IS HEREBY GIVEN that the Commission will conduct a Regular Meeting on **July 27, 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: July 27, 2023

Time: 9:00 AM

Location: MHSOAC - 1812 9th Street, Sacramento, CA 95811

COMMISSION MEMBERS:
Mara Madrigal-Weiss, *Chair*
Mayra E. Alvarez, *Vice Chair*
Mark Bontrager
John Boyd, Psy.D.
Bill Brown, *Sheriff*
Keyondria D Bunch, Ph.D.
Steve Carnevale
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

Additional Public Locations:

10850 Gold Center Drive
Suite 325
Rancho Cordova, CA 95670

UC Berkeley SCET
1923 Gridiron Way
CMS 122, MC# 1768
Berkeley, CA 94720

700 S Flower Street, Suite 1000
Los Angeles, CA 90017

8700 Beverly Blvd
Los Angeles, CA 90048

ZOOM ACCESS:

FOR COMPUTER/APP USE
Link: https://mhsoac-ca-gov.zoom.us/j/89577658193
Meeting ID: 895 7765 8193

FOR PHONE DIAL IN
Dial-in Number: 1-408-638-0968
Meeting ID: 895 7765 8193

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.

9:00AM

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

9:40 AM

4. May 25, 2023 and June 15, 2023 Meeting Minutes
Action
The Commission will consider approval of the minutes from the May 25, 2023 and June 15, 2023 Teleconference Meeting.

- Public Comment
- Vote

9:50 AM

5. Consent Calendar

Action

All matters listed on the Consent Calendar are routine or noncontroversial and can be acted upon in one motion. There will be no separate discussion of these items prior to the time that the Commission votes on the motion unless a Commissioner requests a specific item to be removed from the Consent Calendar for individual action.

- Santa Clara County Innovation Project: Approval of $11,938,639 in innovation funding over 4.5 years for their Transgender, Non-Binary, and Gender Expansive (TGE) Center innovation project.

  - Public Comment
  - Vote

10:00 AM

6. MHSA Modernization Proposal

Action

The Commission will hear an update on Senate Bill 326 (Eggman) and Assembly Bill 531 (Irwin) followed by panel presentations on the benefits of the proposal and concerns. The Commission will consider taking a position on the Governor's proposal; *presented by Stephanie Welch, Deputy Secretary of Behavioral Health, California Health and Human Services Agency.*

Panel Presenters: (Pending)

- Public Comment
- Vote

12:30 PM

7. Lunch

1:30 PM

8. Community Engagement Framework

Information

The Commission will hear a presentation on best practices for community engagement to support Commission projects and elevate the voices of marginalized communities; *presented by Sergio Aguilar-Gaxiola, MD, PhD, Director, UC Davis Center for Reducing Health Disparities.*

- Public Comment

2:20 PM

9. Universal Mental Health Screening Initiative

Action

The Commission has received 200K in the 2023-2024 budget to explore avenues for universal mental health screening for children and youth. Staff will provide an overview of the funds received and a proposal to accomplish the goals of this funding; *presented by Kali Patterson, Research Scientist.*

- Public Comment
- Vote

2:50 PM

10. Commission 2023-2024 Spending Plan

Action

The Commission will consider approval of the 2023-2024 Fiscal Year Spending Plan and associated contracts; *presented by Norma Pate, Deputy Director.*

- Public Comment
- Vote

3:10 PM

11. Adjournment

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

Public Participation: The telephone lines of members of the public who dial into the meeting will initially be muted to prevent background noise from inadvertently disrupting the meeting. Phone lines will be unmuted during all portions of the meeting that are appropriate for public comment to allow members of the public to comment. Please see additional instructions below regarding Public Participation Procedures.

The Commission is not responsible for unforeseen technical difficulties that may occur. The Commission will endeavor to provide reliable means for members of the public to participate remotely; however, in the unlikely event that the remote means fails, the meeting may continue in person. For this

reason, members of the public are advised to consider attending the meeting in person to ensure their participation during the meeting.

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

If joining by call-in, press *9 on the phone. Pressing *9 will notify the meeting host that you wish to comment. You will be placed in line to comment in the order in which requests are received by the host. When it is your turn to comment, the meeting host will unmute your line and announce the last three digits of your telephone number. The Chair reserves the right to limit the time for comment. Members of the public should be prepared to complete their comments within 3 minutes or less time if a different time allotment is needed and announced by the Chair.

If joining by computer, press the raise hand icon on the control bar. Pressing the *raise hand* will notify the meeting host that you wish to comment. You will be placed in line to comment in the order in which requests are received by the host. When it is your turn to comment, the meeting host will unmute your line and announce your name and ask if you'd like your video on. The Chair reserves the right to limit the time for comment. Members of the public should be prepared to complete their comments within 3 minutes or less time if a different time allotment is needed and announced by the Chair.

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

AGENDA ITEM 4

Action

July 27, 2023 Commission Meeting

Approve May 25 and June 15, 2023 MHSOAC Teleconference Meeting Minutes

Summary: The Mental Health Services Oversight and Accountability Commission will review the minutes from the May 25 and June 15, 2023 Commission teleconference meetings. Any edits to the minutes will be made and the minutes will be amended to reflect the changes and posted to the Commission Web site after the meeting. If an amendment is not necessary, the Commission will approve the minutes as presented.

Enclosures (2): (1) May 25, 2023 Meeting Minutes; (2) June 15, 2023 Meeting Minutes; (3) May 25, 2023 Motions Summary; (4) June 15, 2023 Motions Summary;

Handouts: None.

Proposed Motions:

- The Commission approves the May 25, 2023 Meeting Minutes
- The Commission approves the June 15, 2023 Meeting Minutes

State of California

MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION

Commission Meeting Minutes

Date May 25, 2023

Time 9:00 a.m.

Location Omni Los Angeles Hotel at California Plaza
Rose/Burberry Room, Floor 2
251 S. Olive Street
Los Angeles, California 90012

Members Participating:

Mara Madrigal-Weiss, Chair
Mayra Alvarez, Vice Chair
Mark Bontrager*
Sheriff Bill Brown
Keyondria Bunch, Ph.D.
Steve Carnevale
Rayshell Chambers
Shuo Chen*
Itai Danovitch, M.D.
David Gordon*
Gladys Mitchell
Alfred Rowlett
Khatera Tamplen

*Participated remotely.

Members Absent:

John Boyd, Psy.D.
Assembly Member Wendy Carrillo
Senator Dave Cortese

MHSOAC Meeting Staff Present:

Toby Ewing, Ph.D., Executive Director
Geoff Margolis, Chief Counsel
Tom Orrock, Deputy Director, Operations
Norma Pate, Deputy Director, Administration and Performance Management
Kendra Zoller, Deputy Director, Legislation
Melissa Martin-Mollard, Ph.D., Chief, Research and Evaluation
Sharmil Shah, Psy.D., Chief, Program Operations
Amariani Martinez, Administrative Support
Lester Robancho, Health Program Specialist
Cody Scott, Meeting Logistics Technician

1: Call to Order and Roll Call

Chair Mara Madrigal-Weiss called the Meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to order at 9:14 a.m. and welcomed everyone.

Chair Madrigal-Weiss reviewed a slide about how today's agenda supports the Commission's Strategic Plan Goals and Objectives, and noted that the meeting agenda items are connected to those goals to help explain the work of the Commission and to provide transparency for the projects underway.

Geoff Margolis, Chief Counsel, called the roll and confirmed the presence of a quorum.

2: Announcements and Updates

Chair Madrigal-Weiss thanked Kalene Gilbert for being in attendance. She asked Kalene Gilbert to briefly comment on the work and priorities of Los Angeles County.

Kalene Gilbert, Mental Health Services Act (MHSA) Coordinator, Los Angeles County Department of Mental Health (LACDMH), welcomed the Commission to Los Angeles. She provided an overview, with a slide presentation, of the demographics of the county, the United Mental Health Promoters program, and how the county is responding to the local emergency for homelessness, including Homeless Outreach and Mobile Engagement (HOME) and Alternative Crisis Response (ACR), and how the county is responding to community crisis, including Tea Time and the School Threat Assessment Response Team (START). Kalene Gilbert reviewed the goals of the new Director of the LACDMH, Lisa Wong, as follows:

- Build a strong, resilient, skilled, and mission-driven workforce that knows that it is supported and valued.
- Maximize the utilization and impact of all funding sources.
- Priority projects will be thoughtfully developed, launched in a timely manner, evaluated, and improved to ensure optimal utilization, efficacy, and impact.
- Provide highest quality mental health services that are responsive, culturally and linguistically appropriate, timely, and through an equity lens.
- Build a department that is true to its mission and vision and is a valuable partner to other county departments, agencies, and commissions.

Commissioner Comments & Questions

Commissioner Carnevale thanked Los Angeles County for the incredible site visit the Commission had yesterday in Los Angeles County where they heard about complex, nuanced problems and opportunities, and community organizations that are working hard and partnering with law enforcement to understand the challenges of their jobs. It was a moving experience.

Commissioner Bunch suggested that Los Angeles County look into the REACH Team program, through the Children's Institute, which will be discussed later today.

Commissioner Mitchell thanked Los Angeles County for the work being done. She stated that Commissioners had an amazing day yesterday visiting the wonderful programs in the area of Watts and learning about the REACH Team program. She commended law enforcement that is working diligently in these communities to support youth and families. She asked for more information at a future meeting on what the county is doing in the city of Watts to help the Commission better understand how to support these programs that are doing so much with so little.

Chair Madrigal-Weiss stated that she is impressed with the work being done in the county between the Los Angeles City Attorney's Office, the Children's Institute, the Los Angeles Police Department, community-based organizations, and grass roots efforts. Yesterday's site visit included a visit to the Sisters of Watts, which knows what is going on in the community and effecting change, and yet larger agencies do not necessarily know about them. She stated the need to do better at working in collaboration and sharing available services and resources. Pockets of excellence are great, but learning how to replicate successful programs and ideas throughout all areas of California is important.

Kalene Gilbert stated that one of the county's current initiatives is to support several community-based organizations with prevention work. She stated that she would be happy to return at a future Commission meeting to provide additional information as requested.

Chair Madrigal-Weiss asked staff to provide a list to Kalene Gilbert of locations and programs visited yesterday.

Chair Madrigal-Weiss reviewed the meeting protocols and gave the announcements as follows:

<u>Commission Meetings</u>

- The April 2023 Commission meeting recording is now available on the website. Most previous recordings are available upon request by emailing the general inbox at mhsoac@mhsoac.ca.gov.
- A special June meeting has been scheduled to take place on Thursday, June 15th, from 9:00 a.m. to 12:00 p.m. It will be virtual only, via Zoom. This special meeting is being held because several county innovation projects have funds at risk of reversion that cannot wait until the usually-scheduled July Commission meeting.

<u>Committee Meetings</u>

- The Client and Family Leadership Committee (CFLC) will be meeting on Wednesday, June 14th, at 1:00 p.m. The agenda will include discussions of the Governor's MHSA modernization proposal, the Community Assistance, Recovery, and Empowerment (CARE) Court implementation, and the Commission's efforts to understand the current state of Full-Service Partnerships (FSPs) to evaluate their impact across the state.
- The Cultural and Linguistic Competency Committee (CLCC) will be meeting on Tuesday, June 27th, at 2:00 p.m. The agenda will include an opportunity for

further review and discussion of the Governor's MHSA modernization proposal and an update on the Commission's FSP work.

Staffing Update

- Lester Robancho and Lynze Thornburg have received their Master's degree in public health.
- Sarah Yeffa, Communications Officer, is out on maternity leave.
- Tom Orrock, Chief, Community Engagement and Grants, has been promoted to Deputy Director of Operations.
- Alishia Dauterive, the Commission's first Sally Zinman Peer Fellow, introduced herself.

UC Riverside Partnership

- The Commission will be partnering with UC Riverside's Center for Healthy Communities and the Center for Health Disparities Research to help design and pilot a new technology platform for public meetings. The Commission's input during the design and pilot phase will help the UC Riverside team create the most effective tool for facilitating robust public engagement. The software is designed to enhance constructive, interactive engagement among constituents to promote inclusion of underrepresented perspectives to ensure that all communities have a voice in public forums. This collaboration is an opportunity to build bridges with UC Riverside and the Inland Empire region. Updates to follow.

Delegated Authority

- The Commission approved an additional $560,300 of Innovation spending authority for Marin County's From Housing to Healing: A Re-Entry Community for Women Innovation Project, originally approved by the Commission on May 27, 2021.
    - The community engagement process for this additional funding is outlined in the meeting materials.

3: General Public Comment

Amariani Martinez, Commission staff, reviewed the public comment procedures.

Linda Hobbs stated that, because of the unexpected death of their significant other, they drove four hours roundtrip and sat in the office for two and a half hours to obtain mental health services from the Los Angeles LGBT Center. The speaker stated that they are a member of that community. Five services were promised: three online groups, individual counseling with a six-week wait time for scheduling, and crisis counseling immediately while waiting for the individual therapist.

Linda Hobbs stated that, two weeks later, an entry-level clerk called to inform the speaker that all promised mental health services were mistakenly promised and were now rescinded. The speaker then went online to look up the executive staff and board of director meetings but agendas for meetings were unavailable. The speaker contacted

the Chief Impact Officer of the Los Angeles LGBT Center three times via email asking about upcoming dates for the board of director meetings but has received no response.

Linda Hobbs stated that the board of directors would find what has happened to them unconscionable. The speaker asked the Commission for support in obtaining services from the Los Angeles LGBT Center.

Chair Madrigal-Weiss asked Kalene Gilbert and Commission staff to follow up with Linda Hobbs offline.

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), stated that they were delighted that meetings are planned for the CFLC and CCLC. She asked about Committee Members and terms and suggested that the Committees discuss the strategic plan along with the Governor's MHSA modernization proposal.

Stacie Hiramoto stated that REMHDCO strongly supports that the Commission not be brought under the California Health and Human Services Agency (CalHHS), as proposed in the Governor's proposal to modernize the MHSA. REMHDCO will make their position known to the administration. One of the primary reasons is, in addition to the Commission remaining more independent, the Commission offers more opportunity for dialogue with the public in Commission and Committee meetings.

Steve Leoni, consumer and advocate, agreed with the previous speaker, including that the Commission is more open to the public than many departments have been; however, the speaker stated that they were upset that the special Commission meeting in June was scheduled for the third Thursday rather than the usual fourth Thursday, and now conflicts with the California Behavioral Health Planning Council (CBHPC) meeting that was scheduled a year in advance. This happens repeatedly and feels as if the Commission does not care about the members of the CBHPC. The speaker asked that the Commission check the CBHPC's schedule before setting special meetings.

Mark Karmatz, consumer and advocate, spoke against Senate Bill (SB) 43, which has to do with forced hospitalizations. The bill expands the definitions of "clear and present danger" and "gravely disabled." Forced treatment takes away choice of treatment and power of mental health consumers. Mental health consumers need that empowerment in order to operate.

Mark Karmatz stated that Project Return Peer Support Network (PRPSN), the Mental Health Association San Francisco (MHASF), and Mental Health America of California (MHAC) have made a statewide joint venture called the California Association of Peer Supporters Academy (CAPS) to provide 80-hour Medi-Cal Peer Support Specialist Trainings. The speaker suggested asking CAPS to provide a presentation on their work at a future Commission meeting.

Richard Gallo, consumer and advocate and Volunteer State Ambassador, Cal Voices ACCESS California, stated that they attended the CARE Court Work Group and were surprised to learn that the budget for CARE Court is $100 million for the counties this year starting in October, with the exception of Los Angeles County that will start in December with an additional $50 million because of the size of the homeless population. Next year's CARE Court budget for all counties will be $290 million. The

speaker noted that this is a lot of money that is at stake when many counties do not have available resources for housing, programs, or psychiatric beds to accommodate the need.

Richard Gallo stated that Santa Cruz County only has 16 beds for 5150 holds, while 1,818 individuals are part of the serious mental illness (SMI) unhoused community in the county. This is a crisis. Many counties prefer to use their MHSA dollars for CARE Court over their use of the General Fund but this is a misuse of the MHSA.

Richard Gallo stated that Medi-Cal and Medicaid will be facing cuts in all programs in order to scale back the budget allocation funding for those programs. This will be significant. Individuals will be cut from Medi-Cal and services.

4: April 27, 2023, Meeting Minutes

Chair Madrigal-Weiss stated that the Commission will consider approval of the minutes from the April 27, 2023, Commission meeting. She stated that meeting minutes and recordings are posted on the Commission's website.

Commissioner Brown referred to his comment on page 20 and asked that the words "local jails and in" be inserted between "in" and "the state prison system" so it will read "...elements of behavioral health that occur in local jails and in the state prison system."

Public Comment

Richard Gallo stated that an error was made in their comments in the minutes.

Chair Madrigal-Weiss asked Richard Gallo to submit requested changes in writing to staff.

Action: Chair Madrigal-Weiss asked for a motion to approve the minutes. Commissioner Danovitch moved, and Vice Chair Alvarez seconded, that:

- *The Commission approves the April 27, 2023, Commission Meeting Minutes, as modified.*

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

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

The following Commissioner abstained: Commissioner Tamplen.

5: Consent Calendar

Chair Madrigal-Weiss stated that all matters listed on the Consent Calendar are routine or noncontroversial and can be acted upon in one motion. There will be no separate discussion of these items prior to the time that the Commission votes on the motion unless a Commissioner requests a specific item to be removed from the Consent Calendar for individual action.

- Monterey County Innovation Project: Approval of $7,883,562.86 in innovation funding over five years for their Rainbow Connections Innovation project.

- San Bernardino County Innovation Project: Approval of $16,557,576 in innovation funding over five years for their Progressive Integrated Care Collaborative Innovation project.
- Imperial County Innovation Project Amendment: Approval of an amendment to Imperial County's Semi-Statewide Enterprise Health Record (EHR) Multi-County Innovation Project budget due to a clerical error, that increases the total amount of innovation funding from $2,974,849, approved on January 25, 2023, to $3,089,330.

Commissioner Comments & Questions.

There were no Commissioner comments.

Public Comment

Hector Ramirez, Volunteer, Cal Voices, asked if there is a clear indication in the report of the number of consumers from the local behavioral health department involved and the opportunities they were given to contribute to the development of the plan, particularly the equity-seeking populations – Native American and Hispanic populations. The speaker asked where in the document it is noted that individuals who participated in this process were provided with disability accommodations, material in Spanish, and plain language opportunities.

Hector Ramirez asked how the Commission evaluates proposals, if there are metrics or operating standards being followed, and if all counties are evaluated the same.

Action: Chair Madrigal-Weiss asked for a motion to approve the Consent Calendar. Commissioner Mitchell moved, and Commissioner Tamplen seconded, that:

- *The Commission approves the Consent Calendar, which includes a budget amendment for Imperial County's EHR Project in the amount of $114,481.00, funding for Monterey County's Rainbow Connections Innovation Project for up to $7,883,562.86, and funding for San Bernardino County's Progressive Integrated Care Collaborative Innovation Project for up to $16,557,576.00.*

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

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

Chair Madrigal-Weiss encouraged everyone to review the Staff Analyses and related documents, which were included in the meeting materials, and to submit questions regarding community engagement for projects on the Consent Calendar to staff in writing.

6: Governor's Proposed 2023-2024 Revised Budget Proposal, CYBHI Grant Program, and Commission Expenditure Authority

Governor's Proposed 2023-24 Budget Revisions

Chair Madrigal-Weiss stated that the Commission will be presented with the Governor's Proposed 2023-24 Budget Revisions. She asked staff to present this agenda item.

Norma Pate, Deputy Director, stated that a list of items included in the Governor's May Revision are included in the meeting materials and on the website. She provided an overview of the May Revision adjustments related to the MHSA Fund, the funding increase for the Department of Aging, the $9 million augmentation to the CalHHS Innovation Accelerator Initiative, and the funding increase to the Opioid Settlements Fund to support the Naloxone Distribution Project. She noted that the May Revision does not include MHSA funds for outreach and engagement and technical assistance advocacy for older adults. The Commission requested that staff seek funding to support these efforts but staff was unsuccessful in obtaining funding for advocacy efforts for older adults this year.

Deputy Director Pate stated that staff continues to monitor legislation for the Governor's MHSA modernization proposal. Currently, no language is available for the modernization plan; however, the Governor's May Revision proposes an allocation of $20 million for the Department of Health Care Services (DHCS) to implement the modernization plan.

CYBHI Grant Program Update

Chair Madrigal-Weiss stated that community partners raised concerns at the March Commission meeting about the community engagement process for the Children and Youth Behavioral Health Initiative (CYBHI) Grant Program. She thanked Vice Chair Alvarez for working with the DHCS to address concerns raised at the March meeting.

Chair Madrigal-Weiss asked the representative from the DHCS to provide an overview of the DHCS's community engagement process and an update on the CYBHI Grant Program.

Autumn Boylan, Deputy Director, DHCS, provided an overview, with a slide presentation, of the CYBHI Evidence-Based Practices and Community-Defined Evidence Practices (EBP/CDEP) Grant Program, community engagement, community-prioritized outcomes, equity-driven approach, and community-identified populations of focus. She stated that the DHCS published a grant strategy overview document, which includes information about partnering with the Commission to scale EBP/CDEP across six distinct rounds of grant funding, two of which have already been released. She reviewed the grant round focus areas.

Autumn Boylan stated that DHCS staff joined the Commission in a site visit last week to the UC Davis Coordinated Specialty Care Clinic, which was illuminating and eye-opening. It showed that good work is being done across the state but that more work needs to be done. Grant funds will focus on early intervention to ensure that children are getting the care that they need before that crisis point.

Autumn Boylan stated that the Interagency Agreement between the DHCS and the MHSOAC outlines the grant administration activities that the Commission will lead for Grant Rounds 4 (youth-driven programs) and 5 (early interventions), including expanding the allcove model and Coordinated Specialty Care for First Episode Psychosis. She noted that the Commission has done work in these areas and has the expertise to lead the state in these efforts.

Commissioner Comments & Questions

Chair Madrigal-Weiss stated that the Commission is happy to be collaborating with the DHCS on this very important program that reflects the Governor's strong commitment to children and youth mental health, and in improving access to care for children and youth who are from Black and indigenous people of color (BIPOC) and the LGBTQ communities. She invited Vice Chair Alvarez to say a few words about the CYBHI community engagement.

Vice Chair Alvarez thanked Autumn Boylan for her presentation. She provided a brief summary of previous discussions to remind everyone where the Commission has been. She emphasized how historic the CYBHI is, not only for young people in California but for the leadership the state of California is providing to states across the country. The work to address the crisis impacting young people and in particular young people of color and LGBTQ communities is of highest priority and this initiative has offered the opportunity to create a partnership between the Commission and the DHCS in new ways. This is especially true considering that the CYBHI is a $4.7 billion investment, while the crisis of young people will continue. Ongoing collaboration will be critical to sustain initiatives that are funded by this money, strengthen availability of services in the community, support children from infancy to adulthood, and uplift community-defined healing in systems change work.

Vice Chair Alvarez stated that, at the March Commission meeting when this collaboration was announced, there were a variety of concerns raised by the community that were addressed today during Autumn Boylan's presentation. Having the DHCS representation at today's meeting is a clear indicator of the dedicated willingness to collaborate and of the work ahead that will further emphasize that partnership.

Vice Chair Alvarez summarized the concerns expressed at the March meeting:

- There were questions about the process that led to the collaboration with an interest in greater transparency around that process and specifically about the Commission's role in Grant Rounds 4 and 5. In today's presentation, Autumn Boylan addressed these concerns about the process and the work ahead to distribute Grant Rounds 4 and 5.
- There were concerns around the important opportunity to uplift CDEPs and, although CDEPs were mentioned on the outline and in the slide presentation, the comments heard expressed concern that they were not called out clearly enough. In today's presentation, Autumn Boylan addressed the importance of CDEPs and how they are prioritized in Grant Rounds 4 and 5.
- There were questions around eligibility for applicants with concerns that Grant Rounds 4 and 5 were limited to models, such as allcove and coordinated-care clinic models, respectively. In today's presentation, Autumn Boylan clarified that other programs and initiatives are also eligible.

Vice Chair Alvarez stated that staff has worked with the DHCS and asked them to attend this meeting to provide a program overview and to address these concerns. She stated that the Commission looks forward to Autumn Boylan's continued attendance

and updates to keep the public informed about the services that impact their lives and their organizations.

Commission Expenditure Authority

Chair Madrigal-Weiss stated that the Commission will be presented with an update of the Commission's 2022-23 expenditures and will consider approving a revised spending plan including associated contracts. She asked staff to present this agenda item.

Deputy Director Pate reviewed the expenditure authority and the Commission Budget 2022-23 Mid-Year Update chart, which was included in the meeting packet.

- The Personnel Line Item includes two new positions for the IT and Security Unit. Additional staff are required due to increased data work and the fact that the new MHSOAC headquarters has no support from other departments.
    - Extra funds due to salary savings were distributed to initiatives, as listed below.
- The Core Operations Line Item increased due to the above-mentioned IT costs. Some of the salary savings was used to cover some of the additional IT costs this year.
- The Communications Line Item increased due to increased communication activities. Some of the salary savings was used to cover the increased communication costs this year.
- The Innovation Line Item includes $100,000 to host an Innovations Summit this year. These funds have been set aside. Staff is currently seeking a consultant to facilitate the event.

Commissioner Comments & Questions

Commissioner Carnevale asked the Commission to consider raising the $100,000 Innovation Line Item to $500,000. He stated that an Innovations Summit provides great opportunities but there are also real threats that need to be addressed on a larger scale than what the Commission has been discussing. He stated that there is a huge gap between the public and private sectors. For example, the private sector has invested billions of dollars in new innovations that the public sector is not seeing and the public sector is not organized to give access to the private sector.

Commissioner Carnevale stated that a huge equity gap exists and an Innovations Summit provides an opportunity to close that gap. If that gap is closed, the Commission can take a leadership position to facilitate and unlock the potential of billions of dollars of additional funding that can support the work that currently is not being done adequately to meet the need.

Commissioner Carnevale stated that what has emerged in the last couple of months that has changed the landscape is artificial intelligence (AI). AI presents opportunities for innovation but it represents a huge upheaval that, after the COVID-19 pandemic, will take all the problems up to another level. He stated the need to begin grappling with that issue as well.

Commissioner Carnevale stated that he has been working with other organizations and other states that are interested in the state of California leading a summit effort with private organizations and nonprofits that are now interested in a mental health innovation summit in May 2024. To lead that effort, he recommended investing $500,000 and looking for matching funds of at least that amount from those organizations to do this on a much larger scale.

Deputy Director Pate suggested, if the Commission approves the additional funding, that staff work with Commissioner Carnevale. There are expected salary savings this year that can be used for this purpose.

Commissioner Mitchell asked Commissioner Carnevale, as the business representative on the Commission, for additional detail on some of these ideas.

Commissioner Carnevale stated that the role of the Commission is to catalyze those ideas from the public and from a variety of organizations. Approximately $2 billion is being invested annually by the private sector in venture capital-backed companies that are invested in a whole range of technologies from early identification to early intervention to treatments after the fact that produce new and innovative outcomes that are both cost effective and hopefully have a high level of evidenced accomplishments. That is the objective of the private sector.

Commissioner Carnevale stated that for the public sector the complexity of the system requires companies to go county by county in order to offer what they are trying to bring into the system, which makes it challenging for small venture-backed companies to do. He suggested that the Commission look at its own side of this partnership to try to discern how to make needs more public and available and to get greater access to those being served. These are examples of what would try to be done at this innovation summit where hundreds of different parties would be brought together to bring all their ideas to the table. The Commission would vet those to figure out how to best leverage them. The Commission is serving its role as the leader of innovation in mental health and catalyzing that large conversation.

Chair Madrigal-Weiss asked Executive Director Ewing to provide the background on the innovation summit discussion.

Executive Director Ewing stated that, when the Commission begin to support counties on the innovation component back in 2017 to 2018, it organized an innovation summit with approximately 300 community members and partnered with the technology sector and philanthropy community organizations and others with a goal to jumpstart county support for innovation due to hesitation and uncertainty about the process, definitions, etc. He noted that, over the past five to six years, the Commission has been supporting counties to co-invest innovation funds into multi-county collaboratives under the argument that, if five or six counties co-invested and identified a successful strategy, it would be more likely that that innovation could scale statewide. The Commission wanted to help counties share risk associated with tackling new challenges.

Executive Director Ewing stated that among many proposed modifications to the Commission’s process and other reforms was the idea of bringing together a broader cross-section of California reflecting academia, research, the technology sector, and the

corporate sector. Although the private sector is doing a lot in innovation, it is not necessarily tapping into or addressing the needs of the public sector. So, in addition to the funding that is available in the private sector, the Commission wanted to continue to elevate the innovation component of the MHSA in ways that could leverage the strengths of different sectors across California.

Executive Director Ewing stated that the vision has been around three core opportunities: to celebrate where the Commission has come in terms of innovation and share the progress that has been made and the impacts that innovation has had, to have community dialogue about the most pressing challenges, and to recruit traditional and nontraditional partners to deploy both public and private sector innovation investments in ways that can be responsive to those pressing challenges the Governor has highlighted.

Executive Director Ewing stated that the original proposal was for $100,000, recognizing where the Commission was at the time, but it needs to be scaled up in order to tap into the opportunity that the private sector brings.

Commissioner Rowlett stated that a colleague was discussing the implications of AI in behavioral health and sat in on a presentation in which some of the largest corporations in the world were talking about AI; then, they talked about how health care was the next tidal wave around AI.

Commissioner Brown asked for clarification on how the additional $400,000 would be used.

Executive Director Ewing stated that Deputy Director Pate shared proposed modifications to the budget near the end of the fiscal year to changes proposed at the beginning of the fiscal year. The amendment to the proposal would be to increase funding for the Innovation Line Item from $100,000 to $500,000.

Public Comment

Hector Ramirez stated that they were shocked at how easily taxpayer money that is meant to serve some of the most vulnerable populations is spent. These populations are dying on the street because they are unable to access appropriate MHSA-funded services for even basic disability accommodations.

Hector Ramirez stated that the partnership the Commission has with the DHCS for children is concerning. The speaker stated that, although they love the work that the DHCS is doing, the Commission has a long track record of being discriminatory toward the disability, Native American, Alaskan native, and other communities. The fact that this is moving forward with that same type of foundation is concerning. The same danger and harm may be done to young people in the system of care that has happened to the adult population.

Hector Ramirez stated that they have been very active with this Commission and have seen retaliation when trying to receive accommodations or even mentioning the lack of accommodations to the Executive Director. Discrimination happens not only to the individuals when bringing up the issue, but from the Executive Director and from organizations where community members volunteer, such as Cal Voices.

Hector Ramirez stated that, as a resident of Los Angeles County, they are worried about the lack of accountability and oversight, particularly how funding is released, given the fact that so many individuals are dying on a regular basis due to the lack of services. Community members come to this Commission asking for help; yet, the Commission continues to fail the most marginalized individuals.

Hector Ramirez stated that there are many conflicts of interest and issues happening within the Commission and the contracts that are going out, particularly around Painted Brain in Los Angeles County. Those conversations need to happen because it creates significant disparities. As mental health services and oversight seeks to reduce the disparities that Native American, Alaskan native, Latino, LGBTQ, Black, and other equity-seeking populations have been trying to get, this Commission has created significant disparities within the community, particularly for those who have additional disabilities.

Hector Ramirez stated concern about the proposed budget and that it was created without proper justification or community input, given the significant disparities. The speaker stated that, as someone who is not paid or volunteers, watching the Commission sitting in this beautiful room in this very expensive hotel brought to mind the speaker's peers out on the streets who are dying from the lack of services that the MHSOAC promised voters that it would fund almost 20 years ago when it asked for this voter-approved measure to take taxes to pay for these services. Now, Governor Newsom is going to do the same measure to try to bring up the same issue, and yet the compounded ethical problematic issues that this Commission has created for all the people of California who are trying to look for help are still a problem. The law was good, but it never happened because this Commission never really had it. The speaker stated that they feel bad because they know more peers will die tonight while someone's pocket gets bigger.

Richard Gallo suggested that the Commission prioritize peer fellowship positions from salary savings to help the Commission ensure transparency – that the numbers of individuals are being reached that counties and contractors are supposed to be reaching with MHSA funding and that data reporting is being done. The speaker stated that they were surprised at the amount of money being contracted out for research and evaluation, when it could be used for better purposes such as peer programs or to meet the needs of the unhoused community. Part of the intent of the MHSA was to serve the SMI unhoused community. The speaker asked where transformational change is in that. It seems like too much money is being spent on that. It is misguided priorities that people are dying on the street with no services and supports from the county. The speaker stated that they are shocked and disappointed by this.

Mark Karmatz asked when and where the innovation summit will be held, if consumers can be involved in innovation summit planning, and if accommodations will be provided for consumers to attend the summit.

Steve Leoni stated concern about the $9 million augmentation for the CalHHS Innovation Accelerator Initiative in the May Revise, specifically about establishing new public-private partnerships for researchers and developers to create solutions. The speaker stated that the Governor's proposal also discusses possibly eliminating

innovations through the Commission. Innovations go through a county community engagement process including consumers and family members.

Steve Leoni stated that, although there should be a place at the table for these researchers and developers, they do not always know the questions that should be asked or the problems that solutions should be found for. Community often knows these things best. The discussion needs to include all those individuals. The speaker stated that it is worrisome that this seems to be moving away from asking communities that know the issues and towards asking individuals who are regarded as experts, probably from academia or the corporate world, to provide the solutions.

Commissioner Discussion

Chair Madrigal-Weiss asked for a motion to approve the Fiscal Year 2022-23 updated expenditure plan, as modified by increasing the innovation expenditure from $100,000 to $500,000, and associated contracts.

Commissioner Tamplen so moved, and also made a comment that to ensure that peers and family members are involved in the process and in the planning of the innovation summit. She asked staff to include this issue on the next agenda of the CFLC to give an opportunity for more involvement from peers and family members.

Commissioner Mitchell seconded.

Action: Commissioner Tamplen moved, and Commissioner Mitchell seconded, that:

- *The Commission approves the Fiscal Year 2022-23 updated expenditure plan as modified by increasing the innovation expenditure from $100,000 to $500,000 and associated contracts.*

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

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

7: 2024-2027 Strategic Plan Outline

Chair Madrigal-Weiss stated that, in January, the Commission reviewed progress made under the 2020-23 strategic plan and challenges in accomplishing some of the goals and identified four priorities for 2023: data, FSPs, impacts of firearm violence, and development of the 2024-27 strategic plan. Commissioner Carnevale was appointed as the lead Commissioner for the 2024-27 strategic planning efforts and approval was given for a consultant to be selected to support the development of the 2024-27 plan.

Chair Madrigal-Weiss stated that, in May, Boston Consulting Group (BCG) was engaged to work 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 to provide an outline for the new strategic plan.

Chair Madrigal-Weiss stated that the Commission will be presented with a proposed outline for the 2024-27 strategic plan that will include a timeline, community engagement efforts, and an analytical framework. She asked Commissioner Carnevale to introduce the representatives of the BCG.

Commissioner Carnevale gave a brief summary of the BCG's background and work. He stated that the Commission cannot address all the issues it would like to address because of funding limitations, but that it would be helpful to understand the impacts of the Commission and the basis upon which it can understand its decisions and future priorities. He emphasized that this process is just the beginning. He noted that issues will not be debated today but rather explored to ensure that the Commission gathers input, has different perspectives, and understands the topics that should be debated through this process and that there will be opportunity for more input individually as well as from the community throughout the course of the next nine months. He asked the representatives from the BCG to introduce themselves and their organization.

Presentation

Nicole Bennett, Managing Director and Partner, BCG, reviewed the objectives for today's session:

- Provide context on the strategic planning process and status.
- Discuss and collect feedback on core components of the strategic plan.
- Solicit input from the Commissioners and public.

Nicole Bennett stated that the draft strategic plan will be publicly released by November 30, 2023, and will be considered for adoption in January of 2024.

Anna Silk, Principle, BCG, reviewed the four core topic areas for discussion in today's session:

- Emerging trends
- Transformational change model and role of the commission
- Decision-making framework
- Priorities and objectives for 2024-27

The BCG representatives provided an overview, with a slide presentation, of the context, timeline, key components, and design principles of the strategic plan.

Nicole Bennett asked a series of questions related to emerging trends in mental health care to facilitate the discussion as follows:

- Which of these trends present the biggest opportunities and/or require the most urgent attention in the next four years?
- Which of these trends is the Commission best positioned to address (e.g., prevention and early intervention, expanding infrastructure and supports, etc.)?

- What major changes in science, technology, or society in the next 5-10 years should the Commission be planning for? How can the Commission future-proof California's mental health system?

Commissioner Comments & Questions

Commissioner Danovitch commended the BCG team for capturing the emerging content and trends listed on page 28 of the Presentations and Handouts document, which was included in the meeting materials. He suggested highlighting the complexity of the system in how the Commission finances, its regulatory framework, and the service delivery system.

Commissioner Danovitch noted that this is a problem because it creates barriers and obstacles everywhere the Commission tries to innovate and develop solutions, and it gets in the way of the Commission's ability to simplify and reduce things to levels that are intervenable. He stated that part of the role of the Commission is to embrace and lean into areas of complexity. This is why the Commission is outside of government and is positioned to straddle the private and public sectors. It is a challenge because complexity seems to be accelerating faster than all the positive things, such as stigma reduction.

Commissioner Danovitch stated that an area that represents both a threat and an opportunity for the Commission is to simplify this complexity in some challenging areas in a way that permits new and effective approaches.

Commissioner Rowlett stated that, because of this complexity of behavioral health in the state of California, the perspective of the consumer or end user is oftentimes minimized and care is provided simply for the sake of providing care; and yet, the unique role and responsibility of the Commission is to ensure that the end user plays an integral part in the work of the Commission and in the service delivery system.

Commissioner Rowlett stated that the unique challenge associated with workforce is that, while the Commission can advance innovation, innovation cannot be advanced with a workforce that is made up of hemorrhaging human beings. Not only that, but the expertise associated with doing the work of behavioral health and then understanding the important role of diversity, equity, inclusion, and access and ensuring that community-defined practices, an inculcated feature of diversity, equity, inclusion, and access, is also very called out.

Commissioner Rowlett stated that the work of the Commission to advance greater transparency in the behavioral health community for constituents must be an important feature of this strategic plan.

Commissioner Carnevale stated that, as best as one can look into the future, the next five years economically is likely to be more challenged from the last decade and will likely include more government spending constraints, which is already being seen at the national level. This needs to be considered as a backdrop during strategic planning.

Commissioner Carnevale agreed with Commissioner Danovitch about the complexity of the system. He stated that the challenge is as was heard from the public today – that an individual is not being served and they do not understand why the Commission is

discussing system-level things and not serving people. The dynamic tension is that the Commission must invest in systems that are more efficient in order to be able to scale and serve more people.

Commissioner Carnevale stated that the private sector solves these problems of shortages by automating more. How to automate and yet continue to deliver human solutions is a dynamic tension that the Commission must figure out. He stated that he is optimistic that this whole sector is underinvested technologically and a lot of gains can be made that way, but he noted that there is the open question of timeframe.

Commissioner Brown prefaced his comments by stating that he generally is not a fan of the formal strategic planning process. The Commission has gone through at least two formal strategic planning sessions during his tenure on the Commission. He stated that oftentimes life has a habit of interfering with strategic plans. He stated that, in government in particular, decisions oftentimes are made as a result of a motion, politics, or available funding. Economic ups and downs will exacerbate all of the above. He stated that, whatever is done with the strategic plan, it is important that it not be seen as a plan that is cast in stone but must be something that allows flexibility and is adaptable to the inevitable changes that will come.

Commissioner Brown stated that he is also concerned about the question of timing. How the Governor's proposal to modernize mental health care will finalize is unknown. As it proceeds through the political process to become a reality or not, it promises to be a tumultuous time. There are sound parts of what the Governor is trying to accomplish. He noted that the emerging context and trends slide, although very good, does not mention homelessness, substance abuse, or the fentanyl crisis. These are at the forefront of the Governor's and others' concerns. He stated the need to recognize that those are huge priorities.

Commissioner Brown asked if the BCG team has reviewed the Commission's two prior strategic plans. It would be an interesting exercise, particularly for those who were not involved in the preparation of them, to see in retrospect if they were good plans for the time or if they were the size of a phone book and sat on the shelf and never were used. He recommended that the strategic plan be succinct and general and point out priorities that, if current or future situations allow for it, the Commission should pursue. It needs to be adaptable to varying times.

Presentation, continued

Anna Silk continued the slide presentation and discussed the Commission's five roles, as outlined in the 2020-23 strategic plan.

Nicole Bennett asked a series of questions related to the transformational change model and the Commission's role to facilitate the discussion as follows:

- How is the Commission differentiated in its role?
- What has been our highest impact effort?
- To be most effective in the coming years, how will the Commission need to evolve or expand our roles?

- What is the right balance of effort across our activities to deliver on these roles?

Commissioner Comments & Questions

Chair Madrigal-Weiss agreed with Commissioner Rowlett's comment about diversity, equity, and inclusion and asked that these not just be added to the work but that they be foundational to the Commission's work.

Chair Madrigal-Weiss stated that there is opportunity in how youth have engaged in the mental health discussion. That is a positive trend that needs to be tapped into and supported. It is important not to do things for youth but to do things with them.

Chair Madrigal-Weiss agreed with Commissioner Brown about the fentanyl crisis. This must be addressed.

Commissioner Mitchell agreed with previous Commissioner comments. She stated the need to look at simplifying access. At the program level, the complexity drives the way business is done and consumers are faced. She stated the need to figure out a way to make it less difficult for individuals to get the help that they need.

Commissioner Mitchell suggested including, along with the fentanyl crisis and homelessness, asking more questions so that services are not just delivered, but, while in front of a consumer, asking them why and how they got there. Doing that will help upstream to deal with some of the reasons.

Commissioner Danovitch stated that a member of the public came to this meeting because they were unable to get services and had to make their way all the way up to a state Commission meeting to have their grievance be heard and to get a response. A clear vision can be formulated that anyone who wants to get service should have a mechanism to get a response and to get services. It should not be that difficult.

Commissioner Carnevale referred to the first question asking how the Commission is differentiated in its role and stated that the Commission is a differentiator in that it is standing uniquely able to look at a system that is siloed. Everyone is stuck in the system; individuals are not intentionally trying to have these outcomes, but it is difficult for people in their individual viewpoints to see how to break through. The Commission has a unique independence to see across the system. Simplifying the complexity is a potential unique role for the Commission.

Commissioner Rowlett stated that the member of the public who spoke today is the reference he was making regarding the end user. He agreed with Commissioner Brown's comment about strategic plans that are thick as phone books and gathering dust as being what is not wanted. What is wanted is a strategic plan that the end user can put up and has agility and utility.

Commissioner Rowlett agreed with Commissioner Brown that the Governor's proposed modernization of the MHSA and what that does to the role of the Commission is uncertain, and if that will somehow compromise the Commission's ability to do what it currently does.

Commissioner Tamplen stated that one of the most important roles of the Commission is bringing the discussion to the public. Engaging the public in the strategic planning process is significant because many times individuals do not have access or can only

provide comment at one point during a meeting. Community engagement is part of Commission and Committee meetings so the public can contribute to the process, enrich the discussion, and inform what is and is not working in the community. This is a unique role of the Commission.

Commissioner Tamplen stated that a trend being seen in the peer community is questioning if services are court-ordered because courts have not always worked in favor of communities of color. It is important to consider how communities are impacted in everything the Commission does.

Commissioner Carnevale stated that one way he sees the Commission's oversight and accountability role unfolding is through data. The Commission is focused on elevating data and making more data publicly available. It is not about the Commission auditing the system; it is about allowing the public to audit the system and creating greater transparency.

Commissioner Bunch stated that many individuals do not know about the Commission. She suggested doing a better job at engaging community so they will know that they will be heard in Commission and Committee meetings.

Commissioner Gordon suggested more sharply focusing on three areas for schools:

- Ease of access. Children are required to be in school from pre-kindergarten to 18 years old. This is a potential point of access that has not been taken advantage of.
- Prevention and early intervention. Schools have never tried prevention and early intervention, especially in the zero-to-five population with families and their young children. Also, as Chair Madrigal-Weiss pointed out, there are currently huge numbers of youth who are engaged and focused on mental health. They are a willing audience for teaching about prevention and they will carry that message to their peers and as they grow up and have families.
- Financial sustainability. This is a particular pain point because schools have seen the cycles of one-time funding come and go.

Commissioner Danovitch stated that the terms "oversight" and "accountability" in the Commission's name are misnomers because they represent and suggest that the Commission has authority and control over the funds that flow through the MHSA, whereas the Commission actually facilitates and monitors. The Commission can monitor things that happen to variable success and it tries to facilitate. The actual capacity for oversight and accountability pertains to a small percentage of those funds that flow directly through the Commission.

Commissioner Danovitch stated that, in the spirit of simplification and identifying opportunities, the Commission must be mindful of its limitations and capacity because it frequently gets distracted by the enormity of the problems and the Commission's own wish that it can have oversight control over the funds that flow through and that it can make a direct impact on all Californians.

Vice Chair Alvarez agreed and stated that this offers the Commission an opportunity to strategically think about its role in working with partners that do hold that accountability

position. She stated that, as has been heard from the public, the Commission continues to be a place where community members trust that they are heard and that their voices can be part of the conversation. That is an asset to the collective work as a state to improve the mental health of communities. She suggested considering how to step into that power and position as a Commission in ways that agency partners can leverage.

Nicole Bennett asked, along with having an influence role to other agencies, if there is an influence role on the policy-making side as well.

Commissioner Brown stated the need to add an advisory element to that, as well, which often is not put in there but should be.

Nicole Bennett asked the following question for Commissioner discussion:

- What are other things this Commission does not and should not do, such as that the Commission does not deliver services?

Chair Madrigal-Weiss stated that, as Commissioner Danovitch pointed out, the Commission does not have authority over things. For example, the Commission cannot impose sanctions.

Commissioner Mitchell stated that the Commission can review programs by doing site visits to programs that are funded, but it does not have an enforcement role.

Anna Silk stated that grant-making is one of the Commission's levers where it can do its monitoring and transparency work.

