



WELLNESS • RECOVERY • RESILIENCE



Mental Health Services
Oversight & Accountability Commission

Commission Packet

Commission Teleconference Meeting

October 28, 2021

9:00 AM – 12:30 PM



Mental Health Services
Oversight & Accountability Commission

1325 J Street, Suite 1700, Sacramento, California 95814

Phone: (916) 445-8696 * Email: mhsoac@mhsoac.ca.gov

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Commission/Teleconference Meeting Notice

NOTICE IS HEREBY GIVEN that the Mental Health Services Oversight and Accountability Commission will conduct a **teleconference meeting on October 28, 2021.**

This meeting will be conducted pursuant to Governor Newsom's Executive Order N-29-20, issued March 17, 2020, which suspended certain provisions of the Bagley-Keene Open Meeting Act during the declared State of Emergency response to the COVID-19 pandemic. Consistent with the Executive Order, in order to promote and maximize social distancing and public health and safety, this meeting will be conducted by teleconference only. The locations from which Commissioners will participate are not listed on the agenda and are not open to the public. All members of the public shall have the right to offer comment at this public meeting as described in this Notice.

DATE: October 28, 2021

TIME: 9:00 a.m. – 12:30 p.m.

ZOOM ACCESS:

FOR COMPUTER/APP USE:

Link : <https://mhsoac-ca-gov.zoom.us/j/81956154753>

Meeting ID: 819 5615 4753

Passcode: *KP\$Rd7p

FOR DIAL-IN PHONE USE:

Dial-in Number: 1-408-638-0968

Meeting ID: 819 5615 4753

Passcode: 46215033

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 in the audio feed.**

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.

Our Commitment to Excellence

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

- 1) Advance a shared vision for reducing the consequences of mental health needs and improving wellbeing – and promote the strategies, capacities and commitment required to realize that vision.
- 2) Advance data and analysis that will better describe desired outcomes; how resources and programs are attempting to improve those outcomes; and, elevate opportunities to transform and connect programs to improve results.
- 3) Catalyze improvement in state policy and community practice by (1) providing information and expertise; (2) facilitating networks and collaboratives; and, (3) identifying additional opportunities for continuous improvement and transformational change.

Our Commitment to Transparency

Per the Bagley-Keene Open Meeting Act, public meeting notices and agenda are available on the internet at www.mhsoac.ca.gov at least 10 days prior to the meeting. Further information regarding this meeting may be obtained by calling (916) 445-8696 or by emailing mhsoac@mhsoac.ca.gov

Our Commitment to Those with Disabilities

Pursuant to the American with Disabilities Act, individuals who, because of a disability, need special assistance to participate in any Commission meeting or activities, may request assistance by calling (916) 445-8696 or by emailing mhsoac@mhsoac.ca.gov. Requests should be made one (1) week in advance whenever possible.

AGENDA

Lynne Ashbeck
Chair

Mara Madrigal-Weiss
Vice Chair

Commission Meeting Agenda

All matters listed as “Action” on this agenda, may be considered for action as listed. Any item not listed may not be considered at this meeting. Items on this agenda may be considered in any order at the discretion of the Chair.

9:00 AM Call to Order

Chair Lynne Ashbeck will convene the Commission meeting, make announcements, and hear committee updates.

9:15 AM

Roll Call

Roll call will be taken.

9:20 AM

General Public Comment

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

9:50 AM

Action

1: September 23, 2021 MHSOAC Meeting Minutes

The Commission will consider approval of the minutes from the September 23, 2021 teleconference meeting.

- Public Comment
- Vote

10:00 AM

Action

2: Mental Health Student Services Act

- **Presenter: Tom Orrock**

The Commission will be presented with an outline for the allocation of additional funding to support the Mental Health Student Services Act grants and request that the Commission delegate authority to the Executive Director to award grants to the highest scoring applicants.

