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Mental Health Services  
Oversight & Accountability Commission

## **Meeting Materials Packet**

**Commission Teleconference Meeting**

**October 26, 2023**

**9:00 AM – 3:00 PM**



# COMMISSION MEETING NOTICE & AGENDA

October 26, 2023

**NOTICE IS HEREBY GIVEN** that the Commission will conduct a Regular Meeting on **October 26, 2023, at 9:00 a.m.** This meeting will be conducted via teleconference pursuant to the Bagley-Keene Open Meeting Act according to Government Code sections 11123 and 11133. The location(s) from which the public may participate are listed below. All members of the public shall have the right to offer comment at this public meeting as described in this Notice.

**Date:** October 26, 2023

**Time:** 9:00 AM

**Location:** Argonaut Hotel  
495 Jefferson Street  
Golden Gate Ballroom B & C  
San Francisco, CA 94109

**COMMISSION MEMBERS:**

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

**EXECUTIVE DIRECTOR:**

Toby Ewing

**ZOOM ACCESS:**



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

**FREE REGISTRATION LINK**

<https://mhsoc-ca-gov.zoom.us/meeting/register/tZckfuytqDgjH9ZH8FQOuys9knm8Z-BV-tzu>

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

## Our Commitment to Excellence

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



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



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



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

## Commission Meeting Agenda

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

9:00 AM

**1. Call to Order & Roll Call**

Chair Mara Madrigal-Weiss will convene the Commission meeting and a roll call of Commissioners will be taken.

9:05 AM

**2. Announcements & Updates**

Chair Mara Madrigal-Weiss, Commissioners and Staff will make announcements and updates.

9:30 AM



**3. General Public Comment**

*Information*

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

9:50 AM

**4. September 28, 2023 Meeting Minutes**

*Action*

The Commission will consider approval of the minutes from the September 28, 2023 Commission Meeting.

- Public Comment
- Vote

10:00 AM



**5. Consent Calendar**

*Information*

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

- The Tri-City Community Planning Process Innovation Project for up to \$675,000.
- Public Comment
- Vote

10:10 AM



## 6. Impact of Firearm Violence Project

### Information

The Commission will hear a panel presentation on efforts to address firearm violence and identify promising approaches and best practices to reduce firearm violence and the associated negative outcomes; *presented and facilitated by Dr. Richard Espinoza, Clinical Psychologist, and the following panelists:*

- *Dr. Richard Espinoza, Clinical Psychologist and Professor at Pepperdine University, College of the Canyons, and Pitzer College*
  - *Dr. Nicole Kravitz-Wirtz, Associate Professor at UC Davis*
  - *Sam Vaughn, Deputy Director, Richmond's Office of Neighborhood Safety*
  - *Janiesha Grisham, Violence Prevention Educator with Oakland's Youth ALIVE!*
  - *Rita Nguyen, Assistant Health Director, California Department of Public Health*
  - *Ari Freilich, Director of California's Office of Gun Violence Prevention*
- Public Comment

12:50 PM

## 7. Lunch

1:50 PM



## 8. Art With Impact – Exploring Opportunities

### Information

The Commission will hear about the impact of work at the intersection of art and mental health achieved by Art With Impact through the power of film and community engagement, as well as new opportunities to strategically align our shared messaging; *presented by Cary McQueen, Founder and Executive Director, Art With Impact.*

- Public Comment

2:30 PM



## 9. Legislative Priorities for 2024

### Action

The Commission will hear a presentation on the legislative process and will have a preliminary discussion about legislative priorities for 2024; *presented by Kendra Zoller, Legislative Deputy Director.*

- Public Comment
- Vote

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**3:00 PM**

**10. Adjournment**

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### Our Commitment to Transparency

In accordance with the Bagley-Keene Open Meeting Act, public meeting notices and agenda are available on the internet at [www.mhsoac.ca.gov](http://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](mailto:mhsoac@mhsoac.ca.gov)

### Our Commitment to Those with Disabilities

Pursuant to the American with Disabilities Act, individuals who, because of a disability, need special assistance to participate in any Commission meeting or activities, may request assistance by calling (916) 500-0577 or by emailing [mhsoac@mhsoac.ca.gov](mailto: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.

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# AGENDA ITEM 4

**Action**

**October 26, 2023 Commission Meeting**

**September 28, 2023 Meeting Minutes**

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**Summary:** The Mental Health Services Oversight and Accountability Commission will review the minutes from the September 28, 2023 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.

**Enclosures (2):** (1) September 28, 2023 Meeting Minutes; (2) September 28, 2023 Motions Summary

**Handouts:** None

**Proposed Motion:** The Commission approves the September 28, 2023 Meeting Minutes

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# State of California

## MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION

### Commission Meeting Minutes

**Date** September 28, 2023

**Time** 9:00 a.m.

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

#### Members Participating:

Mara Madrigal-Weiss, Chair	
Sheriff Bill Brown	Itai Danovitch, M.D.
Keyondria Bunch, Ph.D.	David Gordon*
Steve Carnevale	Gladys Mitchell
Rayshell Chambers*	Jay Robinson, Psy.D.*

\*Participated remotely  
1 a.m. only

#### Members Absent:

Mayra Alvarez, Vice Chair	Khatera Tamplen
Mark Bontrager	
Assembly Member Carrillo	
Shuo Chen	
Senator Dave Cortese	
Alfred Rowlett	

#### MHSOAC Meeting Staff Present:

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

## **1: Call to Order and Roll Call**

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

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

Geoff Margolis, Chief Counsel, called the roll and announced a quorum was not yet present. A quorum was achieved after Commissioners Chambers and Robinson arrived.

Amariani Martinez, Commission staff, reviewed the meeting protocols.

## **2: Announcements and Updates**

Chair Madrigal-Weiss welcomed Dr. Curley Bonds and asked him to say a few words.

Curley Bonds, Chief Medical Officer, Los Angeles County Department of Mental health, welcomed the Commission to Los Angeles and highlighted key projects being done around the county.

Chair Madrigal-Weiss gave the announcements as follows:

### **Commission Meetings**

- The August 24<sup>th</sup> and September 5<sup>th</sup> Commission meeting recordings are now available on the website. Most previous recordings are available upon request by emailing the general inbox at [mhsoac@mhsoac.ca.gov](mailto:mhsoac@mhsoac.ca.gov).
- The next Commission Meeting will take place on October 26<sup>th</sup> in San Francisco. The meeting will feature a panel presentation on the Commission's Impacts of Firearm Violence project and a briefing by staff on the Governor's Mental Health Services Act (MHSA) modernization proposal. A site visit is planned the day before the Commission meeting for Commissioners to hear about advances in neuroscience and brain research from researchers and partners from the University of California, San Francisco (UCSF).
  - Commissioners will hear how neuroscience can drive innovative assessment and treatment approaches within a prevention and early intervention framework, which in turn can drive policymaking best practices. Staff will be sending out more information soon.
- The Client and Family Leadership Committee (CFLC) will be meeting on Wednesday, October 18<sup>th</sup>, from 1:00 to 3:00 p.m. The Committee will hear an update on the peer certification process and will discuss potential impacts of the Governor's MHSA modernization proposal on county programs.
- The Cultural and Linguistic Competency Committee (CLCC) will be meeting on Tuesday, October 24<sup>th</sup>, from 4:00 to 5:30 p.m.

## Legislative Update

- The 2023 legislative session ended on September 14<sup>th</sup>. Two out of the four bills the Commission supported are on the Governor's desk awaiting action: Senate Bill (SB) 509, by Senator Portantino, a bill related to behavioral health training in schools; and SB 10, by Senator and Commissioner Cortese, a bill related to opioid overdose prevention in schools.
- Assembly Bill (AB) 1282, by Assembly Member Lowenthal, related to the impact of social media and artificial intelligence (AI) on youth mental health, and AB 599, by Assembly Member Ward, related to a public health approach to suspensions and expulsions in schools, may resume during next year's legislative session.
- SB 326, by Senator Eggman, the Governor's MHSA modernization proposal, which the Commission voted to support with concerns at the last Commission meeting, is also on the Governor's desk awaiting action. The Governor has until October 14<sup>th</sup> to sign or veto legislation.

## Strategic Plan Update

- The Boston Consulting Group (BCG) presented an update at the August Commission meeting on the Commission's 2024-27 Strategic Planning process. Anna Silk, Principal, BCG, helped the Commission and the public better understand the extent, breadth, and value of the community engagement process to date; discussed the criteria to assess the adequacy and quality of the engagement process; and reviewed the draft framework for the Commission's Strategic Plan.
- Norma Pate, Deputy Director of Administration and Performance Management, presented opportunities to gather more feedback on the themes in the draft framework. Subsequent public outreach activities will focus on specific audiences to gather feedback on the draft plan, including the proposed goals and objectives and questions regarding priority setting. She encouraged members of the public to fill out the form on the website to provide written feedback. Commission staff will report what was heard and how it was incorporated or considered in developing the plan and will present a revised plan to the Commission at the November Commission meeting. The goal is to adopt the final version of the strategic plan and framework in January of 2024.
- A listening session will be held in October. A notification of the date will soon be sent out.

## Impacts of Firearm Violence Update

Chair Madrigal-Weiss asked Commissioner Bunch to update the Commission on the Impacts of Firearm Violence Initiative.

Commissioner Bunch stated that the Impacts of Firearm Violence Initiative is moving into the final phase. One of the main findings was that, although mental health and firearm violence intersect in many ways but rarely include a diagnosis of a serious mental illness, individuals reach for firearms as a last resort to solve their problems. Through engagement with multiple experts and populations, including youth, it was

learned that there are many promising strategies and evidence-based solutions that go upstream to prevent firearm violence and its associated negative outcomes long before concerns over firearm access arise.

Commissioner Bunch stated that promising approaches, barriers, gaps, and key opportunities for firearm violence prevention and healing will be highlighted in the panel presentations at the October Commission meeting.

### MHSSA Evaluation Update

Chair Madrigal-Weiss asked staff to update the Commission on the Mental Health Student Services Act (MHSSA) evaluation.

Melissa Martin-Mollard, Chief of Research and Evaluation, stated that the MHSSA provides grants to strengthen partnerships between county mental health departments and local education agencies to support school-based mental health services to students and their families. Grantees have flexibility in how the funds are used as long as the goals are to prevent mental health challenges from becoming severe and disabling, improve access to mental health services, provide outreach to families and others to promote recognition of early signs of potentially severe and disabling mental health challenges, reduce stigma, and prevent the seven negative outcomes outlined in the MHS, including suicide, school failure, and incarceration.

Melissa Martin-Mollard stated that the Commission has contracted with WestED as its evaluation partner for the evaluation planning phase to help the Commission understand how grantees implemented their local programs, how MHSSA activities fit within the larger school mental health landscape at the local level, and what grantees, parents, students, and other community partners feel are the most important metrics and outcomes to highlight and evaluate.

Melissa Martin-Mollard stated that, as part of the planning phase, WestEd has begun a series of listening sessions with grantees after which they will convene a series of meetings with parents, students, and other community partners to facilitate conversations to inform the evaluation and learning agenda. Alongside these engagements, Commission staff, under the leadership of Dr. Kai LeMasson, Senior Researcher, who was recently promoted into the supervisor role for this project, is working with grantees on data submissions and will be drafting the second report to the Legislature on student outcomes in March of 2024. She stated that the reports to the Legislature are opportunities to share about the progress of the MHSSA, to highlight promising and best practices that grantees are implementing, and to shine a light on systemwide barriers and challenges.

Melissa Martin-Mollard stated that the Commission has been asked to identify and report information and recommendations to the Legislature related to universal mental health screening for children and youth in California. The MHSSA Workgroup met last Friday, where it heard from grantees that are implementing universal screening as one of their strategies and heard about the work that the Children and Youth Behavioral Health Initiative (CYBHI) has already completed in this area. Due to technical difficulties, a follow-up MHSSA Workgroup meeting will be scheduled in October to wrap up the discussion and to hear Workgroup Member and public comment.

## FSP Initiative Update

Chair Madrigal-Weiss asked staff to update the Commission on the Full-Service Partnership (FSP) Initiative.

Melissa Martin-Mollard stated that the Commission was directed by SB 465 to provide biennial reports to the Legislature on how well FSPs are working to meet the needs of those with severe mental health challenges to reduce hospitalization, criminal justice involvement, and homelessness. In April, the Commission toured two FSP sites in Sacramento County and heard from a panel during the Commission meeting that included a person with lived experience, a provider, and one of the original creators of the FSP model.

Melissa Martin-Mollard stated that, since the April Commission meeting, Kalli Clark, Research Scientist Supervisor, was hired as lead for this project and two outside agencies were contracted to support various streams of this effort. Currently, information is being gathered from FSP partners to build off the multi-county collaborative FSP project to identify areas for capacity building, data quality improvement, and metrics of success. A model is being developed for performance-based financing for FSPs. A status report on these efforts will be heard at the November Commission meeting.

Martin-Mollard stated that Commission staff will also be convening public meetings to facilitate discussion on how to strengthen the system to better serve clients and address needs. These broad goals are in alignment with the Governor's MHSA modernization proposal. The Commission is grateful for SB 465 and the mandate that directs the Commission to evaluate FSPs and identify best practices and opportunities for technical assistance and capacity building that are in support of the Governor's vision to better serve the most vulnerable Californians.

## New Staff Announcement

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

Andrea Anderson, Chief of Communications, stated that two new staff have joined the Commission since the last Commission meeting. She introduced Justin Marshall and Jorgen Gulliksen, who will both be joining the Communications team.

On behalf of the Commission, Chair Madrigal-Weiss welcomed Justin Marshall and Jorgen Gulliksen to the Commission.

## Ashley Mills's Recognition

Chair Madrigal-Weiss thanked Ashley Mills, former Research Supervisor, Policy and Research Section, Research and Evaluation Division, for her contributions during her time at the Commission. On behalf of the Commission, Chair Madrigal-Weiss and Commissioner Brown presented Ashley Mills with a resolution in appreciation for her years of service with the Commission.

Commissioners and staff expressed their thanks, appreciation, and gratitude for Ashley Mills and her work over the years.

### **3: General Public Comment**

Richard Gallo, Peer Support Specialist, stated disappointment that the Commission voted to support SB 326 at the last Commission meeting. Counties will lose funding with the reduction of buckets to use for other purposes. MHSA funding was not meant for the Community Assistance, Recovery, and Empowerment (CARE) Court program or other treatment programs and services. The community needs to be educated to vote this bill down. It is a political power grab by state officials who did not include peer workers in any state agency. The speaker stated the hope that the Commission will include peer workers within the agency to help with their goals to achieve programs and services that benefit the mental health community throughout California.

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), echoed the comments of the previous speaker. She stated that she sent an invitation to the Commission yesterday to attend special meetings being held across the state by the California Reducing Disparities Project (CRDP), reviewing the results of the CRDP evaluation done by the Psychology Applied Research Center at Loyola Marymount University and gathering input on the CRDP Phase 3. Upcoming meetings will be held in Fresno, Los Angeles, and Riverside. The Los Angeles meeting will be held on October 24<sup>th</sup>.

Stacie Hiramoto suggested inviting the CRDP to present at an upcoming Commission meeting. It is important for the Commission to review these findings and to provide feedback on the CRDP Phase 3.

Mark Karmatz, consumer and advocate, echoed Richard Gallo's comments. The speaker noted that it is important not to take money out of one pot to put into another.

### **4: August 24, 2023, and September 5, 2023, Meeting Minutes**

Chair Madrigal-Weiss stated that the Commission will consider approval of the minutes from the August 24, 2023, Commission meeting. She stated that meeting minutes and recordings are posted on the Commission's website.

#### **Public Comment.**

Richard Gallo stated that they thought they had made a public comment at the August 24<sup>th</sup> meeting but it is not reflected in the minutes. The speaker asked staff to verify this.

Action: Chair Madrigal-Weiss asked for a motion to approve the August 24, 2023, minutes. Commissioner Brown moved, and Commissioner Bunch seconded, that:

- *The Commission approves the August 24, 2023, Meeting Minutes.*

The Motion passed with 6 ayes, 0 noes, and 3 abstentions, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Bunch, Chambers, Gordon, Mitchell, and Robinson, and Chair Madrigal-Weiss.

The following Commissioners abstained: Commissioners Brown, Carnevale, and Danovitch.

Chair Madrigal-Weiss stated that the Commission will now consider approval of the minutes from the September 5, 2023, Commission meeting.

There were no questions from Commissioners and no public comment.

Action: Chair Madrigal-Weiss asked for a motion to approve the September 5, 2023, minutes. Commissioner Brown moved, and Commissioner Bunch seconded, that:

- *The Commission approves the September 5, 2023, Meeting Minutes.*

Motion passed 9 ayes, 0 noes, and 0 abstentions, per roll call vote as follows:

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

### **5: Consent Calendar**

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

- Santa Cruz County Innovation Project: Approval of \$4,544,656 in innovation funding over 3 years for their Multi-County Crisis Now Innovation Project.
- San Luis Obispo Innovation Project: Approval of \$860,000 in innovation funding over 4 years for their Embracing Mental & Behavioral Health for Residential Adult Care & Education (EMBRACE) Innovation Project.

### **Commissioner Comments & Questions**

Chair Madrigal-Weiss thanked San Luis Obispo County for bringing the need for their EMBRACE Innovation Project, which would bring funding for behavioral health care services into residential care facilities for older adults before the Commission. She stated that, prior to this proposal, it was assumed that nursing homes were mandated to provide both physical and behavioral health services to older adults. She stated that a media article was recently published in Los Angeles that presented concerns regarding older adults residing in nursing homes.

Chair Madrigal-Weiss stated that she is troubled that this population may not be receiving the care that they need and that she did not want to prolong efforts to meet these needs by making San Luis Obispo hold their proposed project while the Commission explores the issue. She recommended that the Commission approve this project on Consent. She stated that she has asked Commission staff to work with state agencies, policy makers, and advocacy groups to assess the concerns presented in this project and present the information at a future Commission meeting.

Chair Madrigal-Weiss also recommended that the Commission invite San Luis Obispo County and the county’s Long Term Care Ombudsman to a future Commission meeting to discuss the challenges the county was experiencing that led to the development of this project.

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

Commissioner Danovitch moved to approve the Consent Calendar.

Commissioner Carnevale seconded.

### **Public Comment**

Jeffrey Arlt, Santa Cruz County Mental Health Advisory Board, spoke in strong support of the Multi-County Crisis Now Innovation Project.

Richard Gallo spoke in support of the concept of the Santa Cruz Multi-County Crisis Now Innovation Project but not the proposed plan. The speaker stated concern that the proposed project is not a client- and family-driven plan and did not include a community planning process. Also, the number of peer positions is not listed as part of the workforce in the proposal. Not including peers in the county behavioral health workforce is an ongoing problem with Santa Cruz County.

Mark Karmatz asked if this project might help a person who walked up Highway 17 who lived in Santa Cruz County at that time.

### **Commissioner Discussion**

Commissioner Mitchell asked staff to address Richard Gallo's comments. She asked if peers are included in the Santa Cruz County proposal.

Tom Orrock, Deputy Director of Operations, stated that staff received Richard Gallo's comment yesterday and have contacted the county regarding the expressed concerns. He stated that Santa Cruz County followed all regulatory procedures for the community planning process and will be incorporating peers into their proposed project. He noted that peers are an important part of the Crisis Now model.

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

- *The Commission approves funding for San Luis Obispo County's Embracing Mental & Behavioral Health for Residential Adult Care & Education (EMBRACE) Innovation Project for up to \$860,000 over four (4) years, and Santa Cruz County's Crisis Now Multi-County Innovation Project for up to \$4,544,656 over three (3) years.*

Motion passed 9 ayes, 0 noes, and 0 abstentions, per roll call vote as follows:

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

Chair Madrigal-Weiss thanked Santa Cruz and San Luis Obispo Counties for their projects and particularly thanked San Luis Obispo County for bringing the issue of older adult care to the Commission's attention. She asked staff to invite San Luis Obispo County and other key agencies and organizations in this arena to present at a future Commission meeting on the gaps in care that older adults with behavioral health needs may not be receiving.