Presentation, continued

Anna Silk continued the slide presentation and discussed the decision-making framework. She stated that one of the goals of the next strategic plan is to help the Commission build a decision-making framework to guide the assessment of opportunities that can be used across the Commission's portfolio of activities.

Anna Silk asked a series of questions related to the decision-making framework to facilitate the discussion as follows:

- What key factors should we consider in our decision-making framework to evaluate opportunities (e.g., need, impact, fit, feasibility, etc.)?
- How should the Commission balance our portfolio between (1) addressing ongoing challenges with proven interventions and (2) building new solutions in emerging areas?

Commissioner Comments & Questions

Commissioner Carnevale stated that a big part of the decision-making process is relying on the size, capability, and leadership of the Commission staff, but this also creates limitations because there are only so many resources available there.

Chair Madrigal-Weiss stated that another way the Commission makes decisions is when directed to by legislation.

Anna Silk elevated topics that came up in the prior discussion, such as thinking about fiscal sustainability of the investments made and target populations that the funding goes to serve.

Nicole Bennett stated that the decision-making framework is intended to be a live document – a set of criteria that will be in front of Commissioners at every meeting to tee up conversations around impact and how to measure it, feasibility, and robust conversations of tradeoffs to help understand what the Commission does and does not do. She noted that the criteria should flow from the role the Commission plays.

Commissioner Carnevale stated that, because the Commission is supposed to be innovating, it often does pilot programs. That is part of the dynamic tension – when thinking about how to create a program with sustainability forever, it is almost by definition that it will not be as innovative, because the tendency is to be more conservative about what will be taken on. The Commission has different criteria because it is trying to push the envelope on innovations.

Chair Madrigal-Weiss stated that the closest thing to having agreed-upon criteria in front of Commissioners to help with decision-making is in approving innovation plans. The issue is that Commissioners do not agree on even how to define innovation. It would have been helpful during conversations around this process to have a set of agreed-upon statements. Currently, when the Commission makes decisions, it is sometimes because of what was heard, because it was trending, or because it was a hot topic. She stated the need to stand for something to prevent falling for everything. If the Commission is to be held accountable, as it should be, then it should have an agreed-upon set of criteria to make decisions for consistency in the Commission's approval process.

Commissioner Mitchell agreed but stated that the Commission does not make decisions in a vacuum. Decisions are made with the influence of community. A decision may be delayed to review issues brought up during public comment.

Presentation, continued

Anna Silk continued the slide presentation and discussed the three core priorities and objectives from the 2020-23 strategic plan: advance a shared vision, leverage data and analytics, and catalyze improvement in policy and practice.

Anna Silk asked a series of questions related to the priorities and objectives to facilitate the discussion as follows:

- Where does the Commission need to double down on existing efforts to be successful in the coming years?
- What new priorities should the Commission consider?
- What is the Commission over- or under-invested in?

Commissioner Comments & Questions

Commissioner Tamplen referred to Objective B, develop and advance a strategy aligning public and private resources and actions toward the prevention and early intervention, under the Advance a Shared Vision strategic goal and stated that, although

the Commission has done work in this area, it needs to do more because the Commission is now in a situation where resources for prevention and early intervention can be cut by one-third. She stated the need for this objective to continue to be a priority on the new strategic plan.

Commissioner Mitchell referred to the Advance a Shared Vision strategic goal and stated that, when she was appointed to this Commission in 2016, there was no serious data tracking tool that the public could access. The Commission's Criminal Justice Intervention, Suicide Prevention, School and Mental Health, and other projects were large projects that included shared vision and cross-collaboration. The vision has been expanded, but the issue is getting through the weeds of the complexity to learn how the public has or has not benefited from the work.

Chair Madrigal-Weiss stated that the Commission has done an amazing job on the Advancing a Shared Vision strategic goal. She referred to Objective A, promote school mental health to reach and serve at-risk children, families, and neighborhoods, under the Advance a Shared Vision strategic goal and stated that the Commission has done much around school mental health. The Mental Health Student Services Act (MHSSA) is in 57 of California's 58 counties and has unified county offices in ways that not even the Department of Education has done. This is huge. The Commission has also supported the Ken Burns documentary films on suicide prevention. California Hope (CalHOPE) has tapped into all 58 county offices of education, which unified socioemotional learning in schools.

Chair Madrigal-Weiss referred to Objective B, develop and advance a strategy aligning public and private resources and actions toward prevention and early intervention, under the Advance a Shared Vision strategic goal and stated that the Commission published *Well and Thriving: Advancing Prevention and Early Intervention Report* and the Workplace Mental Health Standards and continues to have conversations around these reports, which no other entity has done. The Commission models what it puts out there and does not just talk about them.

Nicole Bennett stated that she heard another role of the Commission is both sharing best practices and creating communities of practitioners, like in the MHSSA work.

Chair Madrigal-Weiss noted that the Commission does not just share best practices and wait around to see who will pick it up. The Commission practices what it preaches, puts the funding together, and then executes the practice. It is about the urgency. The flexibility and agility of the Commission is like no other. This is important.

Commissioner Bunch stated that the Commission has done an amazing job following through with the vision, especially with the Workplace Mental Health and Impacts of Firearm Violence Projects. The Commission's vision does not stop; it just keeps getting bigger.

Commissioner Gordon agreed with Chair Madrigal-Weiss and stated that all the good work that the Commission has done has whetted people's appetites for answering the question: Are you really going to continue this? He gave the example of his county, which has put mental health clinicians in 40 out of its 320 schools. Everyone thinks that is great but asks when clinicians will be put in the rest of them. This is where following

through on changing the culture in the way that services are made accessible is the financial sustainability and the willingness of the systems to keep sustaining these good works.

Commissioner Carnevale stated that, in terms of a common principle, there is a bias to action that all Commissioners feel that is not found in a typical government organization because of how the Commission is organized.

Commissioner Tamplen referred to the Advance a Shared Vision strategic goal and stated that the Commission was involved in Senate Bill (SB) 803 and the peer support specialist certification bills prior to that. The Commission worked to uplift peer support services, showing the value of them, and helping California to join the rest of the nation in creating peer support specialist certification. That was a big push from the Commission and the public and is something to be proud of in helping to move it forward.

Commissioner Danovitch referred to the Leverage Data and Analytics strategic goal and the other goals and stated that the Commission has accomplished much at a tactical level. He stated that, part of why there was a pause when Commissioners were first asked for a response on these three core strategic goals was because Commissioners struggle with translating the impact and telling stories around the tactical things the Commission does in a way that clearly connects them with those high-level goals. That is both a problem and an opportunity because the Commission needs that translation and communication in order to create momentum, and because the perception of ineffectiveness constantly threatens this whole construct.

Commissioner Danovitch stated that the Commission has gotten much better. For example, the Communications Division has been doing great work, but it is an ongoing challenge to translate the work being done accurately and validly but effectively so that impact statements can be easily, coherently conveyed, including to the Commission's community partners.

Chair Madrigal-Weiss referred to the Leverage Data and Analytics strategic goal and stated that the MHSA Transparency Suite of dashboards was one of the Commission's first concrete data projects. It provides high-level statistics showing county and statewide demand for mental health service programs, where money gets spent, programs offered, and associated outcomes. There are conversations about the modernization of the MHSA and the need for dashboards but the Commission has been saying this for five years. This Commission influenced the creation of this tool. In this way, the Commission does advance data collection, whether by creating a tool or by influencing the conversation that now becomes part of plans moving forward. This is important.

Chair Madrigal-Weiss stated that the Commission influences conversations at the county and state levels that do not have common definitions. These conversations will begin to change practice because data cannot be collected if it cannot first be defined.

Nicole Bennett asked about barriers to taking the next step in the data and standardization processes, and about the role the Commission can continue to play there.

Executive Director Ewing stated that the data issue is difficult because there is a retail, front side in the organization, presentation, and engagement being done. The Commission has made huge strides in updating fiscal transparency work, experimenting on a program reporting tool that has since been taken down, and releasing other dashboards connecting data.

Executive Director Ewing stated that the other side is the infrastructure side. The Commission has set up data use agreements between departments that take three years to negotiate only to find out that their data is not comparable. Progress has been made on the objective side and on elevating the strategic goal side of the importance of data analytics as reflected in the elevated conversations that the Administration and the Legislature are having about how important this is. The Leverage Data and Analytics strategic goal is the goal where the Commission has made less progress than it would like to.

Executive Director Ewing stated that, historically, data has been important for finance and billing, not for oversight and accountability; therefore, data systems have been built around payment, not built around outcomes. He gave the example of discussing the No Place Like Home housing bond during a recent budget hearing, where the DHCS representative was asked about the number of individuals who have been housed by the bond. The response was that the DHCS does not track that datapoint but that it tracks the amount of funding released. This was a genuine response because agencies do not always see themselves as delivering that retail, front line service. This demonstrates the complexity of the system as discussed by Commissioners Danovitch, Rowlett, and Carnevale.

Commissioner Rowlett stated that a process related to that is the Fiscal Reporting Tool. The data in the tool is accurate but he asked if the Commission has the authority needed to influence the kind of outcomes that are not responsive to financial measures. The tool highlights areas where the Commission is not serving the end user as well as it should. He asked if the Commission should have more influence when individuals spend their resources well, recommending that resources be redirected, and when people do not spend their resources well.

Nicole Bennett agreed that data and analytics are not just about that but about what is done with them. This begs the question if the Commission is using its data and analytics to catalyze improvement and to influence policy and practice. This is the metric by which the Commission needs to be thinking.

Commissioner Carnevale referred to the Catalyze Improvement in Policy and Practice strategic goal and stated that the Commission does this by creating partnerships.

Chair Madrigal-Weiss added that the Commission catalyzes improvement in policy and practice through multi-county collaboratives, the innovation summit, and through hiring experts who will support counties through technical assistance.

Commissioner Carnevale stated that the Commission also builds in the requirement for evaluations on programs funded. This is a new expectation that gets individuals to think more about outcomes and not just the transactional nature of the money.

Commissioner Bontrager asked about ways to look at this in a different time parameter because, as has been mentioned several times contextually, the Commission was created by the will of the voters, and the Commission's mandate and structure may potentially change by the will of the voters in approximately 15 months. He asked, in that context, if there a way to modify this time period, given the fact that that is looming out there and that it is so foundationally and fundamentally different.

Executive Director Ewing stated that this has come up during the initial work on the strategic plan. It can be treated in different ways, such as revising this after waiting to see what the world looks like when there may be a measure on the ballot, or moving forward to identify key priorities that are important but are not based on the Commission's current authorities, since those may change based on legislation and budget decisions.

Executive Director Ewing suggested that the Commission have a robust conversation about where the California behavioral health system is now and the key tensions and pressures associated with it to begin to lay a foundational framework around current opportunity. That information can then be used to shape the conversation independent of the decisions that are made by the people of California regarding the Commission's authorities. It may be that this Commission will gain or lose opportunities or authorities, but, if the Commission identifies what those opportunities and needs are, it can make the case that these need to be addressed, whether it is something this Commission or someone else is doing.

Commissioner Brown stated that decisions on the Commission's future may be made in as soon as nine months, if this issue is put on the March ballot. He asked if the Commission would be better served trying to influence the proposal and use a planning session around that, rather than what is to be the Commission's strategic plan for the next several years.

Nicole Bennett stated that the BCG team can be agile to support the direction the Commission would like to take, and can work with the Commission to distill the elements that make the Commission distinctive and identify gaps by taking a broad enough view of the Commission both today and what it could be in the future relative to the needs that exist, so that those distilled elements are relevant regardless of what the future holds.

Commissioner Carnevale stated that he sees them connected. He stated that he agreed with Commissioner Brown. The Commission has a unique voice to be able to highlight all the problems, regardless of whether it controls them or not. If the problems can be highlighted during this conversation, then the Commission can influence the decision-makers through that education.

Commissioner Brown suggested frontloading some things that might normally be done later in the process. He noted that, whatever the Commission does, it needs to be done immediately.

Public Comment

Steve McNally, family member and Member, Orange County Behavioral Health Advisory Board, speaking as an individual, stated that they found last month's

Commission meeting to be one of the first meetings they saw Commissioners take an active interest in representing their areas and giving pushback to being forced by the Governor to do something. When it first started off, the speaker thought that could have been written for any group but they were glad the Commission got to certain elements. One element is to model desired behavior. In order to reduce stigma, everyone must be free to explain publicly at their own comfort level what their relationship is to this. When this cannot be done publicly, it makes it more difficult for others. Although everyone was told that stigma is over, a change was not created that allows individuals to identify their self-stigma and get on with it.

Steve McNally discussed the roles within and outside of the Commission. The Commission has a lot of respect and influence across the state going upward; however, there is less going downward. The Commission does not touch or use the Behavioral Health Planning Council or local boards, which are made up of 900 individuals, including 59 elected officials. The 40 million people in California are not being empowered. They are allowed to work in siloes and the executive branch is allowed to allow those siloes to happen. In the private sector, it would be put in a compensation plan, but this cannot be done in the public sector.

Steve McNally stated that the definition for “end user” is family and loved one. They have been left out at the table, even though it is legislated.

Steve McNally agreed with Chair Madrigal-Weiss’s comments about youth, but that is the way that families used to think in the Ladder of Peer Engagement. The California Youth Empowerment Network (CAYEN) did not want to be at the Commission’s table if they were just made a token. Everyone that really matters has been left out of the system. The speaker gave the example that the receptionist many times knows the most of what is going on in a company because they interface with the customers, but the speaker stated that California does not want to talk to those people.

Steve McNally stated that, whether the Commission likes the way the message is delivered or not, it is seen as being safe. It is not that difficult to navigate the system. Once someone does it, it is done. The speaker gave the example of not discussing implementation. CalAIM and the CYBHI are beautiful aspirations but, as soon as they get to the implementation stage, there is pushback, confusion, and delays. California is almost a year behind peer certification going live, when it was supposed to be legislated. As an example, Los Angeles County currently has less than 200 individuals certified.

Steve McNally stated the need to watch the process while the Commission does not have authorization to advocate but does not bring it up so someone has to deal with it and is just allowing it to happen. The public has been trying to say this for a long time but no one is listening.

Pia Escudero, Executive Director, Student Health and Human Services for the Los Angeles Unified School District (LAUSD), stated that they were part of how the MHSA was shaped 20 years ago. Stellar work was done raising trauma and how it affected children back then. The LAUSD had just finished a project and was able to influence the language of the MHSA to be innovative and targeted to overserved populations. The speaker stated that, 20 years later, they see the disconnect. The speaker stated that

they did not know that the Commission had meetings and that they only found the Commission today because they came to support the presenters for an agenda item that will be discussed later today. The speaker wished that the public knew about these meetings.

Pia Escudero stated that, when trauma was brought in 20 years ago, it highlighted the fact that trauma impacts many children. Today, the LAUSD has had to be innovative in doing surveys of social and community influence, health care access and quality, and education access and quality. These are part of the five social determinants of health. The higher the social influencers are (food, housing, employment, etc.), the higher the health and educational outcomes are.

Pia Escudero stated that the findings from approximately 6,000 surveys show that 60 percent of families have food insecurities, next is housing, and then mental health. The speaker stated that 20 years ago mental health could be the focus, but today, the focus must be mental health plus everything else. The challenge for the Commission is to look for multi-sectoral opportunities. The speaker asked whether the Commission should proceed with its strategic planning process because the landscape is changing dramatically, especially in Los Angeles. Although everything is changing, everyone is changing in their own way. She stated that the MHSA has that one leverage of doing cross-sectional conversations, knowing that, if one area is influenced, it impacts mental health.

Pia Escudero stated that, whatever happens with the electoral process, their advocacy is for children and families. When they go to systems meetings, it is always about adults – adult beds, adult housing. The speaker asked where the children are.

Pia Escudero stated that one thing struck this week – the speaker attended the LAUSD's 2023 graduation for homeless students. Those students are graduating and they were 9th graders when the COVID-19 pandemic hit, which means that their whole high school experience has been very different from any other generation. Studies show that the aim should be for children to be reading by 3rd grade. Current 3rd graders were in kindergarten when COVID hit. They are like no other generation. Current middle-schoolers are another group with notable experiences like no other generation, due to COVID.

Pia Escudero stated that the Commission has an opportunity to lift prevention and early intervention like no other system. The speaker spoke in support of the Commission and thanked the Commission for its work and good thinking.

Richard Gallo spoke about peers and the peer support workforce. The speaker stated that the California Mental Health Services Authority (CalMHSA) has 5,000 slots for the peer workforce through California with both grandfathering in and training. The speaker stated the need for the Commission to extend their peer fellowship to help do the work that needs to be done.

Richard Gallo stated that the salary grade for the Commission's evaluation and research job openings is high for work that they cannot even do with the Commission, as most of these positions are contracted out. This needs to improve. California should

have had programs and services throughout the state to meet the severely mentally ill and unhoused communities prior to the MHSA.

Richard Gallo stated that the MHSA modernization will significantly change how things are done at the Commission and how the funding sources will be dropped to just three buckets. The speaker stated the need to read the fine print to learn if the proposed modernization will go against or backwards with MHSA funding. The speaker asked where the transformational change is.

Richard Gallo stated families are in crisis and are being destroyed due to the lack of access to mental health services for children and adolescents for intellectual disability mental health. They are denied services offered through regional centers because they are not a mental health agency and are denied services through the counties because there is no service available for that target population like there is in Santa Clara County with MHSA funding. The speaker suggested that other counties learn from this Santa Clara County program to help families. The speaker suggested including this in the strategic plan.

Stacie Hiramoto commended the facilitators and the organization of this session. It was easy to follow and allowed for good, open discussion by the Commissioners. The facilitators did a good job and seemed to know the background of the MHSA and work of the Commission. She spoke in support of and thanked Commissioner Rowlett for his comments on the importance of the perspective of end users and how these are often minimalized, as well as his points about workforce and transparency.

Stacie Hiramoto agreed with Commissioner Rowlett's comments on diversity, equity, inclusion, and accessibility, which were also supported by the Chair. She stated that she thought she heard the facilitators say that diversity, equity, and inclusion is not an initiative but that it must run through all the initiatives. Members of the BIPOC community have heard things like this before but REMHDCO hopes that the new strategic plan focuses more directly and explicitly on reducing disparities for BIPOC and LGBTQ communities or that will not happen.

Stacie Hiramoto stated that focusing on systems such as schools, justice systems, or other populations such as those marginalized or at risk and assuming, because most individuals in those systems or other populations are from BIPOC and LGBTQ communities, that reductions in disparities will take place automatically is folly. The words "race," "ethnicity," "sexual orientation" and "gender identity" must be used in the text and the goals to either prioritize serving those communities or to reduce disparities must be specifically written into the plan. Although this may make some individuals uncomfortable, it should be worked on so they are not uncomfortable and not shying away from using these terms and making explicit goals in the plan.

Stacie Hiramoto stated that she supported Commissioner Gordon's comments on prevention and early intervention and other Commissioners' proposals on innovations. She stated she is afraid of losing these in the Governor's proposed changes, and REMHDCO looks forward to working with the Commission to prevent their loss or being diminished.

Mark Karmatz asked how this information will get down to the local community process such as the community leadership team meetings in Los Angeles County and in other counties, as well. The speaker also asked how information can get back up to the Commission.

Chair Madrigal-Weiss asked Mark Karmatz to contact staff with this question offline.

Steve Leoni spoke about the ideas of complexity versus simplicity, as brought up by Commissioners. The speaker referred to the MHSA and FSPs in The Village, which was an integrated service agency model, the essence of which was simplicity to clients and family members over complexity. The speaker suggested not only pushing for simplicity over complexity, but that the Commission is the custodian of that model of simplicity that has been largely forgotten as the world becomes more complex. Somehow the FSPs are not performing well. There have been many changes over the years in administrations, governors, initiatives, etc. that have changed things around and the FSPs ended up being neglected with no one doing much oversight, not even the DHCS. As a result, there are FSPs that are supposed to be wraparound services but their contact is twice a month, which is ridiculous.

Steve Leoni stated that the Commission was formed to help defend that clinical model at the start. The Commission also does many other good things, but at the start that FSP and that idea of simplicity over complexity was at the eye-view level of the client. That should be a high priority in what the Commission does. The whole issue of oversight and accountability has also been subject to change through legislation and sometimes not very subtle changes that have stripped the Commission and other state bodies of much of their effective authority. This is how these various programs have begun drifting. The speaker commended Executive Director Ewing for speaking up in recent months about how the FSPs are not performing the way they used to. This should be a priority.

Chair Madrigal-Weiss thanked Commissioner Carnevale for leading this effort and the BCG representatives for presenting and facilitating this agenda item.

8: Break

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

9: Legislative Update

Chair Madrigal-Weiss stated that the Commission will consider legislative priorities for the current legislative session including Assembly Bill (AB) 1282 (Lowenthal), relating to the impact of social media on youth mental health, and Senate Bill (SB) 509 (Portantino), relating to behavioral health training in schools. She asked staff to present this agenda item.

Kendra Zoller, Deputy Director of Legislation, stated that the Commission has prioritized an active role in policy making related to mental health policy and practices and is routinely asked to provide guidance on legislative proposals that would impact the Commission’s operations or result in new duties for the Commission. It is almost six months into the 2023-24 legislative session.

Deputy Director Zoller stated that the Commission will hear about two bills today, with goals and objects that are consistent with Commission priorities. Both bills are moving through the Legislature with the hopes of being passed in September and signed into law by the Governor by October. The 2023-24 legislative calendar and chart showing how a bill becomes a law in California were included in the meeting materials so Commissioners can follow along in the process.

AB 1282

Deputy Director Zoller introduced the representative from Assembly Member Lowenthal's office.

Brady McCarthy, Legislative Director for Assembly Member Lowenthal, provided a summary of AB 1282, related to the impact of social media on youth mental health. He provided a brief overview of AB 1282 and stated that the bill just passed the Assembly Floor and will next be heard in the Senate. He thanked Deputy Director Ewing, Deputy Director Zoller, and the Commission for their input and help in developing and crafting this piece of legislation. He noted that the bill requires robust community engagement in developing the gameplan and includes getting feedback from children and adolescents who are being impacted from their use of social media as well as the scientific and data information needed in order to have an informed gameplan for the state to implement in order to reduce potentially negative impacts of social media use among this population of users.

Commissioner Comments & Questions

Commissioner Carnevale asked how much AI has been factored into this bill.

Brady McCarthy stated that the bill currently does not explicitly address the impacts of AI but those are amendments currently being worked on.

Commissioner Brown asked for additional detail on the parameters of the bill and what it does.

Brady McCarthy stated that the bill would require the Commission to develop and deliver a report to relevant policy committees in the Assembly that provides a gameplan, looks at best practices, and looks at current research and data surrounding social media platform use, particularly use by children and adolescents. The process of developing the report and the gameplan requires that the Commission have a community engagement process to ensure that there is sufficient feedback from users, researchers, and individuals engaged in collecting data surrounding social medial use and potential impacts.

Commissioner Danovitch stated that the impact of social media on teen mental health has been well established. There are many factors that contribute to the high rates of depression, suicide, and other mental health problems. There is strong evidence that the current increase being seen correlates strongly to the moment in time in 2010 to 2012, when social media uses became a majority crossing from 50 percent to 80 percent in children and youth.

Commissioner Danovitch stated that socioeconomic issues and loneliness are difficult to control but social media can be directed through public policy. He suggested that the

Commission take more decisive action. There are several states that have passed legislation prohibiting the use of social media among kids before the age of 16. There are good grounds to take that type of action to push out the access to social media, given the known and emerging harms.

Commissioner Carnevale agreed. He stated that the source of the problems are the algorithms that the technology companies are using that are basically controlling children's brains through dopamine addiction, but there is also good social media. He stated that he does not see an effort to engage with private sector companies that are providing these algorithms. This problem can only be addressed at the algorithm level because that is where the substance abuse is happening. He encouraged that kind of action happening in California since all the companies are in California.

Vice Chair Alvarez stated that this conversation links to the previous agenda item around the Commission's strategic direction and role. She stated her understanding that the author's office is asking the Commission to write a paper that outlines recommendations for how the state should address concerns of social media and its impact on adolescent mental health.

Brady McCarthy stated that that is correct. He stated that Assembly Member Lowenthal is asking that the Commission receive feedback from users, the scientific community, and those who are engaging in research, and then report out best practices and strategies that the state can implement in order to ensure that the bill addresses not only the way that social media is regulated but the generation of kids who are currently using these devices without a gameplan or strategy at the state level to ensure that those users who are already experiencing mental health impacts are supported and that the negative mental health outcomes that are already being seen are reduced.

Vice Chair Alvarez asked where the Commission's responsibility starts and stops and about the opportunities to collaborate with other relevant agencies such as the California Department of Public Health (CDPH) and the Attorney General's Office, which also have an initiative around this work and have expressed serious concerns. She asked how the Commission can be more influential as a leader by working in collaboration with partner agencies. Thinking that through as part of the Commission's technical assistance could potentially help move action items forward so that it is not a report that sits on the shelf but has actionable next steps.

Brady McCarthy agreed. He stated that it would be worthwhile to collaborate with other agencies that are working in this space. As a requirement under the provision of the bill, the author's office asks that the report be delivered directly to relevant and policy committees so that any policy recommendations can be taken under consideration by the Legislature. He stated that Assembly Member Lowenthal is currently working on developing a Select Committee that will look at the impacts of social media use on mental health and views that there is a strong correlation between the work of the Commission, what will come out of this report, and what subsequently will be worked on through the Select Committee once it is authorized. The hope is for ongoing collaboration with the Commission.

AB 1282

Deputy Director Zoller introduced the representative from Senator Portantino's office.

Le Ondra Clark Harvey, CEO, California Council of Community Behavioral Health Agencies (CBHA), the sponsor of SB 509 by Senator Portantino, related to behavioral health training in schools, stated that the CBHA was founded by Rusty Selix, who was a co-author of the MHSA. The CBHA is the sponsor of SB 509. She provided a brief overview of SB 509. She stated that Senator Portantino has worked alongside CBHA for several years, promoting and passing legislation on youth behavioral health issues and how to help teachers and other adults who interact with students in school environments recognize signs and symptoms of a behavioral health disorder. This is even more important with the increased mental health issues caused by the COVID-19 pandemic.

Le Ondra Harvey stated that SB 509 requires 75 percent of certified and classified staff, with the exclusion of mental health professionals, to take training by January of 2027; schools to report the percentage of staff trained as part of their School Safety Plans; and students, grades 1 to 12, to receive some type of mental health education at least once in junior high or middle school and at least once in high school.

Commissioner Comments & Questions

Commissioner Rowlett stated that he is the board chair of the CBHA and enthusiastically supports SB 509. He quoted the words of Commissioner Gordon that schools are a place where many manifestations of stress, anxiety, and the things referred to as the social determinants of health are recognized first hand. SB 509 is a step toward ameliorating some of that, supporting students, teachers, staff, parents, and families.

Chair Madrigal-Weiss asked about the process after training.

Le Ondra Harvey stated that training is a one-time requirement. The concept of ongoing trainings will need to be discussed in the Legislature.

Commissioner Mitchell asked if the bill mentions mental health first aid training.

Le Ondra Harvey stated that the state has recognized that training and provided grants through the Department of Education. The bill is written in such a way that other training programs are eligible. Amendments were also made with SB 14 so that, if schools already had created their own training and could verify that it was community-defined and a best practice for students in their school, they were allowed to use that training, as well.

Commissioner Gordon asked about the mandated cost estimate for the training requirement.

Le Ondra Harvey stated that the Senate Appropriations Committee is tasked with determining the cost estimate. She noted that there are opportunities for schools to offer training at low cost through grants. Also, the CBHA holds an annual Mental Health First Aid Summit for many of the trainings across the state. Trainers are open to negotiating with schools to provide low-cost training options.

Chair Madrigal-Weiss thanked the members of the panel for their presentations and Deputy Director Zoller for putting the panel together.

Public Comment

Stacie Hiramoto urged the Commission to support SB 509. She asked the Commission to consider discussion at a future meeting on AB 289 by Assembly Member Holden, sponsored by The Children's Partnership and REMHDCO, which strengthens the participation of youth and BIPOC communities in the local planning process in the MHSA.

Stacie Hiramoto stated the hope that the Commission will track SB 326 by Senator Eggman, which is the vehicle that the Governor's proposed changes to the MHSA will be amended into. She stated the hope that the Commission will comment on the language going into this bill during the Committee process or Commission meetings.

Danny Thirakul, Public Policy Coordinator, California Youth Empowerment Network (CAYEN), asked for the Commission's support of SB 509. He stated that behavioral health challenges can start at a young age and, when recognized, can be addressed with supportive services that foster healthy early childhood to transitional age development. The ability to recognize the signs and understand what they mean requires consistent education and training. This could help teachers identify and youth self-identify behavioral health challenges and seek help by establishing consistent behavioral health education from elementary to high school.

Danny Thirakul stated that, as youth understand more about themselves and ask to seek help, it is important to have a strong support system in place. Under SB 509, school employees would also receive behavioral health trainings on signs and best practices. This transforms schools into a safe and nurturing environment.

Commissioner Discussion

Action: Chair Madrigal-Weiss asked for a motion to support AB 1282. Commissioner Gordon moved, and Commissioner Bunch seconded, that:

- *The Commission supports AB 1282 and directs staff to communicate its position to the Governor and the Legislature.*

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

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

Action: Chair Madrigal-Weiss asked for a motion to support SB 509.

Vice Chair Alvarez stated that the cost of this legislation is an important consideration to keep in mind due to the budget situation.

Executive Director Ewing stated that, although the cost is unknown, the need is that the bill is consistent with conversations the Commission has had with young people over the course of the last five to six years. The cost factor is being worked out as the bill moves forward. There are provisions for the state to provide funding. Typically, this is negotiated as the legislation progresses.

Le Ondra Harvey stated that the Senate Appropriations Committee stated that the cost of the training is unknown but there are many ways for the training cost to be reduced or free through the state. She stated that the CBHA will continue to monitor and provide updates to the Commission on this issue.

Commissioner Carnevale moved, and Commissioner Brown seconded, that:

- *The Commission supports SB 509 and directs staff to communicate its position to the Governor and the Legislature.*

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

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

10: Impacts of Firearm Violence Project

Chair Madrigal-Weiss stated that the Commission will hear from a panel of experts on the cycle of trauma and violence that underpins firearm-related harm, including community-based and culturally-responsive approaches to preventing and mitigating the trauma associated with firearm violence. She asked Commissioner Bunch to introduce the members of the panel.

Commissioner Bunch stated that this panel, while vitally important, will discuss sensitive topics and encouraged participants to take care of their health.

J. Kevin Cameron

Commissioner Bunch introduced J. Kevin Cameron, an internationally-renowned expert in threat assessment and crisis response whose model has been used across North America to identify risk, intervene effectively, and respond from a trauma-informed, recovery-oriented perspective.

J. Kevin Cameron, Executive Director, Center for Trauma Informed Practices, stated that he works in three areas that usually are not seen as interconnected: high-end violence threat risk assessment, crisis and trauma response, and family assessment and dynamics. He stated that individuals commit acts of violence for different reasons, including circumstances. He discussed the trauma-violence continuum, which states that trauma can beget violence just as violence begets trauma.

Kevin Cameron stated that every issue dealt with for at least the next three years will be laid on the foundation of a delayed response to the trauma of the COVID-19 pandemic. Generally speaking, high-profile trauma does not create new dynamics in human systems; it intensifies already existing dynamics, such as mental health or social dynamics. The trauma of the COVID-19 pandemic has caused youth under stress to regress to the stage of development they were at during the beginning of the pandemic, while some adults have regressed by decades.

Kevin Cameron discussed the closeness-distance cycle in family dynamics, which creates tension in close quarters over time; the anxiety this caused during quarantine, as families' pre-existing difficulties became exacerbated, has led to symptoms of matching intensity. He stated that this is one of the reasons for an increase in social

media use in children – an attempt to manufacture distance in situations where it was physically impossible – and the increase in related issues, such as child sexual exploitation, has created further trauma.

Kevin Cameron stated that the trauma and guilt from circumstances during the pandemic is unfortunately leading to an increase in post-pandemic violence among children. There have been more threat assessment cases, particularly more sexualized cases, than ever seen before in children, who have learned who will not protect them and who is a danger to them during their experiences in quarantine and are arming themselves accordingly.

Kevin Cameron referenced a study by the Federal Bureau of Investigation (FBI) of mass shootings in the United States that showed that only 25 percent of these shootings were carried out by individuals with diagnosable major mental illnesses that could cause violent tendencies; most shootings were carried out by individuals with undiagnosed and untreated trauma. Serious violence is an often-painful evolutionary pathway. Individuals do not suddenly snap, but are rather taking advantage of an opportunity to enact violence they have been driven toward over time by emotional pain and trauma.

Kevin Cameron stated that, in the work of on-site risk assessment and trauma response, since most people who engage in major acts of violence do give pre-incident indicators, there are three primary hypotheses: many people engage in threat-making as a cry for help; there is often a conspiracy of two or more people, where one engages in the act of violence but the other builds and justifies the associated anger in the background; and individuals who make threats are often more suicidal than homicidal and decide to take others with them. Kevin Cameron stated that multi-departmental collaboration in assessment can consider a wider range of factors for effective violence prevention and trauma response.

Jose Osuna

Commissioner Bunch introduced Jose Osuna, whose experiences have given him a passion for the often-overlooked mental health needs of gang members and incarcerated individuals.

Jose Osuna, Director, External Affairs and Manager, Housing Justice, Brilliant Corners and Consultant, Osuna Consulting, thanked the Commission for the opportunity to share his lived experience as a survivor as well as a perpetrator of gun violence. From the age of ten to thirty-five, he was a member of a violent street gang in Long Beach. He was also incarcerated for thirteen years. He stated that addressing his mental health needs was the pivot for his transformation, which changed his perspective of himself and the world and his ability to deal with different situations.

Jose Osuna's son was murdered outside of their home by a group who intended to harm Jose Osuna. Jose Osuna's son was not a gang member; however, he had been documented as a gang member because of his proximity to his father. According to the policy of the time, after his son's death, law enforcement searched the house in fear of retaliation and no therapy services were provided. The family was unable to receive any services for victims until Jose Osuna went through an appeal process to have his son's name struck from the gang database.

Jose Osuna stated that, when at last he was able to receive therapy, he learned that some of his greatest trauma stemmed from violence that he had inflicted and that substance abuse skewed his judgment and made violent acts easier to commit. His life changed as soon as he was able to reflect and address his trauma.

Jose Osuna found truly competent approaches to mental health at Homeboy Industries, the largest gang rehabilitation program in the world, where their mental health department worked to shatter the preconceived notion that gang members do not need mental health help. They understood that everyone has different mental health needs and their unique approaches included giving individuals safe places to rest and bringing perpetrators and victims of very violent crimes together for group therapy so they could work toward resolution.

At Homeboy Industries, Jose Osuna became interested in mental health work and began his career of establishing the link between gun violence with undiagnosed and untreated trauma. He stated that he has often worked with the Los Angeles Police Department in their trainings with gang members, helping them to see the similarities between them – both groups must remain hypervigilant, are frequently demonized, and want to keep their families safe. He stated that police officers, gang members, gun violence, and mental health all intersect.

Jose Osuna's first instinct to most situations in his previous life was to cause harm, either to someone else or to himself. Since he first began receiving mental health services, he has no longer had those thoughts. He emphasized the importance of making mental health services and resources available so that violence can become a less viable option.

Refujio "Cuco" Rodriguez

Commissioner Bunch introduced Refujio "Cuco" Rodriguez, who was previously the MHSA Division Chief in Santa Barbara County and continues to work to promote racial equity, community engagement, and youth violence and gang intervention.

Refujio "Cuco" Rodriguez, Chief Equity and Program Officer, Hope and Heal Fund: The Fund to Stop Gun Violence in California, stated that he received services and care that have led him to be the "better version" of himself that he is today. He stated that the leading cause of death of children in the United States is gun violence. That is especially true for Black and Latino boys. He stated that this statement alone should be sufficient reason to prioritize this issue.

Cuco Rodriguez stated that the Hope and Heal Fund was created after the San Bernardino shooting in 2015, when foundations in California realized that there was no fund that specialized in gun violence outside of policy. Equity is central to the work, as is its intersection with gun violence prevention and systems change. The Hope and Heal Fund is nontraditional in philanthropy in that removing access to firearms is not the end of its work – equity and healing for communities requires addressing the mentality that believes violence is an acceptable answer.

Cuco Rodriguez stated that untreated trauma, substance abuse, and escalating events create crisis; access to weapons then increases lethality. Despite that, in risk assessment, the questions do not discuss access to weapons. While there is a lot of

resistance to adding such questions, Cuco Rodriguez stated that this would make considerable change with little cost and effort.

Cuco Rodriguez stated that the Hope and Heal Fund also does capacity building in supporting small organizations working to reduce gun violence. It is difficult to increase capacity when budget dollars are often programmatic and earmarked.

Cuco Rodriguez stated that the Fund is currently engaged in Geographical Information System (GIS) mapping every homicide in California from the last nine years. This highlights that over two-thirds of total gun homicides in California are not in urban centers. The next steps in the GIS mapping will be to map suicides for total gun deaths for a clear picture of the impacts of gun violence in communities. Cuco Rodriguez stated that it is important to identify how many acts of gun violence were intended to harm an intimate partner versus street violence. While both forms have increased since the COVID-19 pandemic, homicides of intimate partners have increased greatly.

Cuco Rodriguez stated that the Hope and Heal Fund is involved in working in county systems. Systems are ongoing because they are working for somebody. System analysis identifies what is working in those systems and how those processes and strategies can be applied in different circumstances. Although other systems, such as fire emergency response, have developed and improved, there is no efficient response system for mass shootings. The emergency plans that do exist are inequitable. Cost benefit analysis correlated with equity and gun violence is not being done currently, although homicides are expensive for counties. The situation with gun violence, social, and mental health issues is not sustainable without intervention. Prevention is a worthwhile investment.

Sarah Metz, Psy.D.

Commissioner Bunch introduced Sarah Metz and stated that she has extensive experience working with trauma survivors, individuals with substance disorders, combat veteran survivors, perpetrators of violence, and individuals with complex PTSD. She is a renowned expert in trauma and recovery.

Sarah Metz, Psy.D., Director, Division of Trauma Recovery Services, University of California, San Francisco, Trauma Recovery Center (TRC), provided an overview, with a slide presentation, of the vision, programs, crime types served, gunshot referral demographics, core elements of the TRC model, services, and client outcomes of the Impacts of Firearm Violence Project. She stated that a thorough assessment is done up front to understand all the ways that trauma has impacted an individual's life, as well as potential other mental health needs such as depression, anxiety, substance use, physical pain, and sleep difficulties, and their sense of experience is evaluated every eight weeks to target needs.

Sarah Metz reviewed a case example of the process of recovery after experiencing firearm violence. She emphasized the ripple effect, since the impact is not just the direct survivor, but there is reverberation to their immediate family, community, and beyond. She continued her slide presentation and discussed the findings of a National Study of Crime Victims done by the Alliance for Safety and Justice in 2022. The study showed that crime victims are more likely to be young, BIPOC, low income, LGBTQ, disabled,

and have prior records. She emphasized the finding that once an individual has been a victim of a crime, they are three times more likely to be a victim again of four or more crimes.

Lara Drino

Commissioner Bunch introduced Lara Drino, the Director of the Children Exposed to Violence Unit (CEV) at the Los Angeles City Attorney's Office, and leader of the REACH Team, the focus of the Commission site visit yesterday. Lara Drino's passion is ensuring that children's voices are heard in the criminal justice system and in the community.

Lara Drino, Deputy City Attorney, City of Los Angeles and Leader, REACH Team, South Los Angeles, stated that REACH stands for respond, educate, advocate, community healing for kids. She provided an overview, with a slide presentation, of the background, goals, objectives, services, and benefits of the CEV REACH Team. She noted that the root cause of firearm violence is adverse childhood experiences (ACEs).

Lara Drino stated that the reality is that guns and violence cause trauma. The problem is that trauma therapy is not routinely offered to children, unless the child is a direct victim. Often children are not listed in police reports because they were not the direct victim, although they were affected by it. The REACH Team ensures that, when children need therapy, they do not have to rely on reimbursements and other types of funding and that a therapist is made available to them immediately.

Lara Drino stated the need to bring agencies together because the only way to tackle this is if everyone is working together. She stated that families need to be stabilized before they can accept mental health counseling for their children. Educating parents, schools, law enforcement, and the community about trauma is critical to increasing acceptance of mental health services. She noted that the REACH Team model is working, but funding is needed across systems to keep it going.

Commissioner Comments & Questions

Chair Madrigal-Weiss thanked the panel for their presentations and Commissioner Bunch for putting the panel together.

Commissioner Bunch thanked Courtney Ackerman, Research Scientist, for all the work she has done over the past several months on this project.

Commissioner Carnevale stated that national debates after mass shootings are about controlling guns and improving mental health but then nothing comes of them. He stated his understanding that the panel discussion was not the only answer but it is a piece of the puzzle and that the Commission is standing up to firearm violence and trying to educate more. He suggested that the Commission go beyond education and start finding solutions and funding. He stated that his viewpoint shifted from education to action as a result of hearing the panel presentations. Everyone knows something must be done but nothing gets done because no one knows what is actionable.

Commissioner Brown stated that the panel did an outstanding job. It is one of if not the most powerful panel the Commission has had.

Commissioner Brown thanked Sarah Metz for sharing what is being done in San Francisco and the case study of how deeply this problem goes into the person who is affected directly and the people who are affected indirectly.

Commissioner Brown thanked Cuco Rodriguez for his passion and quest for change. He stated that Cuco Rodriguez's statement that removing access to firearms is ineffective without addressing a violent mentality is the core of what the Commission needs to figure out. This issue has become so polarized politically and people oftentimes will use that to choose a side when the reality is that this is something that affects everyone and everyone needs to get behind doing something about it.

Commissioner Brown thanked Kevin Cameron for his outstanding insights and great takeaways. He stated that he appreciated Kevin Cameron's perspective.

Commissioner Brown thanked Jose Osuna for sharing his experience and journey, for his recovery and redemption, and for taking negative experiences that he was on the receiving end of and embroiled in and turning them into something positive.

Commissioner Brown thanked Lara Drino for her amazing work and stated that he cannot speak highly enough about the REACH Team program.

Commissioner Mitchell thanked the panel for their excellent presentations. She asked Lara Drino about her relationship with county behavioral health.

Lara Drino stated that the Children's Institute and another organization have contracts with the Los Angeles County Department of Mental Health (LACDMH). The REACH Team therapist salaries are funded through grants so that there is never a wait list. The program offers up to six sessions with no paperwork, just consent of the parent. To make it easy, the therapist will go to the house or meet the children wherever is most convenient. If the child needs long-term therapy and the parents agree to it, they will be referred to one of the Children's Institute's long-term programs. Those therapists are funded through the LACDMH.

Lara Drino stated that, if the LACDMH therapist who works at the Children's Institute or who is funded has a wait list and cannot see the child, the REACH Team therapist will stay with the child until the long-term therapist can take them and then they will do a warm handoff. The REACH Team therapist will attend the first session with the long-term therapist with the child. The warm handoff helps the child feel comfortable to talk to the long-term therapist, and the REACH Team therapist can talk to the long-term therapist about what is going on and where the child is in the therapy process.

Commissioner Mitchell asked for additional detail on Cuco Rodriguez's comment that two-thirds of gun violence is not in urban areas.

Cuco Rodriguez stated that data in California and across the country around gun violence is difficult to collect. The challenge is that sometimes the infrastructure or technology does not exist to do electronic health records, etc., and systems are not compatible with each other. This is a case where the state has an effective data collection system but only half the counties participate around gun violence.

Cuco Rodriguez stated that his organization utilized a variety of different datasets, including the Gun Violence Archives, for mapping. Mathematically, it did not add up to

the total gun deaths in the state of California and population sizes. What gets lost is the small number of homicides that occur in Lompoc, for example, which does not seem high when totaling that population with the total county population of Santa Barbara, but for individuals who live in Lompoc within a one-mile radius, that is quite high – three times the state average. This is part of the reason for that statistic.

Commissioner Carnevale asked about the amount of funding required to sustain the CEV REACH Team program for the city, county, and state.

Lara Drino stated that she has not yet done those calculations.

Commissioner Carnevale stated that he looked at the MHSOAC Fiscal Transparency Tool, which indicated that Los Angeles County has $1 billion of unspent money that comes through this system. He asked why that funding is not being put toward solutions to address these problems and what the Commission can do to cause that to occur.

Lara Drino stated that she has a meeting scheduled with the Deputy Mayor of Community Safety to talk about this.

Chair Madrigal-Weiss asked if the recent changes in Medi-Cal will allow services to be billable.

Cuco Rodriguez stated that many gang intervention specialist services are reimbursable, but the reimbursement rate is so low, it is not sustainable.

Lara Drino stated the need to increase the pay for therapists. It is difficult to get individuals to do that work. She emphasized that therapists need to be paid for the work they are doing.

Chair Madrigal-Weiss thanked Cuco Rodriguez for gathering all available data, but stated the need for more data to become available to help complete the picture. She suggested that the Commission continue to work on this issue.

Chair Madrigal-Weiss agreed with Kevin Cameron's comments about regression and stated that it is being seen in schools. She stated that it is important for teachers to understand the reality that students are three years behind in their development due to the COVID-19 pandemic. She stated the need to focus on compassion and understanding. Academics cannot happen without stability, and stability is built on compassion and understanding.

Chair Madrigal-Weiss thanked Jose Osuna for his presentation. She referred to Jose Osuna's story of his family not qualifying for services because his son was misidentified as a documented gang member. This is unconscionable. She asked how to break the cycle of pain and suffering. She stated that there is something wrong with a system that refuses to provide services to individuals who are victims of a crime and are suffering. This is outside the circle of human connectedness. She stated the need to stay grounded in what is important and to listen to the community voice. It is the community that needs to shape policies and help make decisions.

Chair Madrigal-Weiss thanked Lara Drino for her work. She stated that it is an inspiration to see the collaboration and connection between the different service organizations. She stated that the language is braided together between the systems. That was powerful to see at yesterday's site visit. She agreed with Lara Drino that

something needs to be done. Something is wrong with a system that charges individuals for their local parks, especially with the need for spaces for young people to engage. She stated that, when the City Attorney's office is leading the effort with law enforcement and the mental health partner is not front and center, questions need to be asked to see what can be done to change this.