- Public Comment
- Vote

10:40 AM

BREAK

10:50 AM

Information

3: Panel on the Mental Health Wellness Act/Triage Grant Program

- **Presenters:**
 - **TBD, California Department of Aging**
 - **Veronica Kelley, Director, San Bernardino County Behavioral Health and President, County Behavioral Health Directors Association.**
 - **Scott Zeller, Vice President for Acute Psychiatry at Vituity**
 - **Jackie Wong, Chief Deputy Director of First 5 Commission**

The Commission will hear from presenters on opportunities for the next round of the Mental Health Wellness Act/Triage Grant Program.

- Public Comment

12:30 PM

Adjournment

AGENDA ITEM 1

Action

October 28, 2021 Commission Meeting

Approve September 23, 2021 MHSOAC Teleconference Meeting Minutes

Summary: The Mental Health Services Oversight and Accountability Commission will review the minutes from the September 23, 2021 Commission teleconference meeting. Any edits to the minutes will be made and the minutes will be amended to reflect the changes and posted to the Commission Web site after the meeting. If an amendment is not necessary, the Commission will approve the minutes as presented.

Presenter: None.

Enclosure: September 23, 2021 Meeting Minutes

Handouts: None.

Proposed Motion: The Commission approves the September 23, 2021 meeting minutes.

State of California

**MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION**

Minutes of Teleconference Meeting
September 23, 2021

MHSOAC
1325 J Street, Suite 1700
Sacramento, CA 95814

842-1825-8551; Code 46415287

Lynne Ashbeck
Chair
Mara Madrigal-Weiss
Vice Chair
Toby Ewing, Ph.D.
Executive Director

Members Participating:

Lynne Ashbeck, Chair
Mara Madrigal-Weiss, Vice Chair
Ken Berrick
Sheriff Bill Brown
Steve Carnevale
Shuonan Chen

Senator Dave Cortese
Itai Danovitch, M.D.
David Gordon
Gladys Mitchell
Khatera Tamplen
Tina Wooton

Members Absent:

Mayra Alvarez
John Boyd, Psy.D.
Keyondria Bunch, Ph.D.
Assembly Member Wendy Carrillo

Staff Present:

Andrea Anderson, Chief of
Communications
Toby Ewing, Ph.D., Executive Director
Anna Naify, Ph.D., Consulting Psychologist
Tom Orrock, Chief of Stakeholder
Engagement and Grants
Norma Pate, Deputy Director, Program,
Legislation, and Administration

Maureen Reilly, Acting General Counsel
Brian Sala, Ph.D., Deputy Director,
Research and Chief Information Officer
Sharmil Shah, Psy.D., Chief of Program
Operations

[Note: Agenda Item 3 was taken out of order. These minutes reflect this Agenda Item as listed on the agenda and not as taken in chronological order.]

CALL TO ORDER

Chair Lynne Ashbeck called the teleconference meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to order at 9:03 a.m. and welcomed everyone.

Amariani Martinez, Commission staff, reviewed the meeting protocols.

Chair Ashbeck gave the announcements as follows:

Announcements

- The next MHSOAC meeting is scheduled for Thursday, October 28th. The agenda will be posted on October 18th. The meeting agenda will include the election of the chair and vice chair for 2022.
- Chair Ashbeck invited Anna Naify, Ph.D., Consulting Psychologist, to introduce new staff members. Dr. Naify introduced graduate student assistants Brianne Smith, who will be working on the Anti-bullying and Fellowship Projects, and Lynze Thornburg, who will be working on the Workplace Mental Health Project and the Capitol Collaborative on Race and Equity (CCORE) Initiatives.
- Chair Ashbeck welcomed Senator Dave Cortese to the Commission. Commissioner Cortese introduced himself.

Research and Evaluation Committee Update

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

- The Committee released the new Suicide Incidence and Rate Dashboard last week as part of National Suicide Prevention Week, which allows users to explore data from the California Department of Public Health about suicide, broken down by demographic factors, location, and methods.
- The Commission's plan and methodology for evaluating the Triage Round 2 programs were presented at the September 1st Committee meeting. There was excellent discussion about the strengths and limitations of that plan. The majority of the Committee endorsed moving forward with the plan with some constructive feedback about things that can be done to improve the plan. The next step is to incorporate that feedback and present the plan and recommendations to the Committee at the January 12th meeting.
- Kai LeMasson, Ph.D., Senior Researcher, MHSOAC, will be presenting at the American Public Health Association conference. The presentation uses data from California full-service partnerships (FSPs) to examine the characteristics of clients who have lost custody of a child and the predictors of parent-child reunification. The findings will be published in an academic journal next year. The hope is that the fundings will help to support improvements in program planning

and services for parents with serious mental illness. He thanked Commissioner Berrick who provided expert guidance on this project.