### **6: MHSSA Update and Technical Assistance Plan**

Chair Madrigal-Weiss stated that the Commission will hear a panel presentation on opportunities to allocate the Investment in Mental Health Wellness Act (SB 82), funds to



expand promising practices and/or evidence-based practices for substance use disorder (SUD) treatment.

Chair Madrigal-Weiss stated that the Commission participated in a site visit yesterday, where they accompanied street medicine teams who provide SUD treatment in the Skid Row area, and toured the emergency room of Los Angeles General Hospital, where they had a round table discussion with treatment experts about barriers to treatment. She stated that the work being done downtown is inspiring and eye opening. This agenda item provides an opportunity to continue this discussion about opportunities to identify gaps and to support programs across the state that will address some of the barriers to accessing care that the Commission heard about yesterday. She asked Commissioner Danovitch to share his thoughts on the site visit and to discuss where the Commission should focus its attention.

Commissioner Danovitch stated that this initiative is long overdue. SUD services, mental health services, and medical services have historically been treated separately. Providers and other health workers and organizations deal daily with the unintended consequences of those separations. Those separations were built into the MHSA when it was first written. This has been remedied so the MHSA can be used for all mental illnesses, not just mental illnesses that do not include SUD.

Commissioner Danovitch stated that the site visit was moving, intense, and compelling to see firsthand the incredible work that is being done on a regular basis on the frontlines of the city of Los Angeles, dealing with the problems that exist across the state and the nation.

Commissioner Carnevale stated that yesterday's site visit was hugely impactful on a personal level and in terms of the role of the Commission. He stated that he sent a text that he observed a day where the traumatized are being traumatized. He stated that his lens on this issue is through neuroscience and the neurobiology of the brain. Everyone on the street is in crisis mode, which highlights the continuing inequity between how health care is treated in every other part of the human anatomy versus how mental health is treated.

Commissioner Carnevale stated that the brain that is the root cause of mental health issues is not being treated like every other organ. Individuals who have suffered a heart attack are rushed to the hospital and stabilized; once the individual is stabilized, then other issues are dealt with. He stated that, at the site visit, he saw individuals all over having "heart attacks" and yet they were being asked to go through assessments, fill out forms, and try to navigate a system that people without mental health issues could not figure out.

Commissioner Carnevale stated that these individuals are in fight-or-flight mode; it is no wonder that they are in crisis. He asked why the system is not better coordinated. He noted that, at the same time of seeing these inequities, he saw people on the streets who are trying to work in this incredibly broken system to deliver services to individuals who they care about and love. He stated that he was struck at the site visit by several individuals saying that these people have hopes, dreams, and aspirations. It is easy not to see these individuals as human beings anymore. It is a reminder of how important they are and, if the needs of these people can be addressed, then everyone's needs

should be able to be addressed. He thanked the Commission for the opportunity to participate in yesterday's site visit.

Chair Madrigal-Weiss stated that there is societal judgment against individuals who suffer from SUD; yet, no one wants to live that life. She stated that it cannot be about assumptions and judgment. She stated the need to learn how to address this issue. She asked staff to facilitate this agenda item.

Deputy Director Orrock reviewed the Staff Memo, which was included in the meeting materials. He provided a brief overview of the background and funding opportunity to support SUD efforts, how the Investment in Mental Health Wellness Act funds have been allocated in the past, and the goals of today's discussion. He stated that the goal of the panel presentation and discussion was to engage the Commission and the public in a high-level conversation about SUD services, identify gaps in the continuum of care, highlight opportunities for funding that could fill the gaps and bring lasting change, and identify opportunities to expand programs or services that could prevent substance use and improve SUD care.

Deputy Director Orrock introduced the members of the panel and asked them to give their presentations.

#### Tyler Sadwith

Tyler Sadwith, Deputy Director of Behavioral Health, California Department of Health Care Services (DHCS), is responsible for leading DHCS efforts to ensure high-quality and accessible specialty mental health and substance use disorder services in Medi-Cal and other public programs. He provided an overview, with a slide presentation, of SUD funding, the SUD grant-making innovation landscape, and opportunities for the Commission to consider.

Tyler Sadwith noted that the Medicaid expenditures for SUD services are disproportionately smaller than they are for specialty mental health services. The DHCS continues to monitor this. The DHCS administers opioid settlement funding, the majority of which will go to cities and counties. The DHCS has licensed and certified approximately 900 residential SUD providers and oversees the American Society of Addiction Medicine (ASAM) level of care designation for residential providers. There are approximately 800 certified outpatient SUD providers. Prior to this year, certification for outpatient providers was optional, but, as of last year, the Budget Act made certification for outpatient providers mandatory.

Tyler Sadwith stated that Medi-Cal has a complicated delivery system for behavioral health services. Some services are delivered through managed care plans; others are delivered through specialty mental health services that counties administer as mental health plans. SUD services were historically administered through a fee-for-service carve-out program with a limited benefit. The Drug Medi-Cal Organized Delivery System (DMC-ODS) now covers 97 percent of the Medi-Cal population where 38 counties voluntarily participate through managed care plans to deliver a comprehensive benefit aligned through the ASAM criteria.

Tyler Sadwith stated that the DMC-ODS is a Centers for Medicare and Medicaid Services (CMS) flexibility to cover services not otherwise coverable under Medicaid

including residential treatment and Institutions for Mental Disease (IMDs). ASAM is the pillar and cornerstone for those services. California was the first state to receive this type of approval; 33 other states have followed California's lead. The DHCS is currently pursuing a similar opportunity to expand mental health care in Medi-Cal under the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Waiver. The DHCS plans to submit the BH-CONNECT to the CMS later this year.

Tyler Sadwith discussed the expanded benefits under the DMC-ODS as compared to the traditional Drug Medi-Cal program. He noted that 97 percent of patients have access to services they do not otherwise have access to, including recovery services, care coordination, residential treatment in IMDs, contingency management, and others.

Tyler Sadwith reviewed initial findings of the DMC-ODS pilot program that include positive outcomes of high patient satisfaction rates, a 30 percent reduction in re-overdose rates, and increases in the 30-day retention rate in residential treatment. He noted that patients are accessing levels of care that track and align with their initial screenings and assessments. More information is available in the independent evaluation.

Tyler Sadwith highlighted contingency management services that are now available under the DMC-ODS. Contingency management is an evidence-based, cost-effective treatment for SUDs and is the only treatment that has demonstrated robust outcomes for individuals living with stimulant use disorder, including reduction or cessation of drug use and longer retention in treatment. California is the first state in the country to receive federal approval of contingency management services as a benefit in the Medicaid program through the California Advancing and Innovating Medi-Cal (CalAIM) 1115 Demonstration. He stated that 24 DMC-ODS counties covering 88 percent of the Medi-Cal population are participating in the Recovery Incentives Program. Overdose deaths continue to primarily involve a combined use of stimulant use disorder and fentanyl. This is a key intervention in the overdose response strategy.

Tyler Sadwith highlighted the current landscape of SUD innovation grant-making to help the Commission understand opportunities in SUD innovation space where the Commission could align with, build upon, or leverage opportunities the DHCS has not covered today. Under the California Medication-Assisted Treatment Expansion Project, the DHCS has been administering hundreds of millions of dollars of federal Substance Abuse and Mental Health Services Administration (SAMHSA) grant funding to invest in the prevention and early intervention treatment, recovery, and harm reduction continuum across the state and accelerate the implementation of evidence-based practices, and has been engaging all sectors of the health care system, not just the specialty SUD providers who historically have remained responsible for addressing this issue.

Tyler Sadwith stated that the Legislature passed the State Opioid Response (SOR) in 2017. Since then, the DHCS has administered \$650 million in SUD grant funding from SAMHSA across the state, which has resulted in 174 million new patients receiving evidence-based medications for addiction treatment, including 25,000 patients receiving treatment for stimulant use disorder. Access points have been expanded for

medications for addiction treatment in 650 locations across the state and the DHCS currently administers 30 projects that cover opioid use disorder (OUD), fentanyl awareness and interventions, naloxone distribution, and stimulant use disorder strategies. He stated that more information about these innovative programs is on the DHCS website.

Tyler Sadwith discussed opportunities for the Commission to consider:

- Scale and expand access and infrastructure for low-threshold California Medication-Assisted Treatment Expansion Project clinics and SUD providers and other health care providers who offer low-barrier access to outpatient medications for addiction treatment that have the strongest evidence base.
- Care integration with SUD and medical care. Encourage SUD providers in California to become Federally Qualified Health Centers (FQHC) and provide fully integrated care.
- Support the specialty SUD provider network to develop clinical competencies to become co-occurring enhanced providers.
  - “Co-occurring capable” SUD providers can treat patients with co-occurring mental health conditions that are manageable but not severe, while “co-occurring enhanced” SUD providers offer a higher level of care integration and competences to treat patients with mental health needs of moderate to high severity.

Tyler Sadwith stated that the Department looks forward to continuing to support the Commission with assessing opportunities for the SUD innovation grant funding.

Gary Tsai, M.D.

Gary Tsai, M.D., Director of Substance Abuse Prevention and Control (SAPC), a division of the Los Angeles County Department of Public Health (DPH), oversees a full spectrum of substance use prevention, harm reduction, and treatment services for the 10 million residents of Los Angeles County. He provided an overview, with a slide presentation, of the background of the DPH-SAPC, the DMC-ODS, opportunities to advance SUD systems, the DPH-SAPC’s payment reform rate structure and approach, and opportunities for the Commission to consider.

Dr. Tsai stated that the DPH-SAPC is committed to innovative, equitable, and quality-focused substance use prevention, harm reduction, treatment, and recovery services. He stated that the DMC-ODS waiver significantly expanded the scope of services covered under Medi-Cal, included the ability to identify and use other funding sources for SUD services, and expanded the continuum of SUD care. He stated that payment reform provides an opportunity to be strategic in the way the behavioral health system is financed.

Dr. Tsai stated that the DPH Reaching the 95 Percent (R95) Initiative highlights that 95 percent of individuals who need SUD treatment either do not want it or do not think they need it. He stated that the R95 Initiative focuses on ensuring that the treatment system is designed not just for the 5 percent of individuals with SUDs who think they need treatment but for the 95 percent who do not but should be receiving treatment.

Dr. Tsai stated the need to maximize outreach and engagement, expand field-based services, and work with the provider network to reexamine admissions and discharge policies with the aim to lower the bar for admissions and raise the bar for discharges. He provided the example that substance use treatment agencies across the nation currently require abstinence to be considered for treatment. Society at large has associated readiness for abstinence with readiness for treatment. He stated that that bar is too high; it needs to change. A fundamental goal of the R95 Initiative is to address this issue.

Dr. Tsai discussed opportunities for the Commission to consider:

- Invest these funds broadly consistent with the continuum of services that are needed to address the varied needs of the population being served inclusive of prevention.
  - SUD systems have been underfunded for many years. There is a disparity between specialty mental health funding comprising 90 percent of the specialty behavioral health budget under Medi-Cal in California and DMC comprising 10 percent. This has resulted in many things, one of them being a system that needs to grow but has not had the necessary resources, for example, hiring prescribers who can offer medications for addiction treatment.
  - One of the investments should be around how to scale medications for addiction treatment in different ways – both within and outside of the specialty SUD system. Pay reform provides the opportunity to share costs to help agencies stabilize, sustain, and grow the number of medications for addiction treatment prescribers within the specialty SUD system.
- Invest in low-barrier medications for addiction treatment access.
- Invest in FQHCs. Grow capacities there to supplement the core SUD services provided in the specialty SUD system.
- Invest in prevention, particularly in youth and positive youth development and leadership development programming.

Dr. Tsai offered to review his ideas on how funds might be spent with staff offline.

Dr. Tsai ended his presentation with a quote by Johann Hari: “The opposite of addiction is not sobriety; the opposite of addiction is connection.” Dr. Tsai stated that, to the extent that those connections can be built among youth, some of the downstream issues can be prevented. He stated the need to focus much of the funding on medications for addiction treatment heavily on the treatment side, since California is in the worst overdose crisis in history. Decisions need to be made accordingly.

Rebecca Trotzky-Sirr, M.D.

Rebecca Trotzky-Sirr, M.D., Director of Addiction and Community Medicine, Medical Director of Jail Ward Services at Los Angeles General Medical Center, Los Angeles County Department of Health Services, and USC Clinical Assistant Professor of Psychiatry and the Behavioral Sciences, agreed with the previous panelists on the need to increase funding, support, and training for specialty addiction medicine services.

Dr. Trotzky-Sirr highlighted rationale-based solutions such as the “all in access” approach for addiction care for people who show up, wherever and whenever they show up. She stated the need to meet individuals where they are. She provided an overview, with a slide presentation, of the core components of treatment, medication first model, medications for OUD, and opportunities for the Commission to consider.

Dr. Trotzky-Sirr stated that co-occurring SUD is common among individuals with mental health issues. SUDs among individuals with a co-occurring mental health condition are estimated to be as high as 50 percent for individuals diagnosed with bipolar or psychotic disorders. Challenges and difficulties occur in a fragmented delivery system that tends to focus on only one issue. She stated that individuals are experiencing homelessness at an increasing rate while counties are getting better at delivering services to that population. She stated the need to work hard to undo the social story around addiction that it is a behavioral choice. This is a myth.

Dr. Trotzky-Sirr reviewed the three medications in medication-assisted treatment:

- Methadone – a full-on opioid that helps to regulate cravings for opioids.
- Buprenorphine – an opioid receptor that helps stabilize the opioid part of the brain.
- Naltrexone – a long-acting Naloxone that completely blocks the opioid part of the brain.

Dr. Trotzky-Sirr stated that these medications are equally effective at reducing death and improving wellness for individuals with OUD. She stated the need for all providers to be educated in providing these medications. She highlighted the Los Angeles County Department of Health Services Medications for Addiction Treatment Consultation Line, which is available to clinicians 24 hours a day, seven days a week.

Dr. Trotzky-Sirr discussed opportunities for the Commission to consider:

- Fund high-yield innovations.
- Expand the Medications for Addiction Treatment Consultation Line to counties throughout California.
- Invest in messaging around universal precautions for the safer use of drugs.
- Help build bridges between communities.

#### Aimee Moulin, M.D.

Aimee Moulin, M.D., Professor at the UC Davis, with a dual appointment in the Department of Emergency Medicine and Psychiatry, is board certified in both Emergency Medicine and Addiction Medicine and is the founder of California Bridge, an effort to expand low-threshold access to treatment for people with substance use disorder. She provided an overview, with a slide presentation, of the urgent need for systemwide reform, Drug Medi-Cal, California Bridge impact to date, standard of care for mental illness plus SUD, delivering care where people are, building a Bridge Clinic Hub for health system SUD treatment, and opportunities for the Commission to consider.

Dr. Moulin stated that all individuals deserve rapid access to evidence-based addiction treatment, yet only approximately 6 to 10 percent of individuals aged 12 and older who need treatment for substance use received any substance use treatment in the past year. She estimated the unmet need in California of unduplicated emergency department patients with an untreated SUD in 2021 at approximately 1.2 million individuals. She noted that the current system is designed to fail due to long waits, prior authorizations, complex assessments, disjointed/siloed care, and restrictive paternalistic treatment models.

Dr. Moulin stated the need for the system to work for the patient by meeting patients where they are with low-threshold walk-in access points and substance use navigators who can help fill in the gaps. She proposed developing a network of low-threshold clinics across California that would help bring people into the system and stabilize them so they can go on to addiction care.

Dr. Moulin discussed opportunities for the Commission to consider:

- Expand the treatment network in the state of California.
- Create a network of low-threshold clinics across California.

### Tommie Trevino

Tommie Trevino, UC Davis Peer SUD Navigator, is a certified Drug and Alcohol Counselor who specializes in drug use with co-occurring mental health. He has 20 years in recovery and is dedicated to the service of parents with loved ones who struggle with addiction. He is a Substance Use Navigator at UC Davis and serves as a mentor to other Substance Use Navigators across California.

Tommie Trevino shared his story of beginning to use drugs in the 7<sup>th</sup> grade, everyone marking him as a drug addict that put him in a place mentally that that was all he was going to be, graduating high school, getting married, getting heavily into drugs, getting divorced, stopping using for two years without support when someone introduced him to other drugs, and ending up homeless. He tried to stop using over and over again without support, admitting he was a drug addict but not knowing where to turn. He found a book at the library on the stages of recovery and stayed for a year with a friend who encouraged him and motivated him to eat or shower when he was down. After 10 months, he joined a church and got a job in a thrift store that had a job coach with an organization that supports people by sending them to school. Tommie Trevino stated that, at 47 years old, he went to school to become a drug counselor. He went through school and an internship in Sacramento for his 2,030 hours, and passed the state test. He got a job at WellSpace Health. He stated that he had 50 patients. His job was to ensure that they took their medications and kept their appointments.

Tommie Trevino stated that Dr. Moulin found him and asked for his help. Dr. Moulin told him that people keep coming into the emergency room with addictions but the doctors did not know what to do. He stated that he talked to intoxicated people or people struggling with addictions in the emergency room and directed them to community services for treatment. He stated that he now supervises five counselors at the hospital emergency room.

Tommie Trevino shared his vision of having one building for many programs to direct individuals to. He stated that no one wants to be a drug addict. He stated that he has a disease. Although he was not born with it, he will die with it. He shared that he struggles with depression, anxiety, and anger and shared that these mental health issues are likely what led him to substance abuse.

### **Commissioner Comments & Questions**

Commissioner Bunch stated that she loved the idea of meeting individuals where they are. She asked Dr. Tsai about one of his slides that stated that Los Angeles County is one of only two counties in California where the specialty mental health and SUD systems are not under a single behavioral health department.

Dr. Tsai stated that the Medi-Cal system in California is “carved out,” which means that Drug Medi-Cal, specialty mental health, and fee-for-service Medi-Cal are all separated.

Commissioner Bunch asked if that means that mental health is treating substance abuse in a different way.

Dr. Tsai stated that there is some substance use treatment happening in specialty mental health systems. Because of the carve-out system, it essentially is the Drug Medi-Cal system focused on substance use treatment and the specialty mental health system focused on mental health treatment. There are opportunities, for example with the CalAIM Behavioral Health Administrative Integration Initiative, to try to achieve more on-the-ground behavioral health care integration, where clients with co-occurring mental health and substance use can access all needed services at once versus being told to sequentially access services, which is the suboptimal and traditional way that individuals with co-occurring conditions are approached.

Dr. Moulin stated that the current system is designed to push individuals out.

Commissioner Robinson asked about what is being done to drive access for marginalized communities. He asked to tailor the comments around how access is being provided to older adults who use medications at a higher rate.

Dr. Trotzky-Sirr stated that one of the most helpful strategies is to employ individuals like Tommie Trevino – peer educators who have lived experience with cultural knowledge in that community. The credible messenger is a peer from the community who speaks the same language. The providers’ part is to support the peer educator in designing a plan that works for them.

Dr. Trotzky-Sirr stated that she often sees older adult patients in the hospital with end organ damage, usually because of their SUDs. She promoted the strategy of addressing all issues in one location.

Dr. Tsai stated part of the work done by the Los Angeles DPH is media campaigns focused on different substances, such as methamphetamine or fentanyl, and different issues, such as the opioid crisis. These campaigns are strategic in terms of how they target specific target audiences. The DPH also has a tuition incentive program where the county provides financial assistance for individuals who are interested in becoming substance use counselors but do not have the financial means to complete the necessary coursework and certification process. Part of the tuition incentive award



considers the backgrounds of individuals awarded to ensure that the workforce matches the clients being served.

Dr. Moulin stated the need for all the work to be grounded in equity. She stated that the system cannot move forward until the longstanding history of stigma and criminalization, particularly for communities of color, which underlies the entire treatment system for SUDs, is recognized.

Tommie Trevino stated that his job is to find a place for each person no matter who they are. He noted the importance of locating clinics in all communities so individuals can go for treatment where they are most comfortable. He stated older adults often have more physical health issues and many times co-occurring mental illness.

Commissioner Brown noted profound statements made by the panel members, such as the fact that people are getting numb to the number of people who are dying of overdose. He stated that someone pointed out that, if the number of people who died is equated to the number of people on an airplane, it would be like an airplane crash every day. He noted that, if an airplane did crash every day, task forces would be mobilized, aviation experts would be brought in, and everyone would thoroughly support the effort.