Vice Chair Alvarez expressed appreciation for the panel members' leadership and for their presentations today. She stated that she is hearing the panel members say that a whole child approach is needed in both health and education. It is not just one division's responsibility, but it is the responsibility of all agencies to work across sectors in order to care for the whole child, whole family, and whole community.

Vice Chair Alvarez stated that she is also hearing that the responsibility of navigating systems and funding streams needs to be moved from families to government, and that there is a need to find ways to blend programs and braid funding in a way that works for individuals. She asked, in the Commission's work around strategic direction and the way the Commission is headed, how to center these experiences to think through whatever oversight role the Commission has that will hold county partners accountable to working across departments in order to fund initiatives such as the REACH Team program.

Vice Chair Alvarez stated that the Commission talks a lot about learning communities, uplifting best practices, and sharing them so other counties can benefit. The REACH Team program is one incredible opportunity to do the same to ensure that it is not only Los Angeles County that benefits from these initiatives, but that there is an opportunity to take these programs to scale across the state.

Public Comment

Steve McNally suggested that panel members present at the Los Angeles Mental Health Commission. The speaker stated that they were inspired by the panel that people do make a difference, even when they work in bureaucratic settings where people would rather push reports. The speaker stated that there is not the same dedication or the feeling of being patient-centric or person-centric in many state agencies.

Steve McNally stated that what is pieced together might already exist in the current funding streams except no one talks to each other. It is not a "say yes" type of culture; it is an "I do what I do and I do it really good, but I only do this one thing" type of culture. The speaker stated that individuals do not know what feeds into their one thing or what the exit is and they do not care, so they are not looking to leverage funding.

Steve McNally stated that curious learners want to know how things work in simple terms. California does not care about data that much, even though it is available. The speaker stated that it is almost like people can create their own narrative to say that something is terrific because no one knows the data. Siloes hurt families and loved ones. They do not hurt the system; the system continues. People are paid well in these jobs, and yet they do not take ownership of recovery. Recovery is not that difficult. It is complicated but simple. It is acceptance, awareness, and meeting people where they are. It is frustrating to see so much money being spent not doing that. The speaker

stated that they are excited to see individuals who make a difference in other individuals.

Steve McNally stated that Commissioner Carnevale asked the question about the amount of money needed. The speaker suggested knowing the answer to that question. The speaker stated the wish that, in addition to being informed, every presenter would empower everyone in the room to do something for their cause, whatever that may be.

Mark Karmatz suggested that Panel Members look into the Project Return Peer Support Network (PRPSN), which is part of the California Association of Peer Supporters (CAPS) Academy. The speaker asked Panel Members if they have peer supporters within their programs.

Lara Drino stated that the REACH Team program includes peer specialists and parent helpers.

Sarah Metz stated that the Trauma Recovery Center currently does not include peer supporters, but they work closely with the San Francisco Wraparound Project at UCSF that is made up of peer counselors and partners with other community agencies that are peer-based, such as Us4Us Bay Area and others.

11: Adjournment

Chair Madrigal-Weiss thanked everyone for joining the Commission today to continue the work and discussions around mental health. She especially thanked members of the public and stated that the Commission values public input and participation.

Chair Madrigal-Weiss stated that the next Commission meeting will take place on June 15th virtually via Zoom. There being no further business, the meeting was adjourned at 4:28 p.m.

State of California

MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION

Commission Meeting Minutes

Date June 15, 2023

Time 9:00 a.m.

Location Virtual Only

Members Participating:

Mara Madrigal-Weiss, Chair
Mark Bontrager
Sheriff Bill Brown
Steve Carnevale
Rayshell Chambers
Shuo Chen
Itai Danovitch, M.D.
Gladys Mitchell
Jay Robinson, Psy.D.
Alfred Rowlett
Khatera Tamplen

Members Absent:

Mayra Alvarez, Vice Chair
Keyondria Bunch, Ph.D.
Assembly Member Wendy Carrillo
Senator Dave Cortese
David Gordon

MHSOAC Meeting Staff Present:

Toby Ewing, Ph.D., Executive Director
Geoff Margolis, Chief Counsel
Norma Pate, Deputy Director, Administration and Performance Management
Kendra Zoller, Deputy Director, Legislation
Melissa Martin-Mollard, Ph.D., Chief, Research and Evaluation
Tom Orrock, Chief, Community Engagement and Grants
Sharmil Shah, Psy.D., Chief, Program Operations
Amariani Martinez, Administrative Support
Lester Robancho, Health Program Specialist
Cody Scott, Meeting Logistics Technician

1: Call to Order and Roll Call

Chair Mara Madrigal-Weiss called the Meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to order at 9:06 a.m. and welcomed everyone.

Chair Madrigal-Weiss reviewed a slide about how today's agenda supports the Commission's Strategic Plan Goals and Objectives, and noted that the meeting agenda items are connected to those goals to help explain the work of the Commission and to provide transparency for the projects underway.

Geoff Margolis, Chief Counsel, called the roll and confirmed the presence of a quorum.

Amariani Martinez, Commission staff, reviewed the meeting protocols.

2: Announcements and Updates

Chair Madrigal-Weiss welcomed new Commissioner Jay Robinson, filling the role of an employer with more than 500 employees. She invited Commissioner Robinson to introduce himself.

Chair Madrigal-Weiss gave the announcements as follows:

Commission Meetings

- The May 2023 Commission meeting recording is now available on the website. Most previous recordings are available upon request by emailing the general inbox at mhsoac@mhsoac.ca.gov.
- The next Commission meeting will take place on July 27th in Sacramento.

CFLC & CLCC Meetings

- The Client and Family Leadership Committee (CFLC) met yesterday and the Cultural and Linguistic Competency Committee (CLCC) will be meeting on June 27th at 2:00 pm. The agenda for the CLCC meeting will be posted on the Commission's website tomorrow.

Public Input Forum – Commission's Strategic Plan Development

- The Commission is in the early stages of developing the Strategic Plan for 2024-27, building on the current plan. As part of this effort, input from the public is being sought 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. A 60-minute virtual input session will take place on June 16th from 11:00 a.m. to 12:00 p.m. Information is available on the website. Additional opportunities will be provided to receive guidance and feedback as the plan develops.

New Staff

Chair Madrigal-Weiss asked Tom Orrock to share recent staff changes.

- Joseph Vecchi has joined the Commission since the last Commission meeting as part of the Administrative Services team in accounting and contracts.
- Lynze Thornburg has been selected as the first Mental Health Clinical Fellow and will be starting her fellowship on July 10th. The Mental Health Clinical Fellowship was established in honor of Rusty Selix, a great champion for mental health.

May and June Minutes

- The May and June minutes will be on the July agenda for approval. Public comments concerning these minutes will be taken at the July meeting.

3: General Public Comment

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), stated that the California Reducing Disparities Project (CRDP) Statewide Evaluation Report came out in early June. Major findings include that the CRDP increased access to mental health services and improved the mental health of participants in unserved, underserved, and inappropriately served communities, which yielded positive financial benefits for the state of California. This is proof that Community-Defined Evidence Practices (CDEPs) are effective.

4: Legislative Update

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

5: Strategic Plan Update

Chair Madrigal-Weiss stated that the Commission will receive an update on the development of the 2024-27 Strategic Plan. She asked the representative from the Boston Consulting Group (BCG) to present this agenda item.

Presentation

Anna Silk, Principle, BCG, provided an overview, with a slide presentation, of the strategic plan effort and decision-making framework of the 2024-27 Strategic Plan Outline. She stated that opportunities for input will continue throughout 2023. The decision-making framework will consider need, impact, fit, and feasibility in its assessments.

Commissioner Comments & Questions

Commissioner Danovitch stated that the decision-making framework is excellent, but effects are difficult to measure at an individual level. He recommended finding a broader measurement to more effectively track the development of innovations or initiatives.

Chair Madrigal-Weiss stated the importance of addressing needs that have been identified and elevated by communities.

Commissioner Robinson recommended adding a criterion of whether the need being addressed is existing or emerging.

Commissioner Tamplen stated the importance of recognizing the impact on family members and loved ones and on cultural communities.

Commissioner Carnevale stated that, while a framework must be used in order to truly evaluate its effectiveness, this decision-making framework will add quality to the evaluation process.

Chair Madrigal-Weiss asked if anything specific is being done to engage youth and families to include their perspectives and feedback.

Anna Silk stated the BCG has had the opportunity to connect with community-based organizations that represent families and youth. There is an opportunity to tailor upcoming public input sessions to ensure that their feedback is elevated.

Public Comment

Stacie Hiramoto stated the importance of holding listening sessions with underserved, racial, ethnic, and LGBTQ communities.

Richard Gallo, consumer and advocate and Volunteer State Ambassador, ACCESS California, a program of Cal Voices, stated the importance of representation of the justice-involved, unhoused, and peer worker communities.

6: San Diego County Innovation Project

Chair Madrigal-Weiss recused herself from the discussion and decision-making with regard to this agenda item pursuant to Commission policy. She asked Commissioner Tamplen to facilitate this agenda item.

Commissioner Tamplen stated that 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. She asked the county representative to present this agenda item.

Nadia Privara, Assistant Director, Behavioral Health Services, County of San Diego, Health and Human Services Agency, provided an overview, with a slide presentation, of the problem, proposed innovative solutions, community engagement, outcomes and goals, and budget highlights of the proposed San Diego County Public Behavioral Health Workforce Development and Retention Program innovation project. The proposal consists of three parts: the Outcomes-Based Renewable Training and Tuition Fund, the Upskilling to Meet Professional Needs Program, and the Home Ownership Incentive Program.

Commissioner Comments & Questions

Commissioner Chambers stated that the state has made significant investments in the behavioral health system overall and in bringing in social workers and clinicians. She asked whether San Diego County is working with the state or community-based organizations to secure other funding for social workers and clinicians.

Nadia Privara stated that the county has a workforce team that is looking into additional funding opportunities. She noted that the board of supervisors is committed to establishing local partnerships to address the challenge of current shortages.

Commissioner Chambers asked about the housing component in recruitment.

Nadia Privara stated that interviewees find moving to San Diego County too expensive and would prefer to work remotely. By offering incentives to move to the area, the county anticipates that the new workers will build connections in the community, which will help to retain the workforce.

Commissioner Rowlett asked about partnerships with private industry.

Nadia Privara stated that nothing is specifically outlined regarding relationships with private industry. San Diego County anticipates, through an administrator, outlining specific criteria around the program and leveraging relationships with organizations to build the program and help it become sustainable.

Commissioner Rowlett asked about payback commitments on the housing incentives.

Nadia Privara stated that San Diego County will determine payback terms, if any, and length of employment commitment. The county feels this portion of the plan may be applicable to other hard-to-fill positions.

Commissioner Rowlett asked what strategies are associated with diversifying the workforce, and how San Diego County will leverage available funds.

Nadia Privara stated that the county's intent is to coordinate and maximize everything available.

Commissioner Carnevale encouraged the Commission to look for more innovative solutions to workforce shortages in the behavioral health system.

Commissioner Tamplen asked how many individuals will be served by the increased workforce in San Diego County.

Nadia Privara stated that estimating the increase in clients served is difficult. With current workforce shortages, the county has yet to hit the baseline of individuals who should be served with the current budget.

Commissioner Tamplen asked about the number of individuals the county expects to serve in order to meet the basic need.

Nadia Privara stated that she could not give a specific number but the county can run analytics on that and report back to staff. The county currently serves approximately 100,000 to 105,000 individuals annually with a 30 percent rate of vacancy. She stated that the number would be much higher than it is currently but less than 20,000 to 30,000 more.

Commissioner Tamplen asked for more information about engagement of peers, families, and youth.

Nadia Privara stated that the community program planning process included engagement with the community. Also, the needs assessment, which was done by a third party, included engagement with individuals in the industry including peers, psychiatrists, representatives from the public and private sector, health care workers, and county staff to inform the needs assessment.

Commissioner Tamplen asked about specific focus groups with those target populations to promote sharing in more comfortable settings.

Nadia Privara stated that she could take this question back to the team and report back to staff with more information. The intent is to recruit, retain, and support individuals in their journey and career throughout their lifetime as behavioral health workers.

Commissioner Tamplen stated that employment is an important part of the recovery process. She asked about offices at the system level for peer support services and family empowerment. The county's support is critical for program sustainability.

Nadia Privara stated that peers are part of county councils across the age spectrum. A peer council is also planned. The county councils help inform projects such as innovation projects.

Commissioner Tamplen asked if the councils are made up of full-time employees.

Nadia Privara stated that they are not full-time employees. A county staff representative attends meetings to provide the county perspective and brings feedback from the council back to the county. The county established peers as a new classification as county staff in the last fiscal year. Peers will be in the outpatient and case management programs.

Commissioner Mitchell asked about conversations or efforts to not only recruit and train but grow a group of behavioral health workers internally, such as recruiting from junior and senior high schools and having discussions about the behavioral health field.

Nadia Privara stated that the county already does that and is beginning to do more youth engagement and behavioral health messaging on key topics such as fentanyl. The county has done a lot of work with the youth sector to ensure that youth are responsive to whatever messaging is going out. A challenge is that many individuals do not know about the array of services provided by behavioral health.

Commissioner Robinson asked if there is a point where the county will expand the thinking to going to a remote model or tapping more into tele-mental health. Challenges with recruitment in the San Diego area will continue.

Nadia Privara stated that the county transitioned over a few short weeks at the beginning of the COVID-19 pandemic in giving providers equipment to do tele-mental health services. She stated that tele-mental health is something the county could explore as an option, although many clients prefer to have in-person services and go to a place where they are connected. There are limitations in the county with working outside the area. It is better to have tele-mental health than vacancies.

Public Comment

A Member of the Public, a member of the San Diego County Behavioral Health Advisory Board, shared the experience of their son, who is diagnosed with schizophrenia spectrum and a mood disorder. The speaker stated that, without their case management, their son would have returned to the street, the emergency room, and/or the jail. Families do the best they can with these tasks, but it often severely compromises the personal relationship they are trying to support. The speaker stated that ideally the proposed workforce initiative would expand on providers and case workers. The speaker suggested utilizing permanent part-time positions, which may

support the full-time case workers, and/or creating and maintaining a centralized database.

Richard Gallo spoke against the proposed project. Nothing has been said about workers including peers at both the county and behavioral levels. Also, the proposed project was not sought from the community of consumers and families but is driven by county need because of the workforce issue. This issue is not specific to San Diego County but is statewide.

Richard Gallo spoke against the First-Time Home Buyers Program. This money can be used to save the unhoused community by providing direct services with the peer community. The proposed plan is not consumer- and family-driven. The county cannot use the council as a reason for peers working when that is not considered a work council but is a volunteer position serving on the council to provide expertise. Part of the problem is there is an administrator in San Diego County who does not buy into the community planning process.

Stacie Hiramoto thanked Commissioner Rowlett for asking the question about whether this project addresses diversifying the workforce. Unless San Diego County is different from other counties, the workforce does not come close to matching the representation of those served. She stated that she did not hear any mention of how these disparities may be addressed in this innovative and exciting proposal.

Stacie Hiramoto acknowledged and complimented Commission staff, who noted on page 4 of their analysis, specifically to stakeholder engagement, that a sample of the participants who were involved in the community planning process were clients with lived experience, parents of individuals with lived experience, transition age youth (TAY), older adults, justice-involved individuals, faith-based communities, veterans, African Americans, Native Americans, American Indians, Latinx immigrants and refugees, and the LGBTQ communities. She stated that she did not note that there would be any attention to whether people from these underserved communities would be recruited or any measurements in how disparities would be reduced. There should be some mention of this issue. Other than that, this is a very innovative and needed program.

Robin Sales, Retired Licensed Clinical Social Worker, and Executive Officer, San Diego County Behavioral Health Advisory Board, spoke in support of the proposed project.

Serita Polinaire, Executive Member, San Diego County Behavioral Health Advisory Board, spoke in support of the proposed project.

Sharon R. Yates, Member, CFLC, spoke in support of the proposed project.

Commissioner Discussion

Commissioner Tamplen asked for a motion to approve the staff recommendation.

Commissioner Danovitch so moved.

Commissioner Brown seconded.

Commissioner Rowlett stated that he wanted to ensure that a proposal of this nature, given the staff analysis, does not conflict with the intent of the Commission, recognizing

that the Commission is approving funding a workforce project for San Diego County to recruit workers. There are implications associated with the project, like working with private industry, that have not been spoken to specifically. Secondly, given the staff analysis, this project is congruent with the Commission's strategic objectives or the mission of the Commission. He asked whether this is what the Commission should be funding.

Executive Director Ewing stated that the statute requires counties to secure approval from the Commission prior to spending innovation funds explicitly because of the Legislature's concern that it is difficult to provide clear written guidance on what qualifies as innovative, particularly in a dynamic space like mental health where knowledge and learning is evolving. At the same time, there is recognition that innovation is essential if California is to make progress in addressing some of its most pressing challenges.

Executive Director Ewing stated that the Commission has been consistently working to assist counties in focusing innovation dollars on strengthening the core of their mental health systems, recognizing that transformational change will not happen on the margins of a system but that it needs to happen at the core of a system. The Commission has persistently heard comments from the community about reducing disparities in access to care – how to hire, who is hired, and how care is delivered. It is up to the Commission to determine if this and every other project meets Commissioners' collective standard for something that is sufficiently innovative. Typically, staff tries to highlight concerns and provide information that can inform decision-making.

Executive Director Ewing stated that, in terms of the alignment of this project with the areas of concern, no one questions the reality that progress cannot be made in improving access to care and quality of care without a workforce. This has been in discussion for at least ten years and has accelerated in the past few years. The state has been putting more resources into workforce strategies.

Executive Director Ewing stated that it is appropriate to ask if San Diego County's proposal to pursue its workforce issues is sufficiently innovative. He also recognized the public comments about the strength of community engagement. There are significant tensions and tradeoffs between those themes. The Commission strategies available in this instance are:

- Vote "yes" and direct staff to monitor, to raise concerns, and to direct the county to address those concerns and come back with a revised proposal.
- Vote "no." The Commission has on only two occasions voted "no."
- Vote "yes" with guidance asking the county to elevate a concern that the Commission has raised and to work with staff to support the county to move forward in implementing their innovation in a way that may address those concerns.

Executive Director Ewing stated that, to Commissioner Rowlett's point about broader private sector engagement and consistent with Commissioner Carnevale's comments about the Commission's innovation work also trying to encourage that private sector engagement, staff would be happy to support the county's efforts to do that as this

project moves forward or, if the Commission so chooses, for the county to rethink that and bring it back. He cautioned that the county will face a reversion deadline for these funds if the Commission votes “no,” and will lose a portion of these funds.

Sharmil Shah, Psy.D., Chief, Program Operations, stated that $8 million will be lost if the Commission votes “no” today.

Commissioner Danovitch addressed Commissioner Rowlett’s question. He stated that the Commission has struggled with defining what being innovative is and relied on the counties through their process to tell the Commission what is innovative. The hallmark is that there is learning that results from the initiatives. He stated this project has all the qualities in the proposed Decision-Making Framework presented in Agenda Item 2 around need, impact, fit, and feasibility. There is the prospect of learning from it if San Diego County is successful in workforce attraction, sustainment, and development through this initiative. This is a replicable model that other counties can use, as well. He stated that this is why he moved approval of the staff recommendation.

Commissioner Tamplen added that there is also opportunity in terms of the guidance that this Commission has brought up. As the Commission is moving in the direction to increase the workforce, there is also the question about where the support is from the county for some of the identified professions. She stated that she agreed with the concerns that Commissioner Rowlett brought up and the opportunity to provide guidance. She stated that she will vote in support of this project but would like to see commitment at the county level around the areas of diversity in the workforce and the peer and family support.

Commissioner Rowlett stated that part of his recommendation would include a clearer delineation around the diversity workforce objectives, the methods of engaging industry, and the benefits to community-based or non-government organizations that provide services that are contracted with the government.

Commissioner Danovitch stated that the motion must first be voted on before it can be revised.

Commissioner Rowlett clarified that his recommendation was for follow-up, not for an amendment to the motion.

Executive Director Ewing stated that, given the number of innovation projects currently in motion, staff does not have the capacity to monitor all of them. However, with the scale of funding and urgency of need for this project, staff will continue to work with San Diego County to clarify benefits for contract providers and support an emphasis on diversity in the workforce.

Nadia Privara agreed to work with staff and return to report out.

Commissioner Chambers stated that a verbal agreement may not be enough. She stated that community-based and peer-run organizations must be included in the work.

Commissioner Brown stated that he seconded the motion out of a desire to discuss further concerns. He questioned whether there is existing or proposed local funding to address the needs. He also asked about sustainability.

Nadia Privara stated San Diego County's board approved $25 million of county funds that will support other behavioral health workforce efforts, including reducing administrative burdens and establishing regional training centers. The county is looking into evergreen funding and other partners. The three components in the plan – the Outcomes-Based Renewable Training and Tuition Fund, the Upskilling to Meet Professional Needs Program, and the Home Ownership Incentive Program – are intended to complement efforts in other areas.

Commissioner Brown stated the workforce and funding needs are substantial. He asked for clarification on the scope of the home loan forgiveness component.

Nadia Privara stated the intent is to start small and adjust and expand based on success.

Commissioner Brown questioned the use of Mental Health Services Act (MHSA) funds for home loan forgiveness. It is great to incentivize it, but there are so many pressing needs in the mental health community that cause this component to be controversial. He suggested that the county retool this plan without those concerns.

Executive Director Ewing stated that, when reviewing county innovation plans, the Commission is not always in unanimous agreement. If the motion is successful, staff will work with the county and monitor. If the motion fails, the Commission has the option to ask the county to address concerns and return. Given San Diego County's risk of reversion, he suggested approving the portion of the plan that did not raise concerns. This would support the county to move forward on the bulk of the plan.

Commissioner Tamplen agreed with Commissioner Brown's concerns about the home ownership component.

Commissioner Mitchell asked for clarification on reversion. She stated that defined follow-up dates for the issues that Commissioner Rowlett mentioned would be helpful. She suggested having the project return in the next meeting.

Executive Director Ewing explained the reversion of MHSA funds that are not spent within their timeframe. The Legislature has allowed the Commission to determine the timeframe for reversion. If a county has innovation funds in a Commission-approved innovation project, those funds are protected from reversion. The Commission held this meeting because several counties have funds at risk of reversion. He stated that the Commission could request that San Diego County return with clarification or modification of the part of the plan that is concerning, which would protect those funds from reversion.

Executive Director Ewing stated that staff strives to ensure that meeting timing is not the factor that causes a county to lose its funding. On the other hand, counties are aware of reversion deadlines and must realize that a later plan runs the risk of losing funding to reversion.

Executive Director Ewing stated that, in response to a vote, the Commission drafts a formal letter reporting the vote to the county, specifying concerns, and identifying conditions for the county to address.

Commissioner Tamplen asked Commissioner Rowlett to lead in the monitoring of the county's adjustments to its proposal post-approval.

Commissioner Rowlett agreed.

Commissioner Brown stated that approving San Diego County's innovation plan could set a precedent of other counties creating plans that include compensation. This could limit the use of MHSA funds in other areas. He stated that he was in favor of asking the county to retool the plan.

Commissioner Carnevale stated that it is more important to support a county that is willing to spend its funding; even if its plan fails, that is part of innovation.

Commissioner Tamplen asked that the Commissioner discussion be reflected in the motion.

Commissioners Danovitch and Brown accepted the friendly amendment that makes approval contingent upon the county allowing the Commission to increase the level of monitoring, with a representative such as Commissioner Rowlett in support of the initiative.

Action: Commissioner Danovitch moved, and Commissioner Brown seconded, that:

The Commission approves San Diego County's Innovation Project, contingent upon the county allowing the Commission to increase the level of monitoring, with a representative such as Commissioner Rowlett, 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

The Motion failed 4 yes, 3 no, and 1 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Bontrager, Carnevale, Chambers, and Danovitch.

The following Commissioners voted "No": Commissioners Brown, Rowlett, and Tamplen.

The following Commissioner abstained: Commissioner Mitchell.

Commissioner Brown made a motion to approve San Diego County's Innovation Project, contingent upon the county allowing the Commission to increase the level of monitoring, with a representative such as Commissioner Rowlett, for the Outcomes-Based Renewable Training and Tuition Fund and the Upskilling to Meet Professional Needs Program components and remove the Home Ownership Incentive Program element.

Commissioner Rowlett seconded.

Action: Commissioner Brown moved, and Commissioner Rowlett seconded, that:

The Commission approves San Diego County's Innovation Project, contingent upon the county allowing the Commission to increase the level of monitoring, with a representative such as Commissioner Rowlett, for the Outcomes-Based Renewable Training and Tuition Fund and the Upskilling to Meet Professional Needs Program components and remove the Home Ownership Incentive Program element, 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

The Motion passed 5 yes, 2 no, and 1 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Brown, Carnevale, Danovitch, Rowlett, and Tamplen.

The following Commissioners voted "No": Commissioners Bontrager and Chambers.

The following Commissioner abstained: Commissioner Mitchell.

Chair Madrigal-Weiss rejoined the meeting. She thanked Commissioner Tamplen for facilitating this agenda item.

7: Tuolumne County Innovation Project

Chair Madrigal-Weiss stated that 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. She asked the county representative to present this agenda item.

Lindsey Lujan, Deputy Director of Quality Management, Tuolumne County Behavioral Health, provided an overview, with a slide presentation, of the proposed innovation concept and identified area of innovation of Tuolumne County's Family Ties: Youth and Family Wellness innovation project. She stated that the county completed a five-year gap analysis to ensure that the proposed project was an identified gap area. Findings included the need to increase the length of stay for youth within the first admission in order to reduce the rate of return by engaging youth and families concurrently. This proposal offers the opportunity for the county to learn if offering complementary services outside of the behavioral health environment to parents and families can create stability for youth in their own homes.

Lindsey Lujan reviewed identified gaps in the initial proposal that allowed the county to take a new step in implementation: family choice and youth voice. The county plans to include focus groups with targeted populations to gather feedback on implementation. The goal is to improve youth outcomes. It is essential for the county to do this with youth and families through innovative ways by serving youth and families concurrently to create longer stability for youth.

Commissioner Comments & Questions

Chair Madrigal-Weiss stated that, in the review of this project, Commission staff raised concerns over whether the county had achieved robust youth engagement. The concern is that the youth who are involved in mental health services may not have been

adequately surveyed about their experiences, which would have helped to better understand the reasons for their quick exit from mental health services. It is important that the county hear from those youth who are the target of this innovation.

Chair Madrigal-Weiss recommended approving the proposal with certain conditions, considering the reversion deadline for these innovation funds. She recommended that the county work with Commission staff to identify strategies for bolstering their youth engagement efforts in this innovation project and in other youth mental health efforts. She asked to ensure that the input received about this proposal be incorporated into the program implementation, and that the county work with staff on providing an update on this innovation proposal and taking those items into consideration.

Commissioner Chambers asked about the amount of funding that would be reverted if this proposal was not approved today.

Sharmil Shah stated that the county will stand to lose $779,405.16 off this budget if this project is not approved today.

Commissioner Chambers agreed with the chair's comments. It is alarming that a county would create a program without adequate community feedback. Client and consumer feedback is the foundation of the MHSA. She stated that, although she did not want to put the project down or reduce services, Commissioners have voted no on other projects with inadequate community feedback.

Commissioner Chambers questioned accepting projects this late in the process. There were major concerns with both Tuolumne and San Diego Counties' projects.

Chair Madrigal-Weiss stated that she appreciated that Tuolumne County has listened to the concerns and has agreed to work with staff to resolve them. It seems to have been a capacity issue and they will now have the guidance and support of Commission staff.

Executive Director Ewing recognized Ms. Lujan and her team. Staff has been working hard to elevate the youth voice. Because of COVID restrictions and staff limitations, partnering with rural counties has been less successful. Most of the work has occurred in more urban counties. Staff appreciates the chance to learn from Lindsey. Lujan and her team in terms of the challenges they face. This is not about the Commission leaning in; it is about partnering to understand the realities that counties like Tuolumne face and to see how that can benefit the Commission's efforts statewide to improve youth empowerment efforts. Part of the delay has been the length of time it has taken to work through these conversations with the county. He stated appreciation for Commissioners' willingness to participate in a special meeting to help these counties.

Public Comment

Richard Gallo stated the hope that this is a lesson for counties about the community planning process as part of innovation plans. This is part of the problem with counties statewide. They do not support community feedback from youth, consumers, families, or parents. The speaker stated that they believe in the concept of the proposed project. Parents need parenting education, as well. The lack of the community planning process is a huge problem.

Action: Chair Madrigal-Weiss asked for a motion to approve the staff recommendation. Commissioner Danovitch moved, and Commissioner Mitchell seconded, that:

The Commission approves the use of up to $925,891.04 in Innovation Funds over five (5) years for Tuolumne County's Family Ties: Youth and Family Wellness Innovation Project, on the condition that Tuolumne County:

- *Enhances the project's Youth Engagement;*
- *Reassesses the project's design in response to its enhanced Youth Engagement; and*
- *Informs the Commission regarding the project's development and implementation.*

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

The following Commissioners voted "Yes": Commissioners Bontrager, Carnevale, Chambers, Danovitch, Mitchell, Rowlett, and Tamplen, and Chair Madrigal-Weiss.

8: Los Angeles County Innovation Project

Chair Madrigal-Weiss stated that 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. She asked the county representative to present this agenda item.

Kalene Gilbert, Mental Health Program Manager, Los Angeles County Department of Mental Health, provided an overview, with a slide presentation, of the Interim Housing Outreach Program, key elements of innovation, system gaps and needs, community engagement, and annual budget of the Interim Housing Multidisciplinary Assessment and Treatment Teams Project. She emphasized the role of peers in this project. She stated that peers are not only part of the team but there are also leadership roles with peers with supervision to ensure career advancement. She noted that peers are critical in reaching this hard-to-engage population.

Commissioner Comments & Questions

Commissioner Chambers asked for verification that this is the Housing for Health Program.

La Tina Jackson, Deputy Director, Countywide Engagement, stated that is correct.

Commissioner Chambers stated that the implications on the need for this project are that there are no county dollars attached to provide these services in a multidisciplinary approach.

La Tina Jackson stated that there are no services like these in the standard interim housing inventory for clients with complex needs, who are less likely to enter interim housing settings, maintain residency, and transition to permanent housing because of the complexity of their needs. Housing staff are housing providers, not service providers. The Department of Health Services (DHS) is bringing their own funding that they have identified through the Housing and Homelessness Incentive Program (HHIP), working with the managed care organizations.

Commissioner Chambers stated that half of the funding is coming from somewhere else.

La Tina Jackson stated that the proposed program will fund the mental health component of this program and the Department of Public Health (DPH) Substance Abuse Prevention and Control (SAPC) will fund the substance use treatment to provide the capacity to deal with co-occurring disorders.

Commissioner Chambers asked if there are plans to engage community-based organizations to do some of this work.

La Tina Jackson stated that the mental health portion will be county-operated multidisciplinary teams, while the DPH SAPC largely contracts their support through community-based organizations.

Commissioner Mitchell asked about the service areas for this project.

La Tina Jackson stated that there are eight service plan areas in this countywide program. The highest concentration of individuals experiencing homelessness and the highest concentrations of beds and services are in Areas 4 and 6, South Central Los Angeles and Central Los Angeles. Resources will be dispatched in an equitable manner to ensure that staffing and supports are allocated in accordance with the homeless counts and bed concentrations in those respective areas.

Commissioner Mitchell stated that much funding has been allotted to those two service areas and yet needs continue to worsen. She asked the county to provide dedicated support to those two areas of highest need. She asked for assurances and detailed verification of success in those two forgotten communities. She stated that the Commission will hold the county accountable for these dollars and the improvement. She asked to include monitoring built into the project activities to ensure that the dial moves in the right direction.

La Tina Jackson stated that a larger proportion of the staffing will be dedicated to those two service areas to meet the need. Another piece being carried into the proposed project with partners with Housing for Health are the lessons learned from the COVID response in which inequities were seen around individuals receiving vaccinations or testing in certain communities throughout Los Angeles County. One of the learnings was to build in metrics and monitoring so that gears can be shifted mid-program implementation to identify inequities as they are happening in real-time and plan to address them. It is important to build those responses into the proposed project in order to be nimble and responsive to address the population in an equitable fashion in the services provided and the outcomes thereafter.

Chair Madrigal-Weiss stated that there were at least 20 opportunities for community feedback with partners specifically addressing this issue. She stated appreciation for the inclusion of updates on previously-approved innovation plans so Commissioners can see things moving forward based on the learnings. She suggested that this be one of the Commission's standard practices. She also stated appreciation that funding has allocated for 11 peer positions.

Commissioner Carnevale added onto Commissioner Mitchell's comments. He stated that Commissioners spent a day touring Watts last month and were impressed by both

the needs and the opportunities. At the last Commission meeting, Commissioners expressed concern that Los Angeles County has a very large amount of unspent dollars. He stated that he is supportive of this program but he stated that he wanted to send a clear message that there are many other programs that seem to be needed there and they are not getting that level of support. He stated that he would like to see the county be more active in that regard.

Commissioner Tamplen asked for additional detail on the interim housing and who has access to it.

La Tina Jackson stated that interim housing is another word for the shelter sites. Anyone in the interim housing setting can have access to these teams. Triage teams will be attached to a set of interim housing sites that they can refer directly if there is an individual in that setting who they feel needs a particular support or attention from any entity involved in the project.

Commissioner Tamplen asked if individuals must comply with something specific to get access to the interim housing or if they have the option to participate, get permanent housing, and supports. Individuals often do not want to participate if they will be forced on some long-term objective.

La Tina Jackson stated that everything is approached from a recovery standpoint. Recovery means that individuals do not have to accept all parts but that they can accept the part that they are ready for. There is no requirement that someone participate in something in order to get connected to housing. Housing and helping individuals in their recovery journey is a valuable, critical first step because it is difficult to engage in any form of treatment without shelter.

Public Comment

Brittney Weissman, Commissioner, Los Angeles County Mental Health Commission, and Executive Director, Hollywood 4WRD, which is in Service Area 4 with the second highest concentration of individuals experiencing homelessness in Los Angeles County, stated that she shared concerns raised about equity and the great need. She spoke in support of the proposed project.

Richard Gallo stated concern about the low numbers of peer workers. The speaker stated the hope that the peer workers will be paid a living wage as part of the contract agreement. The funding contractors and community-based organizations also need to be paid a living wage. The speaker stated the need for adequate, trained staff for a program to be successful. Peer workers are individuals with lived experience who can provide services to the peer community.

Richard Gallo stated concern about the community planning process and the low number of responses received, considering the size of Los Angeles. The county needs to do a better job in meeting the need where consumers and family members are to gather feedback about gaps in programs and services, not based on what the county thinks they need.

Commissioner Discussion

Chair Madrigal-Weiss asked for a motion to approve the staff recommendation.

Commissioner Mitchell asked to amend the staff recommendation by adding the monitoring for this program into the motion to report progress for the two services areas of highest need to ensure that these communities are getting the support that they need and that progress is being seen in those outcomes.

Executive Director Ewing stated that each county is required to have an evaluation strategy. Staff will work with the county to ensure that progress reports are made to the Commission in reporting outcomes associated with the project. He stated that staff could work with the county to organize a site visit to see those high-impact areas and the progress being made.

Commissioner Mitchell stated the need to make it clear that the expectation is that the Commission can see that those communities are being served and that the numbers show that they are being served in proportion to the numbers of individuals in the community.

Executive Director Ewing stated that the Commission has the option of making that language a formal component of the motion or directing staff to make it happen.

Commissioner Mitchell asked that the language be part of the motion.

Action: Commissioner Mitchell moved, and Commissioner Carnevale seconded, that:

The Commission approves Los Angeles County's Innovation Project under the condition that the county work with Commission staff to provide periodic updates with emphasis on ensuring that the services are delivered in the two highest-need service areas, 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

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

The following Commissioners voted "Yes": Commissioners Bontrager, Carnevale, Chambers, Chen, Danovitch, Mitchell, Rowlett, and Tamplen, and Chair Madrigal-Weiss.

9: Adjournment

Chair Madrigal-Weiss stated that the next Commission meeting will take place on July 27th in Sacramento. There being no further business, the meeting was adjourned at 12:25 p.m.

Mental Health Services
Oversight & Accountability Commission

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Motions Summary
Commission Meeting
May 25, 2023

Motion #: 1

Date: May 25, 2023

Proposed Motion:
That the Commission approves the April 27, 2023 Commission Meeting Minutes

Commissioner making motion: Commissioner Danovitch

Commissioner seconding motion: Vice Chair Alvarez

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

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

Motions Summary
Commission Meeting
May 25, 2023

Motion #: 2

Date: May 25, 2023

Proposed Motion:
That the Commission approves the Consent Calendar, which includes a budget amendment for Imperial County's EHR Project in the amount of $114,481, funding for Monterey County's Rainbow Connections Innovation Project for up to $7,883,562.86, and funding for San Bernardino County's Progressive Integrated Care Collaborative Innovation Project for up to $16,557,576.00.

Commissioner making motion: Commissioner Mitchell

Commissioner seconding motion: Commissioner Tamplen

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

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

Motions Summary
Commission Meeting
May 25, 2023

Motion #: 3

Date: May 25, 2023

Proposed Motion:
The Commission approves the Fiscal Year 2022-23 updated expenditure plan as modified by increasing the innovation expenditure from $100,000 to $500,000 and associated contracts.

Commissioner making motion: Commissioner Tamplen

Commissioner seconding motion: Commissioner Mitchell

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

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

Motions Summary
Commission Meeting
May 25, 2023

Motion #: 4

Date: May 25, 2023

Proposed Motion:
That the Commission supports AB 1282 and directs Commission Staff to communicate its position to the Governor and the Legislature.

Commissioner making motion: Commissioner Gordon

Commissioner seconding motion: Commissioner Bunch

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

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

Motions Summary
Commission Meeting
May 25, 2023

Motion #: 5

Date: May 25, 2023

Proposed Motion:
That the Commission supports SB 1209 and directs Commission Staff to communicate its position to the Governor and the Legislature.

Commissioner making motion: Commissioner Carnevale

Commissioner seconding motion: Commissioner Brown

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

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

Mental Health Services
Oversight & Accountability Commission

WELLNESS • RECOVERY • RESILIENCE

Motions Summary
Commission Meeting
June 15, 2023

Motion #: 1

Date: June 15, 2023

Proposed Motion:
The Commission approves San Diego County's Innovation Project, contingent upon the county allowing the Commission to increase the level of monitoring, with a representative such as Commissioner Rowlett, 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

Commissioner making motion: Commissioner Danovitch

Commissioner seconding motion: Commissioner Brown

Motion carried 4 yes, 3 no, and 1 abstain, per roll call vote as follows:

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

Mental Health Services
Oversight & Accountability Commission

WELLNESS • RECOVERY • RESILIENCE

Motions Summary
Commission Meeting
June 15, 2023

Motion #: 2

Date: June 15, 2023

Proposed Motion:
The Commission approves San Diego County's Innovation Project, contingent upon the county allowing the Commission to increase the level of monitoring, with a representative such as Commissioner Rowlett in support of the initiative for the Outcomes-Based Renewable Training and Tuition Fund and the Upskilling to Meet Professional Needs Program components and remove the Home Ownership Incentive Program element, 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

Commissioner making motion: Commissioner Brown

Commissioner seconding motion: Commissioner Rowlett

Motion carried 5 yes, 2 no, and 1 abstain, per roll call vote as follows:

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

Mental Health Services
Oversight & Accountability Commission

WELLNESS • RECOVERY • RESILIENCE

Motions Summary
Commission Meeting
June 15, 2023

Motion #: 3

Date: June 15, 2023

Proposed Motion:
That the Commission approves the use of up to $925,891.04 in Innovation Funds over five (5) years for Tuolumne County's Family Ties: Youth and Family Wellness Innovation Project, on the condition that Tuolumne County:

- Enhances the project's Youth Engagement;
- Reassesses the project's design in response to its enhanced Youth Engagement; and
- Informs the Commission regarding the project's development and implementation.

Commissioner making motion: Commissioner Danovitch

Commissioner seconding motion: Commissioner Mitchell

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

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

Motions Summary
Commission Meeting
June 15, 2023

Motion #: 4

Date: June 15, 2023

Proposed Motion:
The Commission approves Los Angeles County's Innovation Project under the condition that the county work with Commission staff to provide periodic updates with emphasis on ensuring that the services are delivered in the two highest-need service areas, 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

Commissioner making motion: Commissioner Mitchell

Commissioner seconding motion: Commissioner Carnevale

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

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

AGENDA ITEM 5

Action

July 27, 2023 Commission Meeting

Consent Calendar

Summary: The Mental Health Services Oversight and Accountability Commission will consider approval of the Consent Calendar which contains one innovation project funding request.

Items are placed on the Consent Calendar with the approval of the Chair and are deemed non-controversial. Consent Calendar items shall be considered after public comment, without presentation or discussion. Any item may be pulled from the Consent Calendar at the request of any Commissioner. Items removed from the Consent Calendar may be held for future consideration at the discretion of the Chair.

Transgender, Non-Binary, and Gender Expansive Center (SANTA CLARA COUNTY):

Santa Clara County seeks to create the Transgender, Non-Binary, and Gender Expansive (TGE) Center, which will be a space that provides comprehensive services and supports for the local TGE community. Using a community-informed approach, the project will establish a Steering Committee consisting of people with lived experience, community-based organizations, and TGE allies to oversee design of the physical space and to inform project activities. The TGE Center will provide healing, wellness, and stability to TGE county residents through a variety of services and resources including, but not limited to: respite drop-in services; peer-driven non-clinical crisis supports; referrals to culturally affirming behavioral health services and community organizations; kinship circles, support groups, and wellness activities; employment development opportunities and computer stations; solutions for families and caretakers; and a clothing closet.

The Community Program Planning Process:

Local Level

Santa Clara County began its Community Program Planning (CPP) Process in November 2021 with a call for innovative project ideas from residents and community partners. An Innovation Subcommittee – comprised of County staff, a youth and education representative, consumers, community peer support staff, and diverse community representatives from various geographic locations, ages, genders, and races/ethnicities – was formed to review the proposals. The TGE Center project plan was submitted to the Subcommittee by the Santa Clara Office of LGBTQ+ Affairs, the Q Corner, the Gender Health Center, and Caminar. This plan was then selected by the Subcommittee for further development.

The County also performed a Trans Needs Assessment community survey, engaging 276 participants through personal interviews, focus groups, and responses to questionnaires. Three (3) top needs were identified:

1. Increased access to multilingual health care services
2. Multilingual professional development services
3. Community mobilization and coalition building

The County performed research, consulted with subject matter experts, and engaged community partners to ensure that the community voice was incorporated into the Innovative project plan's development. Conversations were held with the County's Office of LGBTQ Affairs, the Q Corner, the Gender Health Center, and the Trans Empowerment Center. Discussions with consumers, family members, providers, and other local community stakeholders also occurred to identify barriers to accessing current systems and consider potential solutions.

Santa Clara's CPP process included the following:

- 30-day Public Comment Period: March 16, 2023, through April 16, 2023
- Local Mental Health Board Hearing: May 8, 2023
- Board of Supervisor Approval: June 6, 2023

Additionally, the proposed project received about forty (40) letters of support.

Commission Level
This project was initially shared with Community Partners on March 29, 2023. The final version of this project's plan was shared with the Commission's Community Partners on June 7, 2023.

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

Enclosures (3): (1) Commission Community Engagement Process; (2) The TGE Center Staff Analysis; (3) Letters of support

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

https://mhsoac.ca.gov/wp-content/uploads/Santa_Clara_INN_Plan_TGE_Center.pdf

Proposed Motion:
That the Commission approves funding for Santa Clara's TGE Center Innovation Project for up to $11,938,639.

Mental Health Services
Oversight & Accountability Commission

Commission Process for Community Engagement on Innovation Plans

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

Sharing of Innovation Projects with Community Partners

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

STAFF ANALYSIS—Santa Clara County

Innovation (INN) Project Name:	**Transgender, Non-Binary, and Gender Expansive (TGE) Center**
Total INN Funding Requested:	**$11,938,639**
Duration of INN Project:	**54 months (4.5 years)**
MHSOAC consideration of INN Project:	**July 27, 2023**

Review History:

Public Comment Period:	March 16, 2023 to April 16, 2023
Mental Health Board Hearing:	May 8, 2023
Approved by the County Board of Supervisors:	June 6, 2023
County submitted INN Project:	June 6, 2023
Date Project Shared with Stakeholders:	March 29, 2023 and June 7, 2023

Project Introduction

Santa Clara County is requesting up to $11,938,639 of Innovation spending authority to create a space that provides comprehensive services and supports for the local transgender, non-binary, and gender expansive (TGE) community. Through a community-informed approach, the project will establish a Steering Committee consisting of people with lived experience who are representative of the community being served, as well as its partner organizations and allies, to oversee design of the physical space and to inform the general activities in the project.

Through the creation of a safe and affirming space, the TGE Center will provide healing, wellness, and stability to TGE county residents by offering a variety of services and resources including, but not limited to: respite drop-in services; peer-driven non-clinical crisis supports; referrals to culturally affirming behavioral health services and community organizations; kinship circles, support groups, and wellness activities; employment development opportunities and computer stations; solutions for families and caretakers; and a clothing closet.

What is the Problem?

The TGE community is a historically marginalized and persecuted population that is negatively affected by cultural and generational trauma. The pathologizing of gender diversity exacerbates mental health disparities and mistrust of the mental health system, leading to barriers in access to care and an increasing likelihood of mental health crises.

According to a 2015 survey done by the National Center of Transgender Equality, 33% of transgender individuals have had a negative experience with a mental or health care professional because of their TGE identity, and 23% of transgender individuals choose not to seek care due to fear of discrimination and mistreatment. Furthermore, a report from the Trevor Project, an American non-profit organization focused on suicide prevention efforts among the LGBTQ+ community, found that 65% of TGE individuals experience suicidal ideation at some point in their lives. Comparably, a Santa Clara County 2013 survey found that nearly half of transgender respondents had considered suicide and/or self-harm in that year alone.

A 2021 Santa Clara County study also found that TGE adults are four times more likely to experience homelessness than the general population, with one in four of those people reporting job loss due to bias and over three-fourths reporting some form of discrimination. Consequently, high unemployment levels and poverty have forced members of this community to turn to underground economies. In addition, one-fifth of older TGE adults live alone and experience high levels of loneliness.