- The next Research and Evaluation Committee meeting is scheduled for Friday, June 17th, 2022.

Client and Family Leadership Committee Update

Commissioner Tamplen, Chair of the Client and Family Leadership Committee (CFLC), acknowledged the difficult times, especially for communities trying to find safety and experiencing vicarious trauma. She provided a brief update of the work of the Committee since the last Commission meeting:

- The CFLC has not met since the last Commission meeting but will be meeting later this month on Tuesday, September 28th to identify the components for the implementation guide and again on Tuesday, October 19th to continue the work on the guide.
- The Committee will continue its efforts to identify components of an implementation guide designed to assist counties in their efforts to launch Peer Specialist Certification. It will be important for county behavioral health departments to have resources available to guide them through the steps of hiring peers, supervision approaches, core competencies, and methods for supporting peers who are working in mental health.

Roll Call

Maureen Reilly, Acting General Counsel, called the roll and confirmed the presence of a quorum.

GENERAL PUBLIC COMMENT

Craig Durfey, Founder, Parents for the Rights of Developmentally Disabled Children (PRDDC), stated they have two websites filled with facts such as information from the Utah Technology, Wellness, and Safety Commission. The speaker stated parents who are appointed to commissions are not being educated that technology has negative mental health consequences. The speaker asked the Commission to put money towards the awareness that too much screen time can cause developmental delays.

Steve McNally, family member, stated a suggestion was made at the California Mental Health Services Authority (CalMHSA) Board meeting yesterday that the CalMHSA Board meetings should have an e-list like this Commission so individuals can be invited to meetings. The speaker asked about trailer bill language for Mental Health Services Act (MHSA) Innovation funds and the ability to reinvest unused funds elsewhere. The speaker stated Commission staff are easy to work with and are welcoming.

Steve McNally encouraged the Commission not to lose sight that there is a pipeline from the MHSOAC to the California Behavioral Health Planning Council (CBHPC) to boards at the local level for community engagement. One thing that those boards are responsible for approving is all citizen engagement. The speaker stated, if the

Commission does not stay on top of the community planning process, communities are not really involved.

Poshi Walker, LGBTQ Program Director, Cal Voices, stated there are approximately 56 sole-source contracts coming out of the Commission, such as for research and evaluation. There are not enough competitive bidding processes in place. The speaker stated there are bills listed on the new website but there is no explanation as to why those bills were chosen. It gives the impression that those bills are the only mental health-related bills, when there are dozens more that were not listed. The speaker stated it is not transparent how the Commission determines the legislation to prioritize and bring before the Commissioners or post on the website. It is also not transparent when staff testifies on legislation, trailer bills, and budgeting. The speaker suggested putting this on a future agenda to provide an explanation to make the legislative process transparent.

Tiffany Carter, Statewide Advocacy Liaison, Cal Voices, thanked the Commission for including an update on the Tech Suite Help@Hand Innovation Project on the Commission's meeting agenda by the end of this year so stakeholders can provide meaningful feedback.

Hannah Bichkoff, Policy Director, Cal Voices, stated concern about the State Auditor Report 2019-119, Lanterman-Petris-Short Act, which was released last week that revealed "significant issues with how Californians with serious mental illnesses are cared for." The speaker encouraged Commissioners to review the report and recommendations. As of July of 2021, no action has been taken by the MHSOAC on most of the recommendations, according to the State Auditor's Office. This is concerning for a number of reasons.