Commissioner Brown stated that, with overdose death, the attitude is that it is sad but those people are using drugs or are mentally ill so it does not affect me, my family, or my sphere, when the reality is that there are many things that can be done to save lives and revitalize lives if individuals receive proper treatment. He agreed that to do this, the care must be taken to where and when it is needed.

Commissioner Brown stated that one of the biggest problems is that mental health and substance use treatment is based on Monday through Friday, 8:00 a.m. to 5:00 p.m. jobs that are appointment-based, when individuals with SUDs often do not have transportation, cell phones, or much experience with responsibility. He stated that law enforcement and physical and mental health services must recruit their workforces differently to reach the workers who want to work weekends, nights, and holidays to help these populations in need. He asked how to change efforts to get people to seek this line of work.

Dr. Tsai stated that workforce is a challenge. The recent peer specialist benefit through Medi-Cal is an option to sustainably fund a workforce with lived experience who hopefully will be more open to provide the varied services required to better address the needs of the community, having creative ways to support workforce recruitment such as cost-share, tuition incentives, and bonuses. He suggested looking upstream to engage the future workforce and working with the current workforce to practice with more integrated mindsets. The current mindset is to refer substance abuse issues somewhere else. He noted that, to achieve behavioral health integration, this mindset will need to change.

Tommie Trevino stated the importance of ensuring that each person gets the help they need. Peer navigators have peer experience and want to give back. They are not afraid of seeing someone who has overdosed because they have been there.

Dr. Moulin stated an individual must be in specialty mental health or in specialty drug treatment to access peer navigators. There are new benefits around community health

workers who can be brought into primary care clinics. To get to the point where people have access to treatment, it must be integrated into all aspects of care. She stated that it is not that primary care cannot prescribe medications for addiction treatment – it is that they have not yet been given the tools and the resources to do it.

Dr. Moulin suggested finding patients and providing them with treatment in emergency departments, the criminal justice system, and the streets. She stated the difficult part is that, even though everyone knows where to find the patients, it is not being done.

Dr. Trotzky-Sirr stated that treating individuals in the emergency room is great but many individuals cannot make it that far. She suggested educating and supporting emergency medical services, fire departments, and law enforcement, who are available 24/7, to start treatment in that moment.

Commissioner Gordon stated that the school system is trying the peer navigator system with some of the Student Behavioral Health Incentive Program (SBHIP) reforms, which have been promising. He shared his experience with SUD and stated that, if not for his family being able to navigate the system, he would not be alive today. He stated that that is what every individual in the situation he was in needs. He stated the need for the system to change.

Commissioner Gordon stated that someone like Dr. Moulin should have the authority to call upon a trained Substance Use Navigator with lived experience because the first few things that a doctor wants to try to help may not work. If an individual is on their own going from appointment to appointment, they will not survive it. An advocate or navigator is necessary to help find needed resources in the system. He stated the need to think outside the box while trying to make the system more accessible and helpful. He cautioned against being caught up in the system the way it is – instead, it needs to be different.

Commissioner Danovich stated that specialty SUD programs are supposed to be ready and able to accept individuals who have been started on treatment and to continue that treatment while managing things that come together with treatment such as PTSD, psychotic disorders, or depression. That is a part of the system that has much of the same ingredients that are necessary to deliver improved care. He noted that Tyler Sadwith spoke about the standards that the state has adopted and requirements for what it means to deliver improved care, and yet, with the way things work in the system, money from the state flows down to the counties, Dr. Tsai's group subcontracts with providers, and then they must try to support the program's ability to meet the standards of care that require them to address these conditions in an integrated way.

Commissioner Danovich stated that, until those programs provide better care, individuals will continue to cycle through the system, getting initiated repeatedly and falling through cracks. He asked how to support that system to provide higher levels of care consistent with the standards to leverage these new funding streams that are supposed to incentivize a more holistic and integrative care to help individuals get out of that cycle.

Dr. Tsai stated that funding Medi-Cal for specialty mental health versus Drug Medi-Cal is significant because it highlights why many agencies are struggling with some of the

more state-of-the-art standards that are being set now – for example, through the ASAM, where medicines for addiction treatment are elevated more. Even currently, there are regulations in residential substance use settings that consider them non-medical. This is something Dr. Tsai has spoken with Tyler Sadwith about. There is interest in figuring out how to ensure that all health facilities, including residential substance use facilities, are considered medical so that things like medicines for addiction treatment are more readily available.

Dr. Tsai stated that funding opportunities often overlook the specialty SUD system, but one of the most important things to meet expectations is to invest in the specialty SUD system. He stated that he understands Dr. Moulin’s frustrations in encountering challenges when trying to refer into specialty systems. He stated that the answer is not to figure out how to bypass that, but how to invest in that to strengthen the system. The reality is that on-the-ground behavioral health care integration will not be achieved without investing in the SUD system because the SUD system is an essential arm in behavioral health.

Dr. Tsai stated that there is a lot to Commissioner Danovitch’s question and that he would be happy to continue the conversation offline.

Dr. Moulin stated her frustration that residential treatment facilities continue to be funded that do not incorporate medication. Evidence shows that medications work; she asked why programs continue to be funded that insist on not offering medications. She noted that that would be akin to a treatment program for diabetes and hypertension that focuses only on diet but did not offer insulin. It does not make sense that this continues to happen.

Dr. Moulin stated that, as an emergency physician, when looking at standards for clinics, they only see the individuals who are already in that system and look at how well they are providing treatment to the individuals in the system, while entirely missing the bulk of the population that is outside of the system. She stated the need to think about both how to do a better job of taking care of individuals in the system, and how to reach the individuals who are not there to ensure they can get into the system.

Commissioner Mitchell stated that much of the problem is the stigma associated with SUDs. She agreed with Commissioner Brown’s concerns about workforce and stated that it can be alleviated with education, stigma reduction campaigns, and people with lived experience caring and wanting to give back who are not afraid to be in the trenches. This is the workforce who will bring hard-to-reach or resistant patients into the clinic.

Commissioner Mitchell stated the need for the workforce to overcome the ignorance, fear, and bias of the people they are employed to serve. The workforce must be educated in the history that comes with those old, erroneous practices that came to this country during colonization. She thanked the panelists for discussing the disparities, even in the clinics, such as the methadone clinic in “the hood” versus the buprenorphine clinic in Beverly Hills. These are disparities that no one wants to address and it comes down to education.

Dr. Moulin agreed and stated that Tommie Trevino changed not just the emergency room but the entire hospital just by being there, modeling destigmatized behavior, and showing everyone that substance use is treatable. The primary focus of the California Bridge was to fund Substance Use Navigators in emergency departments. It also did training for the doctors but the goal was to put a Substance Use Navigator in every emergency department in the state of California. She stated that just having Tommie Trevino present made a big difference in how the doctors practiced and how patients were approached.

Dr. Moulin suggested looking at the history of criminalization and how treatment is provided. Current paternalistic treatment models bring an atmosphere of punishment and criminalization to the treatment space that alienates individuals and exacerbates disparities in how individuals are treated and receive that treatment.

Commissioner Carnevale stated that he was agitated and asked how many times the Commission needs to hear about broken systems that remain unchanged. He stated that the representatives of all the organizations and government entities present are treating this broken system like there is nothing that can be done about it. He stated the need to figure out how to fix this system. He stated that there were many examples of where the system is broken in yesterday's site visit, for example that it takes 30 to 60 days before individuals released from incarceration can get the paperwork to apply for health care. This makes no sense. He asked who made these rules and determined that this was a good idea.

Commissioner Carnevale stated that business solves this problem by reversing the whole thing. There is a system that is structured and everyone is pretending that it is fixed and hiring navigators to help the clients work within that broken system. Business does the opposite. Business dissects the customer experiences and changes the systems to meet the customer. This is done to sell them cheeseburgers, Christmas ornaments, and lawn mowers. He suggested doing this around something important like health care.

Commissioner Carnevale recommended spending innovation dollars by going outside the health care system and hiring the people who do this for business, such as the Hasso Plattner Institute of Design (the Stanford d. school), IDEO, and people who do human-centered, design-centered thinking, who will architect the entire journey and identify the places where the system is broken to figure out what needs to be changed to fix the system. It is a simple concept; it is difficult to do but it works in business.

Chair Madrigal-Weiss thanked Tyler Sadwith for coming back on after experiencing technical difficulties. She stated the hope that he was able to hear the conversation. She asked Tyler Sadwith about the state's plan to address these issues effectively so everyone does not remain siloed while letting individuals fall through the cracks.

Tyler Sadwith stated that, unfortunately with mental health, there is a fragmented service delivery system that is particularly compounded for SUD. It is the result of decades of policy choices, underfunding, neglect in research, and the medical establishment treating SUD as a health care condition. Counties nationwide were left with the responsibility for it. In the absence of science and medicine and sufficient reimbursement, providers have cobbled together practices that work for them, which

often are rooted in 12-step programs and mutual aid societies. It is helpful to consider where the nation has come from.

Tyler Sadwith stated that currently, under the CalAIM Behavioral Health Administrative Integration Initiative, the DHCS is seeking to implement what it calls “administrative integration.” He stated that Dr. Tsai discussed this in his presentation, where behavioral health services in Medi-Cal currently operate two separate systems. He noted that some counties have come closer to achieving progress on the spectrum of integration, but historically counties have operated mental health plans where they deliver specialty mental health services and separate from that they deliver drug Medi-Cal services or, now, DMC-ODS services.

Tyler Sadwith stated that, historically, these were often two separate agencies, even at the county level, like how previously the California Department of Alcohol and Drug Programs (ADP) was a separate agency from the former Department of Mental Health. Approximately a decade ago, the Department of Mental Health and the ADP moved into the DHCS. Counties at the administrative level are integrating so it is one behavioral health agency, but currently it has state laws and regulations and contracts that counties hold with the DHCS that are separate for mental health and for SUD. Also, physical health care and medical benefits are an entirely separate delivery system in Medi-Cal, which are primarily covered through risk-based managed care plans. Under Realignment, counties have the obligation and the responsibility to provide behavioral health care.

Tyler Sadwith stated that, under the CalAIM Behavioral Health Administrative Integration Initiative, the DHCS is seeking to integrate mental health and SUD into a combined, integrated behavioral health delivery system. He clarified that this would achieve administrative integration that seeks to align laws, regulations, contracting, and policies for administrative purposes, but it does not do full clinical integration. It does not achieve 100 percent patient-centered care where individuals can walk into one facility to meet all needs. He stated that, although this is the goal, administrative integration is the first step on that path.

Chair Madrigal-Weiss stated that lives are being lost now, hourly. The need is dire and it seems that everyone knows what needs to be done and that it needs to be done through an equity lens. She asked about the timeline.

Tyler Sadwith stated that there many opportunities and responsibilities in almost every part of the health care system. He stated that, under the SOR Grant funding that he discussed in his presentation, the DHCS has been supporting Federally-Qualified Health Centers, primary care, and physical care providers to be able to address addiction to provide medications for addiction treatment. He noted that, being able to provide clinically-integrated care on the SUD and mental health sides is often a matter of providing resources to support the sustainability and the practice change at the organization level. This is an area that the entire nation is struggling with. He stated that he is happy to continue the conversation on how to support providers to integrate care delivery.

Commissioner Danovitch thanked Tyler Sadwith for his overview of the system in California and stated that the DHCS has done much to prepare for adopting standards

and aligning payment to facilitate where this needs to go. He stated that the exasperation the Commission is expressing comes from the fact that Commissioners want this to be accelerated and it is unclear how the Commission can help accomplish that.

Commissioner Danovitch stated that today's discussion is about a small amount of funding that can potentially be placed into accelerating some part of this. He asked for Tyler Sadwith's thoughts about the opportunity and the enormous gaps between the high-level standards, plans, and payment reform that have been established at the state level, and the barriers coming down to the programs that are contracted to deliver the services but will not integrate the change, have not yet raised their level of care, are not certified, and create the barriers seen at the person level. He asked about the most compelling addressable opportunities that would accelerate that reform.

Tyler Sadwith stated that yesterday's site visits demonstrate what can happen when there is a will and resources to meet people where they are – to save lives and address the individual facing the greatest risk and inequities, providing low-barrier care, including through street medicine or outpatient clinics that offer easy access opportunities for individuals to receive evidence-based care including medications immediately on the front end, while many administrative challenges that are inherent to the health insurance model in the United States are deprioritized while prioritizing patients first. He stated that it is that low-barrier care model that pockets across California have achieved like some of today's panelists. This is an important opportunity for immediate small-scale support.

Commissioner Danovitch stated that Commissioners heard about the impacts of these programs in leading to initiation, but there is less data on continuation. He asked what happens after someone is initiated who needs care within the specialty substance use system, and what can be done to accelerate and improve care within that system.

Tyler Sadwith stated that the DHCS is beginning to facilitate dialogue and resources for SUD providers in California to help further understanding and provide solutions to answer questions such as how to lower the thresholds of care or how to meet people who are not quite ready for treatment. Dr. Tsai touched on this in his presentation. The DHCS is organizing harm reduction workshop summits, convening communities across the state to discuss how to get someone in the door, how to keep them in treatment, and how to lower the bar so that treatment models are not designed for individuals who are fully-motivated, fully-committed, perfect patients, but rather for individuals who are suffering and struggling from SUD who need help, want help, and need the system to evolve.

Tyler Sadwith stated the DHCS is contracting with the ASAM to develop clinical considerations to address the question of how to develop policies and procedures that embrace, embody, and implement the philosophies of patient-centered care within a chronic disease management framework, and put harm-reduction practices into work in the SUD treatment setting.

Commissioner Carnevale stated that system integration is a great objective but, as Dr. Moulin pointed out, a high percentage of the issues are outside the immediate system. A big issue is the lack of a clear definition of the problem and, until that is done,

the right solutions are not being designed to get to outcomes that will be different than the current failed outcomes. He again suggested investing in a patient-centered design process that can clearly elevate and identify the frustrations and problems and begin to elevate solutions from the patient side of this equation while trying to move the system around.

Chair Madrigal-Weiss referred to the steps outlined by Tyler Sadwith that begin with administrative integration, but stated the need for the steps to begin with the people on the street before backflowing to administrative and clinical integration.

Commissioner Bunch stated that Tyler Sadwith mentioned several times about the need for low-barrier care. She asked what is preventing that.

Tyler Sadwith stated that it is a combination of clinical, administrative, and financial issues that need to be tackled. It is about the initial infrastructure and support. It is difficult to create something out of nothing. It is a matter of changing clinical practice and policies and procedures in the clinical setting; then, to some extent, funding is needed because, if someone does not have health insurance or their eligibility is not active, there are administrative challenges to reimbursement in the medical insurance model. There are other funding streams available, such as grant funding and other dedicated funding outside of Medi-Cal and insurance, that can be a challenge as well.

Commissioner Gordon stated that Dr. Moulin spoke to the fact that once the emergency was over, then there was the period of adaptation to treatment, which had to be appropriate treatment. He asked what it would take to ensure that the treatment post-rescue was appropriate because it sounds like individuals are being sent off to whatever place and services are available. He asked what it would take to pilot an appropriate and more effective way of doing that.

Dr. Moulin stated that the low-threshold clinic is the key. Welcoming walk-in clinics, ideally with peer support, can be set up in areas of high need where individuals can access treatment or continue buprenorphine that was started in the emergency department or on the streets. Those clinics can stabilize individuals, refer to a dual-diagnosis clinic, or send individuals to primary care for treatment for co-occurring issues. She stated that the Highland Bridge Clinic can be used as a low-threshold access clinic model.

Dr. Moulin stated that the barrier is the way that health care is financed, which is based on different funding streams, but it is the person who needs the care and the mental health and substance use disease process that makes it difficult to overcome some of these barriers. She stated the need to overcompensate in the delivery system to remove those barriers and make access easy. The current system makes it harder with more barriers for individuals who have the hardest time getting there, when it strategically should be easier.

Dr. Moulin suggested investing in a network of low-threshold access clinics that take advantage of many of the amazing changes that have been put in place in CalAIM, but also to allow individuals to walk in with a healthcare-is-a-right view that works so well in emergency departments.

Commissioner Gordon stated the financing part of it is that repeated emergency treatments for an individual are more expensive than solving the problem in the first place. He suggested trying the approach recommended by Dr. Moulin as a pilot with some of the funding the Commission has available.

Commissioner Carnevale stated that, last week at the end of the Brain Capital Summit as part of the United Nations Science Summit, he was invited to the Danish Embassy where he heard a presentation on a public/private partnership that Denmark has between industry, insurance providers, government, and foundations that came together to modify their profit objectives to pull together a system that serves more people. He suggested going after the financing end to change the system.

Dr. Trotzky-Sirr agreed and stated that it is both/and. She stated that low-barrier strategies must be designed as part of rebuilding a system that makes these outcomes possible. It is about reimagining how health care is delivered so that it is extra for people with the most need.

Chair Madrigal-Weiss asked staff to work closely with Commissioners Carnevale and Danovitch and panel members as the experts to come up with ideas on how the Commission can move forward with this, where the funding can be allocated, and what a design or a pilot would look like.

### **Public Comment**

Steve McNally, family member and Member, Orange County Behavioral Health Advisory Board, speaking as an individual, stated that the focus is on siloes instead of fixing the problem. Some of the biggest solutions include reconnecting individuals, because the most disconnected individuals are individuals with SUD or serious mental illness. The speaker stated that it is a wonder that the system does not embrace the simple solution. Any business knows that the receptionist knows more about the clientele. The speaker stated that they attend many meetings and see that it is difficult to have anyone who uses the system be included.

Steve McNally stated that Los Angeles, Orange, Riverside, and San Bernardino Counties represent 45 percent of California. The general market has one television market, one radio market, and two newspaper groups. He noted that there is a tremendous opportunity to market through these four entities.

Steve McNally stated that almost everyone can order Narcan but many pharmacies do not carry it or families or individuals encounter stigma when picking it up. The speaker noted that police departments and schools do not order Narcan in bulk. The culture is to not acknowledge the problem or to not ensure that families are empowered to handle it.

Steve McNally stated that the hospital navigator program is incredible. The goal is not to have to go to emergency departments, but the speaker questioned if many families know the service exists outside of encountering it while already in the emergency department. People make a difference. There is a lot of bureaucracy in the system, whether it is private or public, and the focus is on homelessness, which is important but is relatively small versus the larger issue. CalAIM talks as if it is already happening but it is not happening in many places in any kind of scale. The speaker asked everyone to



be honest, own how they got here, and quit being defensive so everyone can get to a better place.

Richard Gallo stated that the work of the panelists is what is truly needed in the community. Needed services and access to care are not equitable to diverse populations. Also, the 5,000 peer workers invested at the California Mental Health Services Authority (CalMHSA) have nowhere to go because state agencies chose to not include peer workers in CalAIM or in the Governor's proposed modernization of the MHSA. More than half of the funding will be lost if SB 326 is passed because the funding will be diverted to other purposes and needs that do not focus on the intent of the MHSA. The speaker stated disappointment with the Commission's support of SB 326.

Richard Gallo stated the need for individuals like Tommie Trevino who will do the work to help individuals navigate through the system. He suggested creating navigation centers and providing peers along with the medical community to support individuals in their recovery. Each county has a community health clinic. The speaker suggested partnering with community health clinics with peer workers to help vulnerable and unserved communities.

Laurel Benhamida, Muslim American Society – Social Services Foundation and REMHDCO Steering Committee, stated that Janet King of the Native American Health Center once told the story of the "Indian Bars" along the boulevard when the Center opened, where Native Americans with addictions to alcohol spent a lot of time. Gradually, as the Center introduced its culturally- and community-defined evidence practices (CDEPs), there were no longer customers for those "Indian Bars." The community was going to the Center to get care. Dr. Benhamida asked, in addition to considering a statewide network of clinics as the speakers have suggested, to also look hard at the CDEPs for those that may be able to help with this crisis.

Dr. Benhamida stated that she attended conferences in the Sacramento area about student health and possible fentanyl-laced drugs that students may access online during exam times. All attendees were given Narcan for free.

Kim Homer Vagadori, Project Director, California Youth Advocacy Network, stated that the California Youth Advocacy Network works closely with youth and young adults on social justice youth development to ensure that youth and young adults are at the forefront of changing the communities and environments that may lead to substance use behavior. She stated that the goal is to prevent it before it ever gets to a point as needing the medications for addiction treatment.

Kim Homer Vagadori noted, from the K-12 space, that one of the current biggest challenges is that the systems where young people go to school in fact criminalize youth substance use and possession. She noted that there was legislation that would have prevented this at least from a tobacco lens, but it unfortunately got stuck in Committee. Even if schools have the intention of doing intervention, there may not be funding to do it and the system in which they exist encourages suspension and detention for youth substance use, which is highly problematic.

Kim Homer Vagadori stated that the discussion about treatment does not get to the root causes of why young people are using substances. This is where there is an intersection between mental health and substance use. She stated the need to collectively address this. The California Youth Advocacy Network team is looking at this from a college perspective because, as Dr. Tsai shared, many young people who use substances may not want help quitting or believing that they have a disorder or addiction that needs support and quitting.

Kim Homer Vagadori stated that greater success will be seen if that lens is changed and integrated with mental health. She stated that data from national college surveys indicate that most young people who experience a mental health condition are willing to get support and care for that condition, but, if they use tobacco, marijuana, or alcohol, they will not get support. It is important to learn how to integrate these two streams so that, if someone is seeking medical care, they are screened for substance use and mental health, and, if someone is seeking mental health care, they are also screened for substance use.

Kim Homer Vagadori stated the need to break down the siloes within public health. Every young person she works with who is using tobacco is either suffering from a mental health condition or at risk of or currently using a cannabis product. She stated that it must all be integrated, conversations need to be held, and young people need to be engaged to change these systems that are perpetuating the harm.

Stacie Hiramoto thanked the Commission for putting the panel together and especially thanked the speakers who addressed disparities. She asked, if the Commission votes to allocate Investment in Mental Health Wellness Act funds for a program, that special attention or language is inserted so that CDEPs can be utilized and that underserved communities will be addressed.

### **Commissioner Discussion**

Chair Madrigal-Weiss asked Commissioners Carnevale and Danovitch to work with panel members, peers, and staff to design a proposal so the Commission can invest in a response to SUD needs and present the proposal at the November meeting.

#### **7: Lunch Break**

The Commission took a 30-minute lunch.

#### **8: Amador County Innovation Project**

Chair Madrigal-Weiss stated that the Commission will consider approval of \$1,995,129 in innovation funding over 5 years for Amador County's Workforce Recruitment & Retention Strategies Innovation Project. She asked the county representative to present this agenda item.

Stephanie Hess, MHSAs Programs Coordinator, Amador County Behavioral Health, provided an overview, with a slide presentation, of the county workforce snapshot, problem, proposed project to address the problem, learning, evaluation, and budget of the proposed Workforce Recruitment & Retention Strategies Innovation Project.

## **Commissioner Comments & Questions**

Commissioner Bunch asked about clinicians' reasons for leaving, based on exit interviews.

Melissa Cranfill, Director, Amador County Behavioral Health, stated that the last three to four stated the main reasons they were leaving were the crisis work, commuting from another county due to limited housing in Amador County, and limited compensation. Standby time for after hours is only \$4.00 per hour.

Commissioner Mitchell asked for further detail on the standby salary.

Melissa Cranfill stated when crisis workers or clinicians are on the after-hours on-call schedule, they get standby pay for the time that they are on call, which is currently \$4.00 per hour. If they get a call, it goes into overtime pay.

Commissioner Gordon asked if the county has considered working with their high school in trying to interest young people in these types of careers, and then potentially supporting them throughout their higher education as peer specialists or similar types of work in the county. This would not solve the immediate problem, but would create a pipeline for the future.

Stephanie Hess stated the county has explored this option to an extent. Part of this proposal is expanding that a little more. Amador County does not have a community college or a four-year college; however, it has an access point to college: Amador College Connect, which is an access point to online learning.

Commissioner Robinson asked about the strategy for employee engagement, which helps with employee retention.

Stephanie Hess stated that what she has seen work in developing this project was the creation of staff focus groups to provide feedback and to be heard in a safe environment, and other engagement activities like a monthly standing meeting to discuss upcoming challenges with Melissa Cranfill. The county also has started to do monthly food theme days to build camaraderie among the staff.

Melissa Cranfill added that the county has begun including in the recruitment materials that clinical supervision is provided for unlicensed individuals, and sending announcements to the current registrants at the Board of Behavioral Sciences. Also, a self-care section has been added to the monthly staff meetings so staff can share about self-care techniques.

Commissioner Robinson asked if the county has tried referral bonuses.

Melissa Cranfill stated it has not but it can be included in the strategies of the proposed project.

Commissioner Bunch agreed that it is the small things that boost morale. She asked about the home loan downpayment assistance incentive, which was listed in the meeting materials.

Stephanie Hess stated that exit interviews showed that employees trying to move to the area could not find housing. Community engagement suggestions included using those

funds more for moving and relocating rather than for downpayments or for the county to rent a space for overnight use when employees are on call.

Commissioner Mitchell stated that the county's budget needs augmenting to sustain a viable workforce. She stated that this proposal may not be addressing the right question.

Stephanie Hess stated that it comes down to retention. The proposed project is to learn what gets employees to stay.

Commissioner Mitchell asked if the salaries in the county are the reason for the high turnover.

Melissa Cranfill agreed that salaries are an issue to a certain degree, but also the demands of the job are difficult. Employees have stated that more money might make the demands worth it.

Commissioner Mitchell agreed that the work is difficult and that employees need to be compensated for the work they do. She suggested that the smaller counties be bold in asking what they need in their budgets to secure a viable workforce. She noted that larger counties have no problem doing that.

Commissioner Brown asked about the \$37,500 in housing components that the county is proposing and if there is a maximum amount for home loan downpayment assistance per year of service commitment.

Stephanie Hess stated it would most likely be a one-time home loan downpayment assistance with a service commitment that has yet to be developed but most likely will be a one-year service commitment.

Commissioner Brown asked about parameters for the loan repayment incentive and if there is a maximum amount of money that can be repaid as part of this incentive.

Stephanie Hess stated that there would be maximums but those parameters have yet to be developed.

Commissioner Brown stated concern about using California taxpayer dollars to provide employees with a benefit tied to a certain number of years' service commitment that is unenforceable. He suggested using the funding in other ways such as increasing the on-call shift differential – doing something where the service will be provided no matter what. It is not so much about doing this for Amador County, but there are 57 other counties in California. A precedent cannot be set to authorize the use of funding for downpayments on a home or home loan repayment. He suggested using funding for hiring incentives but in such a way that the funding is invested in the state of California rather than potentially leaving the state.

Commissioner Carnevale stated that this is a great proposal that is trying to provide answers that are heretofore unknown for a statewide problem; however, it is important to come up with the right answers that are scalable to the rest of the system. He stated the importance of learning the mindset values of the target workforce, such as being mission-driven or transactional. Different mindsets are incentivized differently. Offering several random options that may not appeal to the targeted population does not represent success.

Commissioner Brown provided an example of what another county is doing to address its workforce issues. He stated that the county has an annual wellness/education stipend that the employees can choose to use on furthering education, gym memberships, martial arts classes, etc. He suggested that Amador County do something similar as a workforce incentive. It puts more money in employees' pockets while, at the same time, it enhances their qualifications as an employee and improves their physical and mental health.

Commissioner Bunch stated that she agrees with focusing on recruitment and retention but that she struggles with the housing portion of it. She echoed the concerns that Commissioner Brown has discussed.

Commissioner Mitchell asked if the Commission can ask the county to come back in a short period of time with a retooled proposal.

Executive Director Ewing provided an overview of the options available to Commissioners, including moving forward with a vote and, if it is not successful, asking the county to take Commission comments into consideration and bring the project back at a next Commission meeting.

Commissioner Brown stated that it would not take jettisoning the entire amount. The \$37,500 is being split between home downpayment and staff relocation costs, which are legitimate, and a one-time incentive that could be kept in the budget. He suggested extracting the home loan and downpayment elements and utilizing the funding in relocation, education, wellness, etc. It is up to the county to determine how to best use the funding.

Chair Madrigal-Weiss stated the vote can be asked for as-is or with changes to put that \$37,500 into relocation, education, and wellness.

Stephanie Hess agreed to remove the home loan and downpayment elements and utilize the funding in relocation, education, and wellness, as suggested by the Commission.

### **Public Comment**

Richard Gallo spoke in opposition to the home downpayment option. That is not what the MHSAs dollars are for.

### **Commissioner Discussion**

Chair Madrigal-Weiss asked for a motion to approve Amador County's Workforce Recruitment & Retention Strategies Innovation Project, as presented.

Commissioner Gordon moved the staff recommendation.

Commissioner Robinson seconded.

Commissioner Brown stated that there are two amounts: \$37,500, which is earmarked for a combination of downpayment assistance and one-time relocation costs, and \$187,500, which is allocated toward staff loan repayments, for a total of \$225,000. He offered a friendly amendment to the motion that the county would incorporate that collective \$225,000 to be spent on relocation costs, education incentives, wellness programming, or increased standby pay for crisis coverage.

Commissioner Mitchell stated that that is assuming that those costs are known. In the end, the amount may be even higher.

Commissioner Gordon stated that he is happy to change his motion to incorporate the assurance that the Amador representatives just gave that they will remove the home loan and downpayment elements and utilize the funding in relocation, education, and wellness.

Chief Counsel Margolis stated that the simplest way to amend the motion is if the Commissioners who moved and seconded the motion are agreeable to the amendments, at which point the motion is substituted to include the modified language.

Commissioners Gordon and Robinson accepted Commissioner Brown's friendly amendment.

Chair Madrigal-Weiss asked the county representatives if they were agreeable to the motion as amended.

Stephanie Hess and Melissa Cranfill agreed.

Action: Commissioner Gordon moved, and Commissioner Robinson seconded, that:

- *The Commission approves Amador County's Workforce Recruitment & Retention Strategies Innovation Project for up to \$1,995,129 over five (5) years, with the modification of \$225,000 moved from the existing category to relocation costs, education incentives, wellness programming, or increased standby pay for crisis coverage.*

The Motion passed 9 with ayes, 0 noes, and 0 abstentions, per roll call vote as follows:

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

### **9: Request for Proposal Outline for Advocacy Contracts**

Chair Madrigal-Weiss stated that the Commission will hear a presentation on feedback received during recent community listening sessions and will consider approval of the Request for Proposal (RFP) Outlines for advocacy, training, and outreach on behalf of six underserved populations. She asked staff to present this agenda item.

Deputy Director Orrock provided an overview, with a slide presentation, of the background of advocacy funding and highlighted accomplishments of the advocacy contracts over the past three years. He stated the proposed outline represents a slightly different approach to meeting the goals of advocacy, training and education, and outreach and engagement, while providing more flexibility to the contractors in reaching the various regions of the state.

Lester Robancho, Health Program Specialist, continued the slide presentation and discussed the Commission's community engagement efforts, what was learned during the facilitated listening sessions, and how staff proposes to structure the next RFP. He stated surveys were released to provide the opportunity for community feedback from those who could not participate in the virtual listening sessions to inform future RFPs.

He reviewed the RFP outline for 2023, minimum qualifications, and timeline, which was included in the meeting materials.

### **Commissioner Comments & Questions**

Commissioner Brown stated that he was impressed by the thoroughness of the report and the large numbers of comments received from the various communities. He thanked the advocacy groups and staff for helping to put this RFP outline together.

### **Public Comment**

Reginald Green, Instructor, The Veterans Art Project (VETART), spoke in support of the RFP for advocacy. The speaker stated that VETART helped him fight depression and other invisible mental health issues. The speaker stated that there are many struggling veterans who need support and programs like VETART. Art is a positive outlet that is healing.

Tanya Savice, Director of Advocacy and Certified Peer Support Specialist, VETART, spoke in support of the RFP for the veteran community. The speaker stated that VETART helps veterans engage back into the community and gives them a sense of belonging that was lost when they left the military. The speaker thanked the Commission for allowing VETART to help represent the veteran community. The speaker invited Commissioners to attend the third annual statewide event on the West steps of the State Capitol Building on October 17<sup>th</sup> from 10:00 a.m. to 4:00 p.m.

Steve Dilley, Executive Director, VETART, stated that VETART is proud to serve the veteran population through the arts. He stated that it is uplifting to know that there are individuals who understand the power of the arts to give voice to those who may not realize that they have a voice or to those individuals who may be isolated. He stated that VETART supports the release of the RFP for the updated advocacy contracts.

Lilia, Grant Writer, VETART, stated VETART is one of the most innovative and creative approaches to improving the socioemotional health of not only the veteran community but also the mental health of the entire ecosystem of California.

Richard Gallo spoke in support of the RFP for advocacy with all communities statewide, especially with the upcoming modernization of the MHSA.

Stacie Hiramoto stated that there should be more staff and staff time devoted to developing these projects in the future. She respectfully disagreed that there was a robust community process because one public input session per population is not enough. The majority of the approximately 15 to 20 participants in the session she attended were connected to the current contract holder. There have not been enough reports or presentations to the Commission on the status or results of projects being done with current contract holders.

Andrea Crook, MHSA Program Manager, Sacramento County, speaking as an individual, stated, as a member of the first round of advocacy grants, that this work is incredibly important. She recommended, as she did three years ago, including a strong advocacy voice at the state level. There is much work that could have been done at the state level with SB 326 if there were dedicated statewide advocates. Advocates are

needed at every level. She asked the Commission to create positions for individuals with lived experience to help inform the work of the Commission.

Melissa Hannah, Executive Director, United Parents, stated that, because of this funding and the support of staff, United Parents went from advocating locally to advocating statewide about the importance of peer/parent/partner services. The speaker thanked the Commission for providing this funding for community-based organizations like United Parents, and thanked Deputy Director Orrock and Lester Robancho for their continued support.

Elizabeth R. Stone, former CFLC Member, stated that they are unclear how the new RFP shifts other than not contracting with the local organizations on a regional level. Ventura County is distinct from other counties in the region. The speaker suggested, as contracts are negotiated, having more detail on what it will look like for regional partnerships and how they will play out.

Elizabeth R. Stone agreed with Andrea Crook's comment that advocates are needed at every level, but stated that advocates at the local level are crucial. It is not only about being a part of the Commission's community planning process; it is also about being part of behavioral health advisory boards. The speaker advocated for strengthening and gathering information because so much gets passed through those advisory boards. The speaker thanked the Commission for its continued commitment to funding the community advocacy contracts.

### **Commissioner Discussion**

Chair Madrigal-Weiss asked for a motion to approve the proposed RFP outline.

Commissioner Mitchell moved the staff recommendation.

Commissioner Danovitch seconded.

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

- *The Commission approves the proposed outline of the Request for Proposal for advocacy, training and education, and outreach and engagement and that the Commission authorizes staff to initiate a competitive bid process and enter into contracts with the highest scoring applicants for a total of \$12,060,000.*

Motion passed with 9 ayes, 0 noes, and 0 abstentions, per roll call vote as follows:

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

### **10: Adjournment**

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

Chair Madrigal-Weiss stated that the next Commission meeting will take place on October 26<sup>th</sup> in San Francisco. There being no further business, the meeting was adjourned at 3:17 p.m.





**Motions Summary  
 Commission Meeting  
 September 28, 2023**

**Motion #:** 1 (August 24 Minutes)

**Date:** September 28, 2023

**Proposed Motion:**

The Commission approves the August 24, 2023 Meeting Minutes

**Commissioner making motion:** Commissioner Brown

**Commissioner seconding motion:** Commissioner Bunch

Motion carried 6 yes, 0 no, and 3 abstain, per roll call vote as follows:

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



**Motions Summary  
 Commission Meeting  
 September 28, 2023**

**Motion #:** 2

**Date:** September 28, 2023

**Proposed Motion:**

The Commission approves the September 5, 2023 Meeting Minutes

**Commissioner making motion:** Commissioner Brown

**Commissioner seconding motion:** Commissioner Bunch

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

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



**Motions Summary  
Commission Meeting  
September 28, 2023**

**Motion #: 3**

**Date:** September 28, 2023

**Proposed Motion:**

The Commission approves funding for San Luis Obispo County’s Embracing Mental & Behavioral Health for Residential Adult Care & Education (EMBRACE) Innovation Project for up to \$860,000 over four (4) years, and Santa Cruz County’s Crisis Now Multi-County Innovation Project for up to \$4,544,656 over three (3) years.

**Commissioner making motion:** Commissioner Danovitch

**Commissioner seconding motion:** Commissioner Carnevale

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

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



**Motions Summary  
Commission Meeting  
September 28, 2023**

**Motion #: 4**

**Date:** September 28, 2023

**Proposed Motion:**

The Commission approves Amador County’s Workforce Recruitment & Retention Strategies Innovation Project for up to \$1,995,129 over five (5) years, with the modification of \$225,000 moved from the existing category to relocation costs, education incentives, wellness programming, or increased standby pay for crisis coverage.

**Commissioner making motion:** Commissioner Gordon

**Commissioner seconding motion:** Commissioner Robinson

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

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



**Motions Summary  
Commission Meeting  
September 28, 2023**

**Motion #:** 5

**Date:** September 28, 2023

**Proposed Motion:**

The Commission approves the proposed outline of the Request for Proposal for advocacy, training and education, and outreach and engagement and that the Commission authorizes staff to initiate a competitive bid process and enter into contracts with the highest scoring applicants for a total of \$12,060,000.

**Commissioner making motion:** Commissioner Mitchell

**Commissioner seconding motion:** Commissioner Danovitch

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

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

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# AGENDA ITEM 5

Action

October 26, 2023 Commission Meeting

Consent Calendar

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

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

**Community Planning Process Innovation Project:**

Tri-City is requesting up to \$675,000 of innovation spending authority to support the innovation-related Community Program Planning Process (CPPP).

Tri-City has stated in their proposal that they would like to expand their efforts to increase engagement while ensuring that diverse communities, both unserved and underserved, are included. This process requires continuous quality improvement at the local level. To bring those ideas to fruition, Tri-City is proposing to utilize peers and hire peer consultants to seek input and feedback on the development and implementation of a more robust, streamlined, and revitalized community planning process.

This project proposes to fund the following activities to engage partners in the development of a robust community planning process:

- **Peer Consultants with subject matter expertise** to assist in facilitating the focus groups, training, and advocacy
- **Peer-led focus groups** with various populations (see page 4 of project plan for a list of communities)
- **Assessment and evaluation** of the established learning goals
- **Innovation staff time** to research concepts, develop materials, and coordinate meetings
- **Marketing Strategies** to reach the broader community
- **Program supplies** including stipends, transportation costs for partners to attend meetings, cost of printing and discussion materials, etc.

## **The Community Program Planning Process:**

### ***Local Level***

Tri-City held a series of virtual workgroups resulting in the development of this project. This project was shared during the 30-day public comment period between August 11, 2023 and September 12, 2023.

Tri-City held their Mental Health Commission public hearing on September 12, 2023. *No written comments were received during the public comment period*; however, there was a request made at the public hearing to expand the target populations to be inclusive of Asian American/Pacific Islander, Native/Indigenous Americans, People with Disabilities, and caregivers. Tri-City incorporated those changes to be inclusive of those expanded populations and received unanimous support to seek approval from the Governing Board of Tri-City Mental Health Authority, ultimately receiving that approval on September 20, 2023.

Tri-City CPP process included the following:

- 30-day Public Comment Period: August 11, 2023-September 12, 2023
- Mental Health Board Hearing: September 12, 2023
- Tri-City Governing Board Approval: September 20, 2023

### ***Commission Level***

Commission staff originally shared this project with community partners on August 22, 2023, while Tri-City was in their 30-day public comment period and comments were to be directed to Tri-City. The project was shared again on October 8, 2023, receiving one comment in response:

*“I recommend that the proposal not be funded. Innovation/planning via surveys of the public does not work. When local government officials do not know enough to plan effective programs, surveys of “target” populations do not produce actionable information. I speak from years of experience in observing and participating in similar efforts in my city and county as a member of a mental health commission and as a participant in mental health planning efforts at the state level.”*

In response to the comment received, Tri-City acknowledges previous attempts to gather information by means of surveys have consistently yielded low responses; however, this project will depend primarily upon peer-led focus groups. Part of the learning in this project is to help identify the best methods that will allow meaningful and robust engagement and feedback.

Commission staff shared the received comment with Tri-City, prompting the response below being shared with the community partner:

*“Thank you for your comments regarding our Innovation plan. We understand that surveys are not the most effective route for gaining information from stakeholders. While we have used surveys for feedback in the past, especially during the COVID-19 pandemic when face to face participation was limited, and will continue to do so as an option for folks, we plan to test out new methods of collecting feedback from our*

*community members and stakeholders. Our goals with this new plan is to utilize focus groups, work groups and stakeholder meetings to engage our stakeholders. The focus groups, stakeholder meetings and workgroups, will encourage dialogue and real time feedback between the county and our stakeholders. We also aim to utilize new and innovative ways to engage participation from our stakeholders via new marketing materials and utilizing social media. We also hope to house real time information about our progress with innovation and stakeholders on our website to allow stakeholders a place to stay up to date with information and ideas.”*

**Enclosures (2):** (1) Commission Community Engagement Process; (2) Tri-City Analysis: Community Planning Process

**Additional Materials (1):**

A link to Tri-City’s final Innovation project plan is available on the Commission website at the following URL:

[https://mhsoac.ca.gov/wp-content/uploads/Tri-City\\_INN-Project\\_CommunityPlanningProcess.pdf](https://mhsoac.ca.gov/wp-content/uploads/Tri-City_INN-Project_CommunityPlanningProcess.pdf)

**Proposed Motion:**

That the Commission approves the consent calendar that includes the Tri-City Community Planning Process Innovation Project for up to \$675,000 over three (3) years.





### **Commission Process for Community Engagement on Innovation Plans**

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

#### **Sharing of Innovation Projects with Community Partners**

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



## STAFF ANALYSIS – TRI-CITY

<b>Innovation (INN) Project Name:</b>	<b>Community Planning Process for Innovation Projects</b>
<b>Total INN Funding Requested:</b>	<b>\$675,000</b>
<b>Duration of INN Project:</b>	<b>3 Years</b>
<b>MHSOAC consideration of INN Project:</b>	<b>October 26, 2023</b>

### **Review History:**

Approved by the Tri-City Governing Board:	September 20, 2023
Mental Health Board Hearing:	September 12, 2023
Public Comment Period:	August 11, 2023 - September 12, 2023
Tri-City submitted INN Project:	September 25, 2023
Date Project Shared with Community Partners:	August 22, 2023 and October 8, 2023

### **Project Introduction:**

Tri-City is requesting up to \$675,000 of innovation spending authority to support the innovation-related Community Program Planning Process (CPPP).

Tri-City has stated in their proposal that they would like to expand their efforts to increase engagement while ensuring that diverse communities, both unserved and underserved, are included. This process requires continuous quality improvement at the local level. To bring those ideas to fruition, Tri-City is proposing to utilize peers and hire peer consultants to seek input and feedback on the development and implementation of a more robust, streamlined, and revitalized community planning process.

This project proposes to fund the following activities to engage partners in the development of a robust community planning process:

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## **Summary**

Previous community efforts surrounding the MHSA innovation component revealed that community planning requires more time and effort in comparison with other MHSA components. Additionally, the community planning process that contributes to the idea and continued development of an innovation project requires community-wide efforts and must be inclusive and representative of the community it serves. Tri-City states that there is need for meaningful community partner engagement and has acknowledged their continued struggle in reaching diverse communities who remain unserved and underserved. Further, they also recognize that previous efforts to receive feedback via surveys continue to yield limited responses.

The Mental Health Services Act specifies that each county may spend up to 5 percent of their respective, total MHSA allocations on the CPPP process. *(In this instance, Tri-City has been established as a County through a Joint Powers Authority between the cities of Pomona, Claremont, and LaVerne).* The Act and regulations further *require* every County to ensure that the CPPP process is adequately staffed, that a diverse set of community partners participate in the process - including persons with lived experience, and that appropriate training is provided to participants to enable more meaningful participation. Additionally, authority to spend INN funds on INN-related CPPP has precedence. The California Department of Mental Health's Information Notice 08-36 previously advised counties as to the maximum amount (25%) of INN funds they could ask for and apply to INN-related CPPP during the initial (2008-09 and 2009-10) roll-out of the Innovation Component. The Department of Health Care Services is not opposed to counties using INN funds for the CPPP if the Commission approves budget authority for that purpose as planning for innovation is more difficult than community planning in other areas.

Tri-City hopes this project will allow its community planning process to be more robust and ultimately aid in efforts to solicit new innovation ideas.

## **The Community Program Planning Process**

### Local Level

Tri-City held a series of virtual workgroups resulting in the development of this project. This project was shared during the 30-day public comment period between August 11, 2023 and September 12, 2023.

Tri-City held their Mental Health Commission public hearing on September 12, 2023. *No written comments were received during the public comment period*; however, there was a request made at the public hearing to expand the target populations to be inclusive of Asian American/Pacific Islander, Native/Indigenous Americans, People with Disabilities, and caregivers. Tri-City incorporated those changes to be inclusive of those expanded populations and received unanimous support to seek approval from the Governing Board of Tri-City Mental Health Authority, ultimately receiving that approval on September 20, 2023.

#### Commission Level

Commission staff originally shared this project with community partners on August 22, 2023, while Tri-City was in their 30-day public comment period and comments were to be directed to Tri-City. The project was shared again on October 8, 2023, receiving one comment in response:

*“I recommend that the proposal not be funded. Innovation/planning via surveys of the public does not work. When local government officials do not know enough to plan effective programs, surveys of “target” populations do not produce actionable information. I speak from years of experience in observing and participating in similar efforts in my city and county as a member of a mental health commission and as a participant in mental health planning efforts at the state level.”*

In response to the comment received, Tri-City acknowledges previous attempts to gather information by means of surveys have consistently yielded low responses; however, this project will depend primarily upon peer-led focus groups. Part of the learning in this project is to help identify the best methods that will allow meaningful and robust engagement and feedback.

Commission staff shared the received comment with Tri-City, prompting the response below being shared with the community partner:

*“Thank you for your comments regarding our Innovation plan. We understand that surveys are not the most effective route for gaining information from stakeholders. While we have used surveys for feedback in the past, especially during the COVID-19 pandemic when face to face participation was limited, and will continue to do so as an option for folks, we plan to test out new methods of collecting feedback from our community members and stakeholders. Our goals with this new plan is to utilize focus groups, work groups and stakeholder meetings to engage our stakeholders. The focus groups, stakeholder meetings and workgroups, will encourage dialogue and real time feedback between the county and our stakeholders. We also aim to utilize new and innovative ways to engage participation from our stakeholders via new marketing materials and utilizing social media. We also hope to house real time information about our progress with innovation and stakeholders on our website to allow stakeholders a place to stay up to date with information and ideas.”*

**Learning Objectives:**

Tri-City has established the following four learning questions that will guide this project:

1. Will peer led focus groups result in an increase in peer participation and continued involvement in the community planning process?
2. Will the return to in-person and face-to-face meetings with community partners result in a deeper understanding of the needs of those we serve?
3. Will a focus marketing approach targeting specific populations and age groups result in an increase in attendance and participation in the community planning process?
4. Will providing UpToDate information on a website page about the Innovation community planning process and the results of community outreach and engagement strengthen the knowledge of participants who are seeking to learn more about Innovation and the process for creating unique projects that are relevant to their community?

Tri-City plans to share its learning with its communities with the overarching goal of conducting a more meaningful and robust community program planning process.

**Budget:**

<b>3 Year Budget</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>TOTAL</b>
Personnel (2 FTE: Program Coordinator & Peer position)	\$ 125,000.00	\$ 125,000.00	\$ 125,000.00	\$ 375,000.00
Peer Consultants	\$ 40,000.00	\$ 40,000.00	\$ 40,000.00	\$ 120,000.00
Marketing	\$ 40,000.00	\$ 40,000.00	\$ 40,000.00	\$ 120,000.00
Stipends / Meals	\$ 10,000.00	\$ 10,000.00	\$ 10,000.00	\$ 30,000.00
Supplies / Transportation Vouchers	\$ 10,000.00	\$ 10,000.00	\$ 10,000.00	\$ 30,000.00
	<b>Total Innovation Requested</b>			<b>\$ 675,000.00</b>

Tri-City is requesting authorization to spend up to \$675,000 in MHSa Innovation funding for this project over a period of three years.

Personnel expenses will cover the Program Coordinator and Peer position for this project. The Program Coordinator will act as a program manager overseeing this project while the Peer position will assist with the focus groups. The Peer Consultants, employed as subject experts, will provide training and advocacy that will enable the focus groups to be successful. Tri-City will hire a marketing firm who will assist in obtaining information and synthesizing feedback received during the focus groups to inform Tri-City on the most meaningful ways to engage their communities. Stipends, meals, and transportation vouchers will be provided to encourage attendance and participation in the development of this project. Supplies include costs associated with printing and any translation services of brochures and printed materials.

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# AGENDA ITEM 6

## Information

October 26, 2023 Commission Meeting

### Impact of Firearm Violence Project

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**Summary:** The Mental Health Services Oversight and Accountability Commission will hear informational presentations on firearm violence prevention, intervention, and recovery related to the Impacts of Firearm Violence Project (IFV) and discuss opportunities, challenges, and barriers to implementing promising approaches and evidence-based solutions.

**Background:**

The Impacts of Firearm Violence Subcommittee was formed in August 2022 to explore the intersection of firearm violence and mental health, identify and collaborate with key firearm violence prevention and recovery partners, and develop an action agenda with Recommendations to address the impacts of firearm violence on mental health.

As we learned from the first IFV panel in May 2023, firearm violence happens within the context of a cycle of trauma and violence. Exposure to firearm violence can lead to an array of negative outcomes, some short-term and others life-long. These negative outcomes are more likely to impact certain groups than others, but all Californians are at risk of harm related to firearm violence exposure. While California leads the nation in restrictions on firearm access—the fruits of which are reflected in the low rates of firearm injury and death compared to other states—firearms are still a leading cause of death in the state. Fortunately, there are many opportunities to intervene to stop the cycle of violence and the harm it inflicts on mental wellbeing.

**Impact of Firearm Violence Panel**

*Presented and facilitated by Dr. Richard Espinoza, Clinical Psychologist, and the following panelists:*

- Dr. Richard Espinoza, Clinical Psychologist and Professor at Pepperdine University, College of the Canyons, and Pitzer College
- Dr. Nicole Kravitz-Wirtz, Ph.D., M.P.H., Associate Professor at UC Davis
- Sam Vaughn, Deputy Director, Richmond's Office of Neighborhood Safety
- Janiesha Grisham, Violence Prevention Educator with Oakland's Youth ALIVE!
- Dr. Rita Nguyen, Assistant Health Officer, Population Health, California Department of Public Health Representative California Department of Public Health Representative
- Ari Freilich, Director of California's Office of Gun Violence Prevention, Department of Justice, Office of the Attorney General

The panel of presenters on this topic will speak from lived experience and years of expertise to outline opportunities for prevention, intervention, and recovery for individuals, communities, and the state as a whole. These presentations will help Commissioners consider what actions can and should be taken to elevate and expand promising innovations and best practices to foster wellbeing and prevent violence.

**Enclosure (3):** (1) Presenter Bios; (2) Impacts of Firearm Violence Briefing Memo; (3) May IFV Panel Summary

**Handouts:** Presentation slides from panelists



## Impact of Firearm Violence Project

### Presenter Biographies

October 26, 2023

**Richard "Dr. E" Espinoza, PsyD**, is a licensed clinical psychologist, professor, activist, and researcher, nestled in the vibrant heart of Los Angeles, California. With a deep-rooted commitment to the LGBTQ+ community and its Allies, Dr. E's mission is clear: to empower individuals from all walks of life. Through the art of talk therapy, captivating public speaking engagements, and the creation of user-friendly self-help materials, Dr. E shares his wealth of clinical wisdom and research findings. His goal is to guide and inspire everyone he meets on a journey of self-discovery, growth, and fulfillment.

**Nicole Kravitz-Wirtz, PhD, MPH**, is an Associate Professor with the Violence Prevention Research Program and the California Firearm Violence Research Center at the University of California, Davis. Her program of research and evaluation sits at the intersection of sociology and population health science, utilizing mixed methodologies and participatory research principles to examine human behavior in a larger social and institutional context in the service of fostering equitable and community-centered policies and practices for improving the health and mental health of people and communities who are impacted by structural and community violence. Her work has been published in journals including JAMA, Health Affairs, Social Science and Medicine, Injury Prevention, and Preventive Medicine, and showcased in media outlets such as the New York Times, the Guardian, and NPR. Dr. Kravitz-Wirtz has a BA in Psychology from UC Berkeley, an MPH with a concentration in Epidemiology from UCLA, and a PhD in Sociology from the University of Washington.

**Sam Vaughn** serves as Neighborhood Safety Director of the Office of Neighborhood Safety (ONS)/Deputy Director of the Community Services Department. He is a committed mentor for violence-prone youth in what was once one of the top ten most dangerous cities in the country. His experiences being mentored by elders while incarcerated for a decade inspired him to become a community leader and help other young men avoid his fate. Believing that traumatized youth will make better choices for themselves and their communities when able to visualize a healthier path and given a continuous support network, the ONS fellowship program serves as surrogate family for these young men. Over 70% of the ONS fellows have stayed away from gun violence and now live with much more hope and promise. Meanwhile, Richmond's homicide rate has plummeted.

**Janiesha Grisham** is 23 years old and serves as a Violence Prevention Educator (VPE) for Teens on Target (TnT) at Youth ALIVE!. Janiesha shared that she has been a VPE since August of 2022 and actually was a part of TNT in high school. Janiesha joined TNT as way to be a part of a safe space where students like her were able to be free. Her activities outside of work





## Impact of Firearm Violence Project

### Presenter Biographies

October 26, 2023

consist of trying to take care of her mental health, because sometimes the work she does can affect that. That may just look like playing video games, building Legos, or exploring new places. She realized that she has to take care of herself before she can efficiently take care of the students she serves. Right now, her future is the work she does at Teens on Target. Ever since she was young, she wanted to help people and she currently is doing that so she definitely loves the path that she is on.

**Rita Nguyen, MD** is the Assistant State Public Health Officer at the California Department of Public Health. In this capacity Dr. Nguyen supports the State Public Health Officer in addressing pressing and emerging public health threats. As part of CDPH's executive leadership, Dr. Nguyen leads Population Health which includes oversight of the Center for Family Health (which includes the Maternal, Child, and Adolescent Health Division as well as the Women, Infant, and Children (WIC) Division), Center for Health Communities, Center for Environmental Health, and Center for Health Statistics and Informatics. Prior to this, Dr. Nguyen worked for the San Francisco Department of Public Health (SFDPH) as Assistant Health Officer and Chronic Disease Physician Specialist and then as Acting Deputy Director of the Population Health Division. In her roles at SFDPH, she worked to promote the health of the City and County of San Francisco through a continuum of core public health services and community-based prevention initiatives. Prior to her time at SFDPH, Dr. Nguyen was an Assistant Clinical Professor at UCSF serving patients at the County's Zuckerberg San Francisco General Hospital (ZSFG). As Medical Director of Healthy Food Initiatives at ZSFG's Wellness Center, Dr. Nguyen worked to champion the importance of addressing social determinants of health and community health in healthcare settings. As Medical Director of Community Engagement for ZSFG's Division of Hospital Medicine, Dr. Nguyen worked to elevate community partnerships to achieve shared public health aims.

**Ari Freilich, JD**, was appointed as the first Director of the California Department of Justice's newly created Office of Gun Violence Prevention earlier this year. Previously, he spent the majority of his career working as an attorney, advocate, and State Policy Director for Giffords Law Center to Prevent Gun Violence, the gun violence prevention organization led by former Congresswoman and gun violence survivor Gabby Giffords, where he helped develop, draft, enact, and implement many gun violence prevention bills and programs. Previously, Ari also worked as a legal fellow at a veterans' advocacy organization and legal aid clinic focused on mental health policy and the military justice system's punitive treatment of mental injury and attempted suicide.

Subject matter experts have been invited to present on the intersection of firearm violence and mental health during the Mental Health Services Oversight and Accountability Commission's October 26<sup>th</sup>, 2023, hearing. Below is a brief description of the Commission's Impacts of Firearm Violence Subcommittee and its project, as well as an overview of insights from the first panel in May 2023. An overview of the October 26<sup>th</sup>, 2023, presentations and considerations for Commissioners concludes this brief.

### The Impacts of Firearm Violence Project

The Commission's Impacts of Firearm Violence Subcommittee was formed at the August 25<sup>th</sup>, 2022, Commission meeting, in response to a series of consecutive mass shootings in the U.S. The subcommittee is chaired by Commissioner Keyondria Bunch alongside Commissioner and Santa Barbara County Sheriff Bill Brown as vice chair, who lead the Commission's Impacts of Firearm Violence Project. This project has three goals:

- Explore the impacts of firearm violence on mental health using data and information on state and local programs, systems, and policies.
- Collaborate with firearm violence prevention partners to leverage existing efforts and to consider policy recommendations that have been developed by public health entities and others.
- Develop an action agenda with research, policy, and practice recommendations that show promise in addressing the impacts of firearm violence on mental health and wellbeing, while reducing mental health stigma and discrimination.

Commissioners and staff have engaged with experts and affected communities throughout the project. Staff have led dozens of interviews with researchers, advocates, public officials, education experts, public safety officers, intervention specialists, and other individuals with expertise and lived experience. The subcommittee has also hosted several engagement opportunities to gather feedback from specific groups and the broader public. These engagements include:

- **Subcommittee Meeting #1** (*September 2022*): General overview of the project
- **Site Visits** (*November 2022 and May 2023*): Los Angeles REACH Team
- **Subcommittee Meeting #2** (*January 2023*): Behavioral Threat Assessment and Management (BTAM) in schools
- **Site Visit** (*May 2023*): Suicide prevention strategies at the Sacramento Gun Range
- **Commission Meeting Hearing #1** (*May 2023*): Framing the cycle of trauma and violence
- **Community Engagements** (*May 2023 and July 2023*): Meeting with Los Angeles County Department of Mental Health Providers
- **Site Visit** (*August 2023*): National 4-H Shooting Sports Teen Leadership Institute
- **Listening Session** (*August 2023*): Sacramento Youth Detention Facility

Summaries of these events can be found on the Commission’s website under the [IFV project’s page](#).

## **Understanding Firearm Violence – Context Matters**

Firearm violence affects all Californians, but in different ways. The relative risk and impacts of exposure to firearm violence vary by several individual-level factors—including race/ethnicity, age group, and income level—and community-level factors—like average neighborhood net worth, geographic area, and population density. These differences indicate that one-size-fits-all approaches may not be effective in some communities and in some cases, may reinforce disparities in firearm risk.

A popular narrative is that acts of violence occur when someone “just snaps,” but the evidence shows that violence is the result of a process that starts far earlier, even in childhood. Traumatic events, stress, neglect, poor health, and lack of resources are all factors that increase risk for both victimization and perpetration of firearm violence—as well as mental health challenges. In other words, people and communities exposed to greater violence are also more likely to experience negative mental health outcomes.

These relationships underscore a reality that makes intervention alone a never-ending task: the factors that make recovery difficult—including lack of resources, economic hardship, an absent or fractured support system, and underdeveloped skills—are often already present in individuals who require intervention. Further, these risk factors are likely to be handed down to the next generation if they are not addressed. This means that intervention must be paired with effective prevention to make a meaningful impact on firearm violence and its associated negative outcomes.

Fortunately, there are many practices and models for implementing effective prevention and intervention together, but much of this work is happening on a city- or even neighborhood-level. Prevention must be widespread and holistic to be successful, meaning these approaches need to be embraced on a broader level and implemented with appropriate resources and infrastructure.

## **October 26<sup>th</sup> Hearing**

Subject matter experts have been invited to present on the overlap between mental health and firearm violence during the State Mental Health Commission’s October 26<sup>th</sup>, 2023 hearing. In a series of presentations, experts will provide an overview of firearm violence and the context in which it occurs in California, effective models for reducing firearm violence and its associated negative outcomes, and opportunities to take a trauma-informed, public health approach to violence prevention across the state.

Dr. Richard Espinoza, Clinical Psychologist, will share a short presentation on coping with mass violence and strategies for self-care. Dr. Espinoza will then facilitate the panel from a trauma-informed and resilience-focused perspective, including short grounding breaks. Dr.

## Impacts of Firearm Violence Project

Oct 26, 2023 Hearing Brief

Nicole Kravitz-Wirtz, Professor and researcher with the UC Davis Violence Prevention Research Program, will start the panel by sharing a public health framework for understanding firearm violence and highlight some of the promising research on violence prevention. The remaining panelists will share from their expertise and/or their lived experience to explore evidence-based solutions and promising approaches to reducing the incidence of firearm violence and mitigating the associated harms. Invited panelists include Sam Vaughn, Deputy Director of Richmond's Office of Neighborhood Safety; Janiesha Grisham, Violence Prevention Educator with Oakland's Youth ALIVE!; Rita Nguyen, Assistant State Public Health Officer at California's Department of Public Health; and Ari Freilich, Director of California's Office of Gun Violence Prevention.

### Considerations for Commissioners:

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

# IMPACTS OF FIREARM VIOLENCE POLICY PROJECT

PANEL SUMMARY  
MAY 25, 2023

**“Could a student be at high risk for violence in School A yet at low risk for violence in School B?”** This is the rhetorical question that J. Kevin Cameron asked as he led off the [Impacts of Firearms Violence Panel](#) at the May 2023 Mental Health Services Oversight and Accountability Commission meeting in Los Angeles, California.

The panel was organized as part of the Commission’s Impacts of Firearm Violence (IFV) project. It launched in August 2022 in response to the recent rise in mass shootings and interpersonal violence using a firearm in California. The project aims to build a shared, holistic understanding of the problem of firearm violence, how it intersects and overlaps with mental health, and what we can do collectively to address it.

The panel had five speakers, each of whom offered varying perspectives and contexts to consider when thinking about:

- 1 How the cycle of trauma and violence underpins firearm-related harm
- 2 How to elevate and scale innovative community-based and culturally-responsive interventions to prevent and mitigate the trauma that is frequently associated with firearm violence

Mr. Cameron, the internationally renowned Executive Director of the Center for Trauma Informed Practices, continued on to explain that violence is an evolutionary process. *“No one just snaps,”* he said. *“Frequently, trauma builds over time, a circumstance occurs, and the line is crossed.”* Furthermore, and in setting the stage for the subsequent panelists, he explained that ten people can engage in the same act of violence for ten different reasons, and ten people can be exposed to the exact same stimuli but have ten different responses. What we need, he implored, is *“assessment, assessment, assessment”* utilizing multi-departmental collaborations. And not for a mental health diagnosis alone—he noted that mental illness is only present in a minority of mass violence cases. The factor that is present in the majority? A history of untreated trauma.

An effective and impactful model for assessing and treating trauma – which is a creative departure from the norm – is the REACH Team, a program in southeast Los Angeles that



supports children exposed to firearm violence. Lara Drino, LA's Deputy City Attorney and the leader of the REACH Team, explained that when children are exposed to gun violence, as a witness or by having a family member who is a victim or perpetrator, it is rare for that child to be offered trauma therapy. Trauma therapy is usually only offered when the child has been shot.

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*“It’s important to treat trauma early. There are no bad children. There are bad circumstances that happen to children that cause them to [later] act out. [We need to] treat them early while their brain is developing.”*

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Ms. Drino is working to change that. The REACH Team offers immediate crisis counseling<sup>1</sup> for children when and where the violence happened – not as a referral, not as a future phone call, but with a trained therapist on the spot, for the child and their family. *“It’s important to treat trauma early. There are no bad children. There are bad circumstances that happen to children that cause them to [later] act out. [We need to] treat them early while their brain is developing.”*

Ms. Drino talked about how any exposure to gun violence often leads to trauma, and how important it is for parents, law enforcement officials, and community members to be educated about this. *“This model is working, but we need funding across systems... for the city, the county, the nonprofit,”* Ms. Drino noted, calling for more sustainable funding opportunities.

Early trauma therapy could have helped one of the other panelists, Jose Osuna. Mr. Osuna, the Director of External Affairs and Housing Justice Manager at Brilliant Corners and the Principal Consultant of Osuna Consulting, is a survivor of firearm violence. He was shot on three separate occasions and lost his 17-year-old son to a drive-by shooting from rival gang members. From ages 10 – 35, he was also a perpetrator of firearm violence as a member of a violent street gang.

But it wasn’t until his son was killed, in the front yard of his home, that he sought out and accepted mental health support. On that day, a team of officers showed up at his house and took his family out of their home to search the premises. *“Justifiably so,”* Mr. Osuna said, noting that the

officers were just doing their job, but he has since wondered if the trauma he was exposed to could have been mitigated rather than aggravated had he received mental health help at the time. *“Causing trauma causes trauma,”* Mr. Osuna said, noting the personal damage caused by his violent background. The death of his child spurred him to enter therapy, get treatment for substance abuse, and work towards healing those old wounds. Now, he gives back by engaging in gang rehabilitation work to help others find their own healing. Mr. Osuna ended his comments with an acknowledgement of the importance of mental health services in rehabilitating gang members: *“When folks were able to start to deal with their mental health issues, violence became less of a viable option to them.”*

Another innovative model, one focusing on adults who have been exposed to trauma, is in operation at the UCSF Trauma Recovery Center (TRC). Sarah Metz, PsyD, director of the program, talked about the comprehensive and customized state-of-the-art care they provide for their clients, most of whom come from underserved populations and have experienced four traumatic experiences prior to entering the program.

The “wraparound project” within the TRC provides psychological and psychiatric care, accompaniments to medical appointments, help applying for victim’s compensation funds, support in filing police reports, assistance with employment and education retention, and more. The project provides an average of 16 individually-based treatments for each client, after which PTSD and depression symptoms have been shown to decline significantly. This model, based on a clinical trial, is currently being replicated across the United States as a promising best practice for treating trauma.



But what else can be done to change our current systems, to reduce the incidence and minimize the negative impacts of trauma and firearm violence? Refugio “Cuco” Rodriguez, Chief Strategist & Equity Officer for the Hope and Heal Fund, posed this question to the audience: why don’t we ask patients about firearm access at medical appointments? *“We ask all kinds of intrusive questions about sexuality and age, but what we should ask is, ‘do you own a gun? Does anybody in your house own a gun?’”* Mr. Rodriguez said. This would not be an expensive change to make, Mr. Rodriguez stated, but could make a critical impact.

We read about and hear stories in the media about gun violence often, frequently followed with calls for gun control legislation. But Mr. Rodriguez is thinking more expansively;

he asks his partner organizations, *“If you removed every gun from this country... would you call that a win?”* Other organizations may, but the Hope and Heal Fund’s mission would not be achieved—because it’s about addressing *“the mentality that makes somebody believe that it’s okay to take a life because I disagree with you.”* What if also we challenged ourselves to ask how, as a society, we could prevent conditions that lead to violence, address trauma before it intensifies too greatly, and create individualized services and systems to help people heal? Programs like this exist, are impactful, and could be further replicated, as we learned from Ms. Drino and Dr. Metz—but doing so costs money and requires effort. Conversely though, as Mr. Rodriguez asked, *“What is the cost of doing nothing?”*

## NEXT STEPS

The Commission will explore these difficult questions and more at its **October 26th** meeting in San Francisco. Please join in-person or virtually as we learn about and discuss additional innovative solutions and strategies for preventing firearm violence.

<sup>1</sup> Immediate crisis counseling is provided anytime between immediately after the violence has occurred and within up to 24 hours.



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# AGENDA ITEM 8

## Information

October 26, 2023 Commission Meeting

### Art With Impact Communications Opportunity

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**Summary:** The Commission will hear an update from Art With Impact, highlighting some important opportunities for collaboration between their work and the Commission.

**Background:** Since 2012, Art With Impact has been promoting mental wellness by creating space for young people to learn and connect on mental health themes through art and media. Their innovative, arts-based workshops reach audiences of college students and community members. Students are effectively moved to action, with **85 percent of participants more likely to seek support for their wellness** after engaging in Art with Impact activities. Impacts include:

- Hosting **711 workshops** with colleges and universities
- Reaching **34,4600 students** in the U.S. and Canada
- Building a library of **135 short films** about mental health creating the largest and most diverse collection of short films focused on mental health in the world
- Distributing **\$300,000 in production grants** for **50 films** on underrepresented mental health narratives
- Engaging **over 12,000 community members** through in person and virtual film festivals
- Collaborating with **over 800 mental health providers** as community sponsors and counselors for workshops

Art With Impact's programming supports multiple other Commission initiatives, including:

- Student Mental Health
- Stigma Reduction
- Youth Empowerment
- Addressing Diversity and Equity
- Outreach and Engagement

**Presenters:** Andrea Anderson, Chief of Communications, Mental Health Services Oversight & Accountability Commission; Cary McQueen, Founder and Executive Director, Art With Impact

**Enclosures (2):** (1) Biography for Cary McQueen; (2) Art With Impact 2020-2021 Annual Report: Our Voices Will Be Heard

**Handouts (1):** PowerPoint Presentation





**Presenter Bio: Cary McQueen**

**Agenda Item 8**

October 26, 2023 Commission Meeting

Cary (she/her) is the founder and executive director of Art With Impact and a firm believer that art is the answer (and it doesn't even matter what the question is).

She considers mental health to be the foundation of all social justice and, through Art With Impact, works to create learning environments that explore this rich subject through the power of art and creativity.

Since its founding, Art With Impact has gone from being a little dream in Cary's head to an actual, impactful arts-based mental health resource serving thousands of students each year at colleges and universities throughout the U.S. and Canada and housing the most diverse library of short films about mental health issues in the world.

In previous professional incarnations, Cary was the Executive Director of the Center for Arts Management and Technology, a research center at Carnegie Mellon University (CMU); and a research advisor for students' capstone projects in CMU's Masters in Arts Management program.

She has also worked as a consultant to nonprofit arts organizations to create programs and strategies that engage art enthusiasts in meaningful ways. With clients like The Andy Warhol Museum and EthnoGraphic Media she developed a wide-range of strategic communication programs from Internet-based donor cultivation and acquisition to grassroots film engagement campaigns.

# CHRYSALIS



ANNUAL REPORT  
2020-2021

Everyone has  
health story.



Talk  
should

s a mental



king about it  
n't be taboo.

**“I really appreciated... the attention to detail and to promoting and safeguarding the mental health of everyone in attendance.”**

- Student, Bay Path University, Movies for Mental Health Online

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Dear Friends,

The 2020-21 academic year was unusual for everyone. To say the least.

As the world adjusted to the reality of COVID-19, staying distanced or even isolated was paramount for our physical well being, but for many, it came at the cost of mental health. For Art With Impact, this new reality gave our work additional urgency as we, along with everyone, shifted our in-person work online while striving to maintain the spirit and the outcomes of our offerings, creating online events that were genuine, safe, and brave spaces of connection for participants.



As our online programming developed and changed with the realities of the year, we continued adding amazing films to our OLIVE collection, we welcomed new facilitators to our team to reach even more communities, and we continued our production grant program, Voices With Impact, leading to ten new short films on the topics of mental health issues specific to Black people and immigration experiences. It was a year of learning, growth, and change that led to a whole new means of access for those we serve.

Even amongst all of this newness, the core of what Art With Impact does has not shifted: we promote mental wellness by creating space for young people to learn and connect through art and media. Our work is deeply tied to a vision of a world where folks can communicate freely and fearlessly about their mental health; getting there involves breaking down barriers and opening lines of communication so everyone has the means and space to have those conversations. By making these spaces for young people, we're working toward moving the needle in meaningful ways.

We're so grateful for your interest in and support of our work as we continue to grow our programming for the communities we serve. This work is critical, and it could not happen without your backing and aid. On behalf of the entire Art With Impact community: thank you.

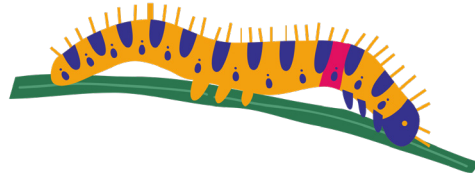
In solidarity,

Handwritten signature of Cary McQueen in blue ink.

Cary McQueen  
Art With Impact Founder and Executive Director

# MISSION

Art With Impact promotes mental wellness by creating space for young people to learn and connect through art and media.



# VISION

AWI is committed to a future where artists are revered as cultural icons of courage and change, enabling young people to communicate freely and fearlessly about their mental health.

To fulfill this vision, Art With Impact will:



Provide **unique and safe spaces** to learn, cultivate empathy, and reduce stigma in all regions of North America, connecting individuals to comprehensive mental health resources



Continue to expand and make available the world's most diverse and compelling collection of **short films on mental health**, supporting a network of filmmakers, artists and young people in an interactive online community



Maximize collaboration between the arts and social movements by engaging professionals and academic institutions through **sustainable partnerships** and transparency of methods and outcomes

# VALUES



## OUR ORGANIZATION

# A

### Achievement

As an organization, we are committed to impact... it's right there in our name. So we evaluate our work. We measure our progress. We are willing to change direction when something proves ineffective. Our commitment to achievement requires courage, flexibility, humor and, above all, an open mind.

# S

### Sustainability

We are committed to making long-lasting, durable social change. This requires responsible decision making that prioritizes the health and well-being of our community. As part of an ecosystem, we strive to contribute to our partners' success. To ensure the longevity of our impact, we are committed to fostering diverse income streams, constantly evaluating our programs and regularly updating our strategies to meet current needs.



## OUR PEOPLE

# P

### Personal Growth

Each of us is on a personal journey. Art With Impact team members are committed to growing as people in understanding, compassion, skills and relationships. We foster growth in one another through concrete support, and by encouraging new skills development, both through formal and informal means, so that we can be our best selves and better serve our diverse community.

# I

### Integrity

At the core of each person is a unique and precious identity. Art With Impact team members honor themselves, stay true to their own personal values, and carefully consider their words and actions in the context of who they are. In turn, we are able to be authentic with and genuinely supportive of those we serve.



## OUR RELATIONSHIPS

# R

### Respect

At the core of our relationships is respect for each person. Honoring different points of view and diverse experiences, we communicate cordially and with compassion. We respect the unique strengths of each individual we encounter, and seek to understand where others are coming from, demonstrating grace and generosity in our interactions.

# E

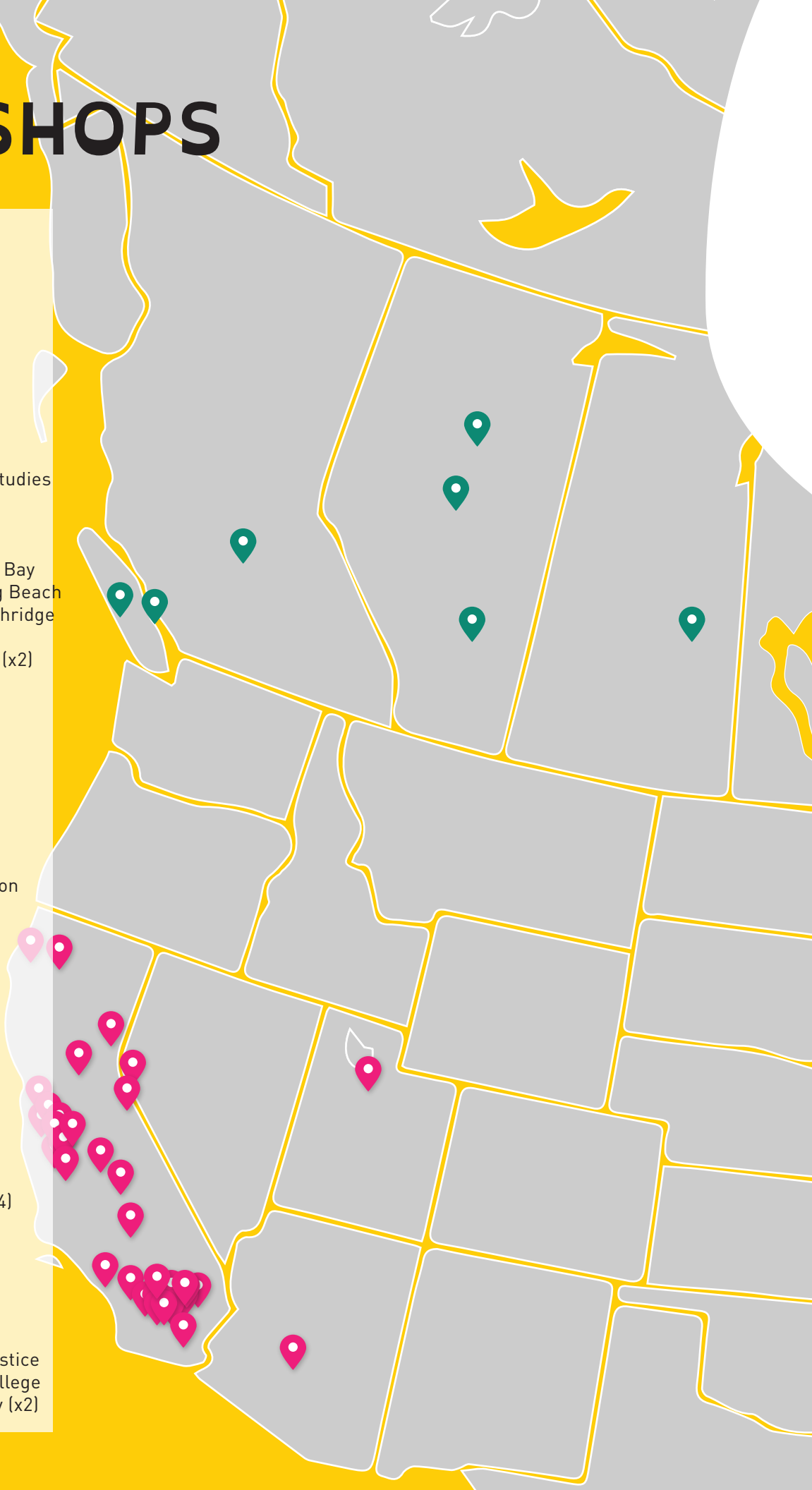
### Empowerment

We want everyone to succeed and meet their potential. We cultivate empowerment by encouraging and supporting individuals to take new steps to support their own growth, and to share new tools with one another that encourage independence and self-actualization and by helping to find solutions that enable them to do so.



# WORKSHOPS

Active Minds @ Trent University  
American River College  
Amherst College  
Antelope Valley College  
Arizona State University  
Arts and Minds Canada  
Barstow Community College  
Bay Path University  
Brandon University  
Bridgewater State University  
Cabrillo College  
California Institute of Integral Studies  
California Institute of the Arts  
California State University,  
Channel Islands  
California State University, East Bay  
California State University, Long Beach  
California State University, Northridge  
Cecil College  
Cerro Coso Community College (x2)  
Clarkson University  
Cleveland State University  
Clovis Community College  
Colgate University  
College of Alameda  
College of Marin (x4)  
College of San Mateo (x2)  
College of the Canyons (x2)  
College of the Sequoias  
Concordia University of Edmonton  
Confederation College  
Crafton Hills College  
Creighton University  
CSU San Marcos  
Cuesta College  
Cypress College  
Dawson College  
De Anza + Foothill College (x2)  
Diablo Valley College  
El Camino College (x2)  
Fordham University  
Fullerton College  
Gavilan College  
Glendale Community College (x4)  
Guttman Community College  
Hamilton College  
Harvard University  
Healthy Campus Alberta  
Hofstra University (x2)  
Humboldt State University  
John Jay College of Criminal Justice  
Kennebec Valley Community College  
Kwantlen Polytechnic University (x2)



## A word on workshops

An important part of Art With Impact's mission is "to create space for young people to learn and grow." How, in the midst of Covid, could we create spaces for students who were scattered across the world and who were each experiencing the year's events differently? The answer, as always, came back to our values and the power of art. In a way, being online made piloting new workshop formats easier. We were able to launch two new workshop types this year, "Black + Mental Health + Matters" and "Wellness in Words", complementing Movies for Mental Health by expanding our existing workshop formatting and methodology as well as adding vital new subject areas to our curriculum. The result? A year of explosive growth for AWI and increased access for those we serve.



- Lafayette College
- Laguna College of Art and Design
- Lake Tahoe Community College
- Long Beach City College (x2)
- Los Angeles Harbor College
- Los Medanos College
- Marquette University
- McGill University
- Merced College (x2)
- Mercy College of Ohio
- Mt. San Jacinto College
- National University (x2)
- Orange Coast College
- Pace University
- Palomar College
- Pennsylvania Academy of Fine Arts
- Pennsylvania State University, University Park
- Purdue University
- Queen's University
- Red Deer College
- Red River College
- Riverside City College (x3)
- Sacramento City College
- San Diego State University
- Santa Ana College (x2)
- Santa Barbara City College (x2)
- Santa Clara University (x2)
- Seneca College
- Skyline College
- Southern State Community College
- Springfield College
- Stanford University
- Stella's Place Young Adult Mental Health
- SUNY Broome Community College
- Syracuse University
- Temple University
- The University of Utah
- Thompson Rivers University
- Truckee Meadows Community College
- Tulsa Community College
- Universities at Shady Grove
- University of California, Davis
- University of California, Los Angeles
- University of Connecticut (x2)
- University of Guelph (x2)
- University of La Verne (x2)
- University of Manitoba
- University of Mississippi
- University of Pittsburgh
- Vancouver Island University (x3)
- Yeshiva University

## Movies for Mental Health


Movies for Mental Health, our flagship film and mental health program, aims to create space for students to connect and creatively explore their wellness through films and facilitated conversation. In the spring of 2020, as schools transitioned to e-learning in response to Covid-19 and as their students began studying remotely across the globe, many were unsure how colleges could continue to offer community programs in a newly virtual world. Enter M4MHO - Movies for Mental Health Online. The all-online version of our cornerstone program not only offered students the opportunity to connect with their peers, it allowed them to come together around the vital topic of mental health, which was particularly important as students navigated the stressors of self-isolation and remote learning.

The updated version of our M4MH curriculum was designed to meet the unique needs of remote students. Virtual workshops can be accessed on any digital device and joined anonymously, allowing us to engage a whole new population of students - those who want to talk about mental health but who may not be able to attend an in person event. In engaging more students in a wider variety of formats, our workshop attendance rates were the highest they've ever been. It was clear students were eager to connect and process together. We were honored to offer students the community they were looking for, helping them prioritize their mental health and fostering connection, healing, and growth during a year marked by such unprecedented circumstances.



**“Thank you guys so much, I don’t feel like I can reach out to people much and I’m honestly feeling a little emotional because you guys are here. Thank you so much for being here for everyone!”**

– Student, University of La Verne, Movies for Mental Health



104 workshops  
5032 students

**86%**

said that they are now more likely to seek support for their own mental health as a result of attending



**98%**

believe that the Movies for Mental Health workshop they attended created awareness of mental health issues



**97%**

believe that the workshop reduced stigma related to mental illness



ORIGINAL ARTWORK  
BY SARAH WASKO

## Wellness in Words

Wellness in Words started its life as a one-off workshop titled Poetry For Mental Health and was presented as an online film premier to encourage discussion about masculinity and queer identity. In its current state, it is the culmination of what I have been working towards as a facilitator and programmer independently for years and is the result of an opportunity offered by Art With Impact in a uniquely supportive and nurturing space.

Wellness in Words was designed to be held online with the presentation on one screen and the facilitator in another. This layout allowed me to rethink and reevaluate the approach I'd taken previously – a process that allowed me to break the rules that I needed to, that led me deep inside myself, that allowed me to share my own creative process and self care through art.

After continual and invigorating collaboration between myself and Cary, which was not only rewarding but for me a very important developmental journey, I was able to articulate this process as a usable, universal model for self expression – a model now known as Immerse, Explore, Express. This model is at the core of every Wellness in Words workshop and allows us to do fast paced deep dives into mental health topics through short film, discussion, and self expressive writing – all of which form a fundamental basis to my Wellness Practise when I make art personally.

It feels so powerful to be able to share this process with students around such moving topics, to honour their voices, and to get to tackle issues around stigma, masculinity, and queer identity in a personal but political way. I am very lucky to be able to witness people flexing their voices, practising using them, and taking their first steps towards finding what it is they have to say. As a facilitator, the real life impact of this workshop is something that I have not so directly experienced before and I think the combination of my new approach and Art With Impact's experience, structure, and collaborative, creative openness has meant we've been able to create something very special, which I believe we are only at the very start of.

1990's Chris

Wellness in Words Creator and Facilitator



4 workshops  
104 students

86%  
said that they are now more likely to seek support for their own mental health as a result of attending

100%  
believe that the Wellness in Words workshop they attended created awareness of mental health issues

“It’s only been one day post the workshop and I’ve had several students messaging me saying it made their day and the whole event has helped them personally or helped them notice some warning signs for... love ones possibly suffering from depression!”

—Reem, Student Organizer, Cleveland State University, Movies for Mental Health



100%  
believe that the workshop helped them name and see examples of stigma related to mental health issues



ORIGINAL ARTWORK BY SARAH WASKO

## Black + Mental Health + Matters

Black + Mental Health + Matters was created out of an urgent need. In the wake of the murder of George Floyd and countless others, a global social uprising and a pandemic, the AWI team understood that we had a responsibility to provide support to Black students. This one-and-a-half hour workshop is an answer to the long standing issue that exists in mental health work, that speaks to mental health but rarely addresses the specific needs and challenges Black people face.

My goal was to take what we know works from our other workshops and create an environment where Black students and faculty could feel a sense of belonging and be centered. Skill building and culturally competent resources were a must, while simultaneously encouraging tenderness through open hearted sharing with the practice of Council circles. The workshop is packed with contextualizing Black mental health, celebrating our resilience and collective brilliance and beauty, while leaning into art and creativity as healing options. BMHM centers the vast Black experience while holding space for allies to witness and learn what active and appropriate allyship can look like. It is truly a tender and intentional refuge for Black Students to gather, laugh, learn, grow and heal.

In our pilot year of Black + Mental Health + Matters we partnered with California's Mental Health Services Oversight and Accountability Commission to offer the program to ten of our long standing university partners, reaching hundreds of Black students in the state of California. Looking ahead to the expansion of the program, we have hired five other incredible facilitators to expand, evolve and bring this important work to more campuses throughout the United States. It is an honor and privilege to leverage my expertise in service of more inclusive programming while challenging institutions to fund the support of Black students through this workshop.

Natalie Patterson  
Creator and Director of Black + Mental Health +Matters



**“ ...these [events] are important because I think Black people have been holding onto alot of pain, suffering and frustration and I don't think there are a lot of places where Black people can express that without feeling gaslighted, judged or belittled so I think it's important to have these spaces...”**

- Student, Long Beach City College, Black + Mental Health + Matters

10 workshops  
286 students

**87%**

said that they are now more likely to seek support for their own mental health as a result of attending

**95%**

believe that the workshop they attended equipped them with tools to help them heal and thrive

**96%**

believe that the workshop felt like a place of refuge



ORIGINAL ARTWORK  
BY NICOLE WANDERA



# CONTINUED CONNECTIONS



ORIGINAL ARTWORK BY  
ARON VELLEKOOP LEON

**“I love the name “Sanctuary Space”—it immediately made me think of a comfortable, safe, inviting place.”**

- Participant, Sanctuary Space

# SANCTUARY SPACE

Sanctuary Space — part of Art With Impact’s Continued Connections program — is a series of ongoing conversations at the intersection of art and mental health. Bimonthly community events provide space for students, artists, and mental health advocates to gather online to explore wide-ranging topics via a variety of formats and platforms. Topics covered this year included PTSD, representation, masculinity, anger, and self care - among many others.

## 12 EVENTS

**Making Visible the Invisible**

**What’s Representation Got to Do With It?**

**“LETTERS: transformations” Watch Party**

**Music Thera-PTSD**

**What Does Joy Mean To You?**

**Mulling Over Machismo and Healthy Masculinities**

**Soul Care for the AAPI Community**

**Minimalist Music for Self-Care**

**The Art of the Zine**

**The Art of Anger**

**Making Space for Our Many Selves**

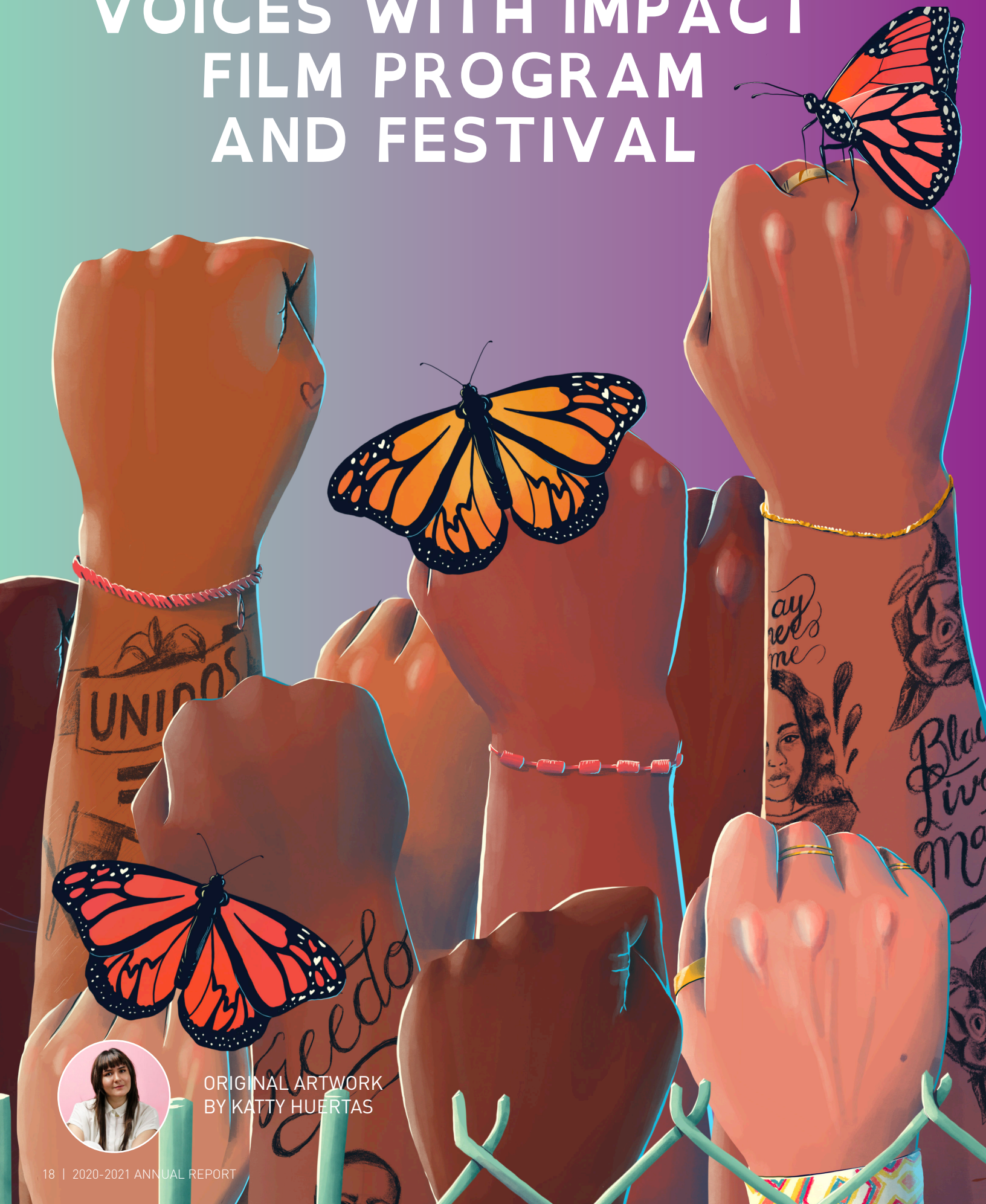
## WELLNESS MOMENTS

Wellness Moments — part of Art With Impact’s Continued Connections program — is a month-long email series. AWI community members can opt in to receive weekly inbox goodies designed to help people explore their own wellness, elevate well-being and add to their mental health toolkit. Community members who subscribed this year received thought prompts, creative activities designed to cultivate self-awareness, mindfulness exercises, somatic exercises, and more.

**“I took part in the workshop you did with KPU last night about mental health and it was really inspiring. So inspiring that it has lead me to finally seek help for my troubles which is something I did today! I am now on my path to a better future thanks to you. So I just wanted to write this email to let you know how successful your workshop is and to also say thank you.”**

- Student, Kwantlen Polytechnic University, Movies for Mental Health Online

# VOICES WITH IMPACT FILM PROGRAM AND FESTIVAL



ORIGINAL ARTWORK  
BY KATY HUERTAS

## Voices With Impact

Voices With Impact is our annual production grant program through which we award ten \$5,000 grants to filmmakers to help them create five-minute films exploring narratives that are underrepresented in public mental health discussions. Each year we select two topics to focus on, which allows us to respond to the current priorities and needs within the communities we serve. Our 2020-21 program focused on stories of 1) mental health issues specific to Black people and 2) mental health issues related to immigration experiences. More than 150 filmmakers submitted proposals to create films examining these topics. A jury of subject matter experts, filmmakers, and mental health practitioners combed through these applications to determine the most compelling projects, considering each proposal's artistic merit, mental health themes, and feasibility.

Winning filmmakers then had four and a half months to create their films, utilizing their \$5,000 grants and support from the Art With Impact community, including mental health professionals and working filmmakers who helped advise their projects.

## THE JURORS

Alli Simon  
Calvin Walker  
Catalina Matamoros  
Christopher Yip

Johnnie Hobbs  
Katherine Ponte  
Keith Chau

Naghmeh Farzaneh  
Robin Means Coleman  
Yolo Akili Robinson

## SPONSORS



**“Enthralling: a visual spectacle that allowed us to go into the heart of mental health together as a CHC community.”**

— Student Attendee, Crafton Hills College, Voices With Impact

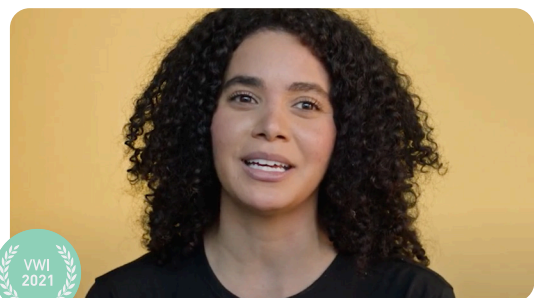
# OLIVE FILM COLLECTION IN 2020-2021

The OLIVE Collection grew by 16 films through Voices With Impact and a monthly, online, free short film competition with entries juried by our Advisory Board.



**1-800-656-4673**

by Lauren Plattman



**be-long**

by Sideah Alladice



**Could Have,  
Should Have**

by Yao Liu

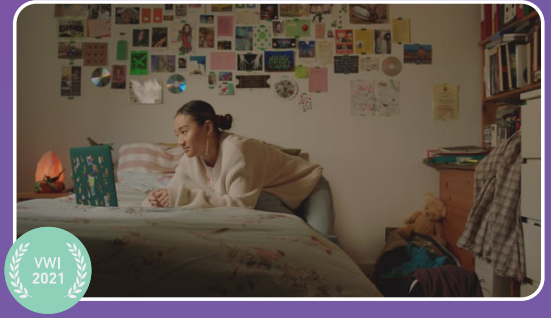


**Esther & Sai**

by Rosie Choo Pidcock

## Fish

by Emilie Cheung



## Frozen Out

by Hao Zhou



## I Do Not Blame Myself

by Ben Duffy

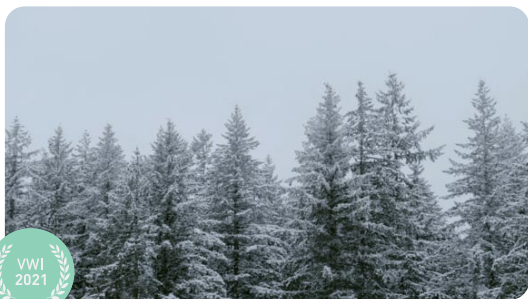


## LETTERS: Transformations "Shawn's Ode to Music"

by Nich L Perez

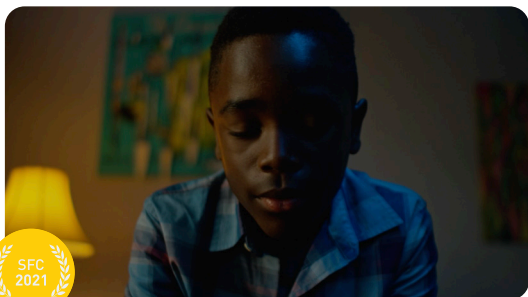


# OLIVE FILM COLLECTION (CONT'D)



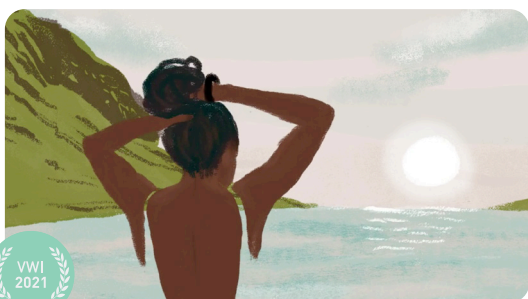
## Nanay

by Thea Loo



## Now What?

by Marcus Guider,  
DeVonte Brown,  
La'Ron Cooper



## On the Surface

by Fan Sissoko



## Postal

by Naaji Sky Adzimah

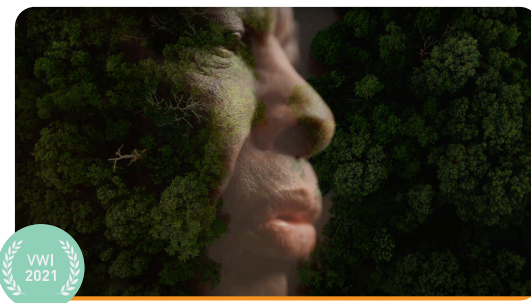
## Rompiendo Olas (Breaking Waves)

by Adàn Àvalos



## Still We Thrive

by Campbell X



## Wholeness

by Jameeluh Nuriddin



## XIETY

by Carlos Torres



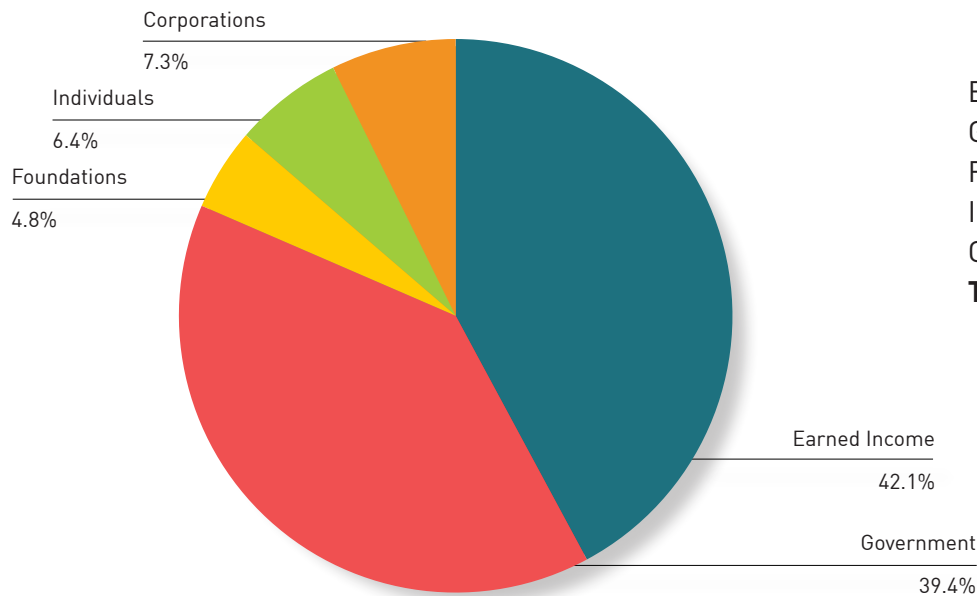
**“I’m not exaggerating when I say this, these two short films have been life changing.”**

- Student, College of Marin, Wellness in Words

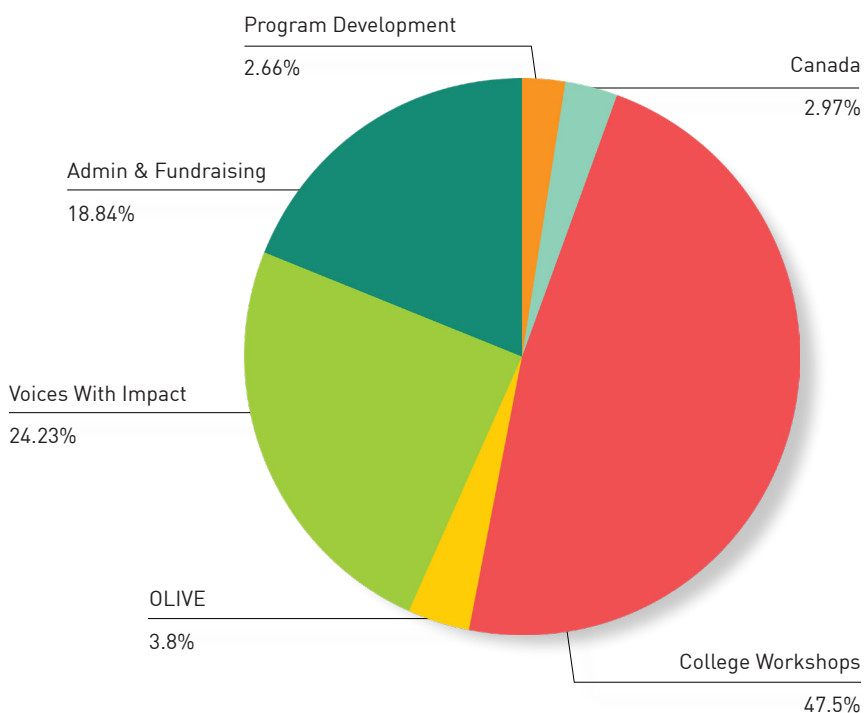


# OUR FINANCIALS

## US INCOME



Earned Income	\$267,295
Government	\$249,697
Foundations	\$30,500
Individuals	\$40,492
Corporations	\$46,333
<b>Total Income</b>	<b>\$634,318</b>

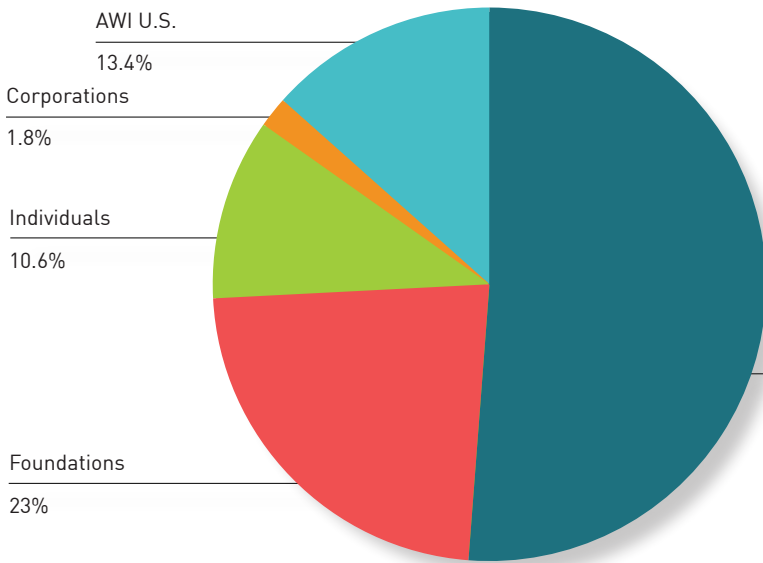


## US EXPENSES

Programming	\$456,550
Admin	\$18,732
Fundraising	\$72,335
<b>Total Expenses</b>	<b>\$547,616</b>

Canada	\$14,331
College Workshops	\$229,576
OLIVE	\$18,380
Program Development	\$12,864.56
Voices With Impact	\$117,117

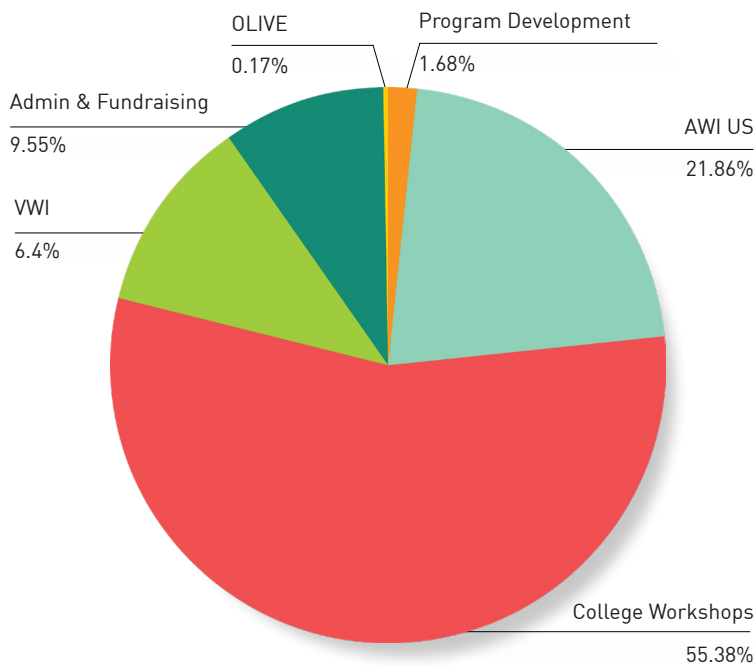
## CANADA INCOME



Earned Income	\$52,266
Government	\$0
Foundations	\$23,450
Individuals	\$10,827
Corporations	\$1,819
AWI U.S.	\$13,700
<b>Total Income</b>	<b>\$102,062</b>

Earned Income  
51.2%

## CANADA EXPENSES



Programming	\$71,321
Admin	\$7,415
<b>Total Expenses</b>	<b>\$78,736</b>

AWI US	\$16,964.33
College Workshops	\$42,983.92
OLIVE	\$132.92
Program Development	\$1,300.30
VWI	\$8,823.27

# OUR PARTNERS

## LEAD PARTNERS



# IN MENTAL WELLNESS

## SUPPORTING PARTNERS

USA



CANADA



## CONTRIBUTING SPONSORS

USA

Aurora Mental Health Services • Counseling & Wellness Center of Pittsburgh

Don Laird, NCC, LPC, DCC | Clinical Director and Psychotherapist | eTalkTherapy, LLC

Dr Lynne Friedman-Gell and Dr. Joanne Barron | Co-Owners of Trauma & Beyond Psychological Center

Dr. Keba M. Rogers, NYS Licensed Psychologist and CEO/Founder Grace, Growth and Greatness Psychological Services

Dr. Morgan Francis • Health Forward Foundation

LGBTQ-Affirmative Therapist Guild of Utah • New Beginning Counseling Center

Paulita Malay, MFT – Therapist + Life Coach • Tom Kiely, Ph.D., Clinical Psychologist

William Talbott Hillman Foundation

CANADA

Guelph Community Foundation

# OUR TEAM

## CORE STAFF

Art With Impact is made up of a small but mighty team of humans who work every day to make our mission a reality. 2020-21 saw three new team members join our core staff. We're so glad to work with such motivated and motivating people.

**Cary McQueen** Founder and Executive Director  
**Amy Wong** Program Manager  
**Andrew Kirschner** Managing Director  
**Alex Reynolds** Workshop Manager  
**Carlyn LaGrone** Community Manager  
**Cat Tanchanco** Community Manager  
**Freda Chu** Volunteer Bookkeeper, AWI Canada  
**Hilary Kelly** Executive Assistant  
**Kalyn Saylor** Workshop Manager  
**May Chan** Volunteer Visual Designer  
**Nicolas Rosa** Program Director, AWI U.S.

## FACILITATORS

AWI welcomed no less than 11 new facilitators this year to support our expanded programming. We're so thrilled to have a team of humans with such a wide variety of perspectives and experiences who can bring workshops to even more communities in exciting, invigorating ways.

**Natalie Patterson** Director, Black + Mental Health + Matters; Facilitator, Movies for Mental Health  
**1990's Chris** Creator and Facilitator, Wellness in Words  
**Carly Weckstein** Facilitator, Movies for Mental Health  
**Rebecca Lieb** Facilitator, Movies for Mental Health  
**Beth Killian** Facilitator, Movies for Mental Health

**“Are you all real? Such good stuff being shared  
by all of you. Thanks for the hope!”**

- Student, Santa Barbara City College, M4MH Online

## ART WITH IMPACT U.S. BOARD OF DIRECTORS

Art With Impact's Board of Directors serve as vocal and financial supporters of AWI's mission, vision, and governance and responsible financial management policies. Board members are responsible for the fiduciary oversight of all organizational efforts and programs.

Joseph Kumph  
Dawn McGuire  
Cary McQueen

## ART WITH IMPACT CANADA BOARD OF DIRECTORS

Art With Impact Canada's Board of Directors serve as vocal and financial supporters of AWI's mission, vision, and governance and responsible financial management policies. In addition to organizational oversight, board members are responsible for raising and ensuring adequate resources to advance our mission.

Megan Cameron  
Ryan Keefe  
Aisha Mayne  
Keith Chau  
Katherine Vanderberg

## ADVISORY BOARD

AWI's Advisory Board is comprised of subject matter experts, filmmakers, and current college students. The Advisory Board plays a critical role in ensuring that we are up to date with what is happening in the fields of post-secondary education, mental health, and the artistic disciplines in which we work. Members also serve as jurors for each month's OLIVE short film competition and are available for ad-hoc advice as necessary throughout the year.

### Filmmakers

Victoria Anderson-Gardner  
Dale John Allen  
Elizabeth Ayiku  
John Elliot  
Kirsten Frantzich  
Randy Kelly  
Claude Kerven

### Students

Olivia DePaul  
Asha Rudrabhatla  
Sharon Nyarko  
Catherine Steblaj  
Courtney  
Ward-Zbeetnoff

### Mental Health Professionals

Luba Botcheva  
Mikilah Johnson  
Kristin Kosyluk  
Josie Mattson  
Dawn McGuire  
Xena Nguyen  
Rob Whitley

A large, stylized graphic of a leaf or branch, rendered in dark blue outlines on a light beige background. The graphic is positioned on the left side of the page, partially overlapping a bright pink background. The leaf has several veins and is surrounded by smaller, solid brown circles of varying sizes.

# CHRYSALIS

It was a great way to see that we are not alone in life and there are other people in the world who are dealing with the problems we are dealing with.

- Student, Crafton Hills College, M4MH Online

This was beyond awesome. I would honestly get up every morning and do this every day because I felt so much better after communicating with the people on it and observing what others were feeling and relating to those feelings.

- Student, Gavilan College, M4MH Online

I greatly appreciate the efforts you and your organization make to help students like me push through life challenges, especially during this pandemic.

- Student, Glendale Community College, M4MH Online

Thank you for this event. I never expected it to be so helpful and moving, since sometimes videos and events I've tried can lack genuine honesty.

- Student, Cecil College, M4MH Online

An educational, comforting, and relaxing session where you feel like you're accurately being represented and are in a community.

- Student, Hofstra University, M4MH Online

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# AGENDA ITEM 9

**Action**

**October 26, 2023 Commission Meeting**

**Legislative Priorities for 2024**

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

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

At its October 2023 Commission meeting, Commissioners will have the opportunity to have a preliminary discussion about legislative priorities for 2024 including carryover legislation from 2023, previously sponsored legislation that was unsuccessful and recommendations from the Commission's policy reports that have yet to be implemented.

**Next Steps:** Commissioners will hear more in-depth details about the potential priorities identified during the October meeting at its November meeting where they will consider taking action on legislative priorities for 2024.



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# MISCELLANEOUS ENCLOSURES

**October 26, 2023 Commission Meeting**

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**Enclosures (4):**

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

## Summary of Updates

### Contracts

New Contracts: 0

Total Contracts: 5

### Funds Spent Since the June Commission Meeting

<b>Contract Number</b>	<b>Amount</b>
<u>17MHSOAC073</u>	\$ 159,750.00
<u>17MHSOAC074</u>	\$ 159,750.00
<u>21MHSOAC023</u>	\$ 353,695.84
<u>22MHSOAC025</u>	\$ 0.00
<u>22MHSOAC050</u>	\$ 0.00
<b>TOTAL</b>	<b>\$ 519,500.00</b>

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

**MHSOAC Staff:** Kai LeMasson

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

**Total Contract Amount:** \$2,453,736.50

**Total Spent:** \$2,249,344.40

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

Deliverable	Status	Due Date	Change
Workplan	Complete	4/15/19	No
Background Review	Complete	7/15/19	No
Draft Summative Evaluation Plan	Complete	2/12/20	No
Formative/Process Evaluation Plan	Complete	1/24/20	No
Updated Formative/Process Evaluation Plan	Complete	1/15/21	No
Data Collection and Management Report	Complete	6/15/20	No
Final Summative Evaluation Plan	Complete	7/15/20	No
Data Collection for Formative/Process Evaluation Plan Progress Reports (10 quarterly reports)	Complete	1/15/21- 3/15/23	No

Deliverable	Status	Due Date	Change
Formative/Process Evaluation Plan Implementation and Preliminary Findings (11 quarterly reports)	Complete	1/15/21-3/15/23	No
Executive Summary and Meeting Presentation and Workplan (a and b)	In Progress	9/15/21 Fall 2022	No
Midpoint Progress Report for Formative/Process Evaluation Plan	Complete	7/15/21	No
Drafts Formative/Process Evaluation Final Report (a and b)	Complete Complete	3/30/23 7/15/23	No
Final Report and Recommendations	In Progress	11/30/23	No

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

**MHSOAC Staff:** Kai LeMasson

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

**Total Contract Amount:** \$2,453,736.50

**Total Spent:** \$2,249,344.40

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

Deliverable	Status	Due Date	Change
Workplan	Complete	4/15/19	No
Background Review	Complete	7/15/19	No
Draft Summative Evaluation Plan	Complete	2/12/20	No
Formative/Process Evaluation Plan	Complete	1/24/20	No
Updated Formative/Process Evaluation Plan	Complete	1/15/21	No
Data Collection and Management Report	Complete	6/15/20	No
Final Summative Evaluation Plan	Complete	7/15/20	No
Data Collection for Formative/Process Evaluation Plan Progress Reports (10 quarterly reports)	Complete	1/15/21- 6/15/23	No
Formative/Process Evaluation Plan Implementation and Preliminary Findings (11 quarterly reports)	Complete	1/15/21-6/15/23	No

Deliverable	Status	Due Date	Change
Executive Summary and Meeting Presentation and Workplan (a and b)	In Progress	9/15/21 TBD	No
Midpoint Progress Report for Formative/Process Evaluation Plan	Complete	7/15/21	No
Drafts Formative/Process Evaluation Final Report (a and b)	Complete Complete	3/30/23 7/15/23	No
Final Report and Recommendations	In Progress	11/30/23	No

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

**MHSOAC Staff:** Rachel Heffley  
**Active Dates:** 07/01/21 - 06/30/24  
**Total Contract Amount:** \$5,414,545.00  
**Total Spent:** \$ 3,183,262.56

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

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

Deliverable	Status	Due Date	Change
Quarterly Progress Reports	Not Started	06/30/2024	No



## WestEd: MHSSA Evaluation Planning (22MHSOAC025)

**MHSOAC Staff:** Kai LeMasson

**Active Dates:** 06/26/23 - 12/31/24

**Total Contract Amount:** \$1,500,000.00

**Total Spent:** \$300,000.00

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

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

### Third Sector: FSP Evaluation (22MHSOAC050)

**MHSOAC Staff:** Melissa Martin Mollard

**Active Dates:** 06/28/23 – 6/30/24

**Total Contract Amount:** \$450,000.00

**Total Spent:** \$0.00

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

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

## INNOVATION DASHBOARD

OCTOBER 2023



UNDER REVIEW	Final Proposals Received	Draft Proposals Received	TOTALS
Number of Projects	1	5	6
Participating Counties (unduplicated)	1	5	6
Dollars Requested	\$675,000	\$138,920,090	<b>\$139,595,090</b>

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

TO DATE	Reviewed	Approved	Total INN Dollars Approved	Participating Counties
2023-2024	4	4	\$19,338,424	4

## 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	Los Angeles	Kedren Children and Family Restorative Care Village	\$109,109,252	5 Years	6/2/2023	Pending
Under Review	Yolo	Crisis Now	\$3,584,357	3 Years	6/1/2022	Pending
Under Review	Sutter-Yuba	Multi County FSP Project	\$1,226,250	5 Years	9/12/2023	Pending
Under Review	Sacramento	Community Defined Mental Wellness Practices for the African American/Black/African Descent Unhoused	\$15,000,231	5 Years	9/19/2023	Pending
Under Review	Sacramento	allcove Multi-County Collaborative	\$10,000,000	5 Years	9/19/2023	Pending

### FINAL PROPOSALS

Status	County	Project Name	Funding Amount Requested	Project Duration	Draft Proposal Submitted to OAC	Final Project Submitted to OAC
Under Final Review	Tri-City	Community Planning Process	\$675,000	3 Years	8/11/2023	9/25/2023

### APPROVED PROJECTS (FY 23-24)

County	Project Name	Funding Amount	Approval Date
Santa Clara	TGE Center	\$11,938,639	7/27/2023
San Luis Obispo	Embracing Mental & Behavioral Health for Residential Adult Care & Education (EMBRACE)	\$860,000	9/28/2023
Santa Cruz	Crisis Now Multi-County Innovation Plan	\$4,544,656	9/28/2023
Amador	Workforce Retention Strategies	\$1,995,129	9/28/2023

DHCS Status Chart of County RERs Received  
October 26, 2023, Commission Meeting

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

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

The Department also publishes County RERs on its website. Individual County RERs for reporting years FY 2006-07 through FY 2015-16 can be accessed at: <http://www.dhcs.ca.gov/services/MH/Pages/Annual-Revenue-and-Expenditure-Reports-by-County.aspx>. Additionally, County RERs for reporting years FY 2016-17 through FY 2021-22 can be accessed at the following webpage: [http://www.dhcs.ca.gov/services/MH/Pages/Annual\\_MHSA\\_Revenue\\_and\\_Expenditure\\_Reports\\_by\\_County\\_FY\\_16-17.aspx](http://www.dhcs.ca.gov/services/MH/Pages/Annual_MHSA_Revenue_and_Expenditure_Reports_by_County_FY_16-17.aspx).

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

## DCHS MHSA Annual Revenue and Expenditure Report Status Update

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

DHCS Status Chart of County RERs Received  
 October 26, 2023, Commission Meeting

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

DHCS Status Chart of County RERs Received  
 October 26, 2023, Commission Meeting

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





### Rolling Commission Meeting Calendar (Tentative)

At its January 2023 meeting the Commission identified four priorities: Data/Metrics, Full-Service Partnerships, the Impact of Firearm Violence, and Strategic Planning. The draft calendar below reflects efforts to align the Commission meeting schedule with those priorities. **All topics and locations subject to change.**

<b>Dates</b>	<b>Locations</b>	<b>Priority*</b>
<b>October 25-26, 2023</b>	San Francisco	<b>10/25</b> -UCSF Neuropsychiatry Site Visit <b>10/26</b> -Impact of Firearm Violence Panel
<b>November 16, 2023</b>	Virtual	Strategic Plan- DRAFT Election of Chair and Vice Chair Data Discussion
<b>December, 2023</b>	(no meeting)	
<b>January 25, 2024</b>	Santa Barbara	2024-2027 Strategic Plan Adoption
<b>February 21-22, 2024</b>	Napa	<b>2/21</b> – Site Visit to Napa State Hospital <b>2/22</b> - Priority agenda items for February 2024 through June 2024 will be determined after adoption of the 2024-2027 Strategic Plan
<b>March 28, 2024</b>	TBD	TBD: Pending New Strategic Priorities
<b>April 25, 2024</b>	TBD	TBD: Pending New Strategic Priorities
<b>May 23, 2024</b>	TBD	TBD: Pending New Strategic Priorities
<b>June 27, 2024</b>	TBD	TBD: Pending New Strategic Priorities

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