How this Innovation project addresses this problem

This Innovative Project aims to increase access to mental health services to underserved groups by making a change to an existing practice in the field of mental health, specifically through a unique focus on the TGE community, who are not only the target population for services but also play a foundational role in the development of the center. Given the historic marginalization of the TGE community, the creation of a space in partnership with and for TGE individuals helps address the lack of gender-affirming services through the addition of meaningful, peer-driven, and holistic support.

This project will create a TGE Steering Committee that empowers individual representatives of the community being served to guide and inform the TGE Center's design and implementation. Those serving on the TGE Steering Committee will receive a stipend for their time, expertise, and guidance with identifying tailored activities and events that foster the community's wellbeing and improve access to needed services. Outreach and informational sessions will also be provided to increase awareness of existing resources and supports.

Although Santa Clara County currently offers services for TGE individuals, none have been designed in collaboration with or by representatives of the TGE community. Additionally,

while most existing services focus on clinical and medical needs, the TGE Center will offer a variety of non-clinical supports and resources encouraging overall wellness while also serving as a referral hub for other community programs, including those that offer more intensive supports such as the Gender Health Center at the Santa Clara Valley Medical Center, which provides medical care and mental/emotional health care that meet the unique needs of TGE individuals. The TGE Center will maintain close partnerships with these organizations to ensure seamless integration among the different resources and services.

Services will be provided in partnership with community-based organizations (CBOs), which the County will identify using a Request for Proposal process to ensure program and population appropriateness. Additionally, staff will be required to be culturally competent, and resources will be developed in the County's threshold languages.

Community Planning Process

Local Level

Santa Clara County began its Community Program Planning (CPP) Process in November 2021 with a call for innovative project ideas from residents and community partners. The TGE Center project plan was submitted jointly by the Santa Clara Office of LGBTQ+ Affairs, the Q Corner, the Gender Health Center, and Caminar. Several community forums were held both in person and virtually, and an Innovation Subcommittee was formed to review and rank the submitted project ideas. The Subcommittee was comprised of County staff, a youth and education representative, consumers, the County's Stakeholder Leadership Committee (SLC – comprised of diverse community representatives from various geographic locations, ages, genders, and races/ethnicities), and community peer support staff. Ultimately, the TGE Center was selected by the Subcommittee for further development.

The County performed a Trans Needs Assessment community survey, engaging 276 participants through personal interviews, focus groups, and responses to questionnaires. Three (3) top needs were identified:

1. Increased access to multilingual health care services
2. Multilingual professional development services
3. Community mobilization and coalition building

Between March and July 2022, the County performed research, consulted with subject matter experts, and engaged community partners to ensure that the community voice was incorporated into the Innovative project plan's development. Conversations were held with the County's Office of LGBTQ Affairs, the Q Corner, the Gender Health Center, and the Trans Empowerment Center. Discussions with consumers, family members, providers, and other local community stakeholders also occurred to identify barriers to accessing current systems and consider potential solutions. Some of the concerns that community members highlighted included a lack of awareness of available resources, housing availability, feelings

of isolation and disconnection from the community, and the need for more and better employment opportunities.

Through these community conversations and activities, the central theme to emerge was the need to provide the TGE community with their own space, one that could serve dual purposes of connecting folks to other people, resources, and services, while also educating the community through advocacy and knowledge sharing.

On May 8, 2023, Santa Clara County's Behavioral Health Board unanimously recommended the TGE Center project for Board of Supervisors' review, and on June 6, 2023, Santa Clara County's Board of Supervisors unanimously approved the TGE Center Innovative Project Plan. Additionally, the proposed project received about forty (40) letters of support, with others expressing verbal appreciation for the County's efforts in addressing the specific needs of the TGE community.

Commission Level

Commission staff shared this project's initial plan with its stakeholder contractors and the Commission's listserv on March 29, 2023, while the County was in their 30-day public comment period, and comments were to be directed to the County. The final version of this project's plan was shared with the Commission's Community partners and the listserv on June 7, 2023.

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

Learning Objectives and Evaluation

The project aims to serve approximately 500 youth, transition age youth, and adults from the TGE community and provide outreach to about 1,000 people each year. Over the length of the innovative project, the TGE Center expects to engage about 20-25% of the TGE population. Family and friends of TGE folks will also have access to resources and services when appropriate.

The County hopes to learn whether the TGE Center reduces isolation, rejection, and persecution and increases a sense of belonging. The County also hopes to better engage the TGE community through a "their very own door" approach, while also improving the quality and quantity of available services/supports.

To determine project success, the County will select a third-party evaluator to work with TGE Center staff and contracted CBOs in identifying appropriate metrics, which may include, but are not limited to, surveys and questionnaires, referral rates, follow up to referrals, and attendance counts to TGE Center events. These entities will collect qualitative and quantitative data and assess completion of project benchmarks on a quarterly and annual basis.

- Contracted CBOs will collect data on:
  - Total number of clients served
  - Types of services and/or resources received
  - Referrals to other resources
  - Demographic information

- Center staff will collect data on:
  - Total number of people engaged
  - Types of resources provided
  - Demand for/utilization of center services

- Center patrons may choose to provide:
  - Feedback on their experience and satisfaction of the TGE Center
  - Suggestions for continuous improvement, which will be provided to the TGE Steering Committee for decision-making on possible changes to the TGE Center

The project's final evaluation will drive whether the County chooses to continue the TGE Center beyond the requested 4.5-year innovation funding time frame. If found successful, the County recommends that funding be sustained through another MHSA component and/or integration into Santa Clara County's existing System of Care, as informed by the community during its CPP Process.

The Budget

Funding Source	FY 2024-2025	FY 2025-2026	FY 2026-2027	FY 2027-2028	FY 2028-2029	TOTAL
Innovation Funds	$ 3,715,149	$ 2,134,903	$ 2,175,851	$ 2,218,026	$ 1,694,709	$ 11,938,639*
TOTAL	$ 3,715,149	$ 2,134,903	$ 2,175,851	$ 2,218,026	$ 1,694,709	$ 11,938,639*

Budget Category	FY 2024-2025	FY 2025-2026	FY 2026-2027	FY 2027-2028	FY 2028-2029	TOTAL
Personnel	$ 1,325,149	$ 1,364,903	$ 1,405,851	$ 1,448,026	$ 924,709	$ 6,468,639*
Operating Costs	$ 350,000	$ 700,000	$ 700,000	$ 700,000	$ 700,000	$ 3,150,000
Non-Recurring	$ 2,000,000	$ -	$ -	$ -	$ -	$ 2,000,000
Evaluation	$ 30,000	$ 60,000	$ 60,000	$ 60,000	$ 60,000	$ 270,000
Committee Stipends	$ 10,000	$ 10,000	$ 10,000	$ 10,000	$ 10,000	$ 50,000
TOTAL	$ 3,715,149	$ 2,134,903	$ 2,175,851	$ 2,218,026	$ 1,694,709	$ 11,938,639*

**Due to suppressed decimals, totals have been rounded up to the nearest dollar.*

The County is requesting authorization to spend up to $11,938,639 in MHSA Innovation funding for this project over a period of 54 months (4.5 years). One hundred percent (100%) of the project will be supported by Innovation funding.

The budget allocates about 54.2% of funds for Personnel. The County plans on employing a 1.0 FTE Program Manager to oversee project planning, implementation, and evaluation. Through the contracted service provider, fourteen (14) FTE staff will implement project activities, and include: 2.0 FTE Human Services Representatives, 1.0 FTE Management Analyst, 3.0 FTE Rehabilitation Counselors, 3.0 FTE Health Education Specialists, 4.0 FTE Peer Support Workers, and 1.0 FTE Peer Community Coordinator. **Based on these estimates, a third of staffing will be comprised of peers.**

Santa Clara County has allotted 26.4% of the requested budget for Operating costs, which includes rent and utilities. Non-Recurring costs comprise 16.8% for items such as site improvements and equipment. Evaluation costs are covered within the Consultant line item in the above table, making up 2.3% of the requested budget. The remaining 0.4% is set aside for Committee stipends.

The County provides additional budget details on page 16 of their plan.

Conclusion

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

SAN MATEO COUNTY PRIDE CENTER
1021 S. El Camino Real, San Mateo, CA 94402 | sanmateopride.org | 650-591-0133

Name: San Mateo County Pride Center
Date: May 18, 2023
Subject: Letter of Support, Innovation Project 17, Transgender, Non-Binary and Gender Expansive (TGE) Center

To Director Terao and the members of the Board of Supervisors for Santa Clara County,

On behalf of the entire team of the San Mateo County Pride Center, I am writing this letter to provide our full support in establishing the Transgender, Non-Binary and Gender Expansive (TGE) Center for Santa Clara County. An integrated health and wellness center which supports the mental and emotional wellbeing, teaches essential life skills, and provides a safe haven for a community too often targeted by violence and harassment will be life changing for its future clients and community members.

The LGBTQ+ community was already predisposed to mental health disparities. The pandemic, respiratory viruses, M-pox, and additional health conditions have only worsened these outcomes. We also know that within the LGBTQ+ population, resources, and access to them are not equitable. Early in the pandemic, the Pride Center released our own report revealing how COVID impacted the LGBTQ+ community in San Mateo County. As we neighbor Santa Clara, the statistics may still be relevant. From our own LGBTQ+ COVID Impact Report we found that Trans and Non-binary individuals were:

- 4.2x more likely to have moved into unsafe or unstable housing
- 2.6x more likely to have experienced violence or harassment
- 2.8x more likely to have trouble affording medical care

Currently, with the mounting level of hate legislation across the states, demands on LGBTQ+ services are increasing across the board. Even within these bills, many of them target the Trans community. Our personal is political; their political is our personal. Hate laws, like hate crimes, impact the communities they target. Thus, the effect on our mental, emotional, and physical health is felt by our clients and community members. Too few competent and affirming resources exist for the Trans and Gender Diverse community. Santa Clara County is proposing to not just develop a wellness center, but to also create a place for healing and belonging.

SAN MATEO COUNTY PRIDE CENTER
1021 S. El Camino Real, San Mateo, CA 94402 | sanmateopride.org | 650-591-0133

In the six years the San Mateo County Pride Center has been in existence, there's not been one regret that we opened our doors. Our work has saved lives. I envision the TGE Center accomplishing nothing less than the same. You can fund this project and we strongly urge you to. It is our hope that the TGE Center receives a greenlight and an open sign.

In community and in solidarity,

Francisco Sapp

Francisco Sapp
Director
San Mateo County Pride Center
E: francisco.sapp@sanmateopride.org
P: 650.579.5441

Dedicated to the Health of the Whole Community

Santa Clara Valley Medical Center
Ambulatory & Community Health Service

Valley Homeless Health Care Program
Alexian Clinic
2101 Alexian Drive, Suite D
San Jose, CA 95116

Date: 5/12/2023

Re: Support Letter, Innovation 17 Project, Transgender, Non-Binary and Gender Expansive (TGE) Center

Dear Director Terao and members of the Board,

My name is Irene Guerra, PhD and I am a California board certified psychologist. I work for the Valley Homeless Healthcare Program and am the primary psychologist for our Gender Clinic which opened in 2016. As a psychologist working with transgender, non-binary, and gender expansive (TGE) persons I can attest to the lack of gender affirming mental health services in our county. The elevated rates of suicidality, violence, discrimination, and other factors in the gender expansive community places our patients in the LGBTQ+ community at a disproportionate risk of death. Unfortunately, our primary care behavioral health clinics cannot meet the level of need across our county hospital system. Thus, I am writing this letter in support of the Mental Health Services Act (MHSA) Innovation 17 Project: Transgender, Non-Binary and Gender Expansive (TGE) Center, developed by the County of Santa Clara Behavioral Health Services Department (BHSD) in collaboration with community partners and advocates.

Santa Clara County recognizes the importance of supporting TGE individuals specifically and is dedicated to creating a space for holistic wellness services. The TGE Center will provide important holistic wellness services to the TGE community, which faces staggering amounts of discrimination, oppression, and stigma, compared to their LGB peers. Even in organizations that serve LGBT populations and strive to be gender affirming, the organization may not have as robust services for the TGE community when compared to LGB services. There is currently no dedicated wellness program for the TGE community in our County. Other counties are prioritizing the development of programming for TGE individuals (The Transgender District in San Francisco County, for example), and this program would be an important addition for Santa Clara County.

The TGE Center will provide holistic wellness services which will go beyond the scope of traditional behavioral healthcare like individual therapy, group therapy, and case management (which services like the Gender Affirming Care Clinic and The Q Corner provide). This space will host community gatherings where folks can access each other, thereby increasing universality or shared experience. Meditation, yoga, cooking classes, art classes, make-up sessions, clothing exchanges, book clubs, and music gatherings are some examples of activities that can be held here. By expanding services beyond focusing on the distress TGE folks may experience (like therapy often does) and supporting TGE folks to cultivate joy in community, this Center will be providing an integral component of overall health.

One of the most important elements of this project is that it will be community-driven, so the TGE community will lead the way with the design of the center as well as oversee the project, through the establishment of a Steering Committee. The center will partner with existing providers, advocates, and leaders to make sure visitors have access to every available resource. Like many other underserved groups, TGE folks can be hesitant to seek

services offered by public agencies, so having a space that is run by a community organization (likely one that is already working with TGE folks in our county) will help reduce the stigma around seeking mental health services and invite more people to engage with valuable resources.

We urge you to recommend this project to be submitted to the State's Mental Health Services Oversight and Accountability Commission (MHSOAC) for final review and approval. We are excited for this TGE Center project, and we wholeheartedly provide our support and assistance in educating the community about this wonderful, and much needed, resource.

In Community Spirit,

Irene Guerra, PhD
Psychologist- Neuro Services
Valley Homeless Healthcare Program

May 18, 2023

Dear Director Terao and members of the Board:

My name is Dr. Kimberly Balsam and I am the Director of the Center for LGBTQ+ Evidence-Based Applied Research at Palo Alto University in Santa Clara County. On behalf of our Center's faculty and staff, I am writing this letter **in support of the Mental Health Services Act (MHSA) Innovation 17 Project: Transgender, Non-Binary and Gender Expansive (TGE) Center**, developed by the County of Santa Clara Behavioral Health Services Department (BHSD) in collaboration with community partners and advocates. Our Center has been collaborating and working closely with BHSD and the Q Corner on several projects since 2019, including the LGBTQ+ Clinical Academy (a 40-hour intensive training for public sector behavioral health therapists on LGBTQ+ cultural competence), several advanced LGBTQ+ trainings for therapists, and the Trans Care Coalition. Additionally, I was one of the collaborators and co-authors of the Transgender, Non-binary and Gender Expansive Employment Report through the Office of LGBTQ Affairs in 2022. Thus, I believe that I and my colleagues at CLEAR are well-positioned to comment on the importance and strength of the proposed TGE Center.

Specifically, we have been very impressed by the attention that Santa Clara County pays to the needs of its LGBTQ+ residents, particularly those who identify as transgender, non-binary, and gender expansive (TGE). TGE populations have specific needs for support, health, and wellness that are distinct from those of sexual minority (i.e., lesbian, gay, bisexual) populations and also from the population as a whole. Data from research nationally and locally indicate that TGE people are subject to higher levels of interpersonal victimization, employment discrimination, microaggressions, and other forms of stigma and oppression on a daily basis. As a result, these populations have higher levels of stress and behavioral health problems than their cisgender peers. Although there are currently services and organizations within Santa Clara County that serve the needs of the broader LGBTQ+ community in a TGE-inclusive manner, there is currently no dedicated wellness program for the TGE community in our county. It is important to note that other counties are currently prioritizing programming specifically for TGE individuals (The Transgender District in San Francisco County, for example). The TGE Center would be an important addition for Santa Clara County and could help solidify our county's exemplary leadership locally and nationally on LGBTQ+ inclusivity generally and TGE inclusivity specifically.

We are also particularly impressed by the proposal for the TGE Center because of its holistic approach to wellness. Research on TGE people indicate that this population often has complex needs for services from multiple types of providers and agencies including social, legal, and behavioral and physical health. Further, one of the biggest needs of TGE people is for community connection, social support, and safe spaces in which to connect with other TGE people. The TGE Center directly addresses these data-driven insights by providing holistic wellness services which will go beyond the scope of traditional behavioral healthcare like individual therapy, group therapy, and case management (which services like the Gender Affirming Care Clinic and The Q Corner provide). For example, the Center will host community gatherings where TGE residents of Santa Clara County can meet and connect with each other to share resources, learn new skills, and participate in shared activities. Examples of these activities meditation, yoga, cooking classes, art

classes, make-up sessions, clothing exchanges, book clubs, and music gatherings. The holistic wellness focus of the TGE Center is in line with trends in TGE communities to move beyond a

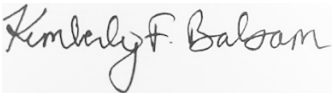
pathologizing, distress-focused lens and to provide additional ways to celebrate gender diversity and cultivate joy and pride among TGE people. Thus, the Center will provide an excellent supplement to the clinical and health services that are currently available within the county by supporting health in a more holisitic way.

One of the most important elements of this project is that it will be community-driven, so the TGE community will lead the way with the design of the center as well as oversee the project, through the establishment of a Steering Committee. The Center will partner with existing providers, advocates, and leaders to make sure visitors have access to every available resource. The community-driven aspect of this center is particularly important for this stigmatized population. Similar to other underserved communities, TGE people can be hesitant to seek services offered by public agencies because of personal and historical trauma and negative experiences. A TGE Center that is run by , so having a space that is run by a community organization (likely one that is already working with TGE populations in our county) will help increase inclusivity and engagement of TGE people and will serve as an important connection point for TGE people to access resources and behavioral health services within our county.

In conclusion, we strongly urge that you recommend this project to be submitted to the State's Mental Health Services Oversight and Accountability Commission (MHSOAC) for final review and approval. Here at the Center for LGBTQ+ Evidence-Based Applied Research, we are very excited about this proposed addition to our local community. We will gladly support and assist this project in any way that we can, and will also help to spread the word about this wonderful and much-needed resource in Santa Clara County.

Should you have any further questions, please do not hesitate to contact me directly at kbalsam@paloaltou.edu. Thank you for your consideration.

Sincerely,



Kimberly F. Balsam, Ph.D.
Professor, Palo Alto University
Director, CLEAR

TransFamilies
Celebrating our gender diverse children of every age

Friday, May 12th, 2023

Dear Director Terao and members of the Board,

TransFamilies of Silicon Valley strongly supports the Mental Health Services Act (MHSA) Innovation 17 Project for the Transgender, Non-Binary and Gender Expansive (TGE) Center, developed by the County of Santa Clara Behavioral Health Services Department (BHSD) in collaboration with community partners and advocates.

We are a community of over 430 parents and caregivers with TGE children of all ages up who live along the San Francisco Peninsula and throughout the South Bay. Our volunteer-led organization provides support to these families through an online community, monthly support meetings, and in person get togethers. Having this TGE Center would be HUGE for all the families in our organization, and would provide a much needed safe space for our children.

Members of our group are frequently asking for and seeking out resources to best support our children, and this would be needed and used center. Our group would specifically really benefit from the community gatherings this center would host. This center would host activities like: meditation, yoga, cooking classes, art classes, make-up sessions, clothing exchanges, book clubs, and music gatherings. These are all sought after social experiences our families are looking for. Most of our children want to experience connection and meet others like them, all while having fun together.

We strongly urge you to recommend this project to be submitted to the State's Mental Health Services Oversight and Accountability Commission (MHSOAC) for final review and approval. We are thrilled about the prospect of this TGE Center project, and we wholeheartedly provide our support and assistance in educating the community about this wonderful, and much needed, resource.

Sincerely with all our support,

TransFamilies of Silicon Valley

transfamiliesca.org

BAYMEC COMMUNITY FOUNDATION

Ken Yeager, Executive Director
ken@baymecfoundation.org

1855 Hamilton Ave, Ste 203
San Jose, CA 95125
408.391.2321
baymecfoundation.org
Federal Tax ID 46-4152850

May 15, 2023

Subject: Letter of Support, Innovation 17 Project, Transgender, Non-Binary and Gender Expansive (TGE) Center

Dear Director Terao and members of the Board,

I am writing this letter in support of the Mental Health Services Act (MHSA) Innovation 17 Project: Transgender, Non-Binary and Gender Expansive (TGE) Center, developed by the County of Santa Clara Behavioral Health Services Department (BHSD) in collaboration with community partners and advocates.

Santa Clara County recognizes the importance of supporting TGE individuals specifically and is dedicated to creating a space for holistic wellness services. The TGE Center will provide important holistic wellness services to the TGE community, which faces staggering amounts of discrimination, oppression, and stigma, compared to their LGB peers. Even in organizations that serve LGBT populations and strive to be gender affirming, the organization may not have as robust services for the TGE community when compared to LGB services. There is currently no dedicated wellness program for the TGE community in our County. Other counties are prioritizing the development of programming for TGE individuals (The Transgender District in San Francisco County, for example), and this program would be an important addition for Santa Clara County.

The TGE Center will provide holistic wellness services which will go beyond the scope of traditional behavioral healthcare like individual therapy, group therapy, and case management (which services like the Gender Affirming Care Clinic and The Q Corner provide). This space will host community gatherings where folks can access each other, thereby increasing universality or shared experience. Meditation, yoga, cooking classes, art classes, make-up sessions, clothing exchanges, book clubs, and music gatherings are some examples of activities that can be held here. By expanding services beyond focusing on the distress TGE folks may experience (like therapy often does) and supporting TGE folks to cultivate joy in community, this Center will be providing an integral component of overall health.

One of the most important elements of this project is that it will be community-driven, so the TGE community will lead the way with the design of the center as well as oversee the project, through the establishment of a Steering Committee. The center will partner with existing providers, advocates, and leaders to make sure visitors have access to every available resource. Like many other underserved groups, TGE folks can be hesitant to seek services offered by public agencies, so having a space that is run by a community organization (likely one that is already working with TGE folks in our county) will help reduce the stigma around seeking mental health services and invite more people to engage with valuable resources.

We urge you to recommend this project to be submitted to the State's Mental Health Services Oversight and Accountability Commission (MHSOAC) for final review and approval. We are excited for this TGE Center project, and we wholeheartedly provide our support and assistance in educating the community about this wonderful, and much needed, resource.

In Community Spirit,

Ken Yeager
Executive Director

Caminar for Mental Health

05/16/2023

Dear Director Terao and members of the Board,

I am writing this letter in support of the Mental Health Services Act (MHSA) Innovation 17 Project: Transgender, Non-Binary and Gender Expansive (TGE) Center, developed by the County of Santa Clara Behavioral Health Services Department (BHSD) in collaboration with community partners and advocates.

Caminar is a SC county behavioral health agency that also provides services to the LGBTQ+ community, ranging from wellness & prevention to outpatient mental health services. Supporting new projects to better support this community is not only imperative, but crucial to meet the needs of our diverse communities in Santa Clara County.

Caminar along with Santa Clara County, recognizes the importance of supporting TGE individuals specifically and is dedicated to creating a space for holistic wellness services. The TGE Center will provide important holistic wellness services to the TGE community, which faces staggering amounts of discrimination, oppression, and stigma, compared to their LGB peers. There is currently no dedicated wellness program for the TGE community in our County. Other counties are prioritizing the development of programming for TGE individuals (The Transgender District in San Francisco County, for example), and this program would be an important addition for Santa Clara County.

The TGE Center will provide holistic wellness services which will go beyond the scope of traditional behavioral healthcare like individual therapy, group therapy, and case management (which services like the Gender Affirming Care Clinic and The Q Corner provide). This space will host community gatherings, meditation, yoga, cooking classes, art classes, make-up sessions, clothing exchanges, book clubs, and music gatherings are some examples of activities that can be held here.

One of the most important elements of this project is that it will be community-driven, so the TGE community will lead the way with the design of the center as well as oversee the project, through the establishment of a Steering Committee. The center will partner with existing providers, advocates, and leaders to make sure visitors have access to every available resource.

We urge you to recommend this project to be submitted to the State's Mental Health Services Oversight and Accountability Commission (MHSOAC) for final review and approval. We are excited for this TGE Center project, and we wholeheartedly provide our support and assistance in educating the community about this wonderful, and much needed, resource.

In Support of Our Community,

Lauren Grey, LMFT, ATR
Executive Director of Mild to Moderate Services
Lgrey@fcservices.org

Diana Wilson, LSW
Regional Director of Operations
Dwilson@fcservices.org

Law Foundation
OF SILICON VALLEY

Advancing Justice
Housing | Health | Children & Youth

May 18, 2023

Via email only to: MHSA@hhs.sccgov.org

Santa Clara County Board of Supervisors
70 W. Hedding Street
San Jose, CA 95110

Re: Letter of Support, Innovation 17 Project, Transgender, Non-Binary and Gender Expansive (TGE) Center

Dear Director Terao and members of the Board,

The Law Foundation of Silicon Valley is writing this letter in support of the Mental Health Services Act (MHSA) Innovation 17 Project: Transgender, Non-Binary and Gender Expansive (TGE) Center, developed by the County of Santa Clara Behavioral Health Services Department (BHSD) in collaboration with community partners and advocates.

The Law Foundation of Silicon Valley is a legal aid non-profit that advances the rights of historically excluded individuals and families in Santa Clara County through legal services, strategic advocacy, and community outreach. For over 40 years, the Law Foundation has promoted social and racial justice through vigorous legal advocacy. The well-being of transgender, non-binary, and gender expansive communities is central to this mission.

Many of our queer and trans clients regularly seek legal services as a direct result of gender-based and other intersecting inequities. During the height of the HIV/AIDS pandemic, the Law Foundation was at the frontlines of serving queer and trans clients in South Bay who needed legal services due to the health crisis. We continue to work with TGE clients as mental health, housing, and children & youth advocates. For example, we help to protect the patients' rights of trans and nonbinary people who disproportionately experience mental health issues due to societal and family violence and face discriminatory abuses at locked mental health facilities. Recognizing the fact that one in five transgender people have experienced homelessness in their lives, our advocates also fiercely work to prevent displacement, stop evictions, and protect public benefits for queer and trans individuals with housing instability.[1] Furthermore, we strive to promote the dignity and autonomy of queer and trans individuals through name and gender changes, including for incarcerated individuals.

The Law Foundation serves over 10,000 clients each year across our programs, and yet the needs of our clients continue to vastly outweigh their available resources. LGBTQ+ identified

[1] https://transequality.org/issues/housing-homelessness

individuals—especially youth—are critically overrepresented among unhoused communities in Santa Clara County.[2] Santa Clara County's Status of LGBTQ+ Health Assessment found that "… the LGBTQ community experiences substantial health disparities and health inequities...[T]he LGBTQ community experiences a high level of need for social services, particularly affordable housing, and uncovered a lack of awareness of available services and a shortage of LGBTQ-competent services."[3] The TGE community, in particular, faces staggering amounts of discrimination, oppression, and stigma compared to their LGB peers in our County, such as in employment and the school-to-prison pipeline.[2]

The TGE Center will help to fill our ongoing resource gaps by providing a vitally important holistic wellness space for communities in Santa Clara County who need community-based support the most. Other counties are prioritizing the development of programming for TGE individuals (such as San Francisco's Transgender District). However, there is currently no dedicated wellness program for the TGE community in SCC. This program would be an important opportunity for Santa Clara County to demonstrate its commitment to TGE health, safety, and joy. The TGE Center will be a valuable addition to existing traditional behavioral healthcare resources in SCC (such as the Gender Affirming Care Clinic and The Q Corner) because the Center will also include TGE-focused community programming; recreational activities; and a Steering Committee to ensure that the development process is community-driven.

We urge you to recommend this project to be submitted to the State's Mental Health Services Oversight and Accountability Commission (MHSOAC) for final review and approval. Alongside other community advocates, the Law Foundation is enthusiastic about this TGE Center project. We wholeheartedly provide our support and assistance in educating the community about this wonderful, and much needed, resource.

In Community Spirit,

Law Foundation of Silicon Valley

/s/
Cynthia L. Chagolla
Chief Program Officer

/s/
Joanna Xing
Lead Attorney

[2] https://lgbtq.sccgov.org/sites/g/files/exjcpb1081/files/documents/Santa%20Clara%20County%20Transgender%20Employment%20Study_0.pdf; https://bhsd.sccgov.org/sites/g/files/exjcpb711/files/o4mh-schooltoprisonpipeline-factsheet-00-00-00.pdf

FAMILY ACCEPTANCE PROJECT
Marian Wright Edelman Institute
San Francisco State University
http://familyproject.sfsu.edu

May 12, 2023

Re: Letter of Support, Innovation 17 Project, Transgender, Non-Binary and Gender Expansive (TGE) Center

Dear Director Terao and members of the Board,

I am writing to support the Mental Health Services Act (MHSA) Innovation 17 Project: Transgender, Non-Binary and Gender Expansive (TGE) Center, developed by the County of Santa Clara Behavioral Health Services Department (BHSD) in collaboration with community partners and advocates.

I am a clinician and researcher who has worked in LGBTQ health and mental health for nearly five decades and I have had the opportunity to work with Santa Clara County's Behavioral Health Services Department over a period of years. I have developed the field of family acceptance for LGBTQ and gender diverse children, youth and young adults and have worked with Santa Clara County's BHSD team and other community agencies to provide training on family support services for LGBTQ and gender diverse children and youth in the county.

During this time, I have been deeply impressed with the vision, responsiveness and commitment of BHSD leadership to develop and implement critically needed services for vulnerable populations. I have trained on quality care for LGBTQ children, youth and families in all of the states and in many other countries. The leadership that Santa Clara County's BHSD has demonstrated in building comprehensive services for LGBTQ populations and, in particular, with transgender and gender expansive individuals, is unsurpassed.

As with a range of innovative services that BHSD has implemented to promote health and well-being, the proposed TGE Center will provide essential health and wellness services to the TGE community which experiences ongoing discrimination, rejection and victimization that begins in early childhood and impacts health and well-being across the life course. In addition to providing quality care for TGE individuals, the TGE Center will provide services to prevent the long-term health and mental health problems that TGE individuals experience in response to their identity from childhood through older years. These stigma-related health and mental health problems constrict quality of life, significantly increase health problems and suffering and impact the cost of care. By providing essential services and partnering with existing programs, providers, advocates, and leaders, the TGE Center will directly link mental health care with community services to reduce the stigma related to mental health services, increase access and expand the county's continuum of care.

I strongly urge that you recommend this project for submission to the State's Mental Health Services Oversight and Accountability Commission (MHSOAC) for final review and approval.

Sincerely,

Caitlin

Caitlin Ryan, PhD, ACSW
Director, Family Acceptance Project
San Francisco State University
caitlin@sfsu.edu

Name: Dr. Tamra Chavez
Date: 5/16/23
Subject: Letter of Support, Innovation 17 Project, Transgender, Non-Binary and Gender Expansive Center

Dear Director Terao and members of the Board,

I am writing this letter in support of the Mental Health Services Act Innovation 17 Project: Transgender, Non-Binary and Gender Expansive (TGE) Center, developed by the County of Santa Clara Behavioral Health Services Department in collaboration with community partners and advocates.

Santa Clara County recognizes the importance of supporting TGE individuals specifically and is dedicated to creating a space for holistic wellness services. The TGE Center will provide important holistic wellness services to the TGE community, which faces staggering amounts of discrimination, oppression, and stigma, compared to their LGB peers. Even in organizations that serve LGBT populations and strive to be gender affirming, the organization may not have as robust services for the TGE community when compared to LGB services. There is currently no dedicated wellness program for the TGE community in our County. Other counties are prioritizing the development of programming for TGE individuals (The Transgender District in San Francisco County, for example), and this program would be an important addition for Santa Clara County.

The TGE Center will provide holistic wellness services which will go beyond the scope of traditional behavioral healthcare like individual therapy, group therapy, and case management (which services like the Gender Affirming Care Clinic and The Q Corner provide). This space will host community gatherings where folks can access each other, thereby increasing universality or shared experience. Meditation, yoga, cooking classes, art classes, make-up sessions, clothing exchanges, book clubs, and music gatherings are some examples of activities that can be held here. By expanding services beyond focusing on the distress TGE folks may experience (like therapy often does) and supporting TGE folks to cultivate joy in community, this Center will be providing an integral component of overall health.

One of the most important elements of this project is that it will be community-driven, so the TGE community will lead the way with the design of the center as well as oversee the project, through the establishment of a Steering Committee. The center will partner with existing providers, advocates, and leaders to make sure visitors have access to every available resource. Like many other underserved groups, TGE folks can be hesitant to seek services offered by public agencies, so having a space that is run by a community organization (likely one that is already working with TGE folks in our county) will help reduce the stigma around seeking mental health services and invite more people to engage with valuable resources.

We urge you to recommend this project to be submitted to the State's Mental Health Services Oversight and Accountability Commission for final review and approval. We are excited for this TGE Center project, and we wholeheartedly provide our support and assistance in educating the community about this wonderful, and much needed, resource.

In Community Spirit,

Director of Mental Health Services
Caminar
950 West Julian St.

San Jose, CA 95126

Date: 5/19/23
Subject: Letter of Support, Innovation 17 Project, Transgender, Non-Binary and Gender Expansive (TGE) Center

Dear Director Terao and members of the Board,

I am writing this letter in support of the Mental Health Services Act (MHSA) Innovation 17 Project: Transgender, Non-Binary and Gender Expansive (TGE) Center, developed by the County of Santa Clara Behavioral Health Services Department (BHSD) in collaboration with community partners and advocates.

Santa Clara County recognizes the importance of supporting TGE individuals specifically and is dedicated to creating a space for holistic wellness services. The TGE Center will provide important holistic wellness services to the TGE community, which faces staggering amounts of discrimination, oppression, and stigma, compared to their LGB peers. Even in organizations that serve LGBT populations and strive to be gender affirming, the organization may not have as robust services for the TGE community when compared to LGB services. There is currently no dedicated wellness program for the TGE community in our County. Other counties are prioritizing the development of programming for TGE individuals (The Transgender District in San Francisco County, for example), and this program would be an important addition for Santa Clara County.

As the coordinator of a Pride Center on a diverse college campus, I can attest to the specific needs for the TGE community which this Center will address. Our TGE community members are in great need of holistic wellness services, access to appropriate and responsive health care, as well as finding joy in community with other TGE folks. Within the educational systems the disparities between LGB and TGE students continue to widen, and as we can see in our national political landscape the socio-emotional and legislative attacks on TGE individuals and communities specifically have increased dramatically as well. For these and many other reasons, TGE Centers are more important than ever to fund and support.

The TGE Center will provide holistic wellness services which will go beyond the scope of traditional behavioral healthcare like individual therapy, group therapy, and case management (which services like the Gender Affirming Care Clinic and The Q Corner provide). This space will host community gatherings where folks can access each other, thereby increasing universality or shared experience. Meditation, yoga, cooking classes, art classes, make-up sessions, clothing exchanges, book clubs, and music gatherings are some examples of activities that can be held here. By expanding services beyond focusing on the distress TGE folks may experience (like therapy often does) and supporting TGE folks to cultivate joy in community, this Center will be providing an integral component of overall health.

One of the most important elements of this project is that it will be community-driven, so the TGE community will lead the way with the design of the center as well as oversee the project, through the establishment of a Steering Committee. The center will partner with existing providers, advocates, and leaders to make sure visitors have access to every available resource. Like many other underserved groups, TGE folks can be hesitant to seek services offered by public agencies, so having a space that is run by a community organization (likely one that is already working with TGE folks in our county) will help reduce the stigma around seeking mental health services and invite more people to engage with valuable resources.

We urge you to recommend this project to be submitted to the State's Mental Health Services Oversight and Accountability Commission (MHSOAC) for final review and approval. We are excited for this TGE Center project, and we wholeheartedly provide our support and assistance in educating the community about this wonderful, and much needed, resource.

In Community,

Jamie Pelusi
Coordinator, Pride Center
De Anza College

Date: May 17, 2023
Subject: Letter of Support, Innovation 17 Project, Transgender, Non-Binary and Gender Expansive (TGE) Center

Dear Director Terao and members of the Board,
I am writing this letter in support of the Mental Health Services Act (MHSA) Innovation 17 Project: Transgender, Non-Binary and Gender Expansive (TGE) Center, developed by the County of Santa Clara Behavioral Health Services Department (BHSD) in collaboration with community partners and advocates.
Santa Clara County recognizes the importance of supporting TGE individuals specifically and is dedicated to creating a space for holistic wellness services. The TGE Center will provide important holistic wellness services to the TGE community, which faces staggering amounts of discrimination, oppression, and stigma, compared to their LGB peers. Even in organizations that
serve LGBT populations and strive to be gender affirming, the organization may not have as robust services for the TGE community when compared to LGB services. There is currently no dedicated wellness program for the TGE community in our County. Other counties are prioritizing the development of programming for TGE individuals (The Transgender District in San Francisco County, for example), and this program would be an important addition for Santa
Clara County.
The TGE Center will provide holistic wellness services which will go beyond the scope of traditional behavioral healthcare like individual therapy, group therapy, and case management (which services like the Gender Affirming Care Clinic and The Q Corner provide). This space will host community gatherings where folks can access each other, thereby increasing universality or shared experience. Meditation, yoga, cooking classes, art classes, make-up sessions, clothing exchanges, book clubs, and music gatherings are some examples of activities
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One of the most important elements of this project is that it will be community-driven, so the TGE community will lead the way with the design of the center as well as oversee the project, through the establishment of a Steering Committee. The center will partner with existing providers, advocates, and leaders to make sure visitors have access to every available resource.
Like many other underserved groups, TGE folks can be hesitant to seek services offered by public agencies, so having a space that is run by a community organization (likely one that is already working with TGE folks in our county) will help reduce the stigma around seeking mental health services and invite more people to engage with valuable resources.
We urge you to recommend this project to be submitted to the State's Mental Health Services Oversight and Accountability Commission (MHSOAC) for final review and approval. We are excited for this TGE Center project, and we wholeheartedly provide our support and assistance in educating the community about this wonderful, and much needed, resource.

In Community Spirit,
Rossana Rivellini, LMFT

May 17, 2022

Letter of Support, Innovation 17 Project, Transgender, Non-Binary and Gender Expansive (TGE) Center

Dear Director Terao and members of the Board:

I am writing this letter in support of the Mental Health Services Act (MHSA) Innovation 17 Project: Transgender, Non-Binary and Gender Expansive (TGE) Center, developed by the County of Santa Clara Behavioral Health Services Department (BHSD) in collaboration with community partners and advocates.

I have been working as a mental health professional in Santa Clara County for over 15 years specializing in working with LGBTQ+ clients and their families. I have taken that expertise and experience to working at my alma mater Santa Clara University in the Graduate School for Counseling Psychology to train younger therapists to enter this field of work. I am also a member of three consultation groups that specialize in working Transgender, Non-Binary and Gender Expansive clients. I am a member of the World Professional Association of Transgender Health, WPATH. I am also a holder of the WPATH Global Education Initiative Certification.

I have valued working here in Santa Clara County as it has been a leader in recognizing the importance of supporting TGE individuals specifically and I am encouraging the County to continue in this leadership in creating a space for holistic wellness services. From what I have learned from my research the TGE Center will provide important holistic wellness services to the TGE community, which faces staggering amounts of discrimination, oppression, and stigma, compared to their LGB peers. Even in organizations that serve LGBT populations and strive to be gender affirming, the organization may not have as robust services for the TGE community when compared to LGB services.

There is currently no dedicated wellness program for the TGE community in our County. Other counties are prioritizing the development of programming for TGE individuals (The Transgender District in San Francisco County, for example), and this program would be an important addition for Santa Clara County.

The TGE Center will provide holistic wellness services which will go beyond the scope of traditional behavioral healthcare like individual therapy, group therapy, and case management (which services like the Gender Affirming Care Clinic and The Q Corner provide). This space will host community gatherings where folks can access each other, thereby increasing universality and, or, shared experiences. Meditation, yoga, cooking classes, art classes, make-up sessions, clothing exchanges, book clubs, and music gatherings are some examples of activities that can be held here. By expanding services beyond focusing on the distress TGE folks may experience (like therapy often does) and supporting TGE folks to cultivate joy in community, this Center will be providing an integral component of overall health.

One of the most important elements of this project is that it will be community-driven, so the TGE community will lead the way with the design of the center as well as oversee the project, through the establishment of a Steering Committee. The center will partner with existing providers, advocates, and leaders to make sure visitors have access to every available resource.

Like many other underserved groups, TGE folks can be hesitant to seek services offered by public agencies, so having a space that is run by a community organization (likely one that is already working with TGE folks in our county) will help reduce the stigma around seeking mental health services and invite more people to engage with valuable resources.

We urge you to recommend this project to be submitted to the State's Mental Health Services Oversight and Accountability Commission (MHSOAC) for final review and approval. We are excited for this TGE Center project, and we wholeheartedly provide our support and assistance in educating the community about this wonderful, and much needed, resource.

Thank you so much for your time-

Janet Sims, MA, LMFT
License #47252
Adjunct Lecturer & LGBTQ+ Emphasis Coordinator for Counseling Psychology
Graduate School of Education and Counseling Psychology
Guadalupe Hall/Santa Clara University

Dear Director Terao and members of the Board,

I am writing this letter in support of the Mental Health Services Act (MHSA) Innovation 17 Project: Transgender, Non-Binary and Gender Expansive (TGE) Center, developed by the County of Santa Clara Behavioral Health Services Department (BHSD) in collaboration with community partners and advocates. **I urge you to submit the TGE Center project to the State's Mental Health Services Oversight and Accountability Commission (MHSOAC) for final review and approval.** This is ***exactly*** the sort of project envisioned by the innovation portion of the Mental Health Services Act.

While there are currently resources in Santa Clara County (SCC) for trans individuals, they are overwhelmingly subsumed within LGBTQIA+ organizations. Note that the T (for Trans) is the fourth item listed in the acronym, so you can see why people in this community might not feel entirely comfortable that such organizations truly understand and can help them, especially when they are first seeking support.

A center specifically and completely dedicated to gender issues will give a focal point within the county where the trans community can go knowing their voice and issues will not be diluted by other more populous or vocal groups. And it can be a hub to compile and refer to other trans-friendly resources in the area.

I also feel that longer-term this center could be a model for other counties. We can blaze the trail and share learnings and best practices that can be deployed elsewhere to support the trans community throughout California.

I urge you to recommend this project to be submitted to the State's Mental Health Services Oversight and Accountability Commission (MHSOAC) for final review and approval. I am excited for our TGE Center project, and I—along with my fellow Behavioral Health Board Members—wholeheartedly support this new and much needed resource in our community.

Please reach out if you have any questions or would like to know more from my perspective.

In Community Spirit,

Dave Cortright

Behavioral Health Board Member in Santa Clara County

davecort@pm.me

Date: 5/14/2023
Subject: Letter of Support, Innovation 17 Project, Transgender, Non-Binary and Gender Expansive (TGE) Center

Dear Director Terao and Members of the Board,

My name is Judith Sánchez and I am the primary gynecologist at Santa Clara County's Gender Health Center. Having worked at this clinic since 2019, I can attest to the lack of gender affirming mental health services in our County. The elevated rates of suicidality, violence, discrimination, and other factors in the Transgender, Non-Binary and Gender Expansive (TGE) community place our patients at a disproportionate risk of death. Unfortunately, our primary care behavioral health clinics cannot meet the level of need across our county hospital system I am writing this letter in support of the Mental Health Services Act (MHSA) Innovation 17 Project: Transgender, Non-Binary and Gender Expansive (TGE) Center, developed by the County of Santa Clara Behavioral Health Services Department (BHSD) in collaboration with community partners and advocates. I am hopeful that this project will prevent our clinic from having to have another debrief because we've lost another patient.

Santa Clara County recognizes the importance of supporting TGE individuals specifically and is dedicated to creating a space for holistic wellness services. The TGE Center will provide important holistic wellness services to the TGE community, which faces staggering amounts of discrimination, oppression, and stigma, compared to their LGB peers. Even in organizations that serve LGBT populations and strive to be gender affirming, the organization may not have as robust services for the TGE community when compared to LGB services. There is currently no dedicated wellness program for the TGE community in our County. Other counties are prioritizing the development of programming for TGE individuals (The Transgender District in San Francisco County, for example), and this program would be an important addition for Santa Clara County.

The TGE Center will provide holistic wellness services which will go beyond the scope of traditional behavioral healthcare like individual therapy, group therapy, and case management (which services like the Gender Affirming Care Clinic and The Q Corner provide). This space will host community gatherings where folks can access each other, thereby increasing universality or shared experience. Meditation, yoga, cooking classes, art classes, make-up sessions, clothing exchanges, book clubs, and music gatherings are some examples of activities that can be held here. By expanding services beyond focusing on the distress TGE folks may experience (like therapy often does) and supporting TGE folks to cultivate joy in community, this Center will be providing an integral component of overall health.

One of the most important elements of this project is that it will be community-driven, so the TGE community will lead the way with the design of the center as well as oversee the project, through the establishment of a Steering Committee. The center will partner with existing providers, advocates, and leaders to make sure visitors have access to every available resource. Like many other underserved groups, TGE folks can be hesitant to seek services offered by public agencies, so having a space that is run by a community organization (likely one that is already working with TGE folks in our county) will help reduce the stigma around seeking mental health services and invite more people to engage with valuable resources.

We urge you to recommend this project to be submitted to the State's Mental Health Services Oversight and Accountability Commission (MHSOAC) for final review and approval. We are excited for this TGE Center project, and we wholeheartedly provide our support and assistance in educating the community about this wonderful, and much needed, resource. It cannot come soon enough.

In Community Spirit,

Judith Sánchez, MD
Gender Health Center
Santa Clara Valley Medical Center

Name: Dyan Collins
Date: May 17, 2023

Dear Director Terao and members of the Board,

I am writing this letter in support of the Mental Health Services Act (MHSA) Innovation 17 Project: Transgender, Non-Binary and Gender Expansive (TGE) Center, developed by the County of Santa Clara Behavioral Health Services Department (BHSD) in collaboration with community partners and advocates.

Santa Clara County recognizes the importance of supporting TGE individuals specifically and is dedicated to creating a space for holistic wellness services. The TGE Center will provide important holistic wellness services to the TGE community, which faces staggering amounts of discrimination, oppression, and stigma, compared to their LGB peers. Even in organizations that serve LGBT populations and strive to be gender affirming, the organization may not have as robust services for the TGE community when compared to LGB services. There is currently no dedicated wellness program for the TGE community in our County. Other counties are prioritizing the development of programming for TGE individuals (The Transgender District in San Francisco County, for example), and this program would be an important addition for Santa Clara County.

The TGE Center will provide holistic wellness services which will go beyond the scope of traditional behavioral healthcare like individual therapy, group therapy, and case management (which services like the Gender Affirming Care Clinic and The Q Corner provide). This space will host community gatherings where folks can access each other, thereby increasing universality or shared experience. Meditation, yoga, cooking classes, art classes, make-up sessions, clothing exchanges, book clubs, and music gatherings are some examples of activities that can be held here. By expanding services beyond focusing on the distress TGE folks may experience (like therapy often does) and supporting TGE folks to cultivate joy in community, this Center will be providing an integral component of overall health.

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We urge you to recommend this project to be submitted to the State's Mental Health Services Oversight and Accountability Commission (MHSOAC) for final review and approval. We are excited for this TGE Center project, and we wholeheartedly provide our support and assistance in educating the community about this wonderful, and much needed, resource.

In Community Spirit,

Dyan Collins

Letter of Support, Innovation 17 Project, Transgender, Non-Binary and Gender Expansive (TGE) Center

Julie Norton, LMFT
May 17, 2023

Dear Director Terao and members of the Board,

I am writing this letter in strong support of the Mental Health Services Act (MHSA) Innovation 17 Project: Transgender, Non-Binary and Gender Expansive (TGE) Center, developed by the County of Santa Clara Behavioral Health Services Department (BHSD) in collaboration with community partners and advocates.

Santa Clara County recognizes the importance of supporting TGE individuals specifically and is dedicated to creating a space for holistic wellness services. The TGE Center will provide important holistic wellness services to the TGE community, which faces staggering amounts of discrimination, oppression, and stigma, compared to their LGB peers. Even in organizations that serve LGBTQI populations and strive to be gender affirming, the organization may not have as robust services for the TGE community when compared to LGB services. There is currently no dedicated wellness program for the TGE community in our County. Other counties are prioritizing the development of programming for TGE individuals (The Transgender District in San Francisco County, for example), and this program would be an important addition for Santa Clara County.

The TGE Center will provide holistic wellness services which will go beyond the scope of traditional behavioral healthcare like individual therapy, group therapy, and case management (which services like the Gender Affirming Care Clinic and The Q Corner provide). This space will host community gatherings where folks can access each other, thereby increasing universality or shared experience. Meditation, yoga, cooking classes, art classes, make-up sessions, clothing exchanges, book clubs, and music gatherings are some examples of activities that can be held here. By expanding services beyond focusing on the distress TGE folks may experience (like therapy often does) and supporting TGE folks to cultivate joy in community, this Center will be providing an integral component of overall health.

One of the most important elements of this project is that it will be community-driven, so the TGE community will lead the way with the design of the center as well as oversee the project, through the establishment of a Steering Committee. The center will partner with existing providers, advocates, and leaders to make sure visitors have access to every available resource. Like many other underserved groups, TGE folks can be hesitant to seek services offered by public agencies, so having a space that is run by a community organization (likely one that is already working with TGE folks in our county) will help reduce the stigma around seeking mental health services and invite more people to engage with valuable resources.

We urge you to recommend this project to be submitted to the State's Mental Health Services Oversight and Accountability Commission (MHSOAC) for final review and approval. We are excited for this TGE Center project, and we wholeheartedly provide our support and assistance in educating the community about this wonderful, and much needed, resource.

In Community Spirit,
Julie Norton, LMFT

Maren Martin, LCSW
5/13/23

Subject: Letter of Support, Innovation 17 Project, TGE Center

Dear Director Terao and members of the Board,

I am writing in support of the Mental Health Services Act (MHSA) Innovation 17 Project: Transgender, Non-Binary and Gender Expansive (TGE) Center, developed by the County of Santa Clara Behavioral Health Services Department (BHSD) in collaboration with community partners and advocates.

Santa Clara County recognizes the importance of supporting TGE individuals specifically and is dedicated to creating a space for holistic wellness services. The TGE Center will provide important holistic wellness services to the TGE community, which faces staggering amounts of discrimination, oppression, and stigma, compared to their LGB peers. Even in organizations that serve LGBT populations and strive to be gender affirming, the organization may not have as robust services for the TGE community when compared to LGB services. There is currently no dedicated wellness program for the TGE community in our County. Other counties are prioritizing the development of programming for TGE individuals (The Transgender District in San Francisco County, for example), and this program would be an important addition for Santa Clara County.

The TGE Center will provide holistic wellness services which will go beyond the scope of traditional behavioral healthcare like individual therapy, group therapy, and case management (which services like the Gender Affirming Care Clinic and The Q Corner provide). This space will host community gatherings where folks can access each other, thereby increasing universality or shared experience. Meditation, yoga, cooking classes, art classes, make-up sessions, clothing exchanges, book clubs, and music gatherings are some examples of activities that can be held here. By expanding services beyond focusing on the distress TGE folks may experience (like therapy often does) and supporting TGE folks to cultivate joy in community, this Center will be providing an integral component of overall health.

One of the most important elements of this project is that it will be community-driven, so the TGE community will lead the way with the design of the center as well as oversee the project, through the establishment of a Steering Committee. The center will partner with existing providers, advocates, and leaders to make sure visitors have access to every available resource. Like many other underserved groups, TGE folks can be hesitant to seek services offered by public agencies, so having a space that is run by a community organization (likely one that is already working with TGE folks in our county) will help reduce the stigma around seeking mental health services and invite more people to engage with valuable resources.

I urge you to recommend this project to be submitted to the State's Mental Health Services Oversight and Accountability Commission (MHSOAC) for final review and approval. I wholeheartedly approval of this much needed resource.

Sincerely,

Maren Martin, LCSW

Name: Suzanne Vargas
Date: 5/17/23
Subject: Letter of Support, Innovation 17 Project, Transgender, Non-Binary and Gender Expansive (TGE) Center

Dear Director Terao and members of the Board,

I am writing this letter in support of the Mental Health Services Act (MHSA) Innovation 17 Project: Transgender, Non-Binary and Gender Expansive (TGE) Center, developed by the County of Santa Clara Behavioral Health Services Department (BHSD) in collaboration with community partners and advocates.

Santa Clara County recognizes the importance of supporting TGE individuals specifically and is dedicated to creating a space for holistic wellness services. The TGE Center will provide important holistic wellness services to the TGE community, which faces staggering amounts of discrimination, oppression, and stigma, compared to their LGB peers. Even in organizations that serve LGBT populations and strive to be gender affirming, the organization may not have as robust services for the TGE community when compared to LGB services. There is currently no dedicated wellness program for the TGE community in our County. Other counties are prioritizing the development of programming for TGE individuals (The Transgender District in San Francisco County, for example), and this program would be an important addition for Santa Clara County.

The TGE Center will provide holistic wellness services which will go beyond the scope of traditional behavioral healthcare like individual therapy, group therapy, and case management (which services like the Gender Affirming Care Clinic and The Q Corner provide). This space will host community gatherings where folks can access each other, thereby increasing universality or shared experience. Meditation, yoga, cooking classes, art classes, make-up sessions, clothing exchanges, book clubs, and music gatherings are some examples of activities that can be held here. By expanding services beyond focusing on the distress TGE folks may experience (like therapy often does) and supporting TGE folks to cultivate joy in community, this Center will be providing an integral component of overall health.

One of the most important elements of this project is that it will be community-driven, so the TGE community will lead the way with the design of the center as well as oversee the project, through the establishment of a Steering Committee. The center will partner with existing providers, advocates, and leaders to make sure visitors have access to every available resource. Like many other underserved groups, TGE folks can be hesitant to seek services offered by public agencies, so having a space that is run by a community organization (likely one that is already working with TGE folks in our county) will help reduce the stigma around seeking mental health services and invite more people to engage with valuable resources.

We urge you to recommend this project to be submitted to the State's Mental Health Services Oversight and Accountability Commission (MHSOAC) for final review and approval. We are excited for this TGE Center project, and we wholeheartedly provide our support and assistance in educating the community about this wonderful, and much needed, resource.

In Community Spirit,

Suzanne Vargas

Mindful Evolutions Therapy

Dear Director Terao and members of the Board,

I am writing this letter in support of the Mental Health Services Act (MHSA) Innovation 17 Project: Transgender, Non-Binary and Gender Expansive (TGE) Center, developed by the County of Santa Clara Behavioral Health Services Department (BHSD) in collaboration with community partners and advocates.

Santa Clara County recognizes the importance of supporting TGE individuals specifically and is dedicated to creating a space for holistic wellness services. The TGE Center will provide important holistic wellness services to the TGE community, which faces staggering amounts of discrimination, oppression, and stigma, compared to their LGB peers. Even in organizations that serve LGBT populations and strive to be gender affirming, the organization may not have as robust services for the TGE community when compared to LGB services. There is currently no dedicated wellness program for the TGE community in our County. Other counties are prioritizing the development of programming for TGE individuals (The Transgender District in San Francisco County, for example), and this program would be an important addition for Santa Clara County.

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We urge you to recommend this project to be submitted to the State's Mental Health Services Oversight and Accountability Commission (MHSOAC) for final review and approval. We are excited for this TGE Center project, and we wholeheartedly provide our support and assistance in educating the community about this wonderful, and much needed, resource.

Warm regards,

LaDonna Silva, LMFT

Licensed Marriage and Family Therapist

Campbell, CA

Date: May 16, 2023
Subject: Letter of Support, Innovation 17 Project, Transgender, Non-Binary and Gender Expansive (TGE) Center

Dear Director Terao and members of the Board,

I am a psychotherapist who works with Transgender folks. I am writing this letter in support of the Mental Health Services Act (MHSA) Innovation 17 Project: Transgender, Non-Binary and Gender Expansive (TGE) Center, developed by the County of Santa Clara Behavioral Health Services Department (BHSD) in collaboration with community partners and advocates.

Santa Clara County recognizes the importance of supporting TGE individuals specifically and is dedicated to creating a space for holistic wellness services. The TGE Center will provide important holistic wellness services to the TGE community, which faces staggering amounts of discrimination, oppression, and stigma, compared to their LGB peers. Even in organizations that serve LGBT populations and strive to be gender affirming, the organization may not have as robust services for the TGE community when compared to LGB services. There is currently no dedicated wellness program for the TGE community in our County. Other counties are prioritizing the development of programming for TGE individuals (The Transgender District in San Francisco County, for example), and this program would be an important addition for Santa Clara County.

The TGE Center will provide holistic wellness services which will go beyond the scope of traditional behavioral healthcare like individual therapy, group therapy, and case management. This space will host community gatherings where folks can access each other, thereby increasing universality or shared experience. Meditation, yoga, cooking classes, art classes, make-up sessions, clothing exchanges, book clubs, and music gatherings are some examples of activities that can be held here. By expanding services beyond focusing on the distress TGE folks may experience (like therapy often does) and supporting TGE folks to cultivate joy in community, this Center will be providing an integral component of overall health. Joy experienced within community is a potent and underrecognized antidote to the maltreatment TGE folk face.

One of the most important elements of this project is that it will be community-driven, so the TGE community will lead the way with the design of the center as well as oversee the project, through the establishment of a Steering Committee. The center will partner with existing providers, advocates, and leaders to make sure visitors have access to every available resource. Like many other underserved groups, TGE folks can be hesitant to seek services offered by public agencies, so having a space that is run by a community organization (likely one that is already working with TGE folks in our county) will help reduce the stigma around seeking mental health services and invite more people to engage with valuable resources.

We urge you to recommend this project to be submitted to the State's Mental Health Services Oversight and Accountability Commission (MHSOAC) for final review and approval. We are excited for this TGE Center project, and we wholeheartedly provide our support and assistance in educating the community about this wonderful, and much needed, resource.

Sincerely,

Kaleo Kaluhiwa, MFT

Micah Hammond, LPCC
6630 Hwy 9, Suite 203, Felton, CA 95018
831-854-7801

May 14, 2023

Dear Director Terao and members of the Board,

I am writing this letter in support of the Mental Health Services Act (MHSA) Innovation 17 Project: Transgender, Non-Binary and Gender Expansive (TGE) Center, developed by the County of Santa Clara Behavioral Health Services Department (BHSD) in collaboration with community partners and advocates.

Santa Clara County recognizes the importance of supporting TGE individuals specifically and is dedicated to creating a space for holistic wellness services. The TGE Center will provide important holistic wellness services to the TGE community, which faces staggering amounts of discrimination, oppression, and stigma, compared to their LGB peers. Even in organizations that serve LGBT populations and strive to be gender affirming, the organization may not have as robust services for the TGE community when compared to LGB services. There is currently no dedicated wellness program for the TGE community in our County. Other counties are prioritizing the development of programming for TGE individuals (The Transgender District in San Francisco County, for example), and this program would be an important addition for Santa Clara County.

The TGE Center will provide holistic wellness services which will go beyond the scope of traditional behavioral healthcare like individual therapy, group therapy, and case management (which services like the Gender Affirming Care Clinic and The Q Corner provide). This space will host community gatherings where folks can connect with each other, thereby increasing universality or shared experience. Meditation, yoga, cooking classes, art classes, make-up sessions, clothing exchanges, book clubs, and music gatherings are some examples of activities that can be held here. By expanding services beyond focusing on the distress TGE folks may experience (like therapy often does) and supporting TGE folks to cultivate joy in community, this Center will be providing an integral component of overall health.

One of the most important elements of this project is that it will be community-driven, so the TGE community will lead the way with the design of the center as well as oversee the project, through the establishment of a Steering Committee. The center will partner with existing providers, advocates, and leaders to make sure visitors have access to every available resource. Like many other underserved groups, TGE folks can be hesitant to seek services offered by public agencies, so having a space that is run by a community organization (likely one that is already working with TGE folks in our county) will help reduce the stigma around seeking mental health services and invite more people to engage with valuable resources.

I urge you to recommend this project to be submitted to the State's Mental Health Services Oversight and Accountability Commission (MHSOAC) for final review and approval. I am excited for this TGE Center project, and I will wholeheartedly provide my support and assistance in educating the community about this wonderful, and much needed, resource.

In Community Spirit,

Micah Hammond, LPCC

Date: 5/18/2023
Subject: Letter of Support, Innovation 17 Project, Transgender, Non-Binary and Gender Expansive (TGE) Center

Dear Director Terao and members of the Board,

As physicians and nurse practitioners at Santa Clara Valley Center, we are writing this letter in support of the Mental Health Services Act (MHSA) Innovation 17 Project: Transgender, Non-Binary and Gender Expansive (TGE) Center, developed by the County of Santa Clara Behavioral Health Services Department (BHSD) in collaboration with community partners and advocates.

Santa Clara County recognizes the importance of supporting TGE individuals specifically and is dedicated to creating a space for holistic wellness services. The TGE Center will provide important holistic wellness services to the TGE community, which faces staggering amounts of discrimination, oppression, and stigma, compared to their LGB peers. Even in organizations that serve LGBT populations and strive to be gender affirming, the organization may not have as robust services for the TGE community when compared to LGB services. There is currently no dedicated wellness program for the TGE community in our County. Other counties are prioritizing the development of programming for TGE individuals (The Transgender District in San Francisco County, for example), and this program would be an important addition for Santa Clara County.

The TGE Center will provide holistic wellness services which will go beyond the scope of traditional behavioral healthcare like individual therapy, group therapy, and case management (which services like the Gender Affirming Care Clinic and The Q Corner provide). This space will host community gatherings where folks can access each other, thereby increasing universality or shared experience. Meditation, yoga, cooking classes, art classes, make-up sessions, clothing exchanges, book clubs, and music gatherings are some examples of activities that can be held here. By expanding services beyond focusing on the distress TGE folks may experience (like therapy often does) and supporting TGE folks to cultivate joy in community, this Center will be providing an integral component of overall health.

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In Community Spirit,

Ariana Dagdag, MD, OB/GYN, Gender Affirming Surgeon at VHC Milpitas

Lee Anna Botkin MD, Medical Director, Silicon Valley Medical-Legal Partnership Clinic at SCVH

Tamara Frankenberg MD, Pediatrician VHC Tully

Daniel Vostrejs, MD, MHS, Pediatrician VHC San Jose

Catherine Nelson, MD, MPH, Pediatrician, VHC Sunnyvale; Medical Director, Pediatric Medical-Legal Partnership at SCVH

Veronica Barraza Conrad, NP, Pediatric Nurse Practitioner VHC Gilroy

Semhar Hailemicel, CPNP, Pediatric Nurse Practitioner SPARK clinic

Corrine Douglas, Pediatric NP, Children's Advocacy Center

Christine Suarez, MD, OB/GYN VHC Milpitas

Lindsay Kolderup, MD, OB/GYN VHC San Jose

Mikaela Rico, DO, OB/GYN Resident

Amna Khan, MD, Pediatrician, VHC San Jose

Karen Wang, MD, VHC Sunnyvale Pediatrics

Mitch Gevelber, MD, Pediatrician, Adolescent Medicine at the Gender Health Center

May 16, 2023

Dear Director Terao and Members of the Board,

I am writing this letter in support of the Mental Health Services Act (MHSA) Innovation 17 Project: Transgender, Non-Binary and Gender Expansive (TGE) Center, developed by the County of Santa Clara Behavioral Health Services Department (BHSD) in collaboration with community partners and advocates.

Santa Clara County recognizes the importance of supporting TGE individuals specifically and is dedicated to creating a space for holistic wellness services. The TGE Center will provide important holistic wellness services to the TGE community, which faces staggering amounts of discrimination, oppression, and stigma, compared to their LGB peers. Even in organizations that serve LGBT populations and strive to be gender affirming, the organization may not have a comparable level of services for the TGE community when compared to LGB services. There is currently no dedicated wellness program for the TGE community in our County. Other counties, such as San Francisco, are prioritizing the development of programming for TGE individuals. This program would be an important, much needed and much used addition for Santa Clara County.

The TGE Center will provide holistic wellness services which will go beyond the scope of traditional behavioral healthcare like individual therapy, group therapy, and case management, which services like the Gender Health Clinic and The Q Corner are working to provide (although I note that in particular the Gender Health Clinic has not received adequate support since opening its doors).

This space will host community gatherings where folks can connect with each other, thereby increasing universality and shared experience. A wide range of classes and activities will be offered including meditation, yoga, cooking, art, make-up sessions, clothing exchanges, book clubs, and music gatherings. By expanding services beyond focusing on the distress TGE folks may experience and supporting TGE folks to cultivate joy in community, this Center will be providing an integral component of overall health.

One of the most important elements of this project is that it will be community-driven, so the TGE community will lead the way with the design of the center as well as overseeing the project, through the establishment of a Steering Committee. The center will partner with existing providers, advocates, and leaders to make sure visitors have access to every available resource.

Like many other underserved groups, TGE folks can be hesitant to seek services offered by public agencies, so having a space that is run by a community organization will help reduce the stigma around seeking mental health services and invite more people to engage.

We urge you to recommend this project to be submitted to the State's Mental Health Services Oversight and Accountability Commission (MHSOAC) for final review and approval. We are excited for this TGE Center project, and we wholeheartedly provide our support and assistance in educating the community about this wonderful, and much needed, resource.

Do not hesitate to contact me should you wish to further discuss this proposal.

Jen Hastings, MD Physician Consultant with SCVMC (jen@coho.org, cell 831-588-3340)

Date: 5/16/23
Subject: Letter of Support, Innovation 17 Project, Transgender, Non-Binary and Gender Expansive (TGE) Center

Dear Director Terao and members of the Board,

I am writing this letter in support of the Mental Health Services Act (MHSA) Innovation 17 Project: Transgender, Non-Binary and Gender Expansive (TGE) Center, developed by the County of Santa Clara Behavioral Health Services Department (BHSD) in collaboration with community partners and advocates.

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Like many other underserved groups, TGE folks can be hesitant to seek services offered by public agencies, so having a space that is run by a community organization (likely one that is already working with TGE folks in our county) will help reduce the stigma around seeking mental health services and invite more people to engage with valuable resources.

I urge you to recommend this project to be submitted to the State's Mental Health Services Oversight and Accountability Commission (MHSOAC) for final review and approval. I am excited for this TGE Center project, and we wholeheartedly provide our support and assistance in educating the community about this wonderful, and much needed, resource.

In Community Spirit,
Lisa Navarra, ASW

Name: Anthony Ross
Date: May 16, 2023
Subject: Letter of Support, Innovation 17 Project, Transgender, Non-Binary and Gender Expansive (TGE) Center

Dear Director Terao and members of the Board,

I am writing this letter in support of the Mental Health Services Act (MHSA) Innovation 17 Project: Transgender, Non-Binary and Gender Expansive (TGE) Center, developed by the County of Santa Clara Behavioral Health Services Department (BHSD) in collaboration with community partners and advocates.

I am currently a local therapist who works with many TGE folks from all over the Bay Area. Before this, I worked with queer youth and families at the Outlet Program for sixteen years and for the Office of LGBTQ Affairs for a year. As I have watched the movement to support TGE community members change and grow, I am excited to see this new project come up. It is not new in the minds of many of us who identify as TGE. The need for a healthy connection to TGE specific community is dire, and I would say even more dire than I've witnessed in years. Working with TGE youth, families, and adult clients now, I hear every day about the isolation, the fear, the shame, and hopelessness that our community members carry on their shoulders every day. This center would be a blessing for so many and would prove Santa Clara County, again, as a leader willing to walk its talk regarding support for community.

Santa Clara County recognizes the importance of supporting TGE individuals specifically and is dedicated to creating a space for holistic wellness services. The TGE Center will provide important holistic wellness services to the TGE community, which faces staggering amounts of discrimination, oppression, and stigma, compared to their LGB peers. Even in organizations that serve LGBT populations and strive to be gender affirming, the organization may not have as robust services for the TGE community when compared to LGB services. There is currently no dedicated wellness program for the TGE community in our County. Other counties are prioritizing the development of programming for TGE individuals (The Transgender District in San Francisco County, for example), and this program would be an important addition for Santa Clara County.

The TGE Center will provide holistic wellness services which will go beyond the scope of traditional behavioral healthcare like individual therapy, group therapy, and case management (which services like the Gender Affirming Care Clinic and The Q Corner provide). This space will host community gatherings where folks can access each other, thereby increasing universality or shared experience. Meditation, yoga, cooking classes, art classes, make-up sessions, clothing exchanges, book clubs, and music gatherings are some examples of activities that can be held here. By expanding services beyond focusing on the distress TGE folks may experience (like therapy often does) and supporting TGE folks to cultivate joy in community, this Center will be providing an integral component of overall health.

One of the most important elements of this project is that it will be community-driven, so the TGE community will lead the way with the design of the center as well as oversee the project, through the establishment of a Steering Committee. The center will partner with existing providers, advocates, and leaders to make sure visitors have access to every available resource. Like many other underserved groups, TGE folks can be hesitant to seek services offered by public agencies, so having a space that is run by a community organization (likely one that is already working with TGE folks in our county) will help reduce the stigma around seeking mental health services and invite more people to engage with valuable resources.

We urge you to recommend this project to be submitted to the State's Mental Health Services Oversight and Accountability Commission (MHSOAC) for final review and approval. We are

excited for this TGE Center project, and we wholeheartedly provide our support and assistance in educating the community about this wonderful, and much needed, resource.

With Warmth and Respect,

Anthony Ross
Anthonywross40@gmail.com
831-359-7980

Name: Jack Roach, Program Coordinator—LGBTQ Wellness
Date: May 16, 2023
Subject: Letter of Support, Innovation 17 Project, Transgender, Non-Binary and Gender Expansive (TGE) Center

Dear Director Terao and members of the Board,

I am writing this letter in support of the Mental Health Services Act (MHSA) Innovation 17 Project: Transgender, Non-Binary and Gender Expansive (TGE) Center, developed by the County of Santa Clara Behavioral Health Services Department (BHSD) in collaboration with community partners and advocates.

The TGE Center will provide important holistic wellness services to the TGE community, which faces staggering amounts of discrimination, oppression, and stigma—far more than what is experienced by their lesbian, gay, and bisexual (LGB) peers. The needs of the TGE community can differ greatly from those of their LGB peers, and even in organizations that serve LGBTQ+ populations and strive to be gender affirming, services for the TGE community can be lacking when compared to their LGB services. There is currently no dedicated wellness program for the TGE community in our County. Other counties are prioritizing the development of programming for TGE individuals (The Transgender District in San Francisco County, for example), and this program would be an important addition for Santa Clara County.

The TGE Center will provide holistic wellness services that will go beyond the scope of traditional behavioral healthcare like individual therapy, group therapy, and case management (which services like the Gender Affirming Care Clinic and The Q Corner provide). This space will host community gatherings where folks can access their peers, thereby increasing community connections and shared experiences. Meditation, yoga, cooking classes, art classes, make-up sessions, clothing exchanges, book clubs, and music gatherings are some examples of activities that can be held here. By expanding services beyond focusing on the distress TGE folks may experience (like therapy often does) and supporting TGE folks in the cultivation of joy in community, this Center will be providing an integral component of overall health.

One of the most important elements of this project is that it will be community-driven—the TGE community will lead the way with the design and oversight of the project through the establishment of a Steering Committee. The center will partner with existing providers, advocates, and leaders to make sure visitors have access to every available resource. Like many other underserved groups, cultural and generational trauma can make TGE folks hesitant to seek services offered by public agencies, so having a space that is run by a community organization (likely one that is already working with TGE folks in our county) will help reduce the stigma around seeking mental health services and invite more community members to engage with valuable resources.

We urge you to recommend this project to be submitted to the State's Mental Health Services Oversight and Accountability Commission (MHSOAC) for final review and approval. We are excited for the TGE Center project, and we wholeheartedly provide our support and assistance in educating the community about this wonderful, much needed resource.

In Community Spirit,

LGBTQ Wellness, a program of Caminar for Mental Health

Name: Lida N. Vala, LMFT
Date: 5/16/23
Subject: Letter of Support, Innovation 17 Project, Transgender, Non-Binary and Gender Expansive (TGE) Center

Dear Director Terao and members of the Board,

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In Community Spirit,

Lida N. Vala, LMFT

Maureen R. Johnston, MA.
Licensed Marriage & Family Therapist #31776
1484 Pollard Road., #261, Los Gatos, CA 95032
408-829-9185

May 17, 2023

Dear Director Terao and members of the Board,

I am writing this letter in support of the Mental Health Services Act (MHSA) Innovation 17 Project: Transgender, Non-Binary and Gender Expansive (TGE) Center, developed by the County of Santa Clara Behavioral Health Services Department (BHSD) in collaboration with community partners and advocates.

I have been a provider of mental health services to TGE individuals of all ages, and their families in Santa Clara County for over 15 years. For the last nine years, I have been facilitating support groups for both parents of gender expansive folks, and for elementary age children who are gender nonconforming. I host a monthly consultation group for professionals interested in providing gender affirmative care to Santa Clara County residents.

I have been witnessing with increasing concern the growing level of hostility to TGE folk across the country and the impacts this has been having on my clients and their families. The need for community level support is higher than I have ever seen.

I urge you to recommend this project to be submitted to the State's Mental Health Services Oversight and Accountability Commission (MHSOAC) for final review and approval. I am excited for this TGE Center project, and am eager to see this wonderful, and much needed, resource come to this community.

Sincerely,

Maureen R Johnston

Maureen R. Johnston, M.A., LMFT
MJ_Therapist@yahoo.com

May 18, 2023

Dear Director Terao and members of the Board,

I am writing this letter in support of the Mental Health Services Act (MHSA) Innovation 17 Project: Transgender, Non-Binary and Gender Expansive (TGE) Center developed by the County of Santa Clara Behavioral Health Services Department (BHSD) in collaboration with community partners and advocates.

Although I am no longer a resident of Santa Clara County, I worked with the BHSD for many years while the Assistant Director of Communications and Public Affairs at the Santa Clara County Office of Education (SCCOE). Throughout the years we worked together, it was clear that BHSD recognizes the importance of supporting TGE individuals, specifically dedicated to creating a space for holistic wellness services.

BHSD's collaboration, support, and partnership development were extremely impactful. Specifically, the partnership was paramount while I gathered and created school district resources for trans youth, focused on staff understanding, and worked to improve the mental health, well-being, and self-esteem of school staff working with all youth. The partnership was also crucial in supporting school policies that protect and affirm trans youth's gender identity. The policies were then the springboard for staff education, and increased gender-affirming environments and experiences.

I am no longer with the SCCOE, but not a day goes by that I am reminded how lucky I was to have BHSD's partnership. To say I was saddened not to have such a fantastic group of experts, advocates, and allies at my fingertips is an understatement. Now living in Northern Virginia, I am shocked and appalled, almost daily, at the anti-LGBTQ sentiments, transphobic epithets, and threatening actions that are expressed openly, without hesitation, and that are met with support from passersby. School board public comments are filled with comment after comment of anti-trans slurs, followed by scripture. I wish the Transgender, Non-Binary, and Gender Expansive (TGE) Center could be established here, as the need to support TGE folks continues to grow daily. Since it cannot, I hope **that when funded**, the Center's cultivation of joy within the Santa Clara community can serve as **a model for other areas**, nationwide, to serve the LGBTQ community with authenticity, purpose, and thoughtful, sustained actions that impact the community at large through its support and assistance.

I urge you to recommend this project to be submitted to the State's Mental Health Services Oversight and Accountability Commission (MHSOAC) for final review and approval. I am excited for this TGE Center project, and wholeheartedly provide my unwavering support.

In service of Community,

Dr. Christina Arpante
Communications Coordinator | Communications & Community Engagement Office
Loudoun County Public Schools
Ashburn, VA 20148
571.252.1269

May 16, 2023

Dear Director Terao and members of the Board,

I am writing in support of the Mental Health Services Act (MHSA) Innovation 17 Project: Transgender, Non-Binary and Gender Expansive (TGE) Center, developed by the County of Santa Clara Behavioral Health Services Department (BHSD) in collaboration with community partners and advocates.

Before I moved to San José in 2022, I lived in Sacramento where I saw the power of a community-driven TGE center in the Gender Health Center (genderhealthcenter.org). In addition to traditional behavioral health and medical services, this center also provided respite, healthcare navigation, a gender-affirming clothing swap, and most importantly, a physical space to organize and build community. Its presence as a community organization allowed for partnerships with grassroots campaigns as well as state departments and universities. It was and is one of few spaces specifically serving the needs of TGE folks, who are often overlooked even in LGBT-serving organizations.

There is currently no dedicated wellness program for the TGE community in Santa Clara County. Other counties are prioritizing the development of programming for TGE individuals (The Transgender District in San Francisco County, for example), and this program would be an important addition for Santa Clara County.

The TGE Center will provide holistic wellness services which will go beyond the scope of traditional behavioral healthcare like individual therapy, group therapy, and case management (which services like the Gender Affirming Care Clinic and The Q Corner provide). This space will host community gatherings where folks can access each other, thereby increasing universality or shared experience. Meditation, yoga, cooking classes, art classes, make-up sessions, clothing exchanges, book clubs, and music gatherings are some examples of activities that can be held here. By expanding services beyond focusing on the distress TGE folks may experience (like therapy often does) and supporting TGE folks to cultivate joy in community, this Center will be providing an integral component of overall health.

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I urge you to recommend this project to be submitted to the State's Mental Health Services Oversight and Accountability Commission (MHSOAC) for final review and approval.

In solidarity,

Shea Hazarian (she/her)
Downtown San José Resident
Master of Public Health candidate, San Francisco State University
shazarian@sfsu.edu

Name: Cybele Lolley, LMFT, Clinical Program Director
Date: May 16, 2023
Subject: Letter of Support, Innovation 17 Project, Transgender, Non-Binary and Gender Expansive (TGE) Center

Dear Director Terao and members of the Board,

I am writing this letter in support of the Mental Health Services Act (MHSA) Innovation 17 Project: Transgender, Non-Binary and Gender Expansive (TGE) Center, developed by the County of Santa Clara Behavioral Health Services Department (BHSD) in collaboration with community partners and advocates.

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We urge you to recommend this project to be submitted to the State's Mental Health Services Oversight and Accountability Commission (MHSOAC) for final review and approval. We are excited for this TGE Center project, and we wholeheartedly provide our support and assistance in educating the community about this wonderful, and much needed, resource.

In Community Spirit,

The Diversity Center, Santa Cruz County

(Please email your completed letter of support to MHSA@HHS.sccgov.org)

Name: River Ornellas
Date: 5/18/23
Subject: Letter of Support, Innovation 17 Project, Transgender, Non-Binary and Gender Expansive (TGE) Center

Dear Director Terao and members of the Board,

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In Community Spirit,

River Ornellas, M.A., LMFT #129842

Name: Diane Ehrensaft
Date: 5/17/2023
Subject: Letter of Support, Innovation 17 Project, Transgender, Non-Binary and Gender Expansive (TGE) Center

Dear Director Terao and members of the Board,

I am writing this letter in support of the Mental Health Services Act (MHSA) Innovation 17 Project: Transgender, Non-Binary and Gender Expansive (TGE) Center, developed by the County of Santa Clara Behavioral Health Services Department (BHSD) in collaboration with community partners and advocates.

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In Community Spirit,

Diane Ehrensaft, Ph.D.
Mind the Gap

(Please email your completed letter of support to MHSA@HHS.sccgov.org)

Melissa S. Bernstein MA, LMFT

May 12, 2023

Subject: Letter of Support, Innovation 17 Project, Transgender, Non-Binary and Gender Expansive (TGE) Center

Dear Director Terao and members of the Board,

I am writing this letter in support of the Mental Health Services Act (MHSA) Innovation 17 Project: Transgender, Non-Binary and Gender Expansive (TGE) Center, developed by the County of Santa Clara Behavioral Health Services Department (BHSD) in collaboration with community partners and advocates.

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In Community Spirit,

Melissa S. Bernstein LMFT #52524

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In Community Spirit,

Miranda Worthen, PhD
Professor, Department of Public Health and Recreation
Research Coordinator, Human Rights Institute
San José State University
One Washington Square
San Jose, CA 95192
Faculty Webpage: http://www.sjsu.edu/people/miranda.worthen/
Selected Works: https://works.bepress.com/miranda_worthen/
Pronouns: she, her, hers
Name Pronunciation: https://www.name-coach.com/miranda-worthen

Date: May 12, 2023

Subject: Letter of Support, Innovation 17 Project, Transgender, Non-Binary and Gender Expansive (TGE) Center

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Thank you for considering this,

Shane Hill, Ph.D.
831-423-0849
www.shane-hill.com
Pronouns: he, him, his *(*Why Pronouns Matter?)
Acknowledging and honoring this as unceded Amah Mutsun land and home of the Uypi people.

From: The Diversity Center of Santa Cruz County

Date: May 23, 2023

Subject: Letter of Support, Innovation 17 Project, Transgender, Non-Binary and Gender Expansive (TGE) Center

Dear Director Terao and members of the Board,

I am writing this letter in support of the Mental Health Services Act (MHSA) Innovation 17 Project: Transgender, Non-Binary and Gender Expansive (TGE) Center, developed by the County of Santa Clara Behavioral Health Services Department (BHSD) in collaboration with community partners and advocates.

The Diversity Center recognizes the importance of supporting TGE individuals specifically beyond the weekly support group and occasional mixer. If adopted, this effort would stand out in the region as very few counties even fund LGBTQ+ services let alone dedicate them to the most vulnerable trans population. This project would most definitely serve as a model for our entire region and set an example on how we might deliver better services to the trans community in the future. By expanding services beyond focusing on the distress TGE folks may experience (like therapy often does) and supporting TGE folks to cultivate joy in community, this Center will be providing an integral component of overall health. Not only does Santa Clara need this resource, frankly, our entire region does. No one is better positioned to offer this than Santa Clara.

We urge you to recommend this project to be submitted to the State's Mental Health Services Oversight and Accountability Commission (MHSOAC) for final review and approval. We are excited for this TGE Center project, and we wholeheartedly provide our support and assistance in educating the community about this wonderful, and much needed, resource.

In Community Spirit,

Cheryl Fraenzl

Executive Director

The Diversity Center of Santa Cruz

AGENDA ITEM 6

Action

July 27, 2023 Commission Meeting

MHSA Modernization Proposal

Summary:
The Commission will hear an update by the California Health and Human Services Agency and the California Department of Health Care Services on Governor Newsom's proposal to modernize California's behavioral health system. The update will be followed by a panel discussion with key partners to provide the Commission with a contextual understanding on the benefits of the proposal and the concerns to be addressed.

Background:
On March 19, 2023, as part of Governor Newsom's "State of the State Tour," the Governor announced a 2024 ballot initiative to improve how California responds to mental health needs, substance use disorders, and homelessness. According to the Governor, "this is the next step in our transformation of how California addresses mental illness, substance use disorders, and homelessness – creating thousands of new beds, building more housing, expanding services, and more. People who are struggling with these issues, especially those who are on the streets or in other vulnerable conditions, will have more resources to get the help they need."

The majority of the proposal language was released through Senate Bill 326 (Eggman) on July 13, 2023,[1] and the housing bond language was released on June 19, 2023 through Assembly Bill 531 (Irwin). The bills do the following:

1. <u>Modernize the Mental Health Services Act (MHSA):</u>
    - Rename to Behavioral Health Services Act
    - Update local categorical funding buckets
    - 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
    - Many components will require March 2024 Ballot initiative
    - Multi-year implementation starting in 2025
2. <u>Improve statewide accountability, transparency, and access to behavioral health services:</u>
    - Set clear expectations as to what the funds are to be used for and who they are intended to serve
    - Set specific data measures that are made public so that taxpayers can track impact and progress

- Set clear actions that the state will take against counties that are not delivering

3. Authorize a $4.68 billion general obligation bond to fund:
    - Unlocked community behavioral health residential settings
    - Permanent supportive housing for people experiencing or at risk of homelessness who have behavioral health conditions
    - Housing for veterans experiencing or at risk of homelessness who have behavioral health conditions

Presenters:

- Stephanie Welch, Deputy Secretary of Behavioral Health, California Health and Human Services Agency (CalHHS)
- Jacey Cooper, Chief Deputy Director & State Medicaid Director, California Department of Health Care Services
- Vitka Eisen, Chief Executive Officer, HealthRIGHT 360
- Le Ondra Clark Harvey, Chief Executive Officer, California Council of Community Behavioral Health Agencies
- Jolie Onodera, Senior Legislative Advocate, California State Association of Counties
- Christine Stoner-Mertz, Chief Executive Officer, California Alliance of Child & Family Services
- Andrea Wagner, Executive Director, California Association of Mental Health Peer Run Organizations
- Ryan Miller, Principal Fiscal & Policy Analyst, Legislative Analyst's Office
- Will Owens, Fiscal & Policy Analyst, Legislative Analyst's Office

Enclosures (3):

(1) Governor Newsom's Fact Sheet
(2) 5.31.23 MHSOAC Letter to CalHHS/DHCS re Governor Proposal to Modernize California's Behavioral Health System
(3) LAO Series: Mental Health Services Act: Governor's Behavioral Health Modernization Proposal
(4) Behavioral Health Organizations Coalition Letter to Assembly Health Committee
(5) California Association of Local Behavioral Health Boards and Commissions Letter to Assembly Health Committee
(6) Education Coalition Letter to Assembly Health Committee

GOVERNOR NEWSOM'S TRANSFORMATION OF BEHAVIORAL HEALTH SERVICES

Housing with Accountability. Reform with Results.

- Major effort to pass a bond for 10,000 new clinic placements and homes.
- First reform in nearly two decades since voters passed the Mental Health Services Act in 2004.
- Focus on housing with accountability for people with mental health needs, including veterans and unhoused people.

Together with the Legislature, local officials, labor leaders, community organizations, and more, Governor Gavin Newsom is proposing a major transformation of the State's behavioral health care system – making good on decades-old promises. This effort will **build 10,000 new beds with $4.68 billion funded by a bond on the March 2024 ballot** to provide the resources needed to care and house those with the most severe mental health needs and substance use disorders.

The package focuses on **five solutions** to transform California's behavioral health system through **housing with accountability and reform with results:**

1. Reforming the Mental Health Services Act to provide services to the most seriously ill and to treat substance use disorders
2. Building a workforce to reflect and connect with California's diversity
3. Focusing on outcomes, accountability, and equity
4. Housing and behavioral health treatment in unlocked, community-based settings
5. Housing for veterans with behavioral health challenges

LEGISLATIVE PACKAGE

- **SB 326: REFORM –** After nearly 20 years, this bill would **modernize and reform the Mental Health Services Act (MHSA),** which was passed as Proposition 63 by voters in 2004. This legislation would expand services to include treatment for those with substance use disorders – in addition to care for the most seriously mentally ill – provides more resources for housing and workforce, and continues community support for prevention, early intervention, and innovative pilot programs – all with new and increased accountability for outcomes and through an equity lens.

- **AB 531: BUILD – A $4.68 billion general obligation bond** to build 10,000 new clinic beds and homes that would be on the March 2024 ballot. This would be the single largest expansion of California's continuum of behavioral health treatment and residential settings. It will create new, dedicated housing for people experiencing homelessness who have behavioral health needs, with a dedicated investment to serve veterans, allowing Californians experiencing behavioral health conditions to have a place to stay while safely stabilizing and healing.

Combined, these two bills will build out the State's capacity to provide behavioral health care and housing with **strengthened accountability for results**, while creating good jobs. These reforms will complement and build upon Governor Newsom's Behavioral Health Expansion and Reform efforts to provide care - from prevention and early intervention to outpatient, crisis, inpatient, and supportive care and supplements the work currently underway with the implementation of CARE Court.

The behavioral health legislative package will go to the **voters for approval in March 2024**, after consideration and approval by Legislature and Governor Newsom's signature in 2023.

SB 326: REFORM

REFORMING BEHAVIORAL HEALTH CARE FUNDING TO PROVIDE SERVICES TO THE MOST SERIOUSLY ILL AND TO TREAT SUBSTANCE USE DISORDERS.

- Expands services to include treatment for substance use disorders (SUDs) alone and allows counties to use funds in combination with federal funds to expand SUD services. Because of this expansion to cover SUD, the bill updates the name of the MHSA to the Behavioral Health Services Act (BHSA).
- Recognizes the need for housing to address a variety of serious behavioral health disorders.
- Modernizes county allocations **(92%)** to require the following priorities and encourage innovation in each area:
    - 30% for Housing Interventions for children and families, youth, adults, and older adults living with serious mental illness/serious emotional disturbance (SMI/SED) and/or SUD who are experiencing homelessness or are at risk of homelessness.
        - Authorizes housing interventions to include rental subsidies, operating subsidies, shared housing, family housing for children and youth who meet criteria, and the non-federal share for certain transitional rent.

        - Half of this amount (50%) is prioritized for housing interventions for the chronically homeless. Up to 25% may be used for capital development.
    - 35% for Full Service Partnership (FSP) programs, which are the most effective model of comprehensive and intensive care for people at any age with the most complex needs. These funds will be used to expand the number of FSP slots available across the state and are key to CARE Court being successfully implemented.
    - 30% for Behavioral Health Services and Supports, including early intervention, workforce education and training, capital facilities and technological needs, and innovative pilots and projects, to strengthen the range of services individuals, families, and communities need. A majority of this amount must be used for Early Intervention.
    - 5% for Prevention through population-based programming on behavioral health and wellness. For example, in school-linked settings, this prevention funding must focus on school-wide or classroom-based mental health and substance use disorder programs, not individual services.
- Creates a **new total state-directed funding (3%)** to workforce investments, leveraging existing federal funding, and benefitting the entire state system.
- Continues the **funding for state implementation (5%)** of the policy, including development of statewide outcomes, oversight of county outcomes, training and technical assistance to counties, research and evaluation, and policy administration.

EXPANDS THE BEHAVIORAL HEALTH WORKFORCE TO REFLECT AND CONNECT WITH CALIFORNIA'S DIVERSE POPULATION.

The proposal recognizes and supports the critical need to expand a culturally-competent and well-trained behavioral health workforce to address behavioral health capacity shortages and expand access to services.

- Provides up to 3% of annual BHSA funds for the California Health and Human Services Agency (CHHS) to implement a statewide behavioral health workforce initiative, including leveraging federal dollars through a workforce initiative under BH-CONNECT; a proposed Medicaid demonstration waiver that will draw down significant additional federal matching dollars for this purpose.
- Authorizes counties to also fund additional, local workforce initiatives using resources from their local BHSA allocation prioritized for Behavioral Health Services and Supports.

FOCUSING ON OUTCOMES, ACCOUNTABILITY, AND EQUITY.

OUTCOMES: The proposal replaces the existing plan with a new <u>County Integrated Plan for Behavioral Health Services and Outcomes</u>, including all local behavioral health funding and services.

- Requires counties to demonstrate coordinated behavioral health planning using all services and sources of behavioral health funding (e.g., BHSA, opioid settlement funds, realignment funding, federal financial participation), in order to provide increased transparency and stakeholder engagement on all local services.
- Requires stratified local data analysis to identify behavioral health disparities and consider approaches to eliminate those disparities.
- Requires the Department of Health Care Services (DHCS) to work with counties and stakeholders to establish outcome metrics for state and county behavioral health services and programs.

ACCOUNTABILITY: The proposal establishes a new, annual <u>County Behavioral Health Outcomes, Accountability, and Transparency Report</u> to provide public visibility into county results, disparities, spending, and longitudinal impact on homelessness.

- Requires counties to report annual service utilization data and expenditures of state and federal behavioral health funds, unspent dollars, and other information. Authorizes DHCS to impose corrective action plans on counties that fail to meet the requirements established by this section.
- Authorizes up to 2% of local BHSA revenue to be used for local 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, on top of the existing 5% county administrative costs.
- Reduces authorized local prudent reserve amounts in the BHSA to allow for needed investments while still saving for an economic downturn.

EQUITY: The proposal connects the Behavioral Health System statewide for all Californians.

- For those with Medi-Cal health insurance: Authorizes DHCS to align the terms of the county behavioral health plan contracts regarding administration, infrastructure, and organization with Medi-Cal managed care plan contracts.
- For those with commercial health insurance: Directs the Department of Managed Health Care (DMHC) and DHCS to develop a plan with stakeholder engagement for achieving parity between commercial and Medi-Cal mental health and substance use disorder benefit. This may include, but is not limited to, phasing in alignment of utilization management, benefit standardization, and covered services.

AB 531: HOUSING

HOUSING AND BEHAVIORAL HEALTH TREATMENT IN COMMUNITY-BASED UNLOCKED SETTINGS.

The proposal places a General Obligation Bond on the March 2024 ballot for construction of unlocked community-based behavioral health treatment & residential care settings.

- A recent RAND study indicates the state has a shortage of at least 6,000 behavioral health beds. This lack of sufficient capacity leads not only to unnecessary long lengths of stays in locked settings and hospitals, but contributes to the growing crisis of homelessness and incarceration among those with severe mental illness and substance use disorders.
- To address this long-standing challenge, the Governor is proposing to use a general obligation bond to build up settings that will help ensure those with the greatest needs have access to high quality, unlocked, community-based residential care, including "step-down" community-based facilities, where people can reside short-term after a behavioral health crisis hospitalization and then transition to lower levels of care that can better support long-term success.
- Bond funding would be used to construct, acquire, and rehabilitate unlocked, voluntary, community-based residential care settings for individuals with behavioral health needs, increasing the availability of care settings that support rehabilitation and recovery.
- Among Californians experiencing homelessness, nearly 40,000 have a severe mental illness and over 36,000 have a chronic substance use disorder.

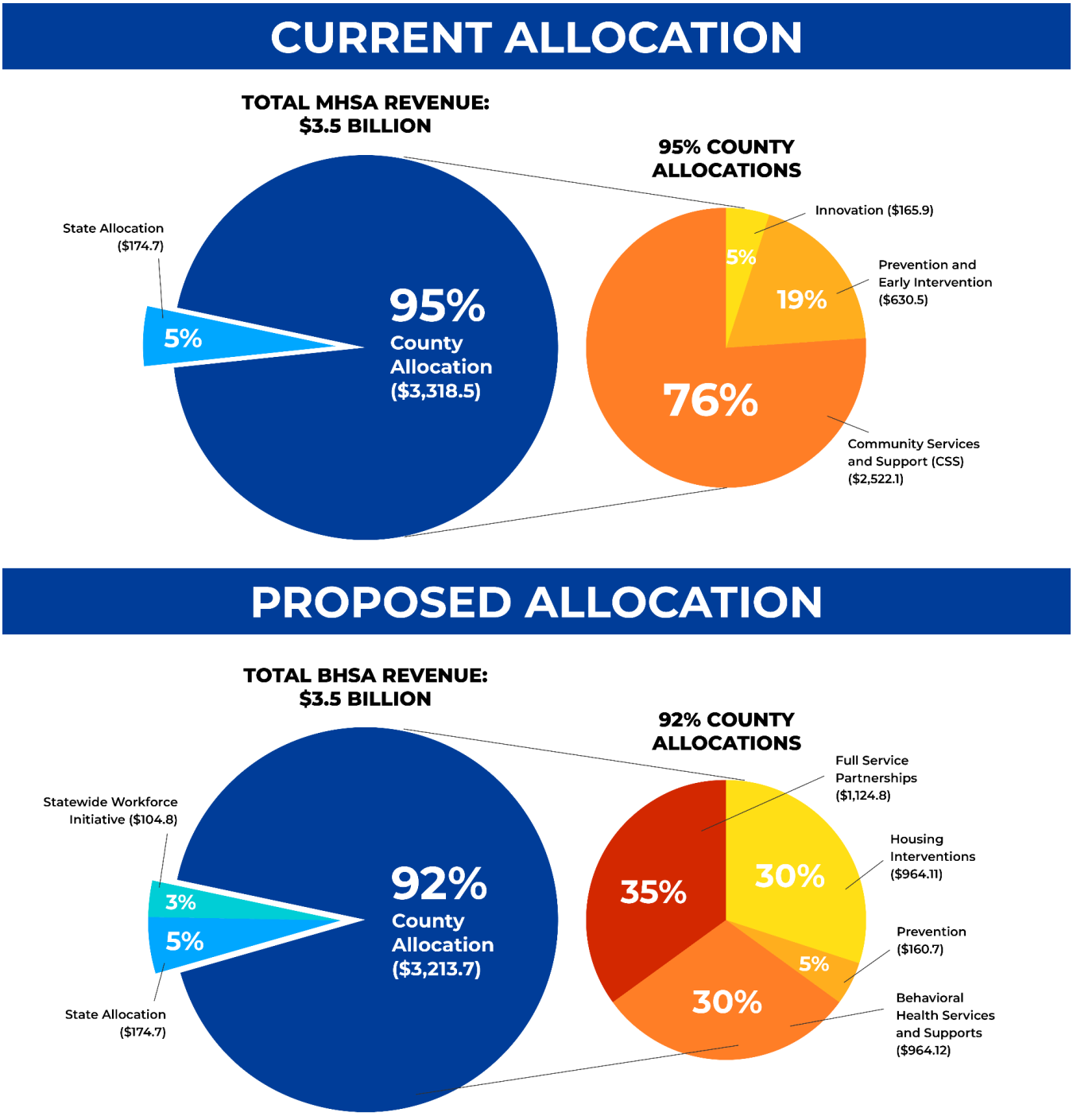
HOUSING FOR VETERANS WITH BEHAVIORAL HEALTH CHALLENGES.

The proposal dedicates a portion of the bond to housing for veterans at risk of, or experiencing, homelessness with behavioral health needs.

- Upwards of 50% or more of homeless veterans suffer from mental health issues and upwards of 70% or more are affected by SUD.
- Bond funding would be disbursed as grants for new construction, acquisition, rehabilitation, or preservation of affordable multifamily housing to provide interim, transitional, and permanent supportive housing for veterans who are homeless, or at risk of homelessness, and living with behavioral health challenges.

Figure 1. Comparison of Existing MHSA Allocations and Proposed BHSA Allocations

(Dollars in Millions)



Mental Health Services
Oversight & Accountability Commission

STATE OF CALIFORNIA
GAVIN NEWSOM, Governor

MARA MADRIGAL-WEISS
Chair

MAYRA E. ALVAREZ
Vice Chair

TOBY EWING
Executive Director

May 31, 2023

VIA EMAIL

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Re: Governor Proposal to Modernize California's Behavioral Health System

Dear Ms. Welch and Mr. Sadwith:

Thank you for presenting the Governor's proposal to modernize California's behavioral health system at the Commission meeting on April 27, 2023. The Commission is encouraged by Governor Newsom's dedication and determination to improve California's mental health system and we greatly appreciate the opportunity to help shape the proposal to ensure his reforms deliver equitable, accessible, and affordable community-based behavioral health care for all Californians. The Commission shares the Governor's goal to drive transformational change in the mental health system and hopes that our collective voice, representing consumers and their families, service providers, law enforcement, educators, legislators, advocates, and employers, helps him reach that objective.

The Mental Health Services Act (MHSA), championed by community advocates statewide and enacted by voters in 2004, expresses a powerful commitment to meeting the mental health needs of Californians. The act was informed and inspired by the emergence of effective practices for dealing with serious mental health conditions and legislatively sponsored pilot projects in comprehensive services that improved outcomes, including reductions in homelessness, criminal justice involvement and hospitalizations for individuals with serious mental health conditions. More importantly, the act represents the end of rationed services and the beginning of system transformation by providing tailored and comprehensive care and investing in prevention, early intervention, and innovation as essential to reducing human suffering.

Key elements of the law have matured into first principles for fundamental improvements -- especially community engagement and empowerment, and a commitment to prevention and early intervention (PEI), innovation, and continuous improvement. While the Commission agrees the act can be strengthened, the Commission is concerned that the Governor's proposal would dismantle some of these first principles that inform and support the transformational change required to reduce costs, improve outcomes and reduce racial, ethnic and cultural disparities. Therefore, the Commission requests clarification on the following concerns raised during your presentation:

1. **Proposal to Eliminate Dedicated MHSA Spending on PEI.**
   Decades of evidence affirms that transformational change is possible when prevention and early intervention (PEI) strategies operate in tandem – not in competition – with high-quality services and supports. Decades of research show a PEI approach can mitigate many of the negative factors influencing mental health, often preventing mental health challenges from emerging at all. Research also establishes that early intervention and support reduces suicide, improves quality of life, and provides long-lasting benefits that are felt throughout communities and across generations, saving society from paying additional costs for health care, criminal justice expenses, emergency services, long-term care, and the avoidance of lost productivity.

   California is the only state in the nation that has made an explicit and binding commitment to investments in PEI. In each of the last two years the state ensured more than $500 million was available for these strategies. Yet this allotment still only represents a small fraction of California's $8 billion to $10 billion public mental health system, and even smaller share of the billions more the State spends on the health and wellbeing of residents through subsidized housing, public education, employment support, and other services.

   The Governor is proposing to eliminate the requirement that counties spend 20 percent of MHSA funds on PEI and instead require 35 percent of MHSA funds be spent on PEI, Community Services and Supports, Capital Facilities and Technological Needs, Workforce Education and Training, and prudent reserve. Despite this almost certain reduction in county spending on PEI, you stated that the administration's goal is to potentially increase spending on PEI, which you believe will be achieved by requiring more PEI services to be reimbursed by Medi-Cal.

   <u>Questions:</u>

   - Please explain how the administration determined that the Governor's proposal would increase county spending on PEI relative to today.

- Researchers suggest nearly 27,000 adolescents and young adults in California will experience their first psychotic episode each year. Half of all mental disorders manifest by the age of 14 and 75 percent by the age of 24. MHSA PEI funds are currently used to cover expenses not funded by MediCal or other forms of reimbursement, including services that are essential for responding to psychosis. If the existing PEI funding mandate is eliminated or reduced, please comment on how California will be able to continue its efforts to focus on upstream prevention and early intervention, including investments in high-quality, evidence-based early psychosis and mood disorder intervention services that have demonstrated the ability to reduce serious downstream consequences, including homelessness?
- Critics have suggested the Governor's proposal is shifting attention and resources from community-based prevention strategies toward responses to homelessness which could better be addressed through underinvested prevention strategies. Please outline the rationale for moving funding away from prevention toward a deep end response to homelessness?

2. Proposal to Eliminate Dedicated MHSA Spending on Innovation.

California is the only state in the nation that dedicates funding and provides technical assistance to innovation as a strategy to reduce negative outcomes through an annual investment of more than $100 million. Counties use 5 percent of MHSA funds, less than 1 percent of public mental health funding, to explore ways to improve services and results. Since 2016, the MHSA has supported more than 200 innovation projects, with an investment of more than $700 million to test new, creative, and responsive approaches to mental health concerns. Innovations have supported new approaches to supportive housing, access to digital mental health tools, mobile mental health strategies, trainings, peer-driven programs, they have targeted some of our most vulnerable Californians, including immigrants and refugees, justice involved individuals, LGBTQ+ residents, older adults, younger children, veterans, and others.

While the Governor is proposing to eliminate the requirement that counties spend 5 percent of MHSA funds on Innovation, you stated that somehow the proposal would result in innovation being incorporated into every aspect of county spending.

<u>Question:</u>

- Please explain how – without a dedicated funding stream and technical assistance for innovation – the administration will ensure counties continue to explore and develop new mental health models that increase access to and the quality of services, promote collaboration, reduce costs, improve outcomes, and reduce racial, ethnic, and cultural disparities.

3. Proposal to Require Counties to Bill Medi-Cal for all Reimbursable Services.

Prior to the MHSA, California's mental health system was failing in large part because state and local agencies were overwhelmingly concerned with complying with federal funding rules that restricted who could receive which services. Care was often rationed to those in crisis when services are most expensive and least effective.

Counties should be billing Medi-Cal today for all reimbursable services, however, there are implementation problems that do not appear to be solved with this proposal. The State does not provide clear guidance to the counties on what and how to bill for Medi-Cal, nor do they provide effective oversight to ensure county claims comply with Federal and State requirements. Consequently, counties are often found to be noncompliant when audited by the federal government, sometimes three to five years later, resulting in substantial fines for claiming unallowable Medi-Cal reimbursements. Without better guidance, oversight and compliance procedures, the Commission is concerned that the Governor's proposal will only exacerbate this problem, put more pressure on the counties, and potentially revert California back to rationing care and avoiding costs.

Questions:

- How will the State improve the current Medi-Cal billing obstacles counties face?
- How will the State minimize noncompliant Medi-Cal reimbursements that often result in costly fines by the federal government?
- How will the State ensure this proposal does not unintentionally regress California back to rationing care to avoid costs and reduce audit risks?
- Does requiring counties to bill Medi-Cal for all reimbursable services represent a cost shift of services already provided by schools (e.g. social/emotional learning curriculums) that could result in MHSA funds being used to match Medi-Cal?
- Will there be fiscal penalties for failing to adequately bill MediCal, which could elevate county fiscal risk and push California operate a MediCal-only mental health system?

4. Improved Integration of Mental Health and Substance Use Disorder Services.

The Commission supports the Governor's proposal to improve the integration of mental health and SUD services. The Commission has sponsored and supported legislation along those lines. During the Commission meeting, Commissioner Rowlett raised concerns that the inclusion of SUD services as an eligible activity to be funded with MHSA revenues could result in spreading an already limited resource across new demands. In other words, the proposal puts more demands on MHSA revenues without adding in additional dollars to meet those expanded needs.

Questions:

- Please clarify what impact the inclusion of SUD services under the MHSA will have on access to care, quality of care, care integration and outcomes.

- Please clarify how the addition of SUD services will impact eligibility for care under the Act, and whether there will be concurrent policy changes to allow MHSA providers to access SUD revenues in ways that ensure expanded needs are matched with expanded resources.

5. Proposal to Move the Commission under CalHHS.

The Commission was established by voters to explicitly empower people with lived experience, family members, and private and public sector leaders to drive transformational change.

The Commission's structure has allowed it to advance the goals of the Mental Health Services Act precisely because of its membership, independence, agility and trust with other governments and private organizations.

At the same time, the Commission has partnered effectively with the administration when its capacities can enhance those of the administrative structure. For example, the Commission partnered with the Department of Public Health to relaunch the Office of Suicide Prevention; with the Department of Education to launch new school mental health efforts, with HHS and FEMA on Covid response.

The Commission has effectively worked with the Legislature to clarify that MHSA funds can be used for SUD. It worked with the Obama Administration and other federal agencies to identify national best practices on preventing justice involvement and joined the U.S. Surgeon General and World Health Organization to elevate workplace mental health. The Commission has engaged counties advocates to display the best available data on MHSA funding and outcomes, which has increased awareness of unspent funds.

The Commission's independence provides the public with a critical community forum that ensures advocates and those with lived experience have their voices heard and are part of the solution to improving California's mental health system, just as Proposition 63 intended.

The Governor is proposing to reorganize the Commission by moving it under CalHHS with the declared intent to increase coordination and outcomes as well as restructure the Commission by requiring the Commission to become advisory and the Executive Director to be appointed by the Governor.

The Commission is concerned that this proposal 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.

Questions:

- Please describe the specific problems, including examples, that the administration believes will be resolved by moving the Commission under CalHHS.
- How will this reorganization increase collaboration and make the Commission more effective in performing its functions as defined by the MHSA?
- What other alternatives, if any, did the Governor consider to improve the work of the Commission?
- How will the Commission maintain the perception of independence from the administration in conducting future research or policy analysis?
- Given that effective accountability structures rely on independence, how will putting the Commission within CalHHS and making its executive director a gubernatorial appointee improve the public accountability that voters explicitly created by enacting the MHSA?
- Some other and more significant elements of the State's behavioral health system are not within CalHHS, such as the Department of Corrections and Rehabilitation and the Department of Education. If the purpose of relocating the Commission within CalHHS is to improve coordination, how will coordination be improved with these other entities?

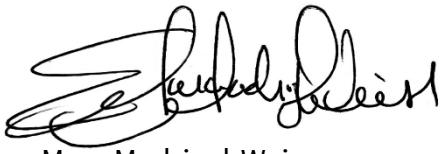
The Commission is pleased to hear that CalHHS plans to engage the public as the proposal moves forward and we welcome your invitation for the Commission to participate in that process to help ensure community input is at the center of any MHSA reforms.

We look forward to your responses and continued discussions on this important proposal to modernize California's behavioral health system.

Should you have any questions or concerns, please contact me or Toby Ewing at Toby.Ewing@mhsaoc.ca.gov or 916-216-9089.

Thank you.

Respectfully,



Mara Madrigal-Weiss
Chair

LAO Series

Mental Health Services Act: Governor's Behavioral Health Modernization Proposal

The posts below are intended to evaluate the Governor's Behavioral Health Modernization Proposal, including the major changes it would make to the Mental Health Services Act. Each post will analyze a specific component of the proposal and provide a number of considerations and/or recommendations for the Legislature.

In this series:

Key Takeaways for the Legislature

- ***Recommend Rejection of Governor's Proposal to Reduce Allowable County Reserves.*** In light of extreme Mental Health Services Act (MHSA) revenue volatility, allowable county reserves would have to be around two-thirds higher than their current levels to provide reasonable protection against declines in revenue. The Governor's proposal would therefore move allowable reserves in the wrong direction. In addition, we think counties should generally have more flexibility in how they can deposit and use reserves and offer suggestions for how to improve the overall MHSA reserve policy.
- ***Recommend Addressing MHSA Revenue Volatility Head On.*** The volatile MHSA tax is not suited to supporting ongoing mental health services and sufficiently mitigating MHSA revenue volatility with a reserve policy alone would be challenging. A more straightforward approach would be to change the MHSA revenue source. We offer an option that we think has little downside from either the state's or counties' perspectives.
- ***Administration's Justification of Proposed Changes Incomplete.*** The administration's proposal would reduce county spending flexibility and shift the focus of MHSA funding to Full-Service Partnerships and housing interventions. We find that the proposal likely will result in counties spending less on a number of current programs funded through MHSA, potentially reducing outpatient services, crisis response, prevention services, and outreach. We find that the administration's justification for the proposal is incomplete and we provide several questions for the Legislature to ask the administration to assess whether the proposal is

warranted. For example, can the administration provide evidence that the proposal is likely to result in better behavioral health outcomes for the population as a whole?

- ***Recommend Maintaining Mental Health Services Oversight and Accountability Commission's Authority Absent Compelling Justification for Governor's Proposal.*** While the commission would continue to serve in an advisory role to the administration and the Legislature under the Governor's proposal, the Governor proposes to remove most of the commission's current oversight, regulatory, and programmatic authority over MHSA funding. We find that the proposed substantial reduction of the commission's authority would limit its independence. Given the lack of analysis provided by the administration on the potential benefits of its proposal, we recommend the Legislature consider maintaining the commission's current roles in providing general oversight as well as implementing certain components of the MHSA. Additionally, we recommend maintaining the commission's authority to receive all information requested of state departments and all state and local entities that receive MHSA funding at its independent discretion.

Revenue Volatility and the Governor's Proposal to Reduce Allowable County Reserves

Summary. In March, the Governor proposed a broad package of changes intended to "modernize" the state's behavioral health system, combined with additional funding for behavioral health housing. This post—the first in a series of planned reports—analyzes a specific proposal to lower the cap on allowable county reserves of Mental Health Services Act (MHSA) revenues. Adequate reserves are particularly important for counties given extreme MHSA revenue volatility. In light of this volatility, allowable reserves under the Governor's proposal would be inadequate during an economic recession. Further, we find that the current-law reserve caps are too low. Whether or not the Legislature chooses to revisit the MHSA reserves policy, we recommend that the Legislature use this opportunity to address MHSA revenue volatility head on. Many options exist. For example, swapping the MHSA tax for a portion of the overall personal income tax (PIT) would provide counties with a far more reliable revenue stream that would continue to exhibit healthy growth, while only marginally increasing revenue volatility at the state level. Under this option, revenues could continue to be deposited into the MHSA fund in order to be dedicated to MHSA purposes, and the swap could be designed to raise the same amount of revenue over the long term.

Background

Mental Health Services Act

MHSA Approved by Voters in 2004. In November 2004, California voters approved Proposition 63, also known as the MHSA. The MHSA made substantial new funding available to counties for community mental health services. In particular, the MHSA dedicates a share of funding to prevention and early intervention activities, as well as innovative programs, that at the time some had argued should be a greater focus of public community mental health services.

Funds Services With Tax on Income Over $1 Million. Proposition 63 levied a 1 percent tax surcharge on taxable income over $1 million. The revenues from the MHSA tax are deposited into the Mental Health Services Fund (MHSF). The tax is concentrated on a very small number of taxpayers. In 2020, about 109,000 tax filers contributed $2.8 billion in revenue to MHSA. These filers comprised about six-tenths of 1 percent of all PIT filers in 2020. Of Proposition 63 taxpayers, however, about 70 percent of the total tax liability in 2020 was concentrated among about 13,000 filers with taxable income of $5 million and over.

Nearly All Revenue Dedicated to County Programs. The vast majority of MHSA funding goes to counties. The MHSA establishes a variety of parameters for how MHSA funding may be spent, including the percent of funds which must—or sometimes may—be spent on specific kinds of activities. Seventy-six percent of MHSA funding for counties must be used on community services and supports (CSS). CSS is the primary MSHA funding category that supports direct service provision to adults with serious mental illness and children and youth with serious emotional disturbance. The CSS category has three service categories: full-service partnerships (FSP), outreach and engagement services, and general system development. At least 50 percent of CSS funding is directed by state rules towards FSPs, which provide mental health and wraparound services for individuals with the greatest mental health needs. The MHSA also allows counties to dedicate up to about 20 percent of the funding they receive under the CSS category to purposes that support their local mental health system, such as capital facility and technological needs, workforce development programs, and prudent reserves. Nineteen percent must be used on prevention and early intervention activities, which are aimed at preventing mental illnesses before they become severe. The remaining 5 percent must be spent on innovative programs.

County Programs Predominantly Serve Ongoing Needs. Some activities eligible for MHSA funding serve a one-time or temporary purpose. Examples of these activities include constructing capital facilities, improving technology, and building prudent reserves. In addition, certain activities—for example, some innovative programs—may be good candidates for pilot projects. These one-time or temporary activities, however, make up a small portion of overall county MHSA spending. The bulk of MHSA spending—for FSPs, other CSS, or prevention and early intervention activities—is intended to support community mental health services provided on an ongoing basis to the population eligible to receive them. Ideally, these ongoing services would be funded with a relatively stable revenue source that allows for consistent spending over time.

Up to 5 Percent of Revenue Available for State Purposes. The MHSA allows up to 5 percent of overall revenues to be used for state administration of MHSA. The 5 percent is often referred to as the “state cap.” Under current legislative practice, funding within the state cap that is not needed for direct MHSA administration is available for the Legislature to appropriate to various mental health programs.

MHSA and Revenue Volatility

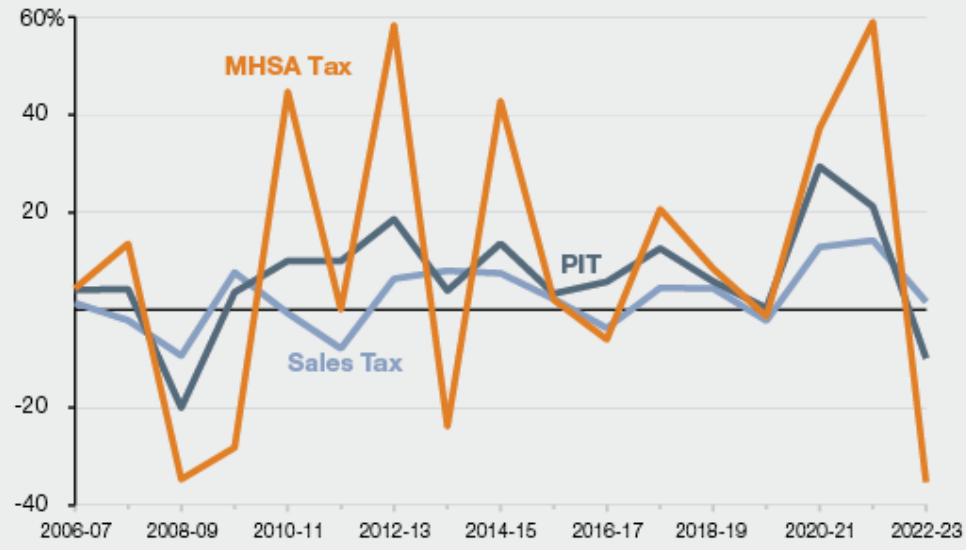
MHSA Tax Is an Extremely Volatile Revenue Source. Figure 1 compares the annual percent change in revenues from the MHSA tax, the state General Fund share of PIT, and the sales and use tax (SUT). (The figure shows MHSA revenue accrued by fiscal year—not as counties receive MHSA revenue via the monthly deposits and true ups discussed later.) Most of the taxable income earned by the vast majority of PIT filers is derived from wages and salaries. Wages and salaries are a relatively stable income category. By contrast, Proposition 63 filers derive a far greater share of their income

from relatively volatile sources, including capital gains; partnership income; and dividends, interest, and rent. In particular, capital gains depend heavily on movements in financial markets. As such, tax revenue derived from capital gains is an extremely volatile and unpredictable source of income tax revenue. As shown in the figure, the year-over-year percentage change in MHSA revenue is in many years two to three times as large as the change in PIT. For example, in 2014-15, PIT revenue grew by 14 percent whereas MHSA revenue grew by over 43 percent. Also of note, in fiscal years in which PIT is growing slowly, MHSA revenue often *declines* year over year. For example, in 2016-17, PIT revenue grew by almost 6 percent while MHSA revenue declined by 6 percent.

Figure 1

MHSA Tax Is Extremely Volatile

Annual Percent Change



MHSA = Mental Health Services Act and PIT = personal income tax.

LAO

Measuring Revenue Volatility. In assessing the volatility of a data series, looking at the year-to-year changes in the data is important. When data show more variability in annual changes, they are said to be more volatile. One way to measure the variability in a data series is average deviation (AD). AD summarizes—for a given time period—how many percentage points the data in a series deviate from the average growth rate. Generally speaking, a revenue source with an AD of 10 percentage points over a given time period would be twice as volatile as a revenue source with an AD of 5 percentage points. See "Measuring Volatility" in our February 2017 report, *Volatility of the Personal Income Tax Base*, for a detailed description and hypothetical calculation of AD.

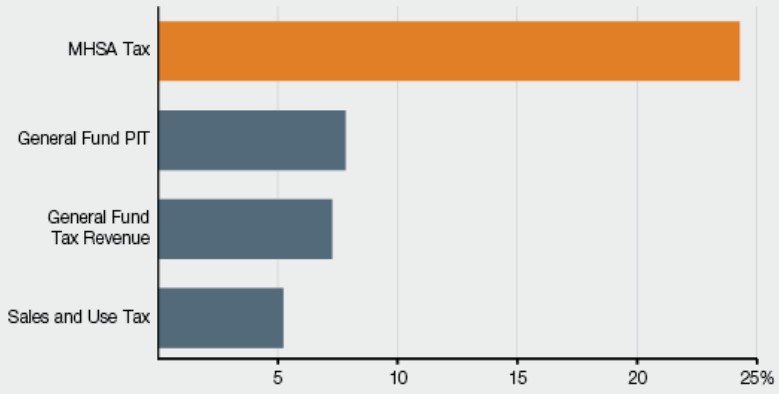
MHSA Tax Three Times More Volatile Than PIT. Figure 2 compares the AD of MHSA tax revenue to the ADs of the General Fund share of PIT, SUT, and all General Fund tax revenue. As shown in

the figure, MHSA tax revenue is about three times more volatile than the General Fund share of PIT and General Fund tax revenues, and is nearly five times more volatile than SUT.

Figure 2

MHSA Tax About Three Times More Volatile Than General Fund Tax Revenue

Average Deviation, 2006-07 Through 2022-23

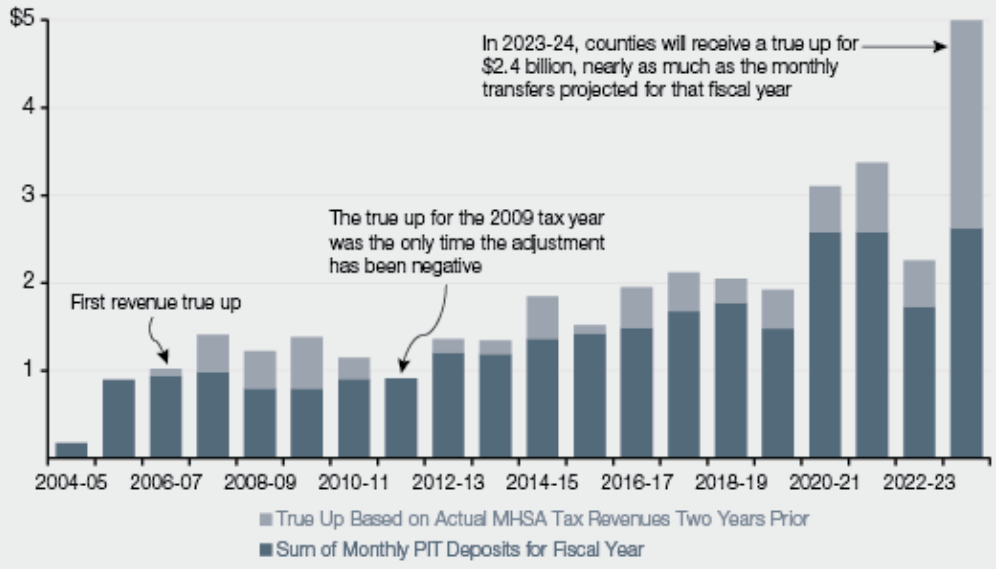


MHSA = Mental Health Services Act and PIT = personal income tax.

Proposition 63 Created True-Up Mechanism to Help Deal With Unpredictability of Revenues. Due to the volatility surrounding high-earners' tax payments, Proposition 63 created a complex process by which a portion of PIT receipts are initially deposited into the MHSF monthly and later "trued up" based on actual MHSA tax revenue. True-up payment adjustments (which can be positive or negative) affect county revenues two years after the actual MHSA tax payments are made. Figure 3 shows revenues to the MHSF by fiscal year. The revenue in a single fiscal year is the sum of the monthly deposits plus the true up. On average, the true ups have been about 30 percent of the sum of initial monthly deposits for a fiscal year, but in 2023-24 the true up is projected to be 90 percent of the monthly deposits for that fiscal year. In other words, counties are essentially receiving an extra year of revenue via the true ups in 2023-24.

Figure 3

MHSA True Ups Have Been Positive in 17 of 18 Years
(In Billions)



MHSA = Mental Health Services Act and PIT = personal income tax.

LAO

MHSA and Reserves

Budget Reserves Are the Key Tool Counties Have to Manage MHSA Revenue Volatility. Counties use reserves to set aside funds in good MHSA revenue years, allowing them to avoid having to make spending reductions in bad revenue years. Reserve deposits also take funding off the table when revenues surge, helping to avoid building the spending base to an unsustainable level. Given that the MHSA mostly funds ongoing mental health services, and that the need for these services is not sensitive to the economic cycle, reserves are an essential tool counties can use to achieve more consistent spending on MHSA services across years. That said, the need to hold significant reserves changes the timing of when revenues are allocated to programmatic purposes. Moreover, if allowable reserve levels are inadequate, counties may need to rely on other budgeting strategies to manage the volatility of the MHSA tax, which can raise questions regarding the efficient allocation of resources.

Proposition 63 Planning Process Requires Counties to Establish "Prudent Reserves." Proposition 63 requires counties to prepare and submit three-year plans, and annual plan updates, that are reviewed by the Mental Health Services Oversight and Accountability Commission. Generally, the plans detail how the counties will allocate unspent funds and estimated revenues on CSS, prevention and early intervention, innovation, and other MHSA programs. As a part of this planning process, Proposition 63 required counties to establish and maintain prudent reserves that allow for service provision during years in which revenues fall below recent averages grown for

population and inflation. As described earlier, Proposition 63 allows up to 20 percent of the average amount of CSS funding that a county received over the previous five years to be used to support its local mental health system. Making deposits to maintain a prudent reserve to prevent funding for services from being reduced below the average of previous years is among the eligible uses of this "up to 20 percent" funding bucket. Proposition 63 also generally requires that any funds allocated to a county that are unspent within three years (five years for small counties) revert to the state to be redistributed among all of the counties.

Legislature Set Caps on Reserves in 2018. Chapter 328 of 2018 (SB 192, Beall), caps the allowable cumulative balance of county prudent reserves at 33 percent of the average CSS revenue the county received in the prior five fiscal years. (While Proposition 63 required prudent reserves and capped the annual amount of reserve deposits that could be made, it did not cap the cumulative balance that could be maintained in a reserve.) Legislative bill analyses from the time indicate that the author proposed the bill partly in response to a California State Auditor report that detailed large budget reserves at the county level over which the state was not providing effective oversight. The Auditor determined that the state should have reverted and redistributed $231 million held by counties beyond statutory time frames for expenditure, as required by Proposition 63. The Auditor also found that between $157 million and $274 million held in prudent reserve accounts were in excess of what would be needed to maintain spending in recent years adjusted for population and inflation—as was the original intent of Proposition 63 for prudent reserves.

State Regulations Establish Additional Parameters, Allow for Reserve Withdrawals. Under SB 192, counties initially established prudent reserves as of July 1, 2019 and are only required to recalculate their maximum allowable reserve levels once every five years, although state regulations allow counties to reassess their allowable reserves more frequently. State regulations allow counties to access their prudent reserves when the Department of Health Care Services (DHCS) determines that MHSA revenues are below the average of the five previous fiscal years adjusted for changes in population and inflation. In addition, regulations require counties to transfer funds from their prudent reserves to their CSS accounts when they determine their projected allocation of CSS funds is insufficient to continue to serve the same number of individuals served by specified programs in the previous fiscal year.

Governor's Proposal to Lower Allowable Reserve Caps

Governor Proposes Major Changes to Behavioral Health System and Additional Behavioral Health Housing. In March, the Governor provided the Legislature with a broad outline of a proposed package of changes intended to modernize the state's behavioral health system, combined with additional funding for behavioral health housing. The proposal is currently moving through the Legislature in two companion bills—SB 326 (Eggman) and AB 531 (Irwin). Specifically, the Governor proposes a general obligation bond for the March 2024 ballot that would raise $4.7 billion. The

proceeds from the bond sale would be used to build additional behavioral health beds in residential settings. In addition, the Governor proposes major changes to the MHSA that also would be submitted to the voters in March 2024. Among these changes, the Governor proposes to restructure the categories of funding, allow MHSA funds to be used for treatment of substance use disorders, increase county reporting on behavioral health spending, and lower allowable county prudent reserves. This post focuses on the Governor's proposal to lower the cap on allowable reserves of MHSA revenues, which we discuss below.

Governor Proposes to Lower Allowable Prudent Reserve Caps. As has been communicated by the administration, the Governor seeks to reduce county prudent reserve caps from their current level of 33 percent of average CSS funding in the previous five years to 25 percent for small counties and 20 percent for large counties. This change would go into effect January 1, 2025. In addition, the Governor proposes to require the counties to recalculate their prudent reserves every three years rather than the five years in current law.

Changes to MHSA Categories Impact Available Funds for Reserve Deposits. The Governor proposes to change the categories of funding to require 35 percent of county funding to be dedicated to FSPs and 30 percent for housing interventions. Of the remaining funding, 30 percent would be used for behavioral health services and supports. Specifically, this category would include programs currently funded in the CSS and prevention and early intervention categories that would not fit within either the newly created FSP or housing categories, workforce, education and training, capital facilities, technological needs, innovative behavioral health pilots and projects, and prudent reserves.

Should Allowable Reserve Caps Be Lowered?

What Makes a Well-Performing MHSA Reserve Policy?

Reserve Caps Should Reflect Revenue Volatility... To aid in the Legislature's assessment of the Governor's proposal, we offer perspectives on what makes for a reasonable reserve policy for the MHSA. Ideally, a reserve policy accounts for the volatility of the funding source. There are several ways this can be done. For example, the Legislature could consider historical revenue experience. In the case of MHSA revenues that flow to counties, revenues declined on a year-over-year basis in 8 out of 15 fiscal years between 2007-08 and 2022-23. This experience shows that MHSA revenues decline during both economic expansions as well as recessions. For example, county MHSA revenue declined by 18 percent in 2015-16, a fiscal year that was solidly in the middle of an economic expansion. During a recession, MHSA revenue should be expected to decline sharply—for example, in 2010-11 and 2011-12 combined, revenues declined by 39 percent. While a reasonable reserve policy may not fully cover revenue declines that occur during severe recessions, the substantial volatility of MHSA revenue suggests that the reserve policy should be especially robust. While there is no one right target, we think a reasonable target for the current MHSA would be for allowable reserves to be almost certain to cover a 20 percent revenue decline and very likely to cover a

30 percent revenue decline. Under this target, counties would be confident that reserves could be sufficient to avoid major programmatic disruptions during good economic times. Furthermore, counties would have a very good chance of keeping robust reserves able to cover what may be a plausible revenue decline they might experience during a moderate recession. We note that there are reasonable arguments for setting a more or a less robust reserve policy.

…As Should Withdrawal and Deposit Rules. While a rainy-day fund designed for a relatively stable revenue stream might be reasonably focused on economic recessions, the historical experience with MHSA suggests that an effective withdrawal policy would allow counties to access reserves during economic expansions as well. Given the extent to which MHSA revenue can surge, and the associated challenge of making large upward adjustments to MHSA spending plans, an effective reserve policy would allow counties broad flexibility to deposit large portions of revenue surges into prudent reserves, to be used when revenues significantly decline in order to achieve more consistent spending over time.

Consider Willingness to Place Fiscal Risks on Counties. There is no one right level of reserves. In part, the extent of reserves desired can be informed by the level of risk that the Legislature is willing to take. In this case, however, counties will be the entities facing the consequences of an inadequate MHSA reserve policy. Thus, the Legislature would want to be mindful about placing excessive fiscal risks onto counties.

Insufficient Reserves May Result in Suboptimal Programmatic Outcomes. As described earlier, a small portion of MHSA funding can be used for certain one-time or temporary activities that support the local mental health system, including capital facilities and technological needs. While these activities are beneficial, the bulk of county mental health services funded by the MHSA—mainly FSPs and other CSS—are designed to meet an ongoing need for community mental health services across the population eligible to receive them. Given the volatility of MSHA tax revenues, state policy would ideally allow for county reserves to be sufficient such that counties can make ongoing commitments without the risk of major programmatic disruptions in response to large revenue declines. While we have not assessed past MHSA spending and outcomes, conceptually we think that an overreliance on temporary, rather than ongoing, commitments could lead to suboptimal programmatic outcomes. This underscores the need for a robust reserve policy that can withstand a reasonable range of potential future revenue declines.

Measuring the Potential Performance of a Reserve Cap Policy

Based on Historical MHSA Revenue Performance, We Estimate the Chances Reserves Could Cover Revenue Declines. The current-law reserve caps have only been in place since 2019-20, providing little time to assess how well they have worked. To allow for a more robust analysis, we first estimate the level of reserves that would have been allowed under both the current-law caps and those proposed by the Governor had they been in place from 2011-12 through 2022-23. (As

described earlier, the reserve caps are based on a five-year rolling average of CSS funding. We begin the analysis in 2011-12 because it is the first year for which there is five full fiscal years of revenue data needed to estimate the caps.) This approach results in 12 years of reserve cap data that we can compare to a range of revenue declines in order to gauge how often counties could be expected to fully cover future revenue declines with reserves. We compare allowable reserves under the three scenarios (current law, Governor's proposal for small counties, and Governor's proposal for large counties) in their ability to cover revenue declines of up to 40 percent (based on the largest historical MHSA revenue decline).

The Potential of the Current-Law Reserve Cap Policy

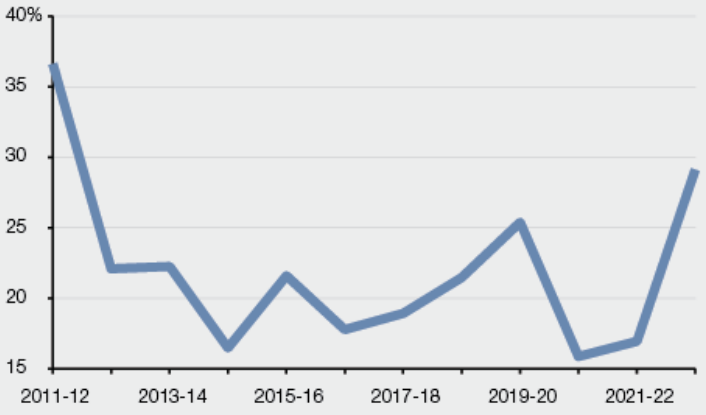
Prior to assessing the Governor's proposal, we first assess the sufficiency of the current-law caps to establish a baseline against which the Governor's proposal can be measured.

Reserve Caps Are Effectively Lower Than Expressed in State Law. As they are expressed in state statute, the current-law prudent reserve caps overstate the effective value of the reserves for two reasons. First, the current-law reserve caps are expressed as a percentage of a portion of MHSA revenue. Specifically, the caps are 33 percent of CSS funding, which itself is 76 percent of county MHSA revenues. This means that the caps are equal to 25 percent of *total* county MHSA revenues (the product of 33 percent and 76 percent). Second, the caps are based on an average of the previous five years of CSS funding. In general, when revenue is growing, the average amount of revenue in the previous five years will tend to be less than in the year for which the caps are being calculated. Figure 4 shows "effective" reserve caps—that is, reserves as a percentage of *total annual* county MHSA revenues. (The figure shows what the current-law reserve caps would have been had they been in place prior to 2019-20.) As shown in the figure, the effective reserve caps have fluctuated between 16 percent and 37 percent of total county MHSA revenue, averaging 22 percent of total county MHSA revenue across the period.

Figure 4

MHSA Reserve Caps Effectively Fluctuate Over Time

Allowable Reserves as Share of Total Annual Revenue



MHSA = Mental Health Services Act.

LAO

Current-Law Caps Arguably Constrain Counties From Acting Prudently When Revenues Spike. Because the reserve caps are based on a five-year rolling average, annual fluctuations in MHSA revenue do not result in a proportional change in the permissible level of reserves. As shown in Figure 4, this means that when revenues spike, as they did in 2014-15 and 2020-21, the reserve caps effectively decline as a share of total annual revenue. Revenue surges are the ideal time to be building reserves so as to prepare for future revenue drops and avoid building up base programs, and yet current law arguably constrains counties from acting prudently by making larger deposits at these times.

State Regulations May Be Too Restrictive in Allowing Withdrawals From Prudent Reserves. As described earlier, state regulations allow counties to access their prudent reserves when MHSA revenues are below the average of the five previous fiscal years adjusted for changes in population and inflation. We estimate that this withdrawal policy would have allowed counties to access prudent reserves three times since 2011-12: in 2011-12 (revenues declined 26 percent year over year), 2019-20 (revenues declined 9 percent), and 2022-23 (revenues declined 35 percent). The withdrawal policy, however, would not have allowed counties to access reserves in three other fiscal years in which revenues declined year over year: 2013-14 (revenues declined about 2 percent year over year), 2015-16 (revenues declined 18 percent), and 2018-19 (revenues declined 3 percent). Moreover, the policy relies on a DHCS determination, which may make it difficult for counties to predict when a withdrawal would be available. (We note that counties may have been able to access their prudent reserves in 2013-14, 2015-16, and 2018-19 to the extent that their projected allocation of CSS funds was insufficient to continue to serve the same number of individuals served by specified

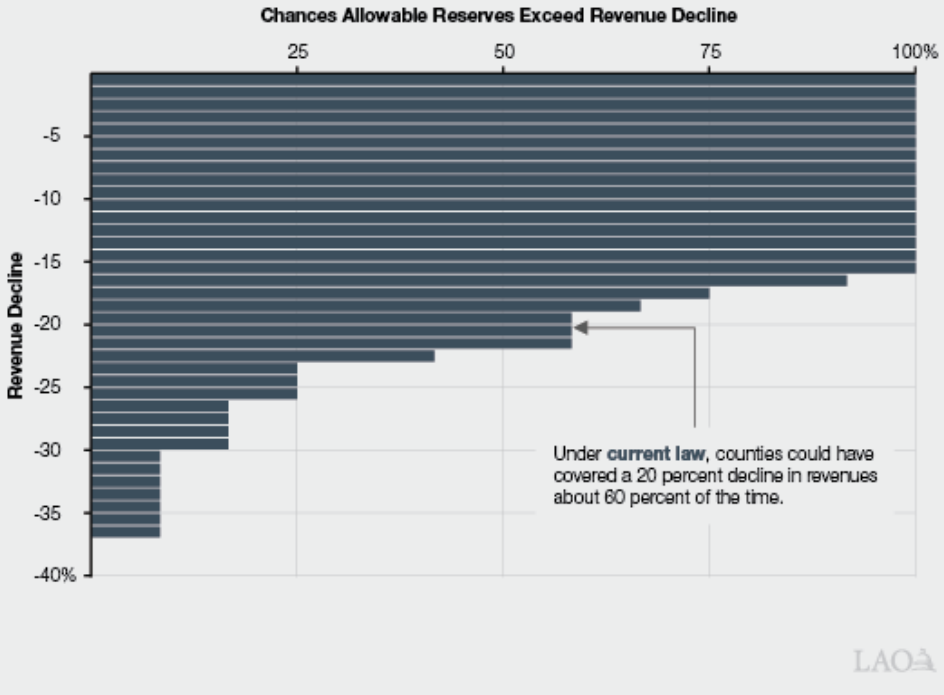
programs in the previous fiscal year. The extent to which counties could access reserves under this regulation is based on county determinations.)

Current-Law Reserve Caps Alone Likely Inadequate to Manage MHSA Revenue Volatility. Figure 5 shows the chances that reserves allowable under current law could cover revenue declines of up to 40 percent. Earlier, we suggested a target for allowable reserves to be almost certain to cover a 20 percent revenue decline and very likely to cover a 30 percent revenue decline. As Figure 5 shows, historical revenue performance suggests that counties could likely cover a 20 percent revenue decline, but would have a less than 10 percent chance of covering a 30 percent revenue decline. Given the low chances that counties could cover major revenue declines during an economic recession with currently allowable reserves, counties may have to rely significantly on temporary commitments and other budgeting strategies to compliment reserves allowable under current law.

Figure 5

Chances That Reserves Could Cover Revenue Declines Under Current Law

We estimate maximum reserves that would have been allowable between 2011-12 and 2022-23 and compare the estimates to a range of revenue declines to estimate how often counties would be allowed to keep reserves sufficient to maintain prior-year spending.



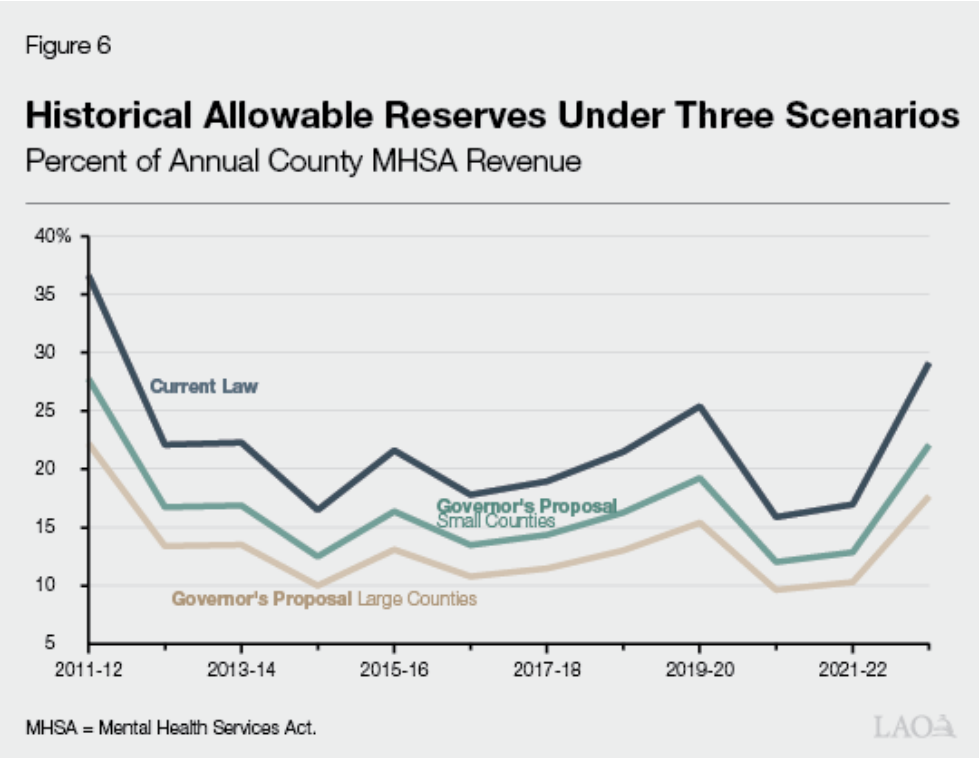
Current Reserve Caps May Have Already Proved Too Low in Practice. Senate Bill 192 established the first prudent reserve caps for the 2019-20 fiscal year. In the first few years of experience, counties received a surge in revenue during 2020-21 (60 percent), followed by healthy

growth in 2021-22 (8 percent), and a large decline in revenue in 2022-23 (35 percent). Based on our estimates, even under a best-case scenario in which all counties had proactively recalculated their reserve caps in 2022-23, the effective caps in that year (29 percent) would have been insufficient to cover the year-over-year decrease in revenue. If all counties had kept their 2019-20 caps in place, the effective reserve for 2022-23 (22 percent) would have been far below the year-over-year decrease in revenue. While 2022-23 was the largest single year-over-year decrease in MHSA revenue, the combined decrease over 2010-11 and 2011-12 combined was 39 percent; thus, we would describe the 2022-23 decrease as a large but not unprecedented decrease.

The Potential of the Governor's Proposed Reserve Cap Requirement

Effective Reserves Proposed by Governor Are Lower Than Under Current Law. Figure 6 compares effective reserve caps that would have been allowed under current law from 2011-12 through 2022-23 with those proposed by the Governor. Across the period, allowable reserves under current law would have averaged about 22 percent of annual county MHSA revenue, compared with 17 percent and 13 percent for small and large counties, respectively, as proposed by the Governor.

Figure 6



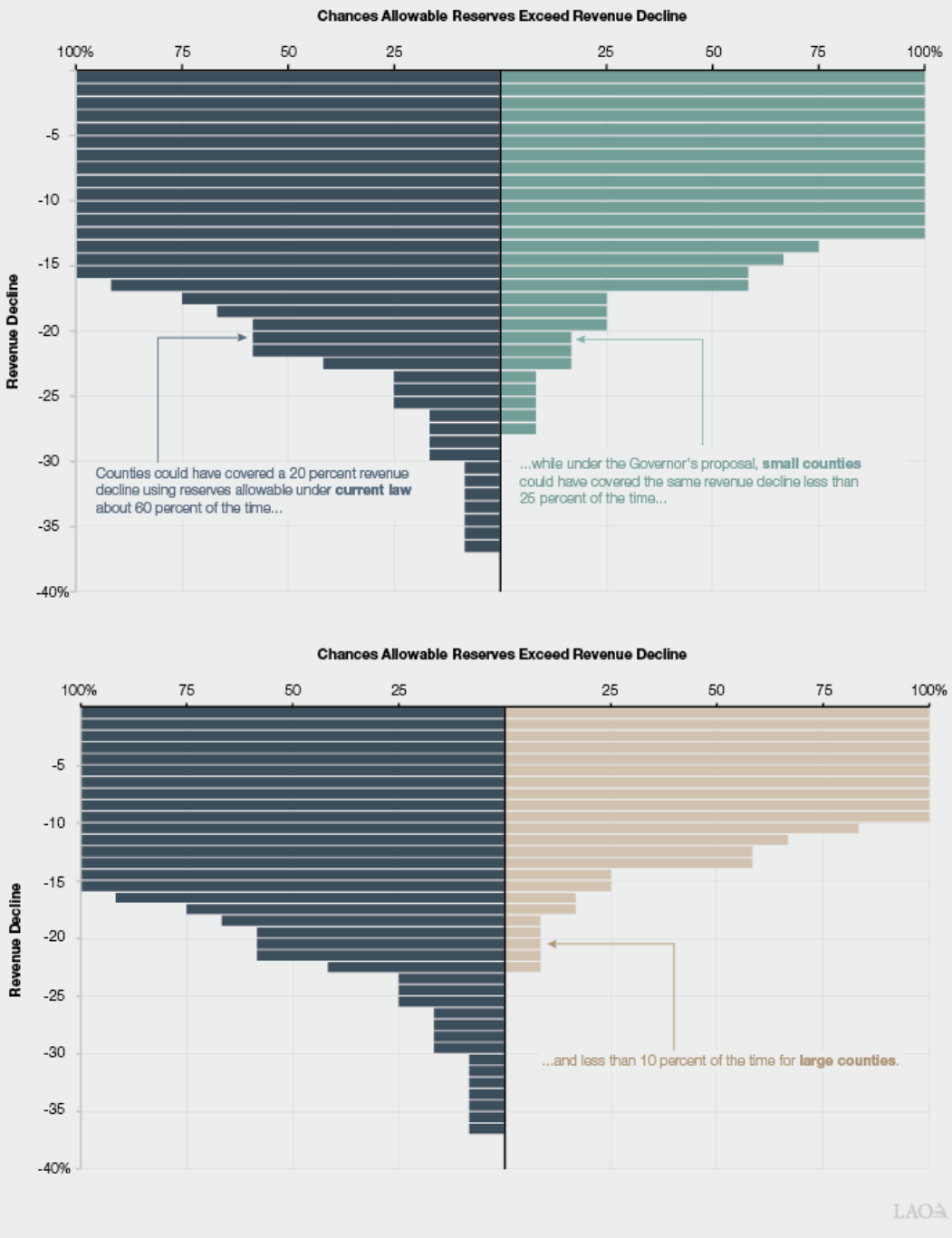
Allowable Reserves Under Governor's Proposal Almost Certainly Inadequate During Economic Recessions. Figure 7 compares the chances that allowable reserves could cover revenue declines of up to 40 percent under three scenarios: current law, the Governor's proposal for small counties, and the Governor's proposal for large counties. Again, applying the targets developed earlier, small counties could cover a 20 percent revenue decline less than 20 percent of the time, with that figure dropping to less than 10 percent of the time for large counties. Historical revenue

performance suggests that neither small nor large counties could cover a revenue decline of 30 percent.

Figure 7

Chances That Reserves Could Cover Revenue Declines Under Current Law and Governor's Proposal

We estimate maximum reserves that would have been allowable between 2011-12 and 2022-23 and compare the estimates to a range of revenue declines to estimate how often counties would be allowed to keep reserves sufficient to maintain prior-year spending.



Governor's Proposal May Reduce Future Prudent Reserve Deposits. As described earlier, counties can deposit up to about 20 percent of CSS funding annually into their prudent reserve

accounts. Reserve deposits, however, currently compete against other activities that support local mental health systems, such as capital facility and technological needs and workforce development programs. Under the Governor's proposal, prudent reserves would compete with additional activities, including certain programs currently funded in the CSS category and certain early intervention programs. The Governor's proposed changes to the funding categories may make it harder for counties to prioritize prudent reserve deposits in the future.

LAO Finding: Case Not Made to Lower Reserve Cap Requirement. As described earlier, allowable county reserves under current law are likely inadequate to manage MHSA volatility. Lowering the reserve caps would further limit counties' abilities to cover revenue declines. Specifically, the historical performance of MHSA revenues suggests that, under the Governor's proposal, counties likely would not be able to cover revenue declines that could be expected to occur from time to time during economic expansions. Moreover, reserves allowable under the Governor's proposal almost certainly would be inadequate during economic recessions. If the Legislature approves the Governor's proposal, counties would have to rely more on temporary commitments and other budgeting strategies to cope with MHSA revenue volatility than they already do under current law. Moreover, the proposal may discourage ongoing spending commitments that may help counties provide more consistent and successful mental health services.

Issues for Legislative Consideration

Recommend Addressing MHSA Revenue Volatility

MHSA Tax Is Not Suited to Supporting Ongoing Programs. Ongoing programs, like the mental health services provided under the MHSA, ideally are funded with fairly stable revenue sources that exhibit healthy growth over time. While growth in the MHSA tax has been strong, the tax is perhaps the most volatile source of revenue in the state tax system. Alternatives exist that could strike a better balance between revenue stability and growth. While a carefully designed and robust MHSA reserve policy may be able to encourage consistent spending, funding MHSA services with a stable revenue stream would be a more straightforward way of providing consistent and successful MHSA services.

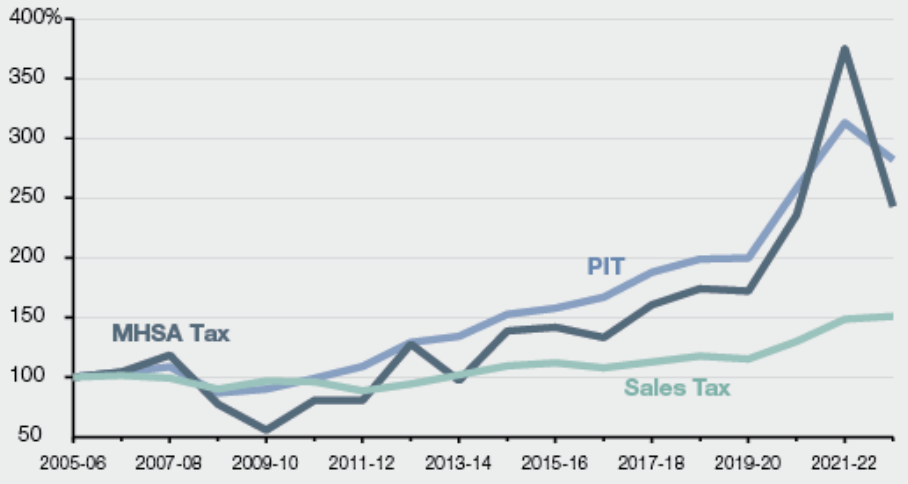
Recommend Addressing MHSA Revenue Volatility Head On. As noted earlier, the author of SB 192 cited California State Auditor findings of excessive county reserves as part of the basis for the current caps on allowable reserves. The Auditor's report and media accounts over the years suggested that counties have kept excessive reserve balances and are not responsive enough in spending their MHSA dollars in a timely manner. If the Legislature agrees that encouraging more responsive county MHSA spending is a priority, we think the most effective strategy may be to address the root cause of the problem—MHSA revenue volatility. Addressing MHSA revenue volatility would be especially vital if the Legislature adopts the Governor's proposal to reduce allowable county reserves. Options—potentially requiring voter approval—include:

- ***Change MHSA Tax Base.*** One way to address MHSA revenue volatility would be to change the MHSA tax base. Many options exist. For example, the Legislature could reduce the 1 percent tax rate and expand the taxable income subject to the tax, which could notably reduce MHSA revenue volatility while raising a similar amount of revenue. This approach, however, would increase the number of tax filers paying the MHSA tax.
- ***Swap MHSA Tax for Portion of SUT.*** Another way to fundamentally address MHSA revenue volatility would be to transfer the MHSA tax that is collected to the state General Fund and shift a dedicated portion of the General Fund tax base to fund the MHSA. One advantage to this approach would be that MHSA revenue volatility could be dramatically reduced without changing the taxes that any California taxpayer currently pays. If the Legislature wanted to shift an especially stable tax to counties, it could shift a portion of the General Fund share of the SUT. We note, however, that there are trade-offs between stability and long-term growth of a funding source. As shown in Figure 8, while the SUT would provide counties an especially stable fund source, it would come at the expense of long-term growth.

Figure 8

MHSA Tax and PIT Have Grown Much More Than Sales Tax

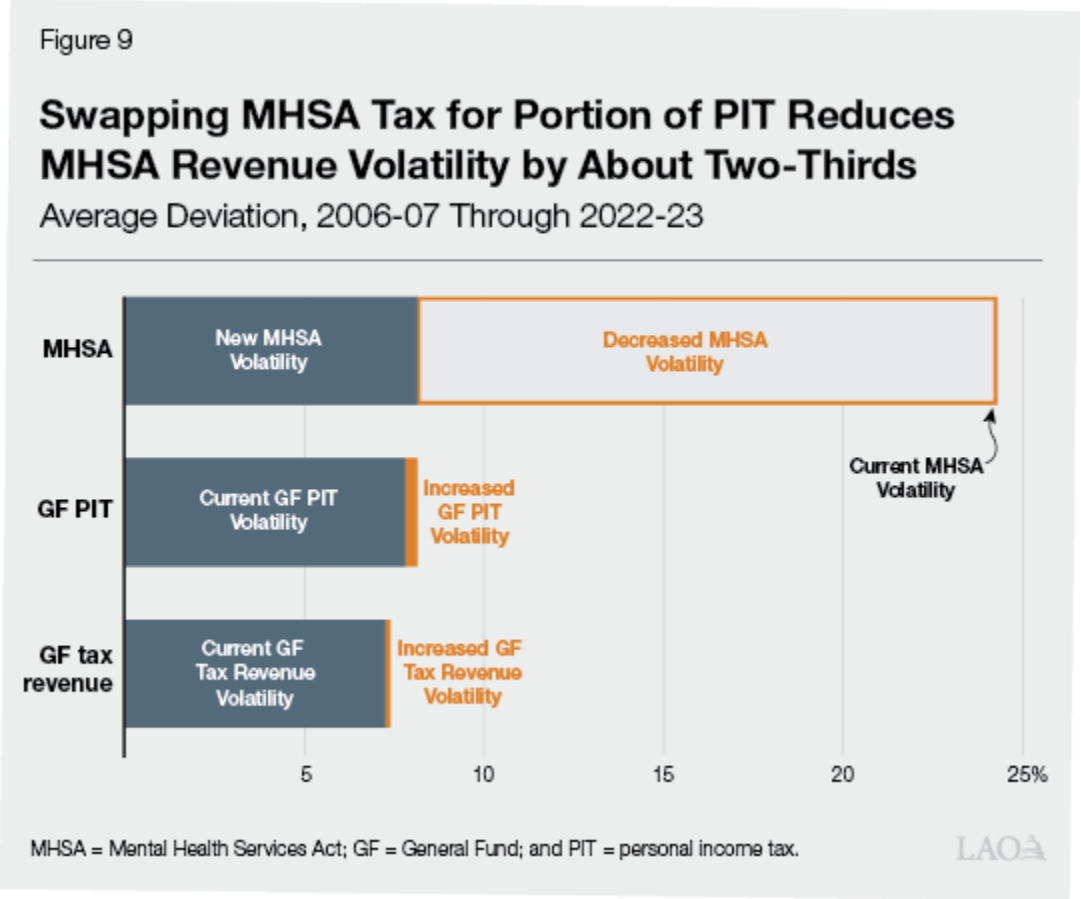
Cumulative Change



MHSA = Mental Health Services Act and PIT = personal income tax.

- ***Swap MHSA Tax for Portion of PIT.*** Another possible approach that would strike a different balance between stability and growth would be to swap the MHSA tax for a portion of the overall PIT. We estimate that between 2005-06 and 2022-23, MHSA revenue has equaled 2.3 percent of overall PIT revenue. Swapping the MHSA tax for 2.3 percent of PIT would provide counties a much more stable funding source that would also experience healthy growth over time. Moreover, as shown in Figure 9, MHSA revenue volatility could be reduced

by around two-thirds with only a marginal increase in overall General Fund tax revenue volatility. This approach would come with other benefits as well. There would no longer be a need for complex revenue true ups—instead, counties would receive a specified share (2.3 percent in this scenario) of PIT cash every month. This approach also would have the benefit of not changing the taxes that any California taxpayer pays.



Additional Reserve Policy Improvements for Legislative Consideration

In the course of our review of the Governor's proposal, we have identified several potential other improvements to the county MHSA reserve policy that merit legislative consideration.

- ***Match Allowable Reserves to Revenue Volatility.*** We think it is vital that MHSA prudent reserve caps reflect the volatility of the MHSA funding source. A reasonable level of reserve caps depends in part on whether the Legislature chooses to change the MHSA funding source to make it less volatile. Assuming no change to the MSHA tax, we think even the current-law reserve caps are too low. In order to meet our suggested reserve policy target, allowable reserves would have to be roughly 55 percent of CSS funding, or about two-thirds higher than the current-law level. The Governor's proposal would therefore move the reserve caps in the wrong direction. If the Legislature chooses to address MHSA revenue volatility, it will want to choose a reserve cap policy that matches the volatility of the new revenue source.

Substantially addressing MHSA revenue volatility could allow for reasonable reserve caps that are lower than in current law, perhaps as low as proposed by the Governor.

- ***Grant Counties More Flexibility in Accessing Reserves…*** We think that the current rules governing MHSA prudent reserve withdrawals are arguably too constrained. For example, we estimate that the current rules would not have allowed counties to access reserves in 2015-16 when revenues declined 18 percent on a year-over-year basis. (In general, this was because MHSA revenues were still quite elevated compared with the preceding five fiscal years, which partially included tax revenues collected in the wake of the 2008 financial crisis.) The Legislature could consider various flexibilities. For example, counties could be permitted to utilize their reserves in any fiscal year in which revenue is declining and in an amount up to the amount of the decline.
- ***…And in Making Reserve Deposits.*** The current-law reserve policy is largely untested. In particular, there is limited experience of how the caps—and the rules governing deposits into the reserves—would perform during an economic downturn and in the years immediately following. Under current law, counties can deposit up to 20 percent of a five-year average of CSS funding into their reserves; however, prudent reserves compete with activities that support local mental health systems, such as capital facility and technological needs and workforce development programs. As described earlier, prudent reserves would compete against additional programs under the Governor's proposal. While the degree to which expenditures on these other activities would squeeze out potential reserve deposits under the Governor's proposal is unclear, we think imposing caps on both reserve deposits and cumulative reserve balances may be overly constraining. The Legislature may wish to consider removing the deposit caps completely or granting counties more flexibility to exceed deposit caps in years following significant year-over-year revenue declines or when revenues spike, as discussed below.
- ***Allow Counties to Set Aside Revenue Spikes to Offset Future Declines.*** As described earlier, the current-law reserve caps as structured effectively decrease when revenues spike. This arguably constrains counties from acting prudently. There are several options that could allow for more flexibility in these spike years. For example, a large year-over-year increase in overall revenue or a true up exceeding a specified threshold could trigger flexibility for counties to set aside reserves in excess of their caps. The Legislature also could consider a mechanism that would automatically set aside spikes above a specified threshold. The Legislature could then consider providing counties a set period of time in which to right-size their reserves following a spike.

Conclusion

Governor's Proposal Is a Missed Opportunity to Address Core Problem With MHSA Revenue. Ongoing programs, like the mental health services provided under the MHSA, ideally are funded with fairly stable revenue sources in order to provide consistent levels of service. Yet, the MHSA tax is perhaps the most volatile source of revenue in the state tax system. Absent other changes, lowering prudent reserve caps as the Governor proposes will only exacerbate county budgeting challenges and place excessive fiscal risk on counties. If the Legislature wishes to see more responsive county spending of MHSA funds, we recommend addressing MHSA revenue volatility head on. Many options exist. For example, swapping the MHSA tax for a portion of the overall PIT would allow counties to have far greater confidence in the reliability of their revenue stream while only marginally increasing revenue volatility at the state level. Under this approach, counties would also have long-term revenue growth comparable to what they have seen so far with the MHSA tax. Moreover, this approach would even allow for reasonable reserve caps that are lower than in current law and that do not force counties to take excessive fiscal risks.

Proposed Change in Mental Health Services Oversight and Accountability Commission's Role

Summary. This post is one of a series of Legislative Analyst's Office posts on the various components of the Governor's Behavioral Health Modernization proposal, reflected in SB 326 (Eggman), as amended on June 19, 2023. The Mental Health Services Oversight and Accountability Commission (MHSOAC) was established as an independent commission, apart from the administration, to help ensure that Mental Health Services Act (MHSA) funding is used appropriately and effectively by counties to address mental health challenges across the state. As part of a package of proposed changes to the MHSA, the Governor proposes to remove most oversight, regulatory, and programmatic authority that the commission would have over MHSA funding. While the commission still would serve in an advisory role to the administration and the Legislature, removing most of its other authorities would significantly limit its ability to do so independently or more generally serve as an independent oversight entity. Furthermore, the Governor's proposal conditions the commission's access to data from other state entities on these entities allowing such access at their discretion, thereby limiting the commission's capacity to serve as a data-driven advisor. We recommend that the Legislature consider maintaining MHSOAC's current authority absent compelling justification for the Governor's proposal.

Background

Current Responsibilities of the Commission Focus on Independent Oversight

The MHSA Provides Funding Mostly to Counties. Approved by voters in 2004, the MHSA places a 1 percent tax on personal income over $1 million and dedicates the associated revenues to mental health services. The vast majority of MHSA revenues—at least 95 percent—goes directly to counties, which use it to support a variety of services for individuals with or at risk of mental illness. Currently, the MHSA establishes broad categories for how counties can spend the funding: Community Services and Supports (CSS), which funds direct service provision; Prevention and Early Intervention (PEI), which funds services that prevent mental illness before it becomes severe; and Innovation, which encourages counties to experiment with new approaches to addressing mental illness.

The MHSOAC Oversees MHSA Expenditures and Has a Unique Role in the State's Mental Health System. The MHSA established a framework for state oversight of counties' MHSA activities, granting oversight authority to two state agencies: the Department of Health Care Services (DHCS) and the MHSOAC. The commission's role includes providing general oversight over all county MHSA

spending as well as programmatic authority over two specific components of the MHSA—PEI and Innovation. As a part of its general oversight role, the commission advises both the Legislature and the administration on how to improve mental health services and outcomes, provides technical assistance to counties, and evaluates counties' spending and performance under the MHSA. In order to evaluate county spending and performance, the commission is authorized to obtain data from state agencies and counties to perform independent analyses on the programs supported by MHSA funding. The commission's programmatic authority includes setting funding priorities and establishing regulations for PEI and Innovation program activities, reviewing and approving Innovation program activities proposed by counties, and administering grants.

DHCS Oversees Components of MHSA Not Covered by MHSOAC. DHCS, by contrast, oversees the CSS funding category (a role similar to that of the commission in respect to other funding categories) and generally acts as the state entity to which counties report MHSA-related data. The department collects MHSA revenue and expenditure data, reviews prudent reserve levels, and monitors whether county expenditures match county planning documents. DHCS also oversees the Mental Health Service Fund (the special fund into which MHSA revenues are deposited) and calculates whether any county MHSA fund balances are subject to reversion.

Governor's Proposal

Governor's Proposal Would Dramatically Alter Commission's Role

Governor's Package of Proposed MHSA Changes Includes Restructuring of MHSA Funding Categories. The Governor's overall proposal would make major changes to how counties allocate MHSA revenues, shifting the focus of county spending to two specific categories: Full-Service Partnerships (FSPs) and Housing Interventions. Both PEI and Innovation program activities largely would be shifted into a new third category—Behavioral Health Services and Supports (BHSS)—a broadly defined funding category that includes early intervention programs (a majority of the funding); services and supports for adults, older adults, and children that are not provided under FSPs; innovative behavioral health pilots and projects; capital facilities; technological needs; workforce; education and training; and deposits for counties' prudent reserves. (We provide our analysis of this component of the Governor's overall proposal in a separate post.)

Change in Funding Categories Mostly Removes MHSOAC Programmatic Implementation Authority. The Governor's overall proposal would remove the PEI and Innovation program funding categories along with the related programmatic role of the commission in setting funding priorities; adopting regulations; and, in the case of Innovation programs, approving funding for projects. While funding for early intervention services and innovative projects would be available under the newly proposed BHSS category, the Governor's proposal gives DHCS the authority to set funding priorities for these programs. Under the Governor's proposal, with its restructured MHSA funding categories, the commission would not receive programmatic implementation authority that is equivalent to its

current authority. Rather, the commission's authority in this regard would be limited mainly to administering grants authorized by the MHSA, such as grants to fund partnerships between educational and county mental health entities as prescribed under the Mental Health Student Services Act.

Removes MHSOAC's General Oversight Role Over MHSA Spending. The Governor's proposal would remove MHSOAC's general oversight role to evaluate county spending and performance of various components of the MHSA, including adult, older adult, and youth behavioral health services; PEI; and Innovation programs. Additionally, the commission only would be able to collect data at the discretion of DHCS, the Department of Health Care Access and Information, and other state or local entities that receive MHSA funding to evaluate projects and programs funded by the MHSA. Generally speaking, roles and responsibilities being given up by the commission under the Governor's proposal largely would be assumed by DHCS.

Assessment

Rationale for Governor's Proposal Unclear, Potential Benefits Not Demonstrated

Administration Cited Improved Coordination of the State's Multiple Behavioral Health Initiatives… As a part of the Governor's original proposal related to the commission, the administration had placed the MHSOAC under the direct oversight of the California Health and Human Services Agency (CalHHS) and reorganized the commission's leadership to be direct Governor appointees. At a recent budget hearing, when asked if there was a problem that the Governor's proposal was intended to address with the reorganization, the administration responded that there is not a problem per se, but an opportunity to better coordinate the state's multiple behavioral health initiatives.

…But Has Not Clearly Articulated the Rationale for, or Demonstrated the Benefits of, Its Revised Proposal. The Governor's proposal has since changed to keep the commission's governance structure mostly the same as well as maintain its separation from CalHHS. The administration did not include, as a part of their updated proposal, whether improved coordination can be achieved by, or is even still the primary rationale for, shifting the majority of general oversight and program implementation authority to DHCS. Further, the administration has not detailed what, if any, behavioral health outcomes would be improved under the proposal. Without an analysis and justification by the administration on the proposal's potential to improve program coordination or behavioral health outcomes, weighing any potential benefits against the proposal's trade-offs will be difficult.

Proposal Significantly Limits Independent Oversight

The Proposed Substantial Reduction of MHSOAC's Authority Would Limit Its Independence. The Governor's proposal largely keeps the current governance structure and grant-

making authority of the commission intact. From our review of other commissions in the state, we find that the level of resources and authority provided to a commission by the Legislature can be more determinative of a commission's independence than where it sits in the state's administrative structure. Regulatory authority, direct programmatic implementation oversight, and approval over local projects, for example, help foster a culture of independence among commissioners and commission staff. For example, while the California Transportation Commission is located under the Transportation Agency, it allocates funding for highway, rail, and transit improvement projects which requires the commission to make independent decisions based on its own evaluation and expertise. By removing many of the MHSOAC's current roles and responsibilities, the proposal may inhibit the ability for the commission to act independently despite maintaining a similar governance structure as currently.

Constraining MHSOAC's Independence Reduces Legislative Insight Into Local Programs. The MHSA provides fairly flexible funding to counties—both currently and, to a somewhat lesser degree, under the Governor's overall proposal—to address mental health challenges that may be unique to their residents. An independent oversight commission, like the MHSOAC, can oversee county spending to ensure counties are meeting the requirements of the law without imposing the administration's priorities on county-based programs. Additionally, an independent commission could provide analyses and recommendations to the Legislature that may differ from the administration's policy focus. These insights can be of value to the Legislature as it deliberates its preferred policy approach on mental health issues.

Issues for Legislative Consideration

Maintain MHSOAC's Authority Absent Compelling Justification for Governor's Proposal. Given the lack of analysis provided by the administration on the potential benefits of its proposal, the Legislature should consider maintaining the commission's current roles in providing general oversight as well as implementing certain components of the MHSA. While the PEI and Innovation program funding categories would be removed under the Governor's overall proposal, there are still components that could be directly overseen by the commission. Given the commission's experience with the MHSA, directing the commission to oversee and promulgate regulations, in consultation with DHCS, for FSPs and early intervention programs would be reasonable. This could include setting funding priorities beyond what is listed in statute, based on its consultation with the administration, counties, and members of the community. Additionally, we recommend maintaining the commission's authority to receive all information requested of state departments and all state and local entities that receive MHSA funding at its independent discretion.

Proposed Restructuring of the MHSA Funding Categories and Impacts on County Spending

Summary. This post is one of a series of Legislative Analyst's Office posts on the various components of the Governor's Behavioral Health Modernization proposal, reflected in SB 326 (Eggman), as amended on June 19, 2023. The Mental Health Services Act (MHSA) allocates funding primarily to counties to provide mental health services and establishes broad categories for how counties can spend the funding. The Governor's proposal would change the funding categories under the MHSA, requiring counties to allocate more MHSA funding towards Full-Service Partnerships (FSPs) and housing interventions. We find that the Governor's proposal would reduce overall county discretion and likely result in counties spending less on a number of current programs. We find that the administration's justification of its proposed changes is incomplete and we provide several questions for the Legislature to ask the administration to assess whether the proposal is warranted. For example, can the administration provide evidence that the proposal is likely to result in better behavioral health outcomes for the population as a whole? What are the trade-offs in reducing county spending flexibility?

Background

Current MHSA Funding Categories

Funding Categories and Allocation of MHSA Revenues Under Current Law. Approved by voters in 2004, the MHSA places a 1 percent tax on personal income over $1 million and dedicates the associated revenues to mental health services. The vast majority of MHSA revenues—at least 95 percent—goes directly to counties, which use it to support a variety of services for individuals with or at risk of mental illness. The MHSA establishes broad categories for how counties can spend the funding, including the percent of funds which must—or sometimes may—be spent on specific kinds of activities. Figure 1 provides a high-level summary of the current three broad spending categories, along with examples of the types of services/activities funded under them and the percentage of MHSA revenues allocated to them.

Figure 1

Allocation of Current MHSA Funding Categories

Current MHSA Funding Category	Examples of Types of Services/Activities	MHSA Revenue Allocation
Community Services and Supports	• Full-Service Partnerships • Outpatient Treatment • Crisis Intervention • Wellness Centers • Housing Services • Capital Facilities • Workforce and Training • Deposits Into Prudent Reserves	76 percent
Prevention and Early Intervention	• School-based Services • Outreach to Older Adults • Suicide Prevention	19 percent
Innovation Programs	• Technology Integration • Holistic Care	5 percent

MHSA = Mental Health Services Act.

Largest Funding Category by Far—Community Services and Supports (CSS)—Affords Counties Significant Discretion. As shown in Figure 1, 76 percent of MHSA county funding must be spent on CSS, which supports a broad range of direct service provision (such as outpatient treatment). In addition, about 20 percent of CSS funding can be used for capital facilities, technological needs, workforce, education and training, and deposits for counties' prudent reserves. While not required by MHSA, state regulations currently require counties to use 50 percent of CSS funding for FSPs. FSPs provide mental health and wraparound services—such as housing and employment support—for individuals with the greatest mental health needs. As also shown in the figure, 19 percent of MHSA funding for counties must be used on Prevention and Early Intervention (PEI) activities, which are aimed at preventing mental illnesses before they become severe. The remaining county funding (5 percent) is directed to innovation programs, with the goal of encouraging counties to experiment with new approaches to treating and preventing mental illness.

Governor's Proposal

Funding Categories

Funding Categories and Allocation of MHSA Revenues Under Governor's Proposal. The Governor's proposal makes major changes to how counties allocate MHSA revenues beginning July 1, 2026. The majority of MHSA funding—92 percent—still would go to counties, but the proposal shifts the focus of the funding allocations towards both FSPs (as a statutory requirement) and housing. Figure 2 provides a high-level summary of the four proposed categories for county funding, along with examples of the types of services/activities funded under them and the percentage of MHSA revenues allocated to them.

Figure 2

Allocation of Proposed MHSA Funding Categories

Proposed MHSA Funding Category	Examples of Types of Services/Activities	MHSA Revenue Allocation
Full-Service Partnerships[a]	• Assertive Community Treatment • Substance Use Disorder Treatment • Employment Services	35 percent
Housing Interventions	• Rental and Operating Subsidies • Family Housing for Children and Youth 50 percent must be for individuals who are chronically homelessness.	30 percent
Behavioral Health Services and Supports	• Early Intervention • Adult, Older Adult, and Youth Focused Services • Capital Facilities • Deposits Into Prudent Reserves Majority must be for early intervention.	30 percent
Population-Based Mental Health Substance Use Disorder Prevention	• Population-wide reduction in mental health disorders • Suicide or Overdose Prevention Population-based prevention programs cannot include the provision of services to individuals.	5 percent

[a]Under the proposal, housing services provided to Full-Service Partnership participants would be counted under the Housing Intervention category.

MHSA = Mental Health Services Act.

Proposal Increases Spending on FSPs and Housing. The Governor's proposal would make FSP spending a statutory requirement for counties. Specifically, counties would be required to spend 35 percent of funding on FSP programs. In addition, under the Governor's proposal, 30 percent of MHSA county funding would be used on housing intervention programs for the provision of housing or

infrastructure funding to create new housing. Housing intervention services provided to FSP participants would be counted under this category. Examples of eligible programs include rental and operating subsidies, family housing, and the nonfederal share of Medi-Cal-eligible transitional rent. The proposal also requires that 50 percent of the funds in this category be used on housing interventions for individuals who are chronically homeless.

Proposal Decreases Flexible Spending. The funding category under the Governor's proposal that affords the most spending discretion to counties—Behavioral Health Services and Supports (BHSS)—is significantly smaller than the similar category under current law (CSS). This funding category—30 percent of MHSA county funding—would be used for services and supports for adults, older adults, and children that are not provided under FSPs; early intervention programs (a majority of the funding); innovative behavioral health pilots and projects; capital facilities; technological needs; workforce; education and training; and deposits for counties' prudent reserves.

Assessment

Methodology and Data Limitations

Data Limitations in Assessing Counties' Current Spending. To assess the impacts of the proposal on county spending, we collected 2021-22 program expenditure data from 50 counties (reflecting nearly 99 percent of California's population). Below, we outline the data limitations that prevent us from precisely measuring (1) the extent to which current spending aligns with the proposed new funding categories and the associated spending targets/limits and thus (2) how county spending could change under the Governor's proposal. Despite these limitations, however, our estimate still provides a baseline for evaluating how current expenditures may align with the proposed categories.

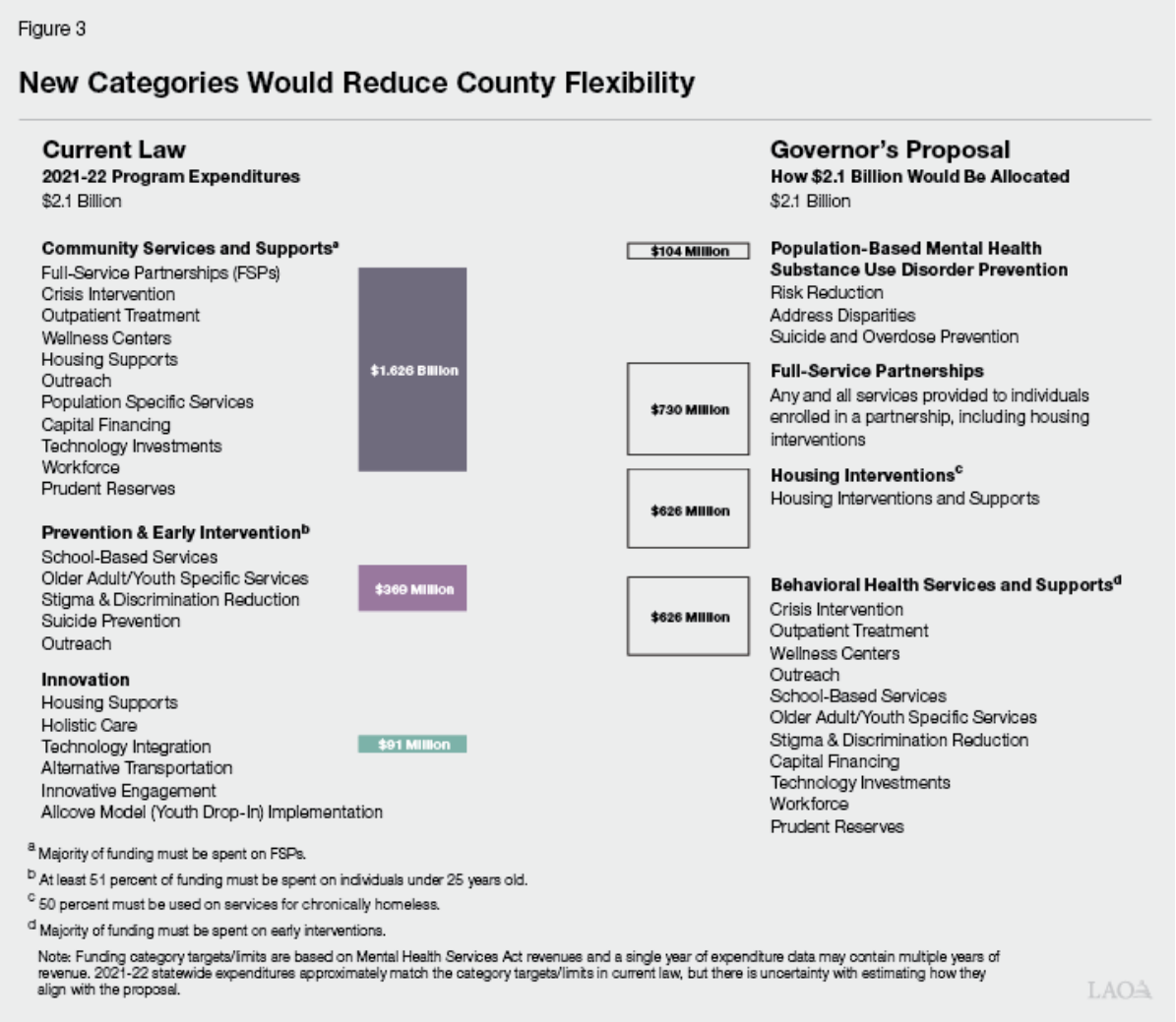
- As data are reported individually by each county, we are required to make assumptions about the nature of services provided under programs, the titles of which can vary county by county.
- Information on what current programs include housing interventions are not captured explicitly in current reporting. To create our estimate, we used program names across counties to determine if they might qualify as housing interventions. This evaluation criteria may over or underestimate the current spending that would qualify under the Housing Interventions category in the Governor's proposal.
- We are unable to estimate the current program expenditures that would qualify under the Population-Based Mental Health Substance Use Disorder Prevention category. Based on the currently available data, there is no way to determine which programs would be classified as population-based prevention programs rather than prevention programs serving individuals.

- Our analysis includes the most current, publicly available, annual expenditure data. There may be changes in the types of programs and services funded on a year-to-year basis that are not captured in our analysis and 2021-22 data may not be representative of counties' funding priorities over time.
- We calculated and classified program expenditure data as statewide totals. There are differences among counties in both how expenditures are allocated within current categories and how expenditures are likely to align with the proposed categories. We discuss the importance of understanding these county-level differences later in this post.
- The creation of new funding categories and spending targets/limits under the Governor's proposal would create different incentives and priorities for counties. While we estimate the extent to which current county spending aligns with the proposed funding categories and spending targets/limits, how counties may shift program expenditures if the proposal passes is unknown.

Comparing County Spending Categories

Significant Level of Discretion Afforded to Counties Within Current Funding Categories. The left side of Figure 3 displays counties' 2021-22 program expenditures (totaling $2.1 billion) by funding category as well as examples of the programs that fall under current MHSA categories as reported in the 2021-22 expenditure data. The data reflect that while there are a few requirements within the CSS, PEI, and Innovation categories, counties are able to fund a wide variety of programs to meet local needs. For example, while at least half of CSS funding must be used on FSPs, counties can spend the remaining available funds on crisis intervention, outpatient services, wellness centers, or various capacity building projects like technological needs. Similarly, PEI can be used for a wide variety of prevention and early intervention services such as school-based support services or outreach to vulnerable populations.

Figure 3



Governor's Proposal Reduces Overall County Discretion by Focusing Funding on FSPs and Housing Interventions. The right side of Figure 3 shows how a total expenditure amount of $2.1 billion (the 2021-22 total) would be broadly allocated under the Governor's proposed funding categories and spending targets/limits. As shown, the Governor's proposal creates a category for FSPs (where before they were a subcategory within CSS) as well as housing interventions. While counties have some discretion in how to focus funding within these two new categories, the proposal is fairly prescriptive in the types of programs within these categories eligible for MHSA funding. As a result, a large portion of programs currently funded across the CSS, PEI, and Innovation categories would only be eligible to be funded through the newly created BHSS category under the Governor's proposal. While the current categories have some restrictions on what programs may be funded, they are broad enough to give counties flexibility to direct funds to certain services based on local determinations. However, under the proposal, counties have a smaller share of MHSA revenue available for flexible spending on programs.

Possible Changes to County Spending

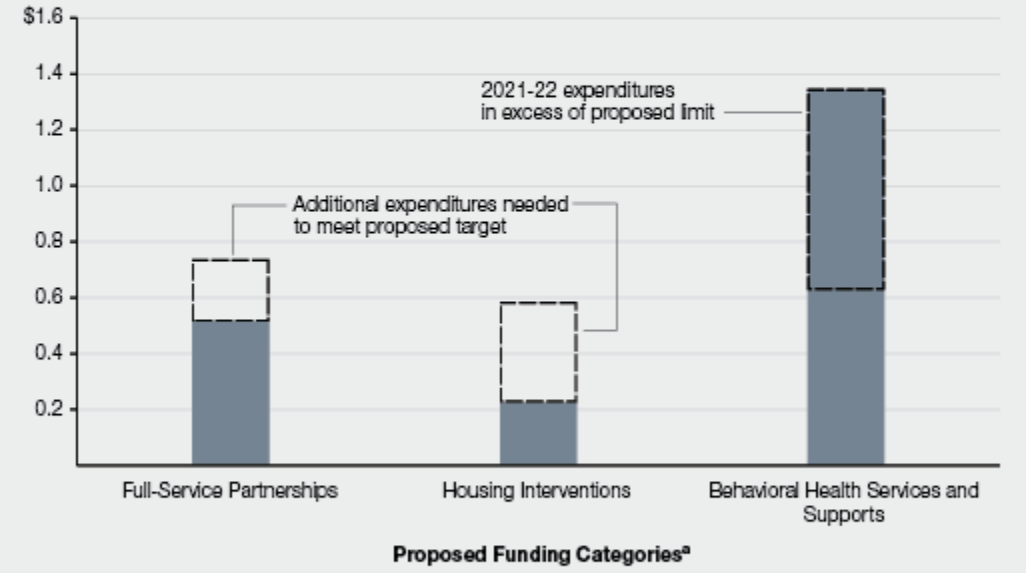
New Funding Categories Likely Would Require Counties to Spend More on Certain Programs, Less on Others. Figure 4 shows how we estimate current program expenditure levels would align

with the proposed categories. Based on current expenditures, counties would need to increase spending on FSP and Housing Intervention, substantially so in the case of Housing Interventions. We estimate that relative to 2021-22 program expenditures for FSP ($515 million) and Housing Interventions ($226 million), counties would need to increase spending by $121 million and $493 million, respectively, to reach the proposed funding targets. Conversely, counties would need to redirect or reduce expenditures on programs that fall under the proposed BHSS category limit. Whereas current expenditures that would be eligible under the BHSS category currently make up around 60 percent of MHSA dollars, under the proposal, this category would be capped at 30 percent. Consequently, these expenditures would need to be reduced from $1.34 billion to $621 million.

Figure 4

Additional Expenditures Needed in FSP and Housing Interventions While a Reduction Is Needed in BHSS

2021-22 MHSA Expenditures (In Billions)



[a] Population-Based Mental Health Substance Use Disorder Prevention category would need an estimated $104 million in expenditures to meet the proposed target

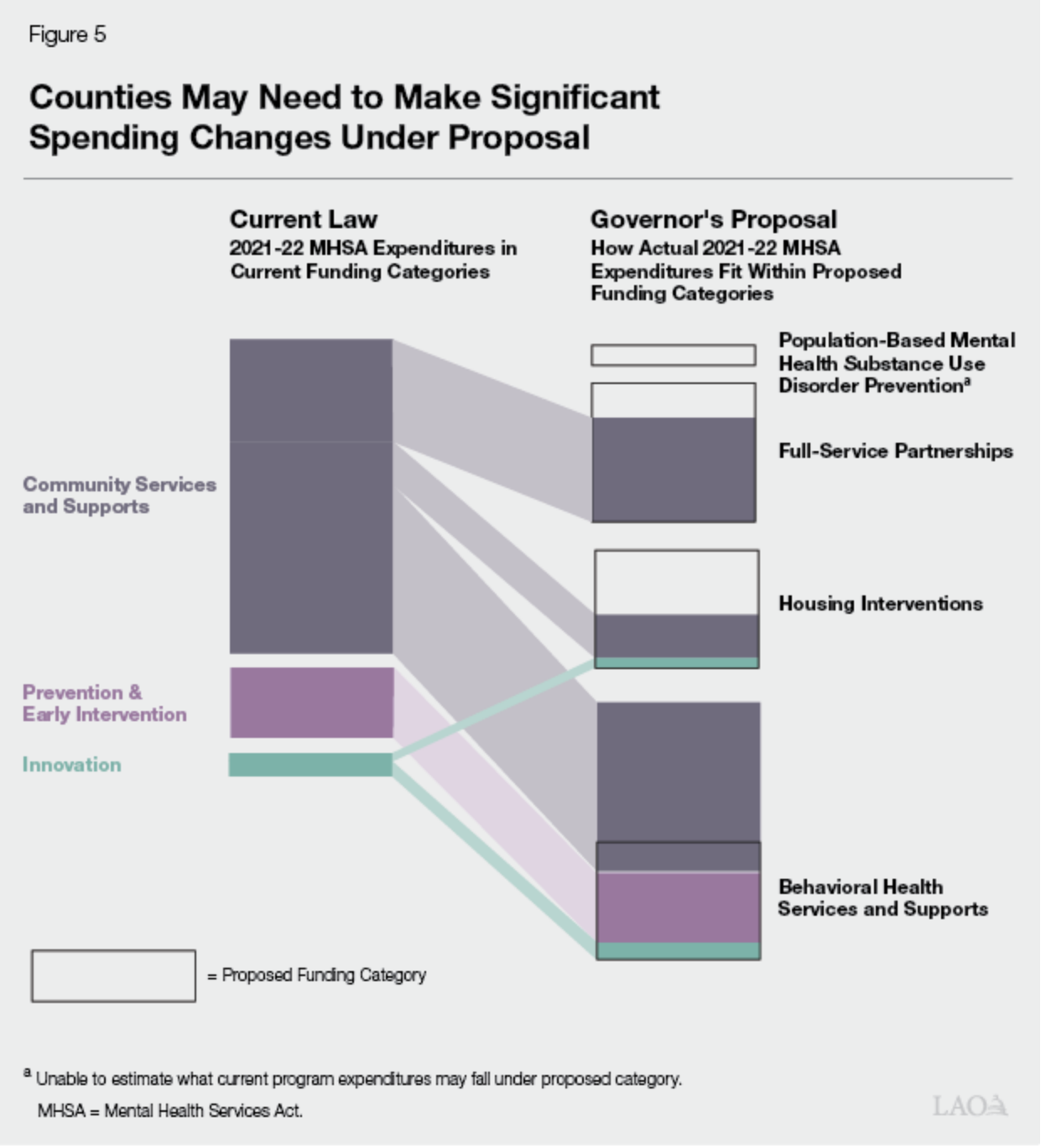
FSP = Full-Service Partnerships; BHSS = Behavioral Health Services and Supports; and MHSA = Mental Health Services Act.

LAO

Current Programs That Would Fit Under the Proposed BHSS Category Likely Would Be Reduced Due to Funding Limits. Figure 5 provides a breakout of how current funding categories appear to align with the Governor's proposed categories. As shown in the figure, linking the current funding categories to the proposed ones, we assume that programs currently under the CSS category would be classified under the FSP, Housing Interventions, and BHSS categories. We assume that all

PEI programs would fall under the BHSS category, while Innovation programs would fall under Housing Interventions and BHSS. A number of current CSS and PEI programs, that make up the majority of current spending that would fit within the new BHSS category, would likely see reductions in MHSA funding. This is compounded by the fact that the majority of BHSS funds must be spent on early intervention programs, further limiting what current expenditures can align with the proposed funding category limit for BHSS programs. Based on how counties reported program information, counties may need to reduce funding for outpatient services, crisis response, prevention services, and outreach.

Figure 5



Issues for Legislative Consideration

Administration's Justification of Proposed Changes Incomplete. The administration's proposal reduces county flexibility and shifts the focus of MHSA funding to FSPs, housing interventions, and early intervention programs. This change would reduce funding available for several current programs funded through the MHSA. Under the proposal, counties would need to increase MHSA expenditures on FSPs and housing interventions, while potentially reducing outpatient services, crisis response, prevention services, and outreach. The administration has not provided an assessment of how the changes may negatively impact current services. For example, while the administration cites the shortfall in psychiatric treatment beds as a primary justification for the focus on housing interventions, the administration has not provided the rationale for using MHSA—given the trade-offs—to address this and other issues. Consequently, as the Legislature considers the proposal, we recommend asking the administration certain questions to assess whether the proposal is warranted. The rest of this section outlines our recommended questions.

Would Statewide Behavioral Health Outcomes Be Improved by Shifting Funding Focus? The proposal would increase spending on FSPs and housing significantly. The Legislature has noted that individuals receiving FSP services experienced a 68 percent decline in homelessness in one study. Additionally, the administration cites the linkage between safe and affordable housing with successfully treating serious mental illness and substance use disorder research, including research that identified a shortage of psychiatric beds in California. While research supports the administration's proposed interventions to improve outcomes for individuals experiencing or at risk of homelessness, MHSA services benefit a broader population of Californians. Consequently, some beneficiaries of MHSA may no longer receive certain services under the proposal. On net, can the administration provide evidence that the proposal is likely to result in better behavioral health outcomes for the population as a whole? Why does the administration propose using the MHSA as opposed to other funds to support the priorities reflected in the proposal?

What Are the Trade-Offs in Reducing County Spending Flexibility? The administration's proposed funding categories would reduce the amount of overall flexibility afforded counties in two ways: (1) by creating only one category, BHSS, with just 30 percent of MHSA funding that can accommodate flexible program expenditures and (2) by including a wide variety of programs that counties would need to spend funds on in BHSS (early intervention, capital facilities, deposits into prudent reserves, among others) that would reduce funding available for other county initiatives. In effect, the proposal would shift the discretion in setting MHSA funding priorities away from counties to the administration. This potentially deprives the state of county-level expertise in program implementation and understanding the needs of its residents. The Legislature may wish to ask the administration, along with counties, about the trade-offs of reducing county flexibility in MHSA

spending. Additionally, the Legislature should consider whether the shift towards a top-down approach in the use of MHSA funds aligns with the Legislature's vision of the program.

How Does the Proposal Complement Recent Initiatives to Serve Individuals Experiencing Homelessness and Behavioral Health Conditions? The proposed Housing Interventions category includes a requirement that the majority of funding be for services to individuals who are chronically homeless. The administration has not yet sufficiently articulated how its proposal complements a recent major initiative approved by the Legislature—the Behavioral Health Bridge Housing Program—to provide housing supports to homeless individuals with behavioral health conditions.

What Are the Impacts on Individual Counties? Our analysis evaluates how the shift in funding categories could impact county expenditures at the statewide level. However, as noted, the actual impact to individual counties could vary. The Legislature could ask the administration, along with counties, for information on the anticipated distributional impacts of the proposal on a county-by-county basis. This information would give the Legislature a more comprehensive picture of local impacts.


REMHDCO
Racial and Ethnic Mental Health Disparities Coalition
California Alliance
Empowering lives. Enriching futures.
SAFE passages
United Parents
LGBTQ TA CENTER
NASW
National Association of Social Workers
CALIFORNIA CHAPTER
Camhpro
KELECHI UBOZOH CONSULTING
Children Now
PARENTS ANONYMOUS
MHA
Mental Health America of California
Also known as the Mental Health Association in California
California Youth Empowerment Network
CAYEN
DBSA
SEARAC
CALIFORNIA COMMISSION on Aging
CALIFORNIA BLACK WOMEN'S HEALTH PROJECT
WWW.CABWHP.ORG
California Behavioral Health Planning Council
Advocacy • Evaluation • Inclusion
CALVOICES
ADVOCACY • RECOVERY • PEER SUPPORT
NATIVE AMERICAN HEALTH CENTER
Serving the community since 1972
a californiahealth+ center
LCHC
LATINO COALITION FOR A HEALTHY CALIFORNIA
SUNRISE
SPECIAL SERVICES FOUNDATION
"...FOR THE QUALITY OF LIFE."
EAST BAY REFUGEE & IMMIGRANT FORUM
WHOLE SYSTEMS LEARNING
Community Living Coalition
ACLU CALIFORNIA ACTION
API EQUALITY-LA
Asians and Pacific Islanders for LGBTQ Equality
Hands4Hope LA
Improving Kids' Lives
PEERS
The Village Project Inc.
Boa Me Na Me Mmoa Wo
Help Me and Let me Help You
African Communities Public Health Coalition
THE CALIFORNIA REDUCING DISPARITIES PROJECT
NATIVE AMERICAN POPULATION HUB
CALIFORNIA LGBTQ HEALTH AND HUMAN SERVICES NETWORK
VETARI.ORG
National Asian Pacific American Families Against Substance Abuse
NAPAFASA
La Clínica
a californiahealth+ center
rams
gender spectrum
The Cambodian Family
CULTURAL CENTER OF BUTTE COUNTY, CA
Catholic Charities East Bay
LATINO Service Providers
TWO FEATHERS
Native American Family Services
ssg
Special Service for Groups, Inc.
HUMANIDAD
Therapy & Education Services
transthrive
SAN FRANCISCO COMMUNITY HEALTH CENTER
MAS Social Services Foundation
CMHACY
California Mental Health Advocates for Children and Youth
HEALTHY HERITAGE
openhouse
Painted Brain
The Los Angeles Trust for Children's Health
AltaMed
Your community health network
californiahealth+ advocates
ADVANCING THE MISSION OF COMMUNITY HEALTH CENTERS

July 7, 2023

Chair and Members of the Assembly Health Committee
1020 N Street, Room 390
Sacramento, California 95814

Re: SB 326 (Eggman) – Governor's Proposal to Change the MHSA

Dear Chair Wood and Members,

We represent a unique coalition of local and statewide behavioral health organizations dedicated to ensuring that all Californians have equitable access to behavioral health solutions that work in the historical, cultural, and community context. We are also leading representatives of underserved communities throughout the state including racial/ethnic, LGBTQ+, consumers/clients, children and youth; parents and caregivers, transition age youth (TAY), and older adults.

Although we appreciate the Governor's and Senator Eggman's efforts to address the situation of unhoused Californians through the June 19th, 2023 amendments to SB 326, we remain deeply concerned about key provisions of the Mental Health Services Act (MHSA) targeted in his proposal. Our organizations are united behind one specific issue: ***preserving the current requirements for local funding of the Prevention and Early Intervention (PEI) and Innovation (INN) components of the MHSA.***

We strongly believe the 5% cap on Population-based Prevention programs is both inadequate and unacceptable. The state should not abdicate its leadership on this vital issue. Given how SB 326 is worded, community-based providers that currently have PEI funds for certain programs, e.g. school based mental health services where clinicians provide individual therapy to consumers/families, are INELIGIBLE for this 5% because they serve individuals and are not *population based.*

The MHSA is the most significant and consistent funding source of behavioral health PEI services in California. Without upstream investment in prevention

services, the underlying causes of complex social problems will not be effectively addressed, including health disparities and homelessness, resulting in more crisis situations/interventions.

- It is imperative that PEI remain a stand-alone component of the MHSA with the same parameters as indicated in existing law – which requires 20 percent of MHSA expenditures be spent on PEI, with 51% of PEI funds required to be spent on programs and services for children 0-25.

- Innovation should also remain a required component either as a stand-alone or in one of the new buckets for MHSA funding.

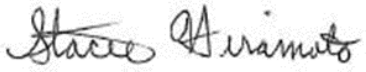
Research proves that investment upstream in prevention can reduce the onset of mental illness, including serious mental illness. A recent groundbreaking report commissioned by the state on the MHSA-funded California Reducing Disparities Project by Psychology Applied Research Center of Loyola Marymount University shows that the evaluated prevention programs yielded positive financial benefits for the state of California and its taxpayers. Based on a cost-benefit analysis, for every dollar invested, there was estimated return-on-investment of about five dollars. ***Often the only funding for these types of prevention programs comes from PEI and INN components provided by the MHSA!***

Please consider the following four points in deliberations.

1. PEI services can navigate children, youth, families, and older adults out of the more restrictive systems of care resulting in family preservation and major savings to the public.
2. The loss of MHSA funding for PEI services will dramatically reduce funding for services for historically underserved, unserved, and inappropriately served BIPOC and LGBTQ+ communities.
3. Other funding sources like the CYBHI are **<u>one-time</u>** investments in California's Behavioral Health Landscape. Solutions that work require consistent, sustained, multigenerational investment to scale meaningful outcomes for all Californians.
4. Significant Data confirms the on-going amplification of behavioral health disparities, particularly among children, youth, and older adults because of the Pandemic. Now is not the time to reduce life anchoring PEI services.

We remain and will be committed to leveraging our support and collaboration towards realizing the promise of the MHSA. We will be setting up meetings with your offices in the next few weeks to discuss our concerns. In the meantime, please do not hesitate to contact Stacie Hiramoto at Shiramoto@remhdco.org or (916) 705-5018 if you have any questions or would like more information.

Sincerely,



Stacie Hiramoto, MSW
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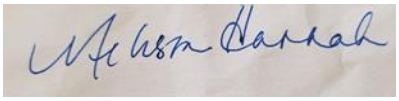

Melissa Hannah, MS
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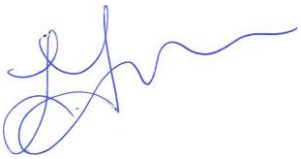

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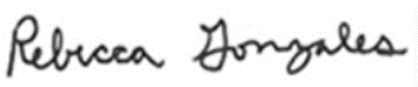

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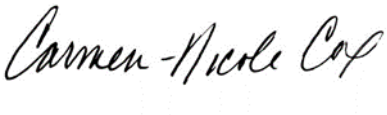

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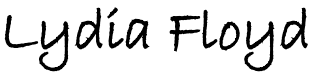

Lydia Floyd
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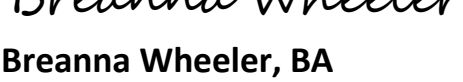

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Sean Kirkpatrick
Coordinator
East Bay Refugee & Immigrant Forum

Sonya Tianang (pronouns: she/her)
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Jennifer Vanaman
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PEERS - Peers Envisioning & Engaging in Recovery Services

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Director, Native American Technical Assistance Team
Prevention Research Center, Pacific Institute for Research and Evaluation

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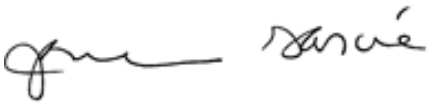
JayVon Muhammad
CEO & President
Richmond Area Multi-Services, Inc. (RAMS)

Nina Moreno, Ph.D.

Dr. Nina Moreno, Ph.D.
Principal
Moreno & Associates



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Vattana Peong
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The Cambodian Family

Seng S. Yang

Seng S. Yang
Hmong Cultural Center of Butte County

Carla Peña
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Director of Training
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Imelda Vera

Imelda Vera
Programs Manager
Humanidad Therapy and Education Services

Herbert K. Hatanaka

Herbert K. Hatanaka, DSW
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Special Service for Groups, Inc.

Gulshan Yusufzai

Gulshan Yusufzai
Executive Director
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Stephanie Manieri

Stephanie Manieri
Executive Director
Latino Service Providers

Margaret Peterson

Margaret Peterson
Chief Executive Officer
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Virgil Moorehead

Dr. Virgil Moorehead
Executive Director
Two Feathers Native American Family Services

Juan C. Garcia, PhD

Juan C. Garcia, PhD
President and CEO
Integral Community Solutions institute

Sarah Illing

Sarah Illing (she/her)
Researcher & Consultant
Trans Thrive - San Francisco Community Health Center

Wendy Cabil

Wendy Cabil
MHSA Client Stakeholder
Lived Experience Advocate

Rachel Guerrero

Rachel Guerrero
Retired Director
Office Multicultural Services
California Department of Mental Heath

Sharon Behrens

Sharon Behrens
(advocate/speaker)
Placer county Mental Health Alcohol and Drug Advisory Board

Rayshell Chambers

Rayshell Chambers, MPA
Co-Executive Director/ COO
Painted Brain

Sharon R Yates

Sharon R. Yates
Advocate Consultant Facilitator
MHSOAC Client Family Leadership Committee Member
I represent families and loved ones
2014-present

Gabby Tilley
Senior Policy Manager
The L.A. Trust for Children's Health

Kathleen M. Sullivan, Ph.D. (she/her)
Executive Director
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Orvin Hanson

Orvin Hanson
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Angelina Renteria

Angelina Renteria
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Indian Health Council, Inc.

Elizabeth Oseguera
Assistant Director of Policy
California Health Plus Advocates

Phyllis Y. Clark

Phyllis Y. Clark
Founder, CEO
Healthy Heritage

Jeffrey L. Jamerson

Jeffrey L. Jamerson, Ph.D.
CMHACY President
California Advocates for Children and Youth

Berenice Nuñez Constant
Senior Vice President of Government
Relations and Civic Engagement
AltaMed

cc: Judith Babcock, Principal Consultant, Assembly Health Committee
Lisa Murawski, Principal Consultant, Assembly Health Committee
Office of Governor Gavin Newsom
Mark Ghaly, Secretary of the California Health and Human Services Agency
Stephanie Welch, Deputy Assistant Secretary, CHHS
Michelle Baass, Director, California Department of Health Care Services
The Honorable Susan Talamantes Eggman, Senator – 5th District
Logan Hess, Legislative Director – Office of Senator Susan Eggman

July 9, 2023

The Honorable Jim Wood, Chair
& Members of the Assembly Health Committee
Via CA Legislature Position Letter Portal

Subject: **SB 326**: Behavioral Health Services Act – **Request for Amendments**

Dear Chair Wood and Committee Members,

On behalf of the California Association of Local Behavioral Health Boards and Commissions (CALBHB/C), the following amendments to SB 326 are requested:

WIC 5604.2 (a)(7) amended to read:

(7) Review and comment on the county's performance outcome data and communicate its findings to the California Behavioral Health Planning Council~~.~~ *and the Behavioral Health Services Oversight & Accountability Commission.*

WIC 5892 (d) amended to read: …The administrative costs shall include funds to assist consumers ~~and~~, family members *and local behavioral health boards (pursuant to WIC 5604)* to ensure the appropriate state and county agencies give full consideration to concerns about quality, structure of service delivery, or access to services. …

WIC 5892 (e)(1)(B) amended to read:

The costs to assist consumers ~~and~~, family members *and local behavioral health boards (pursuant to WIC 5604)* to ensure the appropriate state and county agencies give full consideration to concerns about quality, structure of service delivery, or access to services.

Oversight and accountability are key components within a well-functioning, responsive and integrated behavioral health system, and this includes *local* oversight and accountability. <u>These amendments are intended to align and integrate California's 59 local behavioral health boards and commissions within California's overall behavioral health oversight and accountability system</u>.

Local mental/behavioral health boards/commissions in CA's 59 jurisdictions are positioned to raise up the stakeholder voice, and ensure accountability and oversight throughout the state. Providing for costs will allow for necessary support, information, training and resources for California's 59 local mental health boards and commissions. This will equip these advisory bodies to effectively perform essential duties that include program review, evaluation, advising and ensuring participation by consumers, family members, individuals who interact with the behavioral health system on a daily basis (such as mental health and alcohol and drug service providers, law enforcement, education, hospitals, older adults, veterans, youth), including participation by individuals who reflect the diversity of the local (usually county) population (including ethnic, cultural, racial, LGBTQ+ and age).

Please do not hesitate to contact me with questions.

Sincerely,

Theresa Comstock, Executive Director
info@calbhbc.com, 916-917-5444

cc: Judy Babcock, Principal Consultant, Assembly Health Committee

July 13, 2023

The Honorable Susan Talamantes Eggman
Chair, Senate Health Committee
1021 O Street, Suite 3310
Sacramento, CA 95814

RE: SB 326 (EGGMAN); PROPOSITION 63 MODERNIZATION PROPOSAL

Dear Senator Eggman:

The above organizations write to offer recommendations on SB 326 and the Proposition 63 Modernization Proposal. While we agree that there is a need to address increased homelessness and substance use triggered by the pandemic, we are concerned that the contemplated changes will undermine California's historic investments in youth behavioral health and increase the severity of mental health needs in the long-term as the result of cuts to prevention and youth-focused services.

Between 50% and 75% of youth self-reported experiencing depression, anxiety, or feelings of hopelessness in the last year.[1] The Children and Youth Behavioral Health Initiative (CYBHI) is a first-of-its-kind investment that seeks to address the youth mental health crisis and is centered in decades of research demonstrating that children are 21 times more likely to receive services when they are provided on a school campus.[2] However, all of the CYBHI grants are one-time and the only path toward ongoing funding is through managed care plan (MCP) billing which includes many requirements (e.g. medical necessity) that limit schools' ability to offer prevention and intervention services. Prop 63 funding does not have these same restrictions and is a critical funding source in creating a continuum of care for children and youth experiencing record levels of trauma, isolation, and behavioral issues. If the priorities and funding categories for Prop 63 are amended in the way proposed in SB 326, most counties are likely to cut or eliminate their school-based programs and youth-focused services.

[1] https://www.cdc.gov/mmwr/volumes/71/su/pdfs/su7103a1-a5-H.pdf: https://www.latimes.com/california/story/2022-09-30/young-adults-california-alarming-rates-of-anxiety-depression-suicidal-thinking-survey-finds: 75% report anxiety, more than half report depression, 31% experience suicide ideation and 18% have self-harmed

[2] https://drive.google.com/file/d/1BV1WZUoqHhimaaMPCyQhMIkyQy-g5ao9/view

To ensure that youth and school-based behavioral health services are protected, we are seeking amendments to Sections 12, 20, 39, 41, 44, 48, 50, 67, 72, 86, 92, and 99 of SB 326 as provided in "redline" in the attached document. Data and rationale for each amendment is outlined below and copied in the attachment:

- **Section 12:** Aligns this bill with SB 551 (Portantino) which would ensure that youth and school-based mental health professionals are represented on the county Mental Health Boards that advise on investment of Prop 63 funding. To learn more about the need for SB 551, please refer to our coalition letter: https://drive.google.com/file/d/1Jr3TtAqmAsaacea9IIBpaZ75O2JaE5bu/view?usp=sharing
- **Section 20:** Adds local education agency representatives to the Compliance Advisory Committee which establishes protocols and procedures for compliance. We believe this amendment is critical to address the lack of current and future compliance with WIC 5704.6. We reviewed more than 20 counties' 3 year MHSA plans and found that only one actually met requirements for spending on children and youth. Counties allege that they meet the spending requirements by listing the number of services provided to children and youth or the number of children and youth served rather than the amount of money spent on children and youth. As a result, most counties actually currently spend less than half of what they are statutorily required to spend on children and youth.
- **Section 39:** Adds a school administrator and school mental health professional to the Commission's advisory committee. It is important that school mental health experts be represented on the advisory body because they are the primary providers of mental health services to children and youth and they have distinct professional, privacy, and legal responsibilities that are different from licensed mental health professionals.
- **Section 41:**
    - (b): Requires counties to collaborate with local education agencies (LEAs) in development of their early intervention services and programs. Despite the fact that children are 21 times more likely to receive services when provided on a school campus, the majority of counties have failed to coordinate with schools on their early intervention programs. As a result, child participation in existing early intervention programs is very low and most programs instead target adult populations. Requiring every county to collaborate with LEAs would significantly increase access to early intervention services for children and youth.
    - (c): Adds suspension, expulsion, and referral to an alternative school as a priority for early intervention services. Untreated mental health issues have a direct impact on suspension, expulsion, and referrals to alternative schools (eg community or continuation schools). A large percentage of students who end up suspended, expelled or placed in alternative settings have untreated trauma and/or behavioral issues and would have benefitted from early intervention services.
- **Section 44:** Ensures that partnerships with schools and school-based mental health professionals are included in the definition of a program that addresses childhood trauma early intervention. School educators and administrators are mandatory reporters and are the #1 source of reports/allegations of physical, mental, and sexual abuse and neglect of children. Teachers/school staff are also second only to parents in the amount of time that they spend with children, are more likely than any other group to be considered a trusted adult and are best positioned to identify signs of trauma or toxic stress in children. Schools and educators are critical partners and should be at the center of any effort to mitigate childhood trauma through early intervention.
- **Section 48:** Ensures that the entire 5% set-aside for prevention services are allocated toward programs for children and youth and that services are accessible. This amendment would address our concerns regarding the elimination of the protected PEI category and is designed in acknowledgement of the fact that youth spend more time on a school campus than any other location apart from their home. Providing services on a school campus significantly reduces all of the primary barriers to access for youth, especially transportation. Youth outreach and engagement programs that are not linked to schools or provided on or adjacent to a school campus are highly likely to have very low participation rates or fail entirely. Several examples can be provided including an Allcove sight in downtown San Jose that cost more than $3 million to open and was closed within 2 years due to lack of youth engagement.

- **Section 50:** Adds a school-mental health professional to the Commission for the same reasons as stated in Section 39 above.
- **Section 67:** Adds LEAs to the list of agencies that the county behavioral health department must coordinate with. LEAs and behavioral health departments have overlapping and intersecting responsibilities to children with disabilities, yet most behavioral health departments do not coordinate or communicate with LEAs. This amendment would significantly improve coordination of care for high-need children and ensure services are aligned.
- **Section 72:** Clarifies that funding from the Individuals with Disabilities Education Act and Prop 98 are not alternative funding sources that preclude a county from providing services. This amendment seeks to address a serious issue that we see occurring throughout the state. Once a child receives an IEP and behavioral health services are included in the IEP, many county behavioral health departments cease providing services, arguing that they are no longer medically necessary. Services provided pursuant to an IEP are only for educational necessity, not medical necessity. Most children with serious emotional disturbance meet both the educationally necessary and medical necessity definitions, but counties still cease services. This puts all the financial burden on schools and prevents children from getting the services that they need and are entitled to.
- **Section 86:** Ensures that the entire 5% set-aside for prevention services are allocated toward programs for children and youth for the same reasons as stated in Section 48 above.
- **Section 92:** Allocates any additional excess funds to the Behavioral Health Student Services Act. Without additional funding, the great programs and services started under the Student Services Act will end and services to youth will be cut. This amendment would provide a path toward ongoing funding for these programs.
- **Section 99:**
    - 5963.03: Lengthens the amount of time for stakeholders to provide feedback on the proposed 3 year plan. 3 year plans are thousands of pages long, disorganized and difficult to navigate. To meaningfully engage in feedback, stakeholders need more than 30 days to review and provide recommendations.
    - 5963.04: Ensures that 3 year plans include information about the amount and percentage of funds spent on children and youth for the same reasons as outlined in Section 20 above.

We look forward to working with you to ensure that this important reform reflects the interests of children and youth and does not undermine the historic investments that the Legislature and Administration have made in youth mental health. If you have questions about our position on this legislation, please do not hesitate to contact the undersigned.

Sincerely,

Toni Trigueiro
Legislative Advocate
California Teachers Association

Amanda Dickey, Esq.
Executive Director of Government Relations
Santa Clara County Office of Education

Martha Alvarez
Director of Government Relations
Los Angeles Unified School District

Loretta Whitson, Ed.D.
Executive Director
The California Association of School Counselors

Erika K. Hoffman
Deputy Legislative Director, State and Federal Programs
California School Boards Association

Derick Lennox
Senior Director, Governmental Relations & Legal Affairs
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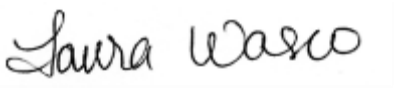

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California Association of School Psychologists

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Serette Kaminski
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Association of California School Administrators

Suzie Skadan, Med, RN, PHN, RCSN
President 2021-2023
California School Nurses Organization

Cc: The Honorable Gavin Newsom
Stephanie Welch
Melissa Stafford Jones
Michelle Baas
Assembly Budget Committee
Senate Budget Committee
Senate Pro Tem's Office
Assembly Speaker's Office

AGENDA ITEM 8

Information

July 27, 2023 Commission Meeting

Community Engagement Framework

Summary: The Commission will hear a presentation on best practices for community engagement to support Commission projects and elevate the voices of marginalized communities.

Background: The Commission was formed to guide behavioral health in California and the composition of the Commission reflects the goals of bringing together clients, family members and providers, with leaders in business, labor, public safety, education, and the Legislature to guide policy and build public support for the recovery vision of the MSHA. The diverse voices reflected in the Commission's composition represent a fundamental strategy for community engagement in behavioral health.

In addition to the Commission's composition, investments in diverse advocacy contracts reaching around $6 million also represent the Commission's commitment to engaging diverse voices in behavioral health. The contracted advocacy groups help to guide engagement strategies and diverse voices locally and across the state.

Community engagement is central to all of the Commission's work, including policy research projects, grant-making, innovation funding, data dashboards, and more. Commission staff engage community members and subject matter experts to guide and inform policy and practice.

While community engagement is central to the Commission's work, it also recognizes there is always a need for continuous quality improvement. As the Commission is developing a 2024-27 strategic plan, it recognizes the opportunity to engage system partners, people with lived experience and family members, with a special emphasis on youth to inform the plan.

The Commission is aiming to incorporate best practices in community consultation. The Commission seeks to improve how it uses its committees and other important partners to inform Commission decision-making and how to build authentic and meaningful public engagement in all its projects in ways that strengthens the Commission's efforts, elevates the voices of those marginalized and provides value to communities.

The UC Davis Center for Reducing Health Disparities is a national leader on community engagement strategies, and its director Sergio Aguilar-Gaxiola is a co-author on a series of national best practice guides reflecting the state of the art in effective community engagement and has extensive experience in working with underserved and marginalized populations focusing his efforts on determining unmet mental health needs. Dr. Aguilar-Gaxiola will provide a high-level overview of best practices in community engagement. This

information will help the Commission to begin form a framework to continually improve community engagement strategy and practices.

Enclosures: None

Handout (1): Powerpoint presentation

AGENDA ITEM 9

Action

July 23, 2023 Commission Meeting

Universal Mental Health Screening Initiative

Summary: The Commission will hear a presentation and consider approving a proposed process to support the Legislature's request that the Commission report information and make recommendations related to universal mental health screening for children and youth, by March 1, 2024. This plan will include how the Commission will use the $200,000 in its proposed budget to support this initiative.

Background: Most mental health challenges begin to emerge at an early age,[1] yet mental health needs of young people are frequently undetected and unsupported. The consequences of such oversight can be dire, even fatal, for youth, as unaddressed mental health challenges increase their risk of suicide and can lead to multiple adverse outcomes later in life. Consistent with the Commission's recently adopted Prevention and Early Intervention Report, providing universal screening in multiple key settings, such as schools, has great potential to assuage the magnitude of unmet mental health needs and their consequences among California's young population.

Universal Screening Initiative

The Legislature requests that the Commission, in consultation with the Department of Health Care Services, report information and make recommendations to the state and Legislature related to universal mental health screening of children and youth, by March 1, 2024. It is the intent of the Legislature that the report informs future budget and policy considerations around expanding mental health screenings to children in California, with the goal of reducing adverse health and life outcomes later in life stemming from unaddressed mental health issues.

Process: The Commission's proposed budget includes $200,000 to fund a process to fulfill the requirements of the Legislature's request. Commission staff have drafted a proposal and timeline of research and engagement activities in support of this initiative.

Enclosure (1): Draft Universal Screening Initiative Proposal

Handouts (1): The presentation will be supported by PowerPoint slides.

Proposed Motion: Motion: That the Commission approves the Universal Mental Health Screening of Children and Youth Project Plan and directs staff to expend up to $200,000 on research, review, and operations, including entering into contracts with individuals or entities for consultation and support.

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

Mental Health Services
Oversight & Accountability Commission

Universal Mental Health Screening of Children and Youth

Project Plan Proposal

The purpose of this document is to propose a plan of activities for the Commission to identify and report information and recommendations to the Legislature related to universal mental health screening for children and youth in California.

Background

Between 50 and 75 percent of mental health symptoms begin during youth and young adulthood.[i] In California alone, at least one in every three people between the ages of 12 to 17 report having a significant mental health challenge. Yet, the mental health needs of young people are frequently undetected and unsupported. The consequences of such oversight can be dire, even fatal.

A slew of evidence confirms that a young person living with unaddressed mental health needs is more likely to experience social, economic, and health-related challenges later in life – shortening their life expectancy by 10 to 20 years. [ii] In the short term, a lack of mental health support leads to suffering and in the worst case, can result in suicide for young people.[iii] Fortunately, when a person's mental health needs are identified and supported early their outcomes greatly improve.[iv] Mental health screening is a key strategy for promoting early intervention.

Currently in the U.S., health care providers are required to provide routine mental health screening for children receiving federally subsidized healthcare (Medi-Cal in California). However, according to a 2019 State Auditor report, millions of eligible children fail to receive preventive mental health screenings in California.[v]

Young people spend a large portion of their time in school settings and because of this, schools provide an opportune setting for detecting and responding to the earliest signs of mental health needs. For this reason, implementing universal screening practices that include schools have great potential to address the mental health needs and their consequences among California's young population.[vi]

Project Goal

The Legislature requests the Commission, in consultation with the Department of Health Care Services, report information and make recommendations to the state and Legislature related to universal mental health screening of children and youth by March 1, 2024. It is the intent of the Legislature that the report informs future budget and policy considerations around

expanding mental health screenings to children in California, with the goal of reducing adverse health and life outcomes later in life stemming from unaddressed mental health issues.

The Legislature requests that the Commission's report include the following:

a. A review of existing research and standards related to universal mental health screening policies and practices for identifying and addressing mental health needs for children and youth.

b. A review of the evidence on the effectiveness and cost of existing screening tools and how they are administered across various setting and populations.

c. Information on existing mental health screening in California including the Sonoma County Office of Education universal screening program, among other screening programs.

d. Recommendations to the Legislature related to tools, best practices, and costs of administering universal mental health screening for children and youth in California.

Below are proposed activities to support progress towards the Legislatures goals.

Project Activities

Research and review: The Commission will conduct a comprehensive review of research and literature to support the development of a foundational knowledge of screening models, tools, and best practices as they are recognized in academia, clinical practice, policy, and government. This may include the following:

a. Summary of evidence to support universal screening for mental health and summary of best practices.
b. Identity universal screening models and standards including those in other states and/or countries.
c. Landscape analysis for mental health screening in California.
d. Cost analysis for implementing universal screening for children and youth.

Outreach and Engagement: The Commission will engage with a diverse array of experts, stakeholders, people with lived experience and other key partners to better understand opportunities and concerns regarding universal mental health screening for youth. Activities may include:

a. Key informant interviews
b. Site visits to universal screening programs
c. Public meetings

Final Report: Proposed activities will inform a final report, developed by the Commission, with a summary of findings and recommendations to satisfy the requirements of the Legislature's request outlined above. Staff will present a drafts report to the Commission for review and consideration of adoption.

Funding

The Commission's proposed budget includes $200,000, allocated by the Legislature, to support the Commission in its activities to meet the Legislature's goals for universal mental health screening. Below are considerations for the use of these funds.

Research and Review: Funding for one or more contracts to support literature reviews, landscape analysis, cost analysis, and other research activities.

Consult and Support: Funding to secure ongoing consult, review, and other support from subject matter experts.

Operations: Funding for travel expenses, material development, and communication activities.

Timeline

Following the Commission's approval of this plan, staff will develop and execute a formal work plan of activities and milestones, with the goal of delivering a final report to the legislature prior to March 2024.

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

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AGENDA ITEM 10

Action

July 27, 2023 Commission Meeting

Commission's 2023-2024 Proposed Spending Plan

Summary: Each year, the Mental Health Services Oversight and Accountability Commission is presented with a budget update in July at the beginning of the new fiscal year, and again in January which coincides with a presentation on the Governor's proposed budget for the following fiscal year. Staff also provides a budget presentation in May that coincides with the Governor's May Revision. The goal of these presentations is to support fiscal transparency and ensure that Commission expenditures are in line with the Commission's priorities.

Background:

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

- **Operations:** Includes Personnel and Core Operations. These funds are provided for staff, rent, and other related expenses needed to support the work of the Commission. Funding is usually ongoing with some exceptions such as one-time funding to support Commission directed initiatives.
- **Budget Directed:** Funding provided in the Governor's Budget Act for technical assistance, implementation, and evaluation of grant programs with one-time and ongoing funding that is allocated over multiple fiscal years.
- **Local Assistance:** Includes the majority of Commission's funding that is provided to counties and other local partners. Funding is provided via grants to counties or organizations on an ongoing and/or one-time basis, spread over multiple fiscal years.

Annual funding in the Commission's budget can be authorized for a single fiscal year, or multiple fiscal years. Fluctuations in annual funding reflect the availability of one-time funding, funding authorizations that are available over multiple years and periodic on-going budget decisions that result in either growth or reductions in expenditure authority.

The Commission Staff will present the Commission's proposed 2023-24 budget for consideration.

Presenter: Norma Pate, Deputy Director

Enclosures: None

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

Proposed Motion: The Commission approves the Fiscal Year 2023-24 spending plan.

Budget by Fiscal Year and Specific Category

	Fiscal Year 2020-21	Fiscal Year 2021-22	Fiscal Year 2022-23	Fiscal Year 2023-24
Operations				
Personnel	$5,528,000	$6,720,000	$8,100,000	$8,968,000
Core Operations	$5,256,000	$3,890,000	$3,168,000	$4,295,000
Total Operations	**$11,063,000**	**$10,610,000**	**$11,268,000**	**$13,263,000**
Budget Directed				
COVID-19 Response*	$2,020,000			
Covid 19/Suicide Prevention*	$2,000,000			
Anti-Bullying Campaign*		$5,000,000		
MHSSA Admin Augmentation*		$15,000,000		
MHSSA Admin/Evaluation*		$10,000,000	$16,646,000	
Fellowship/Transformational Change*			$5,000,000	
Evaluation of FSP Outcomes			$400,000	$400,000
Universal Mental Health Screening Study*				$200,000
EPI Reappropriation*				$1,675,000
Total Budget Directed	**$4,020,000**	**$30,000,000**	**$22,046,000**	**$2,275,000**
Local Assistance				
Children & Youth Behavioral Health Initiative*				$15,000,000
Community Advocacy Partnership	$1,398,000	$5,418,000	$6,700,000	$6,700,000
Mental Health Student Services Act (MHSSA)**	$8,830,000	$188,830,000	$8,830,000	$7,606,000
Mental Health Wellness Act	$20,000,000	$20,000,000	$20,000,000	$20,000,000
Total Local Assistance Funds	**$30,228,000**	**$214,487,000**	**$78,430,000**	**$49,306,000**
Grand Total	**$45,032,000**	**$255,097,000**	**$111,744,000**	**$64,844,000**

*one-time funds

**one-time funds and ongoing funds

MISCELLANEOUS ENCLOSURES

July 27, 2023 Commission Meeting

Enclosures (3):

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

Mental Health Services
Oversight & Accountability Commission

Summary of Updates

Contracts

New Contracts: WestEd, Third Sector

Total Contracts: 5

Funds Spent Since the June Commission Meeting

Contract Number	Amount
17MHSOAC073	$ 0.00
17MHSOAC074	$ 0.00
21MHSOAC023	$ 0.00
22MHSOAC025	$ 0.00
22MHSOAC050	$ 0.00
TOTAL	**$ 0.00**

Mental Health Services
Oversight & Accountability Commission

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 Updated Formative/Process Evaluation Plan	Complete Complete	1/24/20 1/15/21	No 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)	Complete	1/15/21- 3/15/23	No

Deliverable	Status	Due Date	Change
Formative/Process Evaluation Plan Implementation and Preliminary Findings (11 quarterly reports)	Complete	1/15/21- 3/15/23	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
Draft**s** 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

Mental Health Services
Oversight & Accountability Commission

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 Updated Formative/Process Evaluation Plan	Complete Complete	1/24/20 1/15/21	No 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)	Complete	1/15/21- 6/15/23	No
Formative/Process Evaluation Plan Implementation and Preliminary Findings (11 quarterly reports)	Complete	1/15/21- 6/15/23	No

Deliverable	Status	Due Date	Change
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
Draft**s** 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

Mental Health Services
Oversight & Accountability Commission

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
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

Deliverable	Status	Due Date	Change
Quarterly Progress Reports	Not Started	06/30/2024	No

MHSOAC
Mental Health Services
Oversight & Accountability Commission

WestEd: MHSSA Evaluation Planning (22MHSOAC025)

MHSOAC Staff: Kai LeMasson
Active Dates: 06/26/23 - 12/31/24
Total Contract Amount: $1,500,000.00
Total Spent: $0.00

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

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

Mental Health Services
Oversight & Accountability Commission

Third Sector: FSP Evaluation (22MHSOAC050)

MHSOAC Staff: Melissa Martin Mollard
Active Dates: 06/28/23 – 6/30/24
Total Contract Amount: $450,000.00
Total Spent: $0.00

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

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

Mental Health Services
Oversight & Accountability Commission

INNOVATION DASHBOARD

JULY 2023

UNDER REVIEW	Final Proposals Received	Draft Proposals Received	TOTALS
Number of Projects	1	5	**6**
Participating Counties (unduplicated)	1	5	**6**
Dollars Requested	$11,938,639	$116,348,316	**$128,286,955**

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

TO DATE	Reviewed	Approved	Total INN Dollars Approved	Participating Counties
2023-2024				

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	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
Under Review	Los Angeles	Kedren Children and Family Restorative Care Village	$109,109,252	5 Years	6/2/2023	Pending
Under Review	Amador	Workforce Retention Strategies	$1,995,129	5 Years	6/19/2023	Pending
Under Review	Tri-City	Community Planning Process	$675,000	3 Years	7/5/2023	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	Santa Clara	TGE Center	$11,938,639	54 Months	10/4/2022	6/6/2023

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
Humboldt	Semi-Statewide Enterprise Health Record	$608,678	11/17/2022
Colusa	Social Determinants of Rural Mental Health (Extension)	$983,124	11/18/2022

APPROVED PROJECTS (FY 22-23)			
County	Project Name	Funding Amount	Approval Date
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
Contra Costa	Supporting Equity through Community Defined Practices	$6,119,182	3/23/2023
Fresno	The Lodge (EXTENSION)	$3,160,000	4/27/2023

APPROVED PROJECTS (FY 22-23)			
County	Project Name	Funding Amount	Approval Date
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
Tuolumne	Family Ties: Youth and Family Wellness	$925,891.04	6/15/2023
Los Angeles	Interim Housing Multidisciplinary Assessment & Treatment Teams	$155,677,581	6/15/2023
San Diego	Public Behavioral Health Workforce Development and Retention Program	$75,000,000	6/15/2023

DHCS Status Chart of County RERs Received
July 27, 2023, Commission Meeting

Below is a Status Report from the Department of Health Care Services regarding County MHSA Annual Revenue and Expenditure Reports received and processed by Department staff, dated June 27, 2023. This Status Report covers FY 2020 -2021 through FY 2021-2022, all RERs prior to these fiscal years have been submitted by all counties.

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

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

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

DCHS MHSA Annual Revenue and Expenditure Report Status Update

County	FY 20-21 Electronic Copy Submission	FY 20-21 Return to County	FY 20-21 Final Review Completion	FY 21-22 Electronic Copy Submission	FY 21-22 Return to County	FY 21-22 Final Review Completion
Alameda	1/26/2022	2/3/2022	2/8/2022	1/31/2023	2/6/2023	2/7/2023
Alpine	1/26/2022	2/3/2022	2/15/2022	4/14/2023		4/17/2023
Amador	1/27/2022	2/3/2022	2/10/2022	1/31/2023	2/7/2023	2/17/2023
Berkeley City	2/1/2022	2/3/2022	3/1/2022	1/31/2023	2/2/2023	2/7/2023
Butte	8/11/2022	8/12/2022	8/15/2022			
Calaveras	1/31/2022	2/4/2022	2/8/2022	1/27/2023		2/7/2023
Colusa	2/1/2022	2/4/2022	2/15/2022	4/3/2023	4/4/2023	5/11/2023
Contra Costa	1/31/2022	2/4/2022	3/11/2022	1/30/2023		2/1/2023
Del Norte	1/28/2022	2/7/2022	2/23/2022	1/30/2023		2/7/2023
El Dorado	1/28/2022	2/4/2022	2/9/2022	2/24/2023		2/28/2023
Fresno	1/26/2022	2/7/2022	2/16/2022	1/31/2023	2/2/2023	2/10/2023
Glenn	3/21/2022	3/22/2022	4/6/2022			
Humboldt	8/15/2022	8/16/2022	8/24/2022	1/31/2023		2/2/2023
Imperial	1/31/2022	2/4/2022	2/15/2022	1/20/2023	1/23/2023	2/1/2023
Inyo	4/1/2022	4/12/2022	5/19/2023			
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
July 27, 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	5/25/2023
San Bernardino	3/23/2022	3/23/2022	3/29/2022	1/31/2023		2/6/2023
San Diego	1/31/2022	2/3/2022	2/18/2022	1/31/2023	1/31/2023	2/14/2023
San Francisco	1/31/2022		2/4/2022	1/31/2023	2/1/2023	2/16/2023
San Joaquin	3/22/2022	3/23/2022	3/25/2022	1/31/2023		2/1/2023
San Luis Obispo	1/26/2022	2/2/2022	2/7/2022	12/30/2023	1/6/2023	1/19/2023
San Mateo	1/31/2022	8/3/2022	8/4/2022	3/6/2023	3/24/2023	4/3/2023
Santa Barbara	1/26/2022	1/26/2022	2/10/2022	12/23/2023	2/7/2023	2/15/2023
Santa Clara	1/31/2022	2/15/20222	2/18/2022	1/31/2023	1/31/2023	2/16/2023
Santa Cruz	3/25/2022	3/25/2022	4/4/2022	4/6/2023	4/14/2023	
Shasta	1/25/2022	1/26/2022	2/10/2022	1/31/2023	2/2/2023	2/16/2023
Sierra	1/31/2022	2/2/2022	2/28/2022	1/27/2023	1/30/2023	2/16/2023
Siskiyou	7/18/2022	7/18/2022	8/10/2022	2/6/2023	2/7/2023	2/9/2023
Solano	1/31/2022	2/2/2022	2/8/2022	1/31/2023	1/31/2023	2/15/2023

DHCS Status Chart of County RERs Received
July 27, 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
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	2/2/203	3/15/2023
Total	**59**	**56**	**59**	**55**	**40**	**54**