Hannah Bichkoff stated, at the most recent Commission meeting, a review of the upcoming budget indicated that financial growth will dramatically increase in the coming year, resulting in an expansion of services, initiatives, and personnel. In addition, the Commission posted a list of ten bills on the website last week that they are tracking, sponsoring, or co-sponsoring in their current advocacy and lobbying efforts. The speaker stated, given the expansion of the department and echoing many of the Commissioners' comments at the August 2021 meeting, Cal Voices continues to question how the core services and supports intended to help those struggling the most with mental health will be addressed or resolved in the face of so many competing or beneficial interests.

Nina Moreno, Ph.D., Research and Strategic Partnerships Director, Safe Passages, and one of 35 local evaluators, California Reducing Disparities Project (CRDP), urged the Commission to put more research-based practitioners in the field, particularly those connected to community-based organizations, on the Research and Evaluation Committee. The speaker asked when the Prevention and Early Intervention (PEI) Subcommittee report will come out. The speaker urged the Commission to put the PEI Regulations, inclusive of public comment, on the next PEI Subcommittee agenda.

Stacie Hiramoto, Director, Racial and Equity Mental Health Disparities Coalition (REMHDCO), spoke in support of Dr. Moreno's comments about the PEI Regulations in

regards to the PEI spending priorities for counties. Although there were many events sponsored by the PEI Subcommittee, the issue of the PEI priorities that Senate Bill (SB) 1004 mandated that the Commission shall establish was never on an agenda or discussed. The speaker questioned whether PEI priorities will be addressed in the PEI Subcommittee report and, if they are, what they are based on.

Stacie Hiramoto spoke in support of Poshi Walker's comments regarding the sole-source contracts. REMHDCO recommends the creation of a legislative committee so the Commission can take a far more inclusive, comprehensive, and open approach to supporting bills. REMHDCO also recommends, in lieu of the Commission awarding so many sole-source contracts, that it form a committee or at least have a meeting so that the process is more fair, inclusive, and comprehensive. The speaker stated the need for more transparency and openness.

ACTION

1: Approve August 26, 2021, MHSOAC Meeting Minutes

Chair Ashbeck stated the Commission will consider approval of the minutes from the August 26, 2021, teleconference meeting.

Public Comment

Poshi Walker noted that they are no longer the co-director of #Out4MentalHealth. The speaker asked to strike that from page 4 of the minutes. The speaker stated they spoke in past meetings against public comments being paraphrased. They referred to their comment on page 11 of the August 26th minutes and stated they said far more than was written regarding their concerns about the racial equity training that is happening for the MHSOAC. The speaker referred to their notes from that meeting about CCORE and stated they commented on intersectionality, the school-to-prison pipeline, and other things that are not reflected in the minutes. The speaker noted that this is the second time this has come before the public and they want their concerns recorded to accurately reflect what they said, especially since that program is supported by mental health and resources of the MHSOAC. The speaker stated, since the meeting is recorded, their request should not be a problem.

Poshi Walker asked, once the minutes are corrected: How can the public see the corrected minutes and will they be listed as edited and corrected?

Chair Ashbeck asked Executive Director Ewing to comment on corrected minutes.

Executive Director Ewing stated corrections to the minutes can be made as part of the adoption process of the minutes. The challenge is that meeting minutes are not verbatim but are a summary of the discussion. A verbatim transcript is cost-prohibitive. Other state and local bodies continue with the traditional version of minutes but make a recording available if someone wants to hear the meeting word-for-word. He stated the Commission would welcome written public comment, which can be included in the record as an addendum to the minutes. This would allow speakers to control their message and have it reflected in the public record.

Tiffany Carter echoed Poshi Walker's comments in regards to the paraphrasing of public comments. The speaker stated, although they understand that the minutes cannot be captured verbatim, it is imperative to speak to the fact that paraphrasing should at least hit all of the topics discussed, which is not happening. The speaker referred to their comment on page 5 about the definition of Innovation and the consistency of Innovation plans being approved by the Commission and stated it does not include a vast amount of what was stated. Instead, the minutes brought their comments down to saying that there is a "need for county plans being approved by this Commission to be innovative by the legal definition and to ensure that Innovation is the appropriate mechanism and funding stream for Innovation plans."

Tiffany Carter stated, although they did indeed say that, they additionally gave an example of an Innovation plan that was beautiful and that is often seen before the Commission, but that it was not the correct funding stream, and that oftentimes, a benefit of a plan is seen and sometimes Commissioners overlook that it is not necessarily Innovative by its full definition. It is beneficial for the community and so it gets pushed through, the speaker said.

Tiffany Carter stated that, at one point the Commission actually identified the Innovation program as one of the mechanisms available; to achieve the goals of transformation that the MHSA supports and that the lack of consistent definitions of Innovation and its application across counties makes this impossible. The speaker also stated they had said the role of the Commissioners is to determine if something is innovative; and, if it includes an evaluation plan that will produce learnings, that other counties can replicate and/or do what has worked. The speaker stated the Commission often has trouble with the latter piece but approves the plans anyway because they see the need.

Tiffany Carter asked that, when paraphrasing, all topics being discussed are touched upon. The speaker stated the need to ensure that what was said is being reflected as much as possible. The speaker advocated for a verbatim transcript but stated they will begin providing their written comment to staff.

Poshi Walker asked to strike that they are still co-director of #Out4MentalHealth.

Commissioner Mitchell asked if the speaker can articulate the point they are making that they want reflected in the minutes when giving public comment. It is unreasonable to expect the minutes to be verbatim.

Chair Ashbeck agreed and stated the speaker can say "I'd like the record to reflect" a point.

Commissioner Berrick stated there is an obligation for staff to go back and listen to the recording when correcting errors in the minutes. He suggested a combination of reviewing the recording, the speaker being able to put their intended comments in as an addendum, and, if there is an error, the minutes can be corrected.

Chair Ashbeck asked that Poshi Walker's title be corrected on page 4 by striking "Co-Director, #Out4MentalHealth." She asked for a motion to approve the minutes.

Commissioner Berrick made a motion to approve the August 26, 2021, teleconference meeting minutes.

Commissioner Danovitch seconded.

Action: Commissioner Berrick made a motion, seconded by Commissioner Danovitch, that:

- *The Commission approves the August 26, 2021, Teleconference Meeting Minutes as revised.*

Motion carried 9 yes, 0 no, and 3 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Berrick, Carnevale, Chen, Cortese, Danovitch, Mitchell, and Tamplen, Vice Chair Madrigal-Weiss, and Chair Ashbeck.

The following Commissioners abstained: Commissioners Brown, Gordon, and Wooton.

ACTION

2: Art With Impact Contract

Presenter:

- Andrea Anderson, Chief of Communications
- Cary McQueen, Executive Director and Founder, Art With Impact

Chair Ashbeck stated the Commission will receive a presentation on how the work of Art With Impact aligns with Commission priorities, addressing themes ranging from youth wellness to equity and inclusion, substance use disorder, black mental health, and refugee and immigrant mental health.

Andrea Anderson, Chief of Communications, introduced Cary McQueen and asked her to give her presentation.

Cary McQueen, Executive Director and Founder, Art With Impact, provided an overview, with a slide presentation, of the background and mission of Art With Impact. She stated Art With Impact promotes mental wellness by creating space for young people to learn and connect through art and media. Ms. McQueen was unable to show the short films from the Olive Films Collection due to technical difficulties.

Commissioner Questions

Commissioner Carnevale stated there is a whole body of mental health therapies that are delivered by individuals who get master's degrees in music and art therapies and do a lot of good work, but there has not been any work done to prove the underlying efficacy of these therapies that clearly work. He stated he has been getting involved on a national scale with researchers in bringing the UCSF neuroscience into this picture because they have the ability to prove the efficacy. These alternative modes of communication are essential and are changing the brain.

Commissioner Carnevale stated California has the ability to lead the world in understanding the efficacy of art therapies by bringing in the strengths of California's arts and neuroscience programs. Innovating in ways to deliver therapies with more

efficiency can reduce the cost of delivery, which would allow delivery of more therapies to more individuals with the same number of dollars, which would make the Commission more effective as a mental health body. He offered to talk more about this with Ms. McQueen offline.

Commissioner Danovitch echoed Commissioner Carnevale's comments. He asked for the additional impact information as described in the presentation, specifically about the participation, receptivity, and how to scale the program.

Ms. McQueen stated approximately 4,000 individuals have participated in the program per year for a total of approximately 19,000 participants. She stated she has worked with many colleges and universities throughout California. Additional artistic modalities allow more schools to be visited more frequently. She stated she next sees Art With Impact going to the juvenile justice system. She stated the importance of finding opportunities to create the safety of the containers that are in college and university programs in whatever Art With Impact does next, since it is difficult to bring something as emotionally powerful as art into high schools cold.

Commissioner Brown spoke in support of Art With Impact's partnership with the Commission. He stated Ms. McQueen and her team do a superb job. They bring in people who have expressed deeply personal issues and struggles and through the medium of art and film have been able to find a sense of purpose and a pathway to help them in their recovery and wellbeing.

Commissioner Mitchell echoed Commissioner Carnevale's comments. She stated she attended an Art With Impact workshop a couple of years ago and it was beyond amazing. She stated watching her child who has severe mental illness and their response to art and the neuroscience of that is something she takes note of. She spoke in support of the Commission's exploring and supporting work in this area.

Public Comment

Poshi Walker agreed that the Art With Impact program is well done and the films are excellent; however, it is sole-sourced. The speaker stated their concern is not just with Art With Impact but that there are many marginalized community agencies doing amazing work that never rise to the level of presenting their work to the Commission and asking for funding. The speaker stated concern that this is not a competitive process.

Poshi Walker also stated concern that programs are continually funded for transition-age youth (TAY) who are in college. While the speaker agreed that TAY in college need help, they stated there are TAY who cannot make it to college because they are either disabled by their mental health or because they are working. The speaker noted that those TAY need help too.

Poshi Walker asked the Commission to look at what is being sole-sourced and why, and how they advance what the Commission is supposed to be doing.

Andrea Wagner, LEAD Program Manager, California Association of Mental Health Peer-Run Organizations (CAMHPRO), and Community Whole Health Alliance, stated they are a big advocate for arts for mental health. The speaker suggested expanding

something like this to older adults and other adults besides TAY. Targeting a specific age group misses stories that need to be told and experiences that need to be had in other adults, especially individuals in rural areas. Other countries have a branch of their mental health systems devoted to the arts. The speaker stated they would love to see that happen in California.

Andrea Wagner suggested that programs like Art With Impact reach into community-based organizations such as those alluded to by Poshi Walker. There are many agencies already working in communities doing different art modalities for therapy in mental health. The speaker stated it is more about the process than the outcomes. The films are wonderful but they are a highly skilled and expensive art form. There are other art forms that can be very therapeutic. The speaker stated they would love to see funding invested in other art forms as well in smaller communities.

Andrea Crook, Director of Advocacy, ACCESS California, a program of Cal Voices, thanked Andrea Wagner and Poshi Walker for their comments. The speaker stated they were struck by the amount of air time Art With Impact was given on today's agenda. While Art With Impact seems like a fabulous program and is for a relatively small amount of funding, but the Commission's stakeholder contractors have never been asked to present on the work they are doing at a Commission meeting. The stakeholder contractors are funded to inform the work of the Commission for diverse communities in California; yet, on the website, there is no recognition of current and former contractors or their Annual State of the Community Reports. The speaker suggested elevating the work of the Commission's stakeholder contractors.

Stacie Hiramoto, REMHDCO and a member of the CRDP, echoed the comments of the previous speakers and thanked Poshi Walker and others for bringing up some of the issues they, too, were planning to bring up. The presentation by Art With Impact was compelling. The speaker stated it seems to be an impressive program and organization but it would have been nice to learn the background on how this project became connected with the Commission and how the sole-source contract funding from the Commission has been spent. Also, there was no budget presented today for the planned use of the \$500,000 contract funding.

Stacie Hiramoto stated the board and staff of Art With Impact are not racially and ethnically diverse. The speaker stated Art With Impact's mission and vision statements do not mention serving underserved communities or reducing disparities. There is an old model of serving Black and indigenous people of color (BIPOC) and LGBTQ communities – that is, to give a lot of funding to an organization that is governed and staffed primarily by whites, although they may award small grants to individuals who are in communities of color.

Stacie Hiramoto stated the CRDP Phase 1 was one of the major grants funded by the MHSA that was awarded by the Commission and broke this old pattern. Instead of giving all the planning funding to one large organization, five separate organizations that specialize in serving particular racial, ethnic, and LGBTQ communities were awarded separate grants to do community participatory research. In this way, there is capacity building for those community organizations. The speaker stated the CRDP Phase 2

continued this practice and funds multiple organizations that primarily serve particular communities.

Stacie Hiramoto suggested a more open, transparent, and fair process when funding projects like Art With Impact.

Commissioner Discussion

Commissioner Mitchell suggested having a discussion to address questions asked during public comment at a future meeting. She asked Executive Director Ewing to comment.

Executive Director Ewing addressed the questions about sole-source contractors. He stated the Commission does both sole-source contracting and competitive procurement. He stated sole-source contracting is clearly consistent with the law – the MHSA explicitly authorizes the Commission to do sole-source contracting with these funds. Within that, the Commission follows the policies and procedures outlined by the Department of General Services (DGS) for good practices. All contracts are posted online.

Executive Director Ewing stated the vast majority of dollars for sole-source contracting goes toward academic partners, typically the University of California for research work, and there is a natural bias in the state to work with state agencies in the contracting rules. Rules are more lenient when working with another state agency simply because it is another public agency. This does not mean that the Commission does not sole-source contracts with smaller vendors.

Executive Director Ewing stated the competitive procurement process is staff-intensive and he is continually trying to improve that work, including its transparency.

Executive Director Ewing addressed the questions about how the Commission makes decisions about the use of its time and that other stakeholders do not have the opportunity that Art With Impact has had to present their work. He stated, managing the very limited time that the Commission has is an ongoing challenge. Art With Impact has presented their work before the Commission in the past and was particularly asked to present today to highlight its emphasis around diversity, equity, and inclusion, due to the fact that Commissioners have been asking what the Commission is doing around issues such as stigma and access to care that look through the lens of diversity, equity, and inclusion. This was an appropriate use of Commission time, he said.

Executive Director Ewing stated, given more time, the Commission would love to hear presentations on the work of other contract holders. He stated, if the Commission would like a more thorough conversation, staff will do some analysis on the amount of money being spent through a competitive procurement process versus sole-source.

Chair Ashbeck asked for a motion to approve the staff recommendation.

Commissioner Mitchell moved to approve a two-year contract not to exceed \$500,000 to continue with the Art With Impact work..

Commissioner Wooton seconded.

Action: Commissioner Mitchell made a motion, seconded by Commissioner Wooton, that:

The Commission approves Art With Impact's request for program funding for two years, as follows:

Name: Art With Impact

Amount: \$500,000

Project Length: Two (2) Years

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

The following Commissioners voted "Yes": Commissioners Berrick, Brown, Carnevale, Chen, Danovitch, Gordon, Mitchell, Tamplen, and Wooton, and Chair Ashbeck.

BREAK

[Note: Agenda Item 3 was taken out of order and was heard before the break.]

ACTION

3: Crossings TV Contract

Presenter:

- Toby Ewing, Ph.D., Executive Director

Chair Ashbeck stated the Commission will receive a summary on the work performed by Crossings TV. Commission staff are recommending approval of a one-year contract not to exceed \$110,000 to continue Crossings TV's mental health outreach work to California's Asian-language speaking population. She asked staff to present this agenda item.

Executive Director Ewing briefly reviewed the impact of in-language messaging targeting stigma reduction, help for victims of hate crimes, and connection to culturally appropriate mental health services, and showed a short clip of some of the commercial work beginning to air. He stated the idea is make a small, reasonable investment to ensure that a target population that is experiencing tremendous trauma associated with anti-Asian hate, COVID-19, and economic dislocation is reached; and, to help connect them with resources and information to support their overall mental health.

Jinky Dolar, Senior Account Executive, Crossings TV, stated the Asian community has increased 27 percent and anti-Asian hate crimes have increased in California, with many incidents not being reported.

Commissioner Questions

Commissioner Mitchell stated the 30-second TV spot was clear and powerful. She asked about the number of individuals who have called in or asked for help as a result of seeing the commercial.

Executive Director Ewing stated Ms. Dolar's work reaches approximately 4.2 million Asian Californians. Crossings TV has phenomenal data in terms of reach but it does not translate into impacts. At the end of the 30-second TV spot, there is a link to a national organization that has agreed for the Commission to use them as a resource to send individuals to. Staff continues to talk with them to ensure they are not being overwhelmed and that individuals are being sent to valid, reliable, available resources. He suggested talking with them about tracking that information.

Ms. Dolar stated mental health is a difficult topic for everyone, especially for the Asian American and Pacific Islander (AAPI) community because they feel embarrassed or ashamed. She stated the importance of awareness, letting the community know that they are not alone, and that there is help available.

Commissioner Carnevale stated business knows how to measure these kinds of things. He stated this messaging is very important. Greater awareness translates to individuals getting services sooner, which means money will be saved in the system in the long run, which allows California to serve more individuals. He stated there is a way to determine the impact and the return on investment of this so the optimal amount of funding can be measured that will serve more individuals. He asked the Commission to explore this more for the Crossings TV messaging but also for the general work of the Commission.

Public Comment

Nilda Valmores, Executive Director, My Sister's House, stated My Sister's House collaborates with Crossings TV on mental health issues. The speaker encouraged the Commission to approve the Crossings TV contract for another year.

Poshi Walker clarified their previous public comment and stated they did not mean that the MHSOAC does not allow for sole-sourcing but that they are asking what the Commission - in its role as the Commission - should be funding.

Poshi Walker stated appreciation for Crossings TV. The speaker stated reaching out to marginalized communities, especially those that do not speak English, is an excellent idea. The speaker asked if the Commission is doing the same kind of effort and resources and is offering funding and opportunities for other marginalized communities, as well, such as making commercials and doing interviews in other languages and showing it on TV channels and over radio stations. The speaker stated they are not trying to take anything away from the AAPI community but this is what happens to communities – they end up fighting over the same little piece of the pie instead of getting a whole pie that everyone can share.

Poshi Walker suggested doing a specific outreach to AAPI individuals that are also LGBTQ since there are different issues there in terms of seeking mental health services. The speaker agreed with Commissioner Carnevale that there should be a way to at least show some kind of correlation between the time a messaging is shown and a spike in individuals contacting the national resource. The speaker asked about using California resources. There are AAPI resources including LGBTQ AAPI resources in California that individuals can go to.

Stacie Hiramoto agreed with the previous speakers. The speaker stated they are not opposed to sole-source contracts but stated the need to have a plan. The speaker questioned the amount of funding being given to Crossings TV as compared to the funding being given to Art With Impact.

Carol Sewell, Legislative Director, California Commission on Aging, stated the Asian hate that started during the beginning of the COVID-19 transition has been a huge problem. The speaker noted that this has been especially hard on older Asian Americans. The Commission has taken action to support legislation to act out against this. The speaker stated the hope that future advertising and PSAs feature older adults in the images portrayed.

Commissioner Discussion

Commissioner Mitchell took note of the illustrations presented to the Commission today and some of the work that is being done in marginalized communities. It is important to show the work being done in these various communities. She recommended continuing this trend.

Chair Ashbeck asked for a motion to approve the staff recommendation.

Commissioner Mitchell moved to approve a one-year agreement for up to \$110,000 to continue support for Crossings TV's mental health outreach work to California's Asian-language speaking population.

Commissioner Gordon seconded.

Action: Commissioner Mitchell made a motion, seconded by Commissioner Gordon, that:

- *The Commission approves program funding for Crossings TV for one year in the amount of \$109,880.*

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

The following Commissioners voted "Yes": Commissioