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Mental Health Services
Oversight & Accountability Commission

Commission Packet

Commission Teleconference Meeting
August 25, 2022
9:00 AM – 11:30 AM

MHSOAC
Mental Health Services
Oversight & Accountability Commission

COMMISSION MEETING NOTICE & AGENDA

AUGUST 25, 2022

NOTICE IS HEREBY GIVEN that the Commission will conduct a teleconference meeting on **August 25, 2022, at 9:00 a.m.** This meeting will be conducted pursuant to the Bagley-Keene Open Meeting Act according to Government Code Section 11123. The remote locations from which Commissioners will participate are listed below and are open to the public. All members of the public shall have the right to offer comment at this public meeting as described in this Notice.

Date August 25, 2022

Time 9:00 AM – 11:30 AM

Location 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
Wendy Carrillo, *Assemblymember*
Rayshell Chambers
Shuonan Chen
Dave Cortese, *Senator*
Itai Danovitch, MD
Dave Gordon
Gladys Mitchell
Alfred Rowlett
Khatera Tamplen

EXECUTIVE DIRECTOR:
Toby Ewing

ZOOM ACCESS:

FOR COMPUTER/APP USE
Link: https://mhsoac-ca-gov.zoom.us/j/81881164944
Meeting ID: 818 8116 4944

FOR PHONE DIAL IN
Dial-in Number: 408-638-0968
Meeting ID: 818 8116 4944

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.

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Commission Meeting Agenda

It is anticipated that all items listed as "Action" on this agenda will be acted upon, although the Commission may decline or postpone action at its discretion. In addition, the Commission reserves the right to take action on any agenda item as it deems necessary based on discussion at the meeting. Items may be considered in any order at the discretion of the Chair. Unlisted items may not be considered.

9:00 AM

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

9:05 AM

2. **Announcements & Committee Updates**
   Chair Mara Madrigal-Weiss will make announcements and the Commission will receive committee updates.

9:20 AM

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

9:50 AM

4. **July 28, 2022 Meeting Minutes** *Action*
   The Commission will consider approval of the minutes from the July 28, 2022 Commission Meeting.
   - Public Comment
   - Vote

10:00 AM

5. **Creation of Subcommittee on Firearm Violence Prevention** *Action*
   The Commission will consider creating a subcommittee to explore opportunities to prevent firearm violence and its impact on individual, family, and community mental health and wellbeing, including strategies to improve understanding of the relationship between mental health and firearm violence; presented by Chair Mara Madrigal-Weiss.
   - Public Comment
   - Vote

10:45 AM

6. **Commission 2022-2023 Spending Plan**
   Action
   The Commission will consider approval of the 2022-2023 Fiscal Year Spending Plan and associated contracts; presented by Norma Pate, Deputy Director.
   - Public Comment
   - Vote

11:15 AM

7. Immigrant and Refugee Advocacy Augmentation *Action*

At the January 2022 Commission Meeting, the Commission directed staff to seek additional funding for immigrant and refugee advocacy, including opportunities to increase available funding in the current competitive procurement for the immigrant and refugee community partnership grant program. As a result of those efforts, the 2022-23 California Budget provided an additional $670,000 annually to the Commission for this program. The Commission will be presented with options on how to allocate these additional funds; presented by Tom Orrock, Chief of Community Engagement.

- Public Comment
- Vote

11:30 AM

8. Adjournment

Mental Health Services
Oversight & Accountability Commission

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.

Additional Public Locations

Los Angeles
Cedars-Sinai Medical Center
8700 Beverly Boulevard
Los Angeles, CA 90048

700 S Flower Street
Suite 1000
Los Angeles, CA 90017

Sacramento
10474 Mather Boulevard
Mather, CA 95655

Fairfield
4665 Business Center Drive
Fairfield, CA 94534

Oakland
2000 Embarcadero Cove
Suite 400
Oakland, CA 94606

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

San Diego
6401 Linda Vista Road
Room 409
San Diego, CA 92111

Napa
44 N Blue Oak Lane
Napa, CA 94558

AGENDA ITEM 4

Action

August 25, 2022 Commission Meeting

Approve July 28, 2022 MHSOAC Teleconference Meeting Minutes

Summary: The Mental Health Services Oversight and Accountability Commission will review the minutes from the July 28, 2022 Commission teleconference meeting. Any edits to the minutes will be made and the minutes will be amended to reflect the changes and posted to the Commission Web site after the meeting. If an amendment is not necessary, the Commission will approve the minutes as presented.

Presenter: None

Enclosure: July 28, 2022 Meeting Minutes

Handouts: None.

Proposed Motion: The Commission approves the July 28, 2022 meeting minutes.

Mental Health Services
Oversight & Accountability Commission

STATE OF CALIFORNIA
GAVIN NEWSOM
Governor

State of California

MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION

Minutes of Teleconference Meeting
July 28, 2022

MHSOAC
1812 9th Street
Sacramento, CA 95811

Additional public locations included 1923 Gridiron Way, CMS 122, MC# 1768, Berkeley, CA 94720-1768; 811 Wilshire Blvd, Suite 1000, Los Angeles, CA 90017; 8730 Alden Drive, Los Angeles, CA 90048; 10850 Gold Center Drive, Suite 325, Rancho Cordova, CA 95670

Members Participating:

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

*Participated remotely.

Members Absent:

John Boyd, Psy.D.
Sheriff Bill Brown
Assembly Member Wendy Carrillo
Senator Dave Cortese
Khatera Tamplen

Executive and Management Staff Present:

Toby Ewing, Ph.D., Executive Director
Geoff Margolis, Chief Counsel
Amariani Martinez, Administrative Support
Norma Pate, Deputy Director, Program, Legislation, and Administration
Tom Orrock, Chief, Community Engagement and Grants Division
Sharmil Shah, Psy.D., Chief, Program Operations
Melissa Martin-Mollard, Director of Research and Evaluation
Maureen Reilly, Asst. Chief Counsel
Cody Scott, Meeting Logistics Technician

1: Call to Order

Chair Madrigal-Weiss called the hybrid meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to order at 9:08 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.

Amariani Martinez, Commission staff, reviewed the meeting protocols.

Chair Madrigal-Weiss made the following announcements:

Announcements

- The next Commission meeting will take place on August 25th and will be held in Sacramento.
- The May 2022 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 Commission approved five county innovation projects, each under or exactly for $1,000,000. The approved county projects are: Modoc, Orange, Tulare, Ventura, and Yolo. Each had a robust community review. Project information is included in the meeting materials and is on the website under materials.

New Staff

Chair Madrigal-Weiss asked Toby Ewing, Executive Director, to share recent staff changes.

Executive Director Ewing stated that two new staff have joined the Commission since the last Commission meeting. He introduced Dr. Melissa Martin-Mollard, the new Director of Research and Evaluation, and Geoff Margolis, the new Chief Counsel.

On behalf of the Commission, Chair Madrigal-Weiss welcomed Melissa Martin-Mollard and Geoff Margolis to the Commission.

Chair Madrigal-Weiss invited the Committee Chairs to provide updates on their activities.

Cultural and Linguistic Competency Committee Update

Vice Chair Alvarez, Chair of the Cultural and Linguistic Competency Committee (CLCC), provided a brief update of the work of the Committee since the last Commission meeting:

- The CLCC met on July 14th and heard updates from Ruben Cantu from the Prevention Institute on the progress in formulating and conceptualizing a framework for moving prevention and innovation further upstream through county behavioral health department and community-based organization partnerships, and Gustavo Loera and Cindy Beck from California Health Occupations Students

of America (CalHOSA) on addressing the shortages in the mental health workforce through building human services career pipelines for diverse youth.

- There are four CLCC meetings remaining in 2022. The Committee will continue to spotlight what equity in action looks like and to gather input to be incorporated.
- The Senate Bill (SB) 1004 Prevention and Early Intervention Report will soon be released and will be presented at a future CLCC meeting for discussion.
- The next CLCC meeting will take place on August 11th.

Prevention and Early Intervention Subcommittee Update

Chair Madrigal-Weiss, Chair of the Prevention and Early Intervention Subcommittee, provided a brief update of the work of the Subcommittee since the last Commission meeting:

- The draft Prevention and Early Intervention Project Report will soon be made available to the public, after which the Subcommittee will hold hybrid meetings to hear comments and suggestions for revisions. The revised draft will then be presented to the Commission for approval.

Research and Evaluation Committee Update

Commissioner Danovitch, Chair of the Research and Evaluation Committee, provided a brief update of the work of the Committee since the last Commission meeting:

- Dr. Mike Rowe, the new Data Manager for the Triage Project, joined the team in late April and Dr. Melissa Martin-Mollard, the new Director of Research and Evaluation, joined the team in late June.
- The next Research and Evaluation Committee meeting will take place on August 17th.
    - Commission staff will provide an update on the Commission's Research and Evaluation Division activities, including planning the evaluation of the Mental Health Student Services Act (MHSSA).
    - Commission staff will provide an update on the formative/process and summative evaluations of the SB 82 Triage Grant Programs, which will include: a summary of community engagement, progress implementing the evaluation plan, preliminary findings, and lessons learned.

Chair Madrigal-Weiss stated, due to the volatility of the SB 1338 Community Assistance, Recovery, and Empowerment (CARE) Court bill and the limited time for discussion, the CARE Court bill agenda item will be heard as an information item. The Commission will not vote on a position to support or oppose the legislation today.

2: Roll Call

Staff Member Amariani Martinez called the roll and confirmed the presence of a quorum.

3: General Public Comment

Matthew Gallagher, Assistant Director, Cal Voices, spoke in opposition to the authority to approve innovation plans under delegated authority in Rule 2.6 of the Mental Health Services Act's (MHSA) Rules of Procedure. There have been five innovation plans approved by the Executive Director through the Commission Chair without a public hearing or vote of Commissioners. He noted that this is problematic. Also, Rule 2.6 of the MHSA's Rules of Procedure is not consistent with Innovation Regulation Section 3905. He asked about the statutory authority in the MHSA for Rule 2.6 to be feasible and why Rule 2.6 is inconsistent with the regulations in the CCRs for innovation plans. He asked about the legal justification from the regulations to justify Rule 2.6. It is a deviation from historical norms for innovation plans and at no time in history has this been allowed or permitted. The drafters of the MHSA and the legislative history for the MHSA do not anticipate that the Commission would delegate its duties to the Chair and Executive Director for approval of innovation plans.

Rafael Henriquez, Safe Passages, referred to page 2 of the meeting agenda where it states "items may be considered in any order at the discretion of the Chair" and asked how advocates can help community members plan in attending meetings to ensure they can speak to the agenda items they are most interested in.

Adia Fadaei, peer mental health advocate, intern, Bring Change to Mind (BC2M), asked how the Commission is leading and investing in peer-led and prevention programs this fiscal year. There is a deep need for funding for these critical programs and resources.

Stacie Hiramoto, Executive Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), agreed with Matthew Gallagher's comment regarding the approval of county innovation plans. This is one of the most important things that the Commission does; it should be more public and transparent.

Stacie Hiramoto agreed with Rafael Henriquez's comments about the language on page 2 of the agenda, that states "the Commission reserves the right to take action on any agenda item as it deems necessary," whether or not it is labeled as an action or information item, and "items may be considered in any order at the discretion of the Chair." Whether or not these are allowed by the Bagley-Keene Open Meeting Act, they are not conducive to public participation. It is often difficult for interested parties to stay for the entire meeting. She asked that the Commission go back to the former practice of sticking to the order that items are listed on the agenda and only allowing a vote for those items listed as action items.

Stacie Hiramoto stated she does not understand why the CARE Court agenda item was not listed as an action item. There will be no point to taking a position at the next Commission meeting on August 25th since the Legislative session will end on

August 31st. If the bill is still alive, it would have gone through all Committees and would be most difficult to affect the outcome at that point.

Stacie Hiramoto stated all bills can be amended throughout the process; using that reasoning, the Commission should not take a position on any bill. She noted that organizations change their position if bills undergo significant changes. The CARE Court bill may be the most significant issue for the behavioral health community this year and directly affects the MHSA. The CARE Court bill should have been labeled an action item.

Steve Leoni, consumer and advocate, stated concern about AB 2242 using MHSA dollars to fund acute and subacute care for persons on conservatorships for up to a year. This is not part of the mission of the MHSA, which is based on voluntary services. Also, AB 2242 may not be needed because the Department of Health Care Services (DHCS) is currently working with the federal government on a waiver of the Institution for Mental Disease (IMD) exclusion for 30 days, which will allow Medi-Cal to pay for services it otherwise would not. The speaker was in support of this waiver but opposed to using MHSA dollars to fund acute and subacute care for persons on conservatorships.

4: Action: May 26, 2022, MHSOAC Minutes

Chair Madrigal-Weiss stated the Commission will consider approval of the minutes from the May 26, 2022, teleconference. She stated meeting minutes and recordings are posted on the Commission's website.

Public Comment

No public comment.

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

Commissioner Carnevale made a motion to approve the May 26, 2022, teleconference minutes as presented.

Commissioner Bunch seconded.

Action: Commissioner Carnevale made a motion, seconded by Commissioner Bunch, that:

- *The Commission approves the May 26, 2022, Teleconference Minutes as presented.*

Motion carried 8 yes, 0 no, and 1 abstain, per roll call vote as follows:

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

The following Commissioner abstained: Commissioner Mitchell.

5: Information: CARE Court Update

Presenters:

- Stephanie Welch, Deputy Secretary of Behavioral Health, California Health and Human Services Agency
- Keris Myrick, MS, MBS, Vice President of Partnerships, Inseparable

Chair Madrigal-Weiss stated the Commission will hear an update on SB 1338, the Community Assistance, Recovery, and Empowerment (CARE) Court legislation. She asked the speakers to give their presentations.

Stephanie Welch, Deputy Secretary of Behavioral Health, California Health and Human Services Agency (CalHHS), provided an overview, with a slide presentation, of the systemic change to behavioral health care, preventing long-term institutionalization, pathways, accountability, reporting and evaluation, community partner engagement, and key changes of the CARE Court bill.

Keris Myrick, Vice President of Partnerships, Inseparable, stated part of the discussion that cannot be separate from the conversation is the disparities for communities of color, particularly disparities for the Black community, while discussing the population of individuals who are unhoused compared to the size of the population in California. Black people, especially males, are often over-diagnosed with schizophrenia. Ms. Myrick stated, when she brought this up, she was told the discussion was not about Black individuals but was about peers. She noted that there are many Black peers and that this can be both a Black issue and a peer issue. It is important to ensure that all communities are represented.

Ms. Myrick continued her slide presentation by discussing individuals whose names should be remembered in the mental health community:

- Bebe Moore Campbell, an African American woman who fought for the rights of individuals with mental health conditions and was one of the founders of the National Alliance on Mental Illness (NAMI) Urban Los Angeles. July is Bebe Moore Campbell Minority Mental Health Awareness Month.
- Lois Curtis, who fought for the 1999 Olmstead Act, which is an extension of the Americans with Disabilities Act (ADA),
- Mytrice Richardson, who was picked up by the police for not paying a bill and acting strangely. The police contacted her family and later released her without doing an assessment. Her body was found a year later with the help of NAMI Urban Los Angeles.
- Miles Hall, whom the Assembly Bill (AB) 988 Suicide Prevention and Lifeline Act was named after.

Ms. Myrick referred back to when she was told that the discussion was not about Black individuals. She noted that AB 988 was started because of a Black person, but will help everyone.

Ms. Myrick stated courts do not mean care, recovery, empowerment, or permanent (supportive) housing, and are not voluntary. She asked what CARE Court is trying to solve. The Governor has yet to meet with individuals who do not support SB 1338 to hear solutions to this issue that are outside the court system to support this population and to hear from individuals with lived experience about what would really help.

Commissioner Questions

Commissioner Bunch stated there are several similarities between the criteria for the Chapter 2 process of CARE Court and Assisted Outpatient Treatment (AOT). The CARE Agreements are the same as the Voluntary Settlement Agreements done with AOT. Also, the affidavit and the entities that refer are the same, although individuals can petition for CARE Court. It seems that CARE Court requires individuals to petition into AOT and after that commitment is up, then petition into CARE Court, which means multiple years of commitment.

Commissioner Bunch asked if there has been any research into the efficacy of AOT, given the similarities between CARE Court and AOT and what is and is not working to try to close those gaps. She stated one of the things that will be seen is that, even after individuals petition into AOT, no services will be provided. It is difficult to get someone to court when they are not housed.

Ms. Welch stated the primary difference between AOT and CARE Court is court-ordered accountability and the ability of the courts to sanction the counties if they do not provide the services in the CARE Plan.

Commissioner Bunch asked what would be considered noncompliance on the part of the county.

Ms. Welch stated those details are still being worked through.

Commissioner Bunch stated, as a past AOT Psychologist, she has seen care plans. She stated her concern that the services CalHHS listed in their presentation materials are difficult to find in practice. There is an issue with linkage when petitioning individuals into services that is not available through AOT or diversion. She asked how to fine counties for noncompliance for services that do not exist.

Ms. Welch stated counties are contractually obligated to serve this population. The goal is to intervene before an individual experiences negative outcomes.

Commissioner Bontrager stated concern about unintended consequences. He asked if the CARE respondent will be represented.

Ms. Welch stated respondents will be provided counsel.

Commissioner Bontrager stated being a participant in CARE Court does not create a housing entitlement.

Ms. Welch agreed but stated the judge can prioritize care.

Commissioner Bontrager asked if there are potential unintended consequences for other vulnerable groups to seek housing through the CARE Courts.

Ms. Welch stated $1.5 billion is being invested directly to county behavioral health that can be used for housing, recognizing that many of the investments already made in the Community Care Infrastructure piece will not materialize in the first five years of this program. 7,000 to 12,000 individuals are targeted with the $1.5 billion. Counties can be resourceful to find a safe place in community-based settings for individuals to live so they can participate and be actively involved in their treatment.

Commissioner Bontrager stated it seems that part of this is to compel county behavioral health to meet the mandate that they already have to serve this population more robustly. He asked if there are other ways to achieve that goal without CARE Court.

Ms. Welch agreed that that might be something but stated it is not the reason for CARE Court. CalHHS worked with teams of outreach workers, psychiatrists, peers, and family members who helped think through what was needed. She stated there is a belief that, for a small group of individuals, the symptoms associated with schizophrenia and other psychosis-spectrum disorders can lead to a level of impairment, where an individual may not be making healthy medical decisions for themselves or is incapable of doing that.

Ms. Welch stated CalHHS thinks these individuals can be helped without having to conserve them. This is a small group of individuals, focused on a particular diagnosis, recognizing that they get robust assertive treatment and after the years' time can hopefully successfully live independently in their choice of a housing placement in the community. It is a misnomer that individuals think that they must go to court and that the court then sends them to a hospital bed.

Commissioner Bunch asked if it is possible for an individual to go from AOT, which can be petitioned for up to a year, into CARE Court, another year-long program.

Ms. Welch stated the intent is not to extend the program but to find the program that better fits each individual.

Commissioner Bunch asked who provides the services described in the CARE Plans.

Ms. Welch stated county behavioral health is responsible for putting the CARE Plans together. She noted that there is also a provision for commercial plans to be billed for the services that county behavioral health must provide if the individual has commercial insurance.

Commissioner Bunch asked if the major shortage in mental health providers can be addressed within this plan or built into it.

Ms. Welch stated CalHHS has started to meet with some of the guilds in particular to discuss this issue. The problem is not a lack of resources, but how to create the providers of tomorrow quickly. Peers, family members, community health workers, and Behavioral Health Coaches are individuals with different kinds of lived experience. This is the wave of the future; it must be built out as quickly as possible.

Commissioner Chambers stated it has been noted that many peers, particularly Black peers, consumers, disability rights advocates, and human rights advocates are

staunchly opposed to the CARE Court bill. She asked how CalHHS is addressing that opposition since these are the consumers who reflect who CARE Court will serve.

Ms. Welch stated CalHHS has met with several leaders. There is definitely a problem, but not doing CARE Court does not solve that problem. The behavioral health community needs to solve this issue with all voices at the table.

Commissioner Chambers asked about the broad bullet point on the Community Partner Engagement and Feedback presentation slide about receiving significant feedback on trauma-informed policy and practices and addressing racial bias.

Ms. Welch stated the DHCS will be responsible for implementing the training and technical assistance component and they are required to hold a community engagement process to work with individuals on how to implement that. CalHHS intentionally drafted the legislation broadly to allow the flexibility to become specific with the input gathered.

Commissioner Chambers referred to the “supported decision-making model” bullet point on the same presentation slide and noted that the meeting materials indicated that the California Department of Aging would administer the CARE Supporter program, while the presentation slide indicated that the administrator would be the DHCS.

Ms. Welch stated the last set of amendments to the CARE Court bill moved the CARE Supporter responsibility and the responsibility to provide supported decision-making training to the DHCS in order to broaden the training opportunities beyond CARE Court.

Commissioner Chambers asked about the rationale for not bringing the administrator role into the community. Supported decision-making is focused on being client-centered. She asked about ensuring equity and meeting consumer needs, when the program is administered by the government.

Ms. Welch stated the CARE Supporters will be in the community. She welcomed ideas on how to ensure that the training provided by the DHCS is adequate.

Commissioner Chambers stated she has heard little to none about community-based services. The discussion has been about the counties, while it has been noted that counties do not have the ability to implement this. She asked how to ensure that community-based organizations and peer-run organizations are also at the forefront to compete for these resources to serve the people. She stated the need to change the language from always focusing on the county to focusing on community-based organizations.

Ms. Welch agreed that that is important but stated counties must be a focus since the court will hold counties accountable. Local community-based organizations will be essential to communicate what CARE Court is and is not, and what it will look like in each community.

Commissioner Mitchell stated concern about county implementation; many services are not available in all counties. She asked if there are discussions around the capacity of behavioral health departments to offer programs that will help the severely mentally ill population. She asked what engagement will look like. She agreed with Commissioners

Bunch and Chambers in terms of capacity on the ground once something like this is implemented because it is important that families not be trapped in a spiral but that they can come out of this better or at least helped.

Ms. Welch agreed and stated more amendments to the CARE Court bill are expected. CalHHS is still in active conversations with counties and county partners about administrative costs and other costs. The budget provided approximately $64 million for CARE Court, but CalHHS recognizes that many changes have occurred since the MHSA was passed, including most notably the ACA and the ability to try to do more to serve the mild to moderate population so they do not have to use the Specialty Mental Health System, and the ability to do more prevention and early intervention work in that space.

Ms. Welch stated one of the greatest gifts of the MHSA was the concept of outreach and engagement, which was funded in a thoughtful way. Outreach and engagement is essential for CARE Court to work and should be a core service in behavioral health care plans.

Commissioner Gordon asked about injecting the courts into this process. He asked about examples of other initiatives or tasks that the courts handle as a specialty court that CARE Court was modeled after to create leverage to make change locally and get something done to address a particular problem.

Ms. Welch stated CalHHS looked at the dependency court, family court, homeless courts and other community-based courts, mobile courts, and AOT programs designed in other states. CalHHS also worked with judges in diversion and collaborative courts to figure out ways to bring a collaborative nature to a civil court.

Commissioner Carnevale stated the math does not add up to the size of the problem. The only way to address these problems is by being involved earlier in early assessments and early interventions. Resources must be made available to address today's problems, but more needs to be invested in early assessments and early interventions in order to alleviate the problem in the future.

Public Comment

Richard Gallo, consumer and advocate, stated the CARE Supporter role needs to be an individual with lived experience and paid a living wage. The speaker opposed using MHSA funding for anything related to CARE Court because it is not the purpose of the MHSA. The speaker agreed with Commissioner Carnevale that the focus should be on prevention and early intervention. CARE Court is set up to fail, especially in Santa Cruz and San Bernardino Counties, where there is not housing or services to support these individuals.

Vanessa Ramos, Public Policy Team, Disability Rights California, and Member of the Client and Family Leadership Committee (CFLC), strongly urged the Commission to take an oppose position to the CARE Court bill. All evidence shows that adequately-resourced intensive voluntary outpatient treatment is most effective in treating the population that CARE Court seeks to serve, not court-ordered treatment. CARE Court

perpetuates institutional racism, infringes on individuals' civil liberties, and does not provide necessary housing.

Vanessa Ramos stated the Commission should oppose the bill on the grounds that CARE Court would allow MHSA funds to support this coercive new court system and services. The MHSA was never meant for coercive and involuntary services.

Rafael Henriquez uplifted the Commissioners' comments and questions about some of the challenges with linkage, staffing, and the workforce. Although accountability was discussed, it continues to feel that the emphasis is on the counties, not the community-based organizations and the individuals who are most impacted by this issue. Young Black and Latino males are overrepresented in these issues and yet underrepresented in the policy discussions.

Rafael Henriquez stated Black Californians are overrepresented in the unhoused population, despite being a smaller part of the state population. Combine that piece with the fact that CARE Courts and the referral system could include law enforcement interactions. Individuals with untreated mental illness are 60 times more likely to be killed by law enforcement officials.

Rafael Henriquez strongly urged the Commission to oppose CARE Court on the basis of thinking about how disparate impacts will turn out for the communities that most need services in the future.

Andrea Wagner, Executive Director, California of Association of Mental Health Peer-Run Organizations (CAMHPRO), stated the discussion could go on all day about all the flaws in this proposal as has been seen in many of the letter's advocacy groups have put forward. As the Oversight and Accountability Commission appointed by the Governor to advise on the mental health system, she asked that the Commission take a stand on the CARE Court bill because of the myth that counties are sitting on funds that can be spent on this.

Andrea Wagner stated it needs to be made clear to legislators who are operating under this incorrection assumption that MHSA funding is available for this when it is not. It is important that funding should go to the programs that work; yet, it has never been a priority to fund community-based organizations. She stated she did not believe that any of the consumer organizations were consulted before this bill was proposed to the public. Although consumer organizations have since been asked for input, that input has not been heard. She asked the Commission to stand up to the Governor by opposing the CARE Court bill.

Erika Cervantes, Program Manager for California State Policy, Corporation for Supportive Housing (CSH), spoke in opposition to the current CARE Court proposal, which fails to provide fundamental housing needs, robust supportive services, and fully-funded intensive involuntary treatment. Additionally, this proposal will fail to achieve the stated goal as studies show that coercive treatment is ineffective, would perpetuate institutional racism, worsen health disparities, violate the autonomy and civil rights of individuals with mental health disabilities, and would fail to address underfunded and inaccessible housing help in the behavioral health system.

Erika Cervantes stated the CSH recognizes that the status quo is no longer acceptable, but to solve homelessness among individuals with mental health disabilities, targeted equitable housing and robust supportive services must be invested in informed by those directly impacted communities.

Mathew Gallagher stated he sent a letter to the Chair with a cc to the Commission, Executive Director, Deputy Director, and Commissioners on May 13th asking for a public hearing on CARE Court with a panel presentation from supporters, opposition, and those with concerns. A response was not received until June 17th. He then had a meeting with Commission staff for over an hour on June 20th wherein he asked for a special panel presentation with community members. At the end of that meeting, he was told he would he a response back within a week but there had yet to be a response.

Matthew Gallagher stated he spoke with Ms. Myrick on July 13th and heard that there would be a presentation at the July Commission meeting. He then emailed the Deputy Director asking for an update. He received a response on July 15th stating that he would receive a follow-up email on Monday, July 18th. He has yet to receive an email.

Matthew Gallagher stated this shows a lack of transparency, accountability, and an opportunity to show leadership on this issue. Since May, Cal Voices has brought this issue to the forefront, asked the Commission to weigh in on it, and asked the Commission to hear from interested parties, especially from advocacy contractors who are funded by the Commission. The Commission spends millions of dollars each year on advocacy contracts, yet not one of them has been invited to speak on the CARE Court bill. The silence is deafening.

Matthew Gallagher stated this Commission was created to be trustees in MHSA services and funds, but has been noticeably silent on issues related to the MHSA. The CARE Court bill will divert funds from the MHSA, yet the Commission does not take a position on it. AB 2242 diverts MHSA funds for the Lanterman-Petris-Short Act (LPS) system, yet the Commission remains silent on that bill as well.

Steve McNally, family member and Member, Orange County Behavioral Health Advisory Board, speaking as an individual, stated disappointment that the leading voice for mental health accountability and oversight does not take a position, set the framework, or determine the amount of MHSA money that will be diverted. The speaker questioned how Penal Code 1001.34 and 35, mental health diversion, is working or not working across the state. There is not a thorough analysis of AOT.

Steve McNally stated, much like the Be Well facility in Orange County that many individuals have visited, the co-authors of the CARE Court bill do not know the details about it and most probably cannot explain what they have signed onto. When everyone who will implement the bill is saying that they have major problems, it should be a very big red flag.

Deannie Choiselat, Youth Advocate, California Coalition for Youth (CCY) stated CCY asks that the administration increase the minimum age that CARE Court impacts to start at 26 rather than the current age of 18. Transition age youth (TAY) are still achieving development milestones defined as a period of growth marked by identity exploration, instability, self-focus, feelings of being in between, and optimism for the future.

Research shows that brain development is still occurring until the age of 25. The State has recognized that youth should be in the least restrictive setting as possible.

Deannie Choiselat stated other efforts are underway to encourage cross-system collaboration and critical behavioral health reforms through state initiatives including CalAIM and CYBHI. While schizophrenia can occur at any age, the average age of onset tends to be in the late teens to early 20s for men and late 20s and early 30s for women. Early identification and treatment are preferred to help prevent young people from becoming chronically homeless dealing with untreated mental illness.

Stacie Hiramoto, REMHDCO, urged the Commission to take a vote on this bill. She encouraged Commissioners to read the July 26th Los Angeles Times op-ed that clearly outlined the reasons to oppose the CARE Court bill. This, even though so many individuals do not have permanent housing in that county. She suggested spending this funding on solutions that are proven rather than on creating yet another entire scheme.

Stacie Hiramoto stated the Western Center on Law and Poverty has created a fact sheet that lists alternatives, which address this issue in effective ways that are supported by the behavioral health community. She stated she will send a copy of the fact sheet to staff.

Stacie Hiramoto stated, as Ms. Myrick's presentation indicated so powerfully, this bill will have a disproportionate negative impact on communities of color, especially the African American/Black community. Furthermore, the bill specifically allows for MHSA funds to be spent on this. MHSA funding was never intended to be used for coercive or involuntary care. She stated for these reasons she believes the Commission should not support this bill.

Stacie Hiramoto stated this also applies to the bill referred to earlier, AB 2242, by Santiago. AB 2242 provides that MHSA funding be used for nonvoluntary services. REMHDCO strongly believes that SB 2242 should have been heard by the Commission. She urged the Commission to vote on SB 1338 and AB 2242.

Karen Vicari, Mental Health America of California and the California Youth Empowerment Network (CAYEN), echoed the comments of the previous speakers and requested that the Commission vote to oppose CARE Court. CARE Court follows the same failed approach of involuntary treatment and creates a costly program that provides no additional funding for services or supports and which diverts MHSA funds from needed community-based services. She stated the need to move beyond politics to create programs that actually help individuals who have mental health challenges.

Karen Vicari stated no amendments to CARE Court will make it effective because court-ordered treatment does not create long-term change. She stated she agreed with Ms. Myrick's analogy that CARE Court is like putting a band-aid on a bullet wound. The best long-term solution to help individuals with mental health challenges is recovery-oriented services. Recovery cannot be compelled or court-ordered. What is needed in order to promote recovery is substantially more accessible, culturally-responsive community-based services.

Karen Vicari stated CARE Court is particularly troublesome to TAY, ages 18 to 25. Research shows that their brain development is still occurring until age 25 and the State has recognized that youth should be in the least restrictive setting as possible. For these reasons, Mental Health America of California and CAYEN urges the Commission to take an oppose position on CARE Court.

Poshi Walker, LGBTQ Program Director, Cal Voices, stated no matter what supporters of this bill say, CARE Court is not an equity-based model and will create and continue multiple barriers for Black and indigenous people of color (BIPOC), immigrant, and low-income communities to getting the treatment that prevents illness and promotes recovery from schizophrenia and other psychosis diagnoses. Although this is listed as an informational presentation, there are no number of amendments to this bill that would change the underlying premise that the research and so many advocates oppose.

Poshi Walker agreed with Ms. Myrick's analogy that CARE Court is like putting a band-aid on a bullet wound; no matter how many band-aids are put on this bill – there is still an underlying gaping wound that is not being addressed, especially for BIPOC, queer, trans, immigrant, and low-income communities. There is a reason this bill is so controversial. It is because it is a political band-aid with many potential negative consequences and not an effective path to prevention and recovery.

Poshi Walker stated the Commission exists to protect the MHSA and the rights and needs of consumers. The speaker stated the hope that the Commission will not abdicate its voice on this matter. The speaker recommended that the Commission vote to oppose the CARE Court bill and to do so today while there is still time to influence the trajectory of this bill. It is difficult to oppose a bill brought by the Governor, but it is important to speak about this issue and not let politics influence what is best for consumers. There is historical precedence for opposing a bill. The Commission's opposition would be taken seriously.

Vera Calloway, Peer Specialist and Appointee to the California Behavioral Health Planning Council, strongly suggested that the Commission oppose the CARE Court bill. The speaker agreed with Ms. Myrick's analogy that CARE Court is like putting a band-aid on a bullet wound. CARE Court will not do anything to help individuals in a system where the services are there but the funding is not appropriate and the workforce is not there. The speaker stated the need to build on what is already in place, including peer services, which includes peer-run programs and peer respites to give individuals an opportunity to be understood in an environment with individuals with lived experience with mental health issues.

Vera Calloway asked how CARE Court came into being so close to 2024. The speaker stated the belief that this is a political move that will not help homelessness.

Avery Hulog-Vicente, Advocacy Coordinator, Lived Experience Advocacy Diversity (LEAD) Program, California Association of Mental Health Peer-Run Organizations (CAMHPRO), stated CAMHPRO strongly opposes the CARE Court bill and is against all forms of forced treatment. Court-ordered treatment is an example of forced treatment. Self-determination and choice are both essential for effective treatment and recovery.

Avery Hulog-Vicente agreed with Ms. Myrick that, although individuals who identify as Black or African American make up 6.5 percent of the population in California, they account for 40 percent of the state's unhoused population. If passed, they will be overrepresented in the CARE Court program subjecting them to increased coercive treatment and perpetuating and accelerating the racially discriminatory health system.

Avery Hulog-Vicente stated this agenda item needed to be an action item. The information provided and the comments from the previous speakers should be an indicator that this bill is incredibly problematic. The Commission's influential voices can put a stop to it.

Deb Roth, Disability Rights California, stated Disability Rights California urges the Commission to oppose the CARE Court bill. In 2019, many CARE Court supporters called for a State audit. Two years ago, that audit said the problem is the failure of the State and counties to provide care and housing. The Los Angeles Times in an editorial then said the State should improve mental health care before forcing it on people.

Deb Roth stated, even though CARE Court is couched in terminology designed to sound voluntary, it is not. As noted by Stacie Hiramoto, the Los Angeles Times published another editorial specifically opposing CARE Court and called it "a false promise." She agreed with the many points made by previous speakers about why CARE Court is not a good idea.

Deb Roth stated something Ms. Welch said about housing is indicative of the problem with CARE Court in a big-picture way on whether or not CARE Court will work. With respect to whether housing would be guaranteed, Ms. Welch noted that housing is not a right in California and CARE Court is not going to solve that social policy issue. Then Ms. Welch talked about the courts and all the authority the courts would have. Ms. Roth asked how a whole new system can be created to bring a person under a court's jurisdiction with consequences for failure without making sure that everything needed to be successful is present.

Adrienne Shilton, Director of Public Policy and Strategy, California Alliance of Child and Family Services (CACFS), stated the CACFS has been weighing in on this proposal since the beginning. She asked about several key concerns:

- The CACFS does not see the same protections that are offered under AOT and, in particular, around individuals being offered services first before the petition is filed. The CACFS finds this extremely problematic. In order to move forward, CARE Court needs to address this protection as the individuals may very well engage in voluntary services first.
- The CACFS is concerned about TAY being pulled into this program. The state has recognized that youth should be in the least restrictive setting whenever possible and that there are other current efforts in the state to address the youth behavioral health crisis. The CACFS joins CCY and CAYEN in the proposal to narrow this to exclude youth 18 to 25 years old.
- The CACFS believes this proposal needs a more robust evaluation and to be phased in to truly understand who is being served, demographics of those being

served, what is happening to them during the process, and if they are being housed.

- The CACFS is concerned about the use of MHSA funds for involuntary services, as has been stated.

Alej Fernandez Garcia, Community Advocacy Manager, California Pan-Ethnic Health Network (CPEHN), stated CPEHN is formally opposed to CARE Court. The words "care" and "court" never belong together and are highly problematic. The speaker echoed the comments of previous speakers and uplifted Ms. Myrick's comment that CARE Court is not looking at the root of recovery but is more looking to treat the symptoms and so is not truly transformative, and that it must be explicitly named how CARE Court will have a disproportionate impact on BIPOC communities.

Alej Fernandez Garcia stated, instead, CPEHN believes that trauma-informed healing-centered, community-based practices should be at the center of treatment and recovery. The speaker asked the Commission to hold the Governor accountable to hearing from advocates opposed to CARE Court and urged the Commission take a vote.

Elizabeth (last name and affiliation not provided) spoke in support of the CARE Court bill. The speaker stated they heard there was a lot of volunteer efforts and it was a hope that the court would never have to be allowed and that this would finally reach the level of severity of symptoms that a person may be experiencing, specifically to forms of psychosis that tend to be persistent serious mental illness. Those are the people who are not being served by the organizations and counties that have spoken in opposition to this today.

Elizabeth agreed that community treatment is the best pathway, however, for some individuals who are experiencing severe symptoms, volunteering may not be a reasonable expectation at that moment in time, which is why the speaker supports CARE Court. Without CARE Court, the options are criminal and misdemeanor courts. Ms. Welch addressed all the concerns by the opposition in her presentation today.

Elizabeth stated it is important to consider how to meet the needs of the most severe individuals who the MHSA funding was intended to reach in the beginning. That money got syphoned off – it is much easier to show results and to feel good about delivering services when it can be shown that 80 percent of the people have been helped. The speaker shared that her child is currently in jail on criminal charges because they were incapable of volunteering, even with many soft touches. The speaker stated it feels like the opposition is blaming their child's illness for not volunteering. The speaker urged the Commission to support CARE Court.

Laurie Hallmark, Attorney and Mental Health Advocate, asked to include a provision that a spouse who has a history of domestic violence, whether or not it is against the individual they are filing a petition against, must be identified and that individuals with histories of domestic violence, especially spouses, not be permitted to make that recommendation.

Laurie Hallmark stated the importance of taking into account that waiving appearances and court hearings is a big issue. It is obvious why it would be a benefit for individuals to not attend a court hearing; however, in these types of situations, this is where it is important to have effective communication between the lawyer and the client. This is a critical due-process area because, if a person waives their ability to attend a hearing and if they waive the status hearing, they will not have the due process rights that they should have.

Laurie Hallmark stated the importance of looking at the quality of the services not just the quantity. The accountability component and the failure to successfully complete the program will provide the opportunity to collect data about why the individual did not comply with their plan, why the program did not work for them, if services were provided in a way that was not helpful, and if the quality of the services was a problem.

Kevin Dredge, mental health advocate, stated millions of people are dying of fentanyl and fentanyl-laced substances being sold to young people on social media. The Song for Charlie Program is a prevention and early intervention program to educate students and family members about the new landscape of drugs. He provided a handout on the Song for Charlie Program to staff.

Commissioner Discussion

Commissioner Rowlett stated Adrienne Shilton referenced a position and a letter that was written on June 27, 2022. He stated he is the Board Chair for the California Council of Community Behavioral Health Agencies (CBHA). The CBHA represents a large number of community-based organizations statewide. The letter, which was included in the meeting materials, outlines concerns about the CARE Court bill.

Chair Madrigal-Weiss asked staff to continue to monitor the CARE Court bill and to bring back ways the Commission can stay engaged at the next Commission meeting.

Executive Director Ewing stated the next item on the agenda is a discussion on Full-Service Partnerships (FSPs). FSPs were designed to reduce incarceration and criminal justice involvement more generally. That is an aspect of the work that is related to the nature of this conversation in addition to the Prevention and Early Intervention Report.

6: Break

7: Information: Multi-County Full Service Partnership (FSP) Innovation Project Update

Presenters:

- Nicole Kristy, Director, Third Sector Capital Partners, Inc.
- Sloane Burt, Quality Improvement Manager, Ventura County Behavioral Health
- Erinn Reinbolt, MHSA Coordinator, Fresno County
- Marissa Williams, Manager, Third Sector Capital Partners, Inc.,

Chair Madrigal-Weiss stated the Commission will hear an update on the progress made towards the implementation of the Multi-County FSP Collaborative Innovation Project. She asked the speakers to give their presentation.

Nicole Kristy, Director, Third Sector Capital Partners, Inc., provided an overview with a slide presentation, of the background, project summary, and vision and shared goals of the Multi-County FSP Collaborative Innovation Project. She stated the Two-Year Progress Report was included in the meeting packet.

Sloane Burt, Quality Improvement Manager, Ventura County Behavioral Health, continued the slide presentation and discussed the project timeline and the four phases of the Project: landscape assessment, design and implementation, sustainability planning, and evaluation period. She stated community engagement was a high priority for this project to support FSP projects. All Project activities were rooted in community engagement.

Erin Reinbolt, MHSA Coordinator, Fresno County, continued the slide presentation and discussed local implementation of the Project. She stated each county receives technical assistance to pursue initiatives that address unique local challenges. She highlighted county implementation activities.

Marissa Williams, Manager, Third Sector Capital Partners, Inc., continued the slide presentation and discussed lessons learned over the course of the _project to date. She shared insights on the concept of multi-county collaborations:

- Pursue a shared vision with flexible approaches tailored to individual county needs.
- Consider which activities are appropriate for statewide standardization versus local customization.
- Value informational learning as highly as formal meetings and project structures.

Ms. Williams shared insights on community engagement:

- Ground decisions about policies and operational practices in client experience.
    - Engage community early and often.
    - Compensate clients.
- Train staff in cultural competency.
- Leverage both county advocates and third-part facilitators.
- Use trauma-informed and healing-centered techniques.

Ms. Williams stated the first wave of counties are currently in the evaluation phase. Lincoln and Stanislaus Counties, which joined the collaboration in the fall of last year, have just wrapped up the landscape assessment phase and will soon begin the implementation phase.

Commissioner Questions and Discussion

Commissioner Carnevale suggested not just tracking the transactional outcomes but measuring the social and emotional health of the individuals going through these programs, tracking the health outcomes, and getting at some of the root-cause issues. This would then lead to more precision interventions. In this way, the complete cycle of activity will have been covered. This would be an enhancement on top of this to provide a wealth of data that would be more actionable in the long run.

Commissioner Rowlett stated appreciation that the social determinants of health were referenced. He asked if there was a flourishing scale utilized to query the perspective of FSP participants.

Ms. Kristy stated some of the questions to consumers were about goals for the program, if the program is helping to achieve those goals, and what recovery feels like. Also, counties looked at measures in a consistent way; the addition of the social connectiveness measure was suggested by consumers and was new and unique to several counties. The hope is that that measure is a bridge to additional things that focus on social emotional health.

Commissioner Mitchell stated social emotional connectedness stood out to her as well. She asked if all counties in the data collection will be asking this question.

Ms. Kristy stated the question has been added to one of the required Data Collection and Reporting (DCR) forms.

Ms. Burt stated one of the things that Third Sector helps counties do is to complete a Measurability Assessment. Every county collects data in slightly different ways or the assessment measures used may be slightly different. Things like social connectiveness and feeling like there is improvement are collected by counties in different ways. There was not a particular measure where a consistency about how everyone was collecting it could be found in a way that it could be looked at collectively. She acknowledged that, although some of these things are important and are very likely being collected at the county level, it was something that was difficult to identify consistently to collect and look at across the counties.

Public Comment

Stacie Hiramoto stated there is no mention of reducing disparities or cultural competency in the presentations or materials. She stated the hope that this can be addressed. She stated it is commendable that Third Sector interviewed FSP participants, but asked, if the participants were not from underserved communities, how Third Sector would know whether the services were appropriate and effective for individuals and families from these underserved communities.

Stacie Hiramoto stated anecdotal information from colleagues was that clients from some BIPOC communities, particularly Asian and Pacific Islander (API) and Spanish-speaking communities, often took a lot longer to engage in FSPs and were sometimes not in proportion to their population that is eligible for these services. She noted that if those who are not enrolled in FSP are not explored or communicated with, a lot of important information about FSPs is missed.

Theresa Comstock, California Association of Local Behavioral Health Boards and Commissions (CALBHB/C) stated the CALBHB/C is especially interested in seeing continued progress toward standardization of collection, analysis, and communication of performance outcome data and progress toward collection and reporting. She stated California's 59 local mental and behavioral health boards and commissions are supposed to be commenting on performance outcome data; yet, there is currently little standardization.

Theresa Comstock stated the CALBHB/C has information on its website on all of the counties as well as five different measures that some of the counties are currently collecting. There is also an issue brief on that web page that talks about some of the aspects that need to be considered with performance outcome data, including looking at race, ethnicity, culture, LGBTQ, age, and other factors.

Richard Gallo asked that FSP providers be made aware of the California Peer-Run Warm Line, which provides non-emergency emotional support for individuals with mental health issues, especially for counties that do not have peer support or respite programs. This is a critical support system.

Richard Gallo stated the hope that the Commission takes these measurements and information being collected and puts them into practice with all programs funded by the Commission to show what is and is not working and who is or is not being served in order to fill gaps.

Kevin Dredge stated, with this collaboration and communication on connectedness, the Song for Charlie needs to be incorporated in the structure. The Song for Charlie is a way to connect each person through the United States and the World into a togetherness and bringing organizations together to make a difference for the next generation.

8: Action: Commission 2022-2023 Spending Plan

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

9: Action: Mental Health Crisis Triage Legislation Update

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

10: Adjournment

There being no further business, the meeting was adjourned at 1:32 p.m.

AGENDA ITEM 5

Action

August 25, 2022 Commission Meeting
Creation of Subcommittee on Firearm Violence Prevention

Summary: The Mental Health Services Oversight and Accountability Commission will consider creating a subcommittee to explore opportunities to prevent firearm violence and its impact on individual, family, and community mental health and wellbeing, including strategies to improve understanding about the relationship between mental health and firearm violence.

Background: A few days before the Commission conducted its May 26, 2022, Commission Meeting, 19 children and two adults tragically lost their lives in a shooting at Robb Elementary School in Uvalde County, Texas. In the week or so prior, 10 people were gunned down and three were injured during a racially motivated mass shooting while they were shopping at Tops Friendly Markets store in Buffalo, New York.

In the wake of these shootings and others, in addition to grief and sadness, Commissioners expressed interested in exploring action that could be taken by the Commission to prevent firearm violence and to increase public awareness of the relationship between mental health and firearm violence. Most people with mental health challenges are never violent against themselves or others.[1] Research suggests that people with mental health challenges are more likely to be the victims of violence; not perpetrators.[2] Further, many Californians – with and without mental health challenges – live in marginalized communities where firearm violence is common, along with the trauma and negative impacts on mental health and wellbeing that may be experienced while living and working in such areas.[3]

While mass shootings and school shootings often dominate the headlines, suicide by firearm is much more common, especially among people with mental health challenges.[4] Following the adoption of *Striving for Zero: California's Strategic Plan for Suicide Prevention*, the Commission was authorized through the 2020-21 Budget Act to allocate $2 million over the next two fiscal years to begin implementing the strategic plan. During its August 27, 2020 Meeting, the Commission approved several initiatives to address critical statewide gaps in strategic planning, data, safety, training, and support. One of those initiatives, currently underway, is designed to increase the use of lethal means safety strategies, and includes:

- Developing a network of state and local partners to increase awareness of lethal means safety, as a key strategy for preventing suicide, particularly suicide by firearm;

- Creating, in collaboration with gun owners and others, a training on suicide prevention for firearm distributors and staff, owners, and safety instructors; and

- Creating a website to increase awareness of practical methods of reducing access to lethal means, especially in the home.

The Commission will consider whether to form a subcommittee to lead a policy research project to explore opportunities to prevent firearm violence and its impact on individual, family, and community mental health and wellbeing, including strategies to improve understanding of the relationship between mental health and firearm violence.

Commission Policy Research: Since 2015, the Commission has formed subcommittees to lead its policy research projects. These subcommittees consist of subsets of Commissioners – typically two to three Commissioners – and are short term, lasting from the beginning of a policy research project to the adoption of the final policy research project report by the Commission, and ultimately to the report's implementation plan. The Commission Chair appoints subcommittee chairs, vice chairs and members.

The subcommittee chair works closely with Commission staff to develop and implement a policy research project plan. These plans typically include public engagement (hearings, listening sessions), research and policy development (data analysis and literature review), and communication activities (meeting summaries and data briefs). These activities are conducted over several months or years, as needed. Data and information gathered during these activities are used to guide the development of a series of policy recommendations, which the Commission then considers for adoption under a final report. Once recommendations are adopted, Commission staff work with the Commission Chair to develop implementation plans.

Enclosures (0): None.

Handout (0): None.

Proposed Motion: That the Commission approve the creation of a subcommittee to explore opportunities to prevent firearm violence and its impact on individual, family, and community mental health and wellbeing, including strategies to improve understanding of the relationship between mental health and firearm violence.

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[1] Swanson, J. W., McGinty, E. E., Fazel, S., & Mays, V. M. (2015). Mental illness and reduction of gun violence and suicide: bringing epidemiologic research to policy. *Annals of epidemiology*, *25*(5), 366–376. https://doi.org/10.1016/j.annepidem.2014.03.004

[2] Choe, J. Y., Teplin, L. A., & Abram, K. M. (2008). Perpetration of violence, violent victimization, and severe mental illness: balancing public health concerns. *Psychiatric services (Washington, D.C.)*, *59*(2), 153–164. https://doi.org/10.1176/ps.2008.59.2.153

[3] Wintemute, G. J., Aubel, A. J., Pallin, R. *et al.* Experiences of violence in daily life among adults in California: a population-representative survey. *Inj. Epidemiol.* **9,** 1 (2022). https://doi.org/10.1186/s40621-021-00367-1

[4] Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System. Available at: http://www.cdc.gov/injury/wisqars/index.html.

AGENDA ITEM 6

Action

August 25, 2022 Commission Meeting

Commission 2022-2023 Spending Plan

Summary: Each year, Commission staff publicly presents the Commission's budget in July when the budget is adopted, mid-way through the fiscal year, and at the close of the fiscal year. Staff also provide periodic reports to the Commission on budget negotiations that may impact the Commission or California's mental health system. The goal of these presentations is to support fiscal transparency for the Commission's expenditures, ensure expenditures are in line with Commission priorities and support Commission awareness of fiscal trends impacting the mental health system.

Background:

The Commission's budget is organized into three general categories:

- **Operations.** Funding is ongoing for personnel and general operational expenses.
- **Budget Directed.** Funding provided in the state Budget Act for specific purposes, generally for one-time uses such as technical assistance, implementation, and evaluation of grant programs.
- **Local Assistance.** Funding is generally ongoing and used to provide local assistance grants to county behavioral health agencies and other local partners.

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 2022-23 budget for consideration.

Presenter: Norma Pate, Deputy Director

Enclosures: None

Handouts: A Budget Summary and PowerPoint will be made available at the Commission Meeting.

Budget by Fiscal Year and Specific Category

	Fiscal Year 2019-20	Fiscal Year 2020-21	Fiscal Year 2021-22	Fiscal Year 2022-23
Operations				
Personnel	$4,044,000	$5,528,000	$6,720,000	$8,100,000
Core Operations	$7,019,000	$5,256,000	$3,890,000	$3,168,000
Total Operations	**$11,063,000**	**$10,784,000**	**$10,610,000**	**$11,268,000**
Budget Directed				
Anti-Bullying Campaign*			$5,000,000	
COVID-19 Response*		$4,020,000		
FSP Evaluation				$400,000
Performance/Disparities Fellowship				$5,000,000
Innovation Incubator*	$2,500,000			
MHSSA Augmentation*			$15,000,000	
MHSSA Admin./Eval.*			$10,000,000	$16,646,000
Total Budget Directed	**$2,500,000**	**$4,020,000**	**$30,000,000**	**$22,046,000**
Local Assistance				
Advocacy Grants	$5,418,000	$1,398,000	$5,418,000	$6,700,000
allcove*	$14,589,000			
CYBHI EBP*				$42,900,000
Early Psychosis*	$19,452,000			
MHSSA**	$48,830,000	$8,830,000	$188,830,000	$8,830,000
MH Wellness Act/Triage	$20,000,000	$20,000,000	$20,000,000	$20,000,000
Suicide Prevention Voluntary Contrib. ***			$239,000	
Total Local Assistance Funds	**$108,289,000**	**$30,228,000**	**$214,487,000**	**$78,430,000**
Total	**$121,852,000**	**$45,032,000**	**$255,097,000**	**$111,744,000**

*one-time funds
**one-time funds+ ongoing funds
*** transferred to the Department of Health Care Services

AGENDA ITEM 7

Action

August 25, 2022 Commission Meeting

Immigrant and Refugee Advocacy Augmentation

Summary: The Commission will be presented with options on how best to allocate additional funding for the immigrant and refugee community partnership grant program.

Background: Through Mental Health Services Act funding, the Commission awards contracts to local and state level organizations to provide advocacy, training, education, and outreach on behalf of eight specific underserved populations through competitive Request for Proposal (RFP) processes. For the past few years, the Commission has allocated $5.4 million each year for this purpose

Included in those funds is support for advocacy focused on the mental health needs of immigrants and refugees. In April 2019, the Commission awarded five advocacy contracts, in the amount of $402,500 each, to applicants that participated in a competitive procurement process for these funds. These local-level organizations worked with and on behalf of immigrants and refugees from Mexico, South America, Asia, Africa, and the Middle East. They are working in all five mental health regions in California. These contracts ended on June 30, 2022.

In January of 2022, the Commission released a new Request for Proposals to support a new three-year round of advocacy on behalf of immigrant and refugee populations. Seventeen applications were received from local level organizations and two from state level organizations. On May 20, 2022, the Commission awarded a total of $2,010,000 in grants to five organizations who are providing advocacy, training and outreach on behalf of immigrants and refugees. Of these five grantees, four local-level organizations are working directly with the populations in their areas where the highest mental health needs exist, and one state-level advocacy organization is working closely with the local-level organizations to provide opportunities to increase advocacy at the state and local level.

Additional Funding: At the January 2022 Commission Meeting, the Commission directed staff to seek additional funding for immigrant and refugee advocacy, including opportunities to increase available funding in the current competitive procurement for the immigrant and refugee community partnership grant program. As a result of those efforts, the 2022-23 California Budget provided an additional $670,000 annually to the Commission for this program.

Using these funds, the Commission can expand its support for Immigrant and Refugee advocacy. Staff has proposed two options, as outlined below, for the use of these additional funds.

Current Immigrant and Refugee Contracts (Before Additional Funds)

Contract Year (Payments)	**Year 1**	**Year 2**	**Year 3**	**Total**
Boat People SOS	$134,166	$134,166	$134,168	$402,500
Center for Refugees and Immigrants	$134,166	$134,166	$134,168	$402,500
The Cambodian Family	$134,166	$134,166	$134,168	$402,500
Level Up NorCal	$134,166	$134,166	$134,168	$402,500
CPEHN(state-level)	$133,333	$133,333	$133,334	$400,000
TOTAL	$669,997	$669,997	$670,006	$2,010,000

<u>Additional Funding Options:</u>

Option A (Recommended)
Award $402,500 for a three-year contract term to each of the next four highest scoring local-level applicants from the current procurement and augment the state-level advocacy contract with an additional $400,000 to support a total of eight local-level contractors.

Pros	Cons
• Increases local-level advocacy efforts to address the growing mental health needs of immigrants and refugees. • Increases the amount of state-level advocacy funding to support the additional local-level organizations and further supports advocacy at the state - level. • Expedites the funding of advocacy activities for immigrants and refugees.	• No additional applications will be accepted, and only organizations that applied in the original procurement would be eligible to receive funds.

Option B
Release a new Request for Proposal and award funds to the most qualified applicants.

Pros	Cons
• Additional local and state level organizations would be eligible to submit applications and participate in immigrant and refugee advocacy.	• A new competitive bid process will delay awards by approximately 6-9 months and postpone the impact of the additional funds.

Presenter: Tom Orrock, Chief of Community Engagement and Grants

Enclosure: None

Handout: PowerPoint will be presented at the meeting.

MISCELLANEOUS ENCLOSURES

August 25, 2022 Commission Meeting

Enclosures (6):

(1) July 28, 2022 Motions Summary
(2) Evaluation Dashboard
(3) Innovation Dashboard
(4) Department of Health Care Services Revenue and Expenditure Reports Status Update

Mental Health Services
Oversight & Accountability Commission

WELLNESS • RECOVERY • RESILIENCE

Motions Summary

Commission Meeting
July 28, 2022

Motion #: 1

Date: July 28, 2022

Motion:

The Commission approves the May 26, 2022 meeting minutes.

Commissioner making motion: Commissioner Carnevale

Commissioner seconding motion: Commissioner Bunch

Motion carried 8 yes, 0 no, and 1 abstain, per roll call vote as follows:

Name	Yes	No	Abstain	Absent	No Response
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

Summary of Updates

Contracts

New Contract: None

Total Contracts: 3

Funds Spent Since the May Commission Meeting

Contract Number	Amount
17MHSOAC073	$ 23,804.54
17MHSOAC074	$ 23,804.54
21MHSOAC023	$ 353,695.84
Total	**$ 401,304.92**

Contracts with Deliverable Changes

17MHSOAC073
17MHSOAC074
21MHSOAC023

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: $**1,858,431.78**

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

Deliverable	Status	Due Date	Change
Final Summative Evaluation Plan	Complete	7/15/20	No
Data Collection for Formative/Process Evaluation Plan Progress Reports (10 quarterly reports)	In Progress	1/15/21- 3/15/23	No
Formative/Process Evaluation Plan Implementation and Preliminary Findings (11 quarterly reports)	In Progress	1/15/21- 6/15/23	No
Co-host Statewide Conference and Workplan (a and b)	In Progress	9/15/21 Fall 2022	No
Midpoint Progress Report for Formative/Process Evaluation Plan	Complete	7/15/21	No
Draft**s** Formative/Process Evaluation Final Report (a and b)	Not Started	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: **1,858,431.78**

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)	In Progress	1/15/21- 3/15/23	No

Deliverable	Status	Due Date	Change
Formative/Process Evaluation Plan Implementation and Preliminary Findings (11 quarterly reports)	In Progress	1/15/21- 6/15/23	No
Co-host Statewide Conference and Workplan (a and b)	In Progress	9/15/21 Fall 2022	No
Midpoint Progress Report for Formative/Process Evaluation Plan	Complete	7/15/21	No
Drafts Formative/Process Evaluation Final Report (a and b)	Not Started	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: **$1,414,783.36**

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	Yes
Quarterly Progress Reports	Not Started	09/30/2022	No
Quarterly Progress Reports	Not Started	12/31/2022	No
Quarterly Progress Reports	Not Started	03/31/2023	No
Quarterly Progress Reports	Not Started	06/30/2023	No

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

Mental Health Services
Oversight & Accountability Commission

INNOVATION DASHBOARD

AUGUST 2022

UNDER REVIEW	Final Proposals Received	Draft Proposals Received	TOTALS
Number of Projects	0	7	**7**
Participating Counties (unduplicated)	0	6	**6**
Dollars Requested	$0	$28,933,546	**$28,933,546**

PREVIOUS PROJECTS	Reviewed	Approved	Total INN Dollars Approved	Participating Counties
FY 2017-2018	34	33	$149,548,570	19 (32%)
FY 2018-2019	53	53	$304,098,391	32 (54%)
FY 2019-2020	28	28	$62,258,683	19 (32%)
FY 2020-2021	35	33	$84,935,894	22 (37%)
FY 2021-2022	21	21	$50,997,068	19 (32%)

TO DATE	Reviewed	Approved	Total INN Dollars Approved	Participating Counties
2022-2023				

INNOVATION PROJECT DETAILS

DRAFT PROPOSALS						
Status	County	Project Name	Funding Amount Requested	Project Duration	Draft Proposal Submitted to OAC	Final Project Submitted to OAC
Under Review	Santa Cruz	Healing The Streets	$5,843,551	5 Years	12/9/2021	Pending
Under Review	Orange	Clinical High Risk for Psychosis in Youth	$13,000,000	5 Years	2/26/2022	Pending
Under Review	Yolo	Crisis Now	$3,584,357	3 Years	6/1/2022	Pending
Under Review	Napa	Addressing MH Needs of American Canyon Filipino Community (Extension)	$138,425	1 Year	6/14/2022	Pending
Under Review	Napa	FSP Multi-County Collaborative	$844,750	4.5 Years	8/1/2022	Pending
Under Review	Shasta	Hope Park (Extension)	$107,360	N/A	6/17/2022	Pending
Under Review	Sonoma	Semi-Statewide Electronic Health Record	$5,526,045	5 Years	6/30/2022	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						

APPROVED PROJECTS (FY 21-22)			
County	Project Name	Funding Amount	Approval Date
Placer	24/7 Adult Crisis Respite Center	$2,750,000	8/26/2021
Marin	Student Wellness Ambassador Program	$1,648,000	9/23/2021
Monterey	Residential Care Facility Incubator (Planning Dollars)	$792,130	11/1/2021

APPROVED PROJECTS (FY 21-22)			
County	Project Name	Funding Amount	Approval Date
Lake	Multi County FSP Collaborative	$765,000	11/2/2021
Shasta	Hope Park	$1,750,000	11/18/2021
Alameda	Community Assessment Transportation Team (CATT) Extension	$4,759,312	11/18/2021
Sonoma	Crossroads To Hope	$2,500,000	2/24/2022
Stanislaus	CPP Planning Request	$425,000	3/3/2022
Ventura	FSP Multi-County Collaborative-EXTENSION	$702,227	3/3/2022
Kern	Mobile Clinic with Street Psychiatry	$8,774,098	3/24/2022
Berkeley	Encampment -Based Mobile Wellness Center	$2,802,400	4/28/2022
Butte	Resilience Empowerment Support Team (REST) at Everhart Village	$3,510,520	4/28/2022
Orange	CPP Planning Request	$950,000	5/25/2022
Modoc	Integrated Health Care for Individuals with SMI	$480,000	5/25/2022
Orange	Young Adult Court	$12,000,000	5/26/2022
Kern	Early Psychosis Learning Health Care Network	$1,632,257	5/26/2022
Tri-Cities	PADs-Multi-County Collaborative	$789,360	5/26/2022
Contra Costa	PADs-Multi-County Collaborative	$1,500,058	5/26/2022
Ventura	Managing Assets for Security & Health (MASH) Senior Supports for Housing Stability	$966,706	6/20/2022
Tulare	Semi-Statewide Enterprise Health Record System Improvement	$1,000,000	6/20/2022

APPROVED PROJECTS (FY 21-22)			
County	Project Name	Funding Amount	Approval Date
Yolo	Planning and Stakeholder Input Process for Crisis System Re-Design and Implementation (Extension)	$500,000	6/20/2022

DHCS Status Chart of County RERs Received
August 25, 2022, Commission Meeting

Below is a Status Report from the Department of Health Care Services regarding County MHSA Annual Revenue and Expenditure Reports received and processed by Department staff, dated August 3, 2022. This Status Report covers FY 2019 -2020 through FY 2020-2021, 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 2020-2021 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 2020-21 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 19-20 Electronic Copy Submission	FY 19-20 Return to County	FY 19-20 Final Review Completion	FY 20-21 Electronic Copy Submission	FY 20-21 Return to County	FY 20-21 Final Review Completion
Alameda	1/29/2021	2/1/2021	2/8/2021	1/26/2022	2/3/2022	2/8/2022
Alpine	7/1/2021		10/15/2021	1/26/2022	2/3/2022	2/15/2022
Amador	1/15/2021	1/15/2021	2/2/2021	1/27/2022	2/3/2022	2/10/2022
Berkeley City	1/13/2021	1/13/2021	1/13/2021	2/1/2022	2/3/2022	3/1/2022
Butte	3/2/2022	3/2/2022	3/11/2022			
Calaveras	1/31/2021	2/1/2021	2/9/2021	1/31/2022	2/4/2022	2/8/2022
Colusa	4/15/2021	4/19/2021	5/27/2021	2/1/2022	2/4/2022	2/15/2022
Contra Costa	1/30/2021	2/1/2021	2/22/2021	1/31/2022	2/4/2022	3/11/2022
Del Norte	2/1/2021	2/2/2021	2/17/2021	1/28/2022	2/7/2022	2/23/2022
El Dorado	1/29/2021	1/29/2021	2/4/2021	1/28/2022	2/4/2022	2/9/2022
Fresno	12/29/2020	12/29/2021	1/26/2021	1/26/2022	2/7/2022	2/16/2022
Glenn	2/19/2021	2/24/2021	3/11/2021	3/21/2022	3/22/2022	4/6/2022
Humboldt	4/9/2021	4/13/2021	4/15/2021			
Imperial	2/1/2021	2/1/2021	2/12/2021	1/31/2022	2/4/2022	2/15/2022
Inyo	4/1/2021	4/2/2021		4/1/2022	4/12/2022	
Kern	2/2/2021	2/2/2021	2/8/2021	2/3/2022	2/7/2022	2/17/2022
Kings	1/4/2021	1/4/2021	3/11/2021	2/22/2022	2/22/2022	3/11/2022
Lake	2/9/2021	2/9/2021	2/17/2021	2/1/2022	2/8/2022	2/23/2022
Lassen	1/25/2021	1/25/2021	1/28/2021	2/2/2022	2/8/2022	2/17/2022
Los Angeles	3/11/2021	3/16/2021	3/30/2021	2/1/2022	2/7/2022	2/22/2022
Madera	3/29/2021	3/30/2021	4/15/2021	3/25/2022	3/29/2022	5/19/2022
Marin	2/2/2021	2/2/2021	2/17/2021	1/31/2022	2/7/2022	2/9/2022
Mariposa	1/29/2021	1/29/2021	3/11/2021	1/31/2022	2/7/2022	2/25/2022
Mendocino	12/30/2020	1/4/2021	1/20/2021	2/1/2022	2/7/2022	2/24/2022

DHCS Status Chart of County RERs Received
August 25, 2022, Commission Meeting

County	FY 19-20 Electronic Copy Submission	FY 19-20 Return to County	FY 19-20 Final Review Completion	FY 20-21 Electronic Copy Submission	FY 20-21 Return to County	FY 20-21 Final Review Completion
Merced	1/11/2021	1/12/2021	1/15/2021	1/27/2022	2/7/2022	2/8/2022
Modoc	4/29/2021	5/4/2021	5/13/2021	4/27/2022	4/28/2022	4/28/2022
Mono	1/29/2021	1/29/2021	2/16/2021	1/18/2022	2/7/2022	2/17/2022
Monterey	2/24/2021	3/1/2021	3/11/2021	2/2/2022	2/7/2022	2/9/2022
Napa	12/23/2020	12/24/2020	12/28/2020	2/7/2022	2/8/2022	3/3/2022
Nevada	1/29/2021	2/16/2021	2/18/2021	1/31/2022	2/2/2022	2/3/2022
Orange	12/31/2020	1/20/2021	2/9/2021	1/31/2022	2/3/2022	2/17/2022
Placer	2/3/2021	2/22/2021	2/23/2021	1/31/2022	3/17/2022	4/13/2022
Plumas	2/25/2021	3/19/2021	3/25/2021	7/14/2022	7/14/2022	14/2
Riverside	2/1/2021	3/31/2021	4/8/2021	1/31/2022	2/4/2022	3/11/2022
Sacramento	1/29/2021	2/1/2021	5/6/2021	1/31/2022	2/3/2022	3/11/2022
San Benito	7/28/2021	7/30/2021	8/3/2021			
San Bernardino	3/3/2021	3/4/2021	3/17/2021	3/23/2022	3/23/2022	3/29/2022
San Diego	1/30/2021	2/1/2021	2/4/2021	1/31/2022	2/3/2022	2/18/2022
San Francisco	1/29/2021	3/19/2021	3/22/2021	1/31/2022		2/4/2022
San Joaquin	2/1/2021	2/2/2021	2/11/2021	3/22/2022	3/23/2022	3/25/2022
San Luis Obispo	12/31/2020	1/20/2021	1/20/2021	1/26/2022	2/2/2022	2/7/2022
San Mateo	1/29/2021	2/1/2021	2/16/2021	1/31/2022	2/28/2022	3/2/2022
Santa Barbara	12/29/2020	12/30/2020	1/5/2021	1/26/2022	1/26/2022	2/10/2022
Santa Clara	1/28/2021	2/11/2021	3/3/2021	1/31/2022	2/15/20222	2/18/2022
Santa Cruz	3/29/2021	4/5/2021	4/15/2021	3/25/2022	3/25/2022	4/4/2022
Shasta	1/14/2021	1/15/2021	1/19/2021	1/25/2022	1/26/2022	2/10/2022
Sierra	12/31/2020	3/10/2021	4/12/2021	1/31/2022	2/2/2022	2/28/2022
Siskiyou	2/16/2021	6/11/2021	6/15/2021	7/18/2022	7/18/2022	
Solano	2/1/2021	2/1/2021	2/25/2021	1/31/2022	2/2/2022	2/8/2022
Sonoma	1/29/2021	3/5/2021	4/12/2021	1/31/2022	2/3/2022	2/22/2022

DHCS Status Chart of County RERs Received
August 25, 2022, Commission Meeting

County	FY 19-20 Electronic Copy Submission	FY 19-20 Return to County	FY 19-20 Final Review Completion	FY 20-21 Electronic Copy Submission	FY 20-21 Return to County	FY 20-21 Final Review Completion
Stanislaus	12/31/2020	1/5/2021	1/5/2021	1/31/2022	2/2/2022	2/15/2022
Sutter-Yuba	1/30/2021	2/1/2021	3/9/2021	2/9/2022	2/10/2022	2/15/2022
Tehama	4/27/2021	n/a	5/21/2021			
Tri-City	1/27/2021	3/4/2021	3/30/2021	1/31/2022	2/2/2022	5/25/2022
Trinity	2/1/2021	2/2/2021	2/17/2021	7/5/2022	7/5/2022	7/27/2022
Tulare	1/26/2021	1/27/2021	2/10/2021	1/31/2022	2/2/2022	2/10/2022
Tuolumne	6/2/2021	8/11/2021	8/11/2021	1/31/2022		2/4/2022
Ventura	1/29/2021	2/2/2021	2/16/2021	1/28/2022	2/2/2022	2/14/2022
Yolo	1/28/2021	2/2/2021	2/2/2021	1/31/2022	2/2/2022	2/2/2022
Total	**59**	**57**	**58**	**55**	**52**	**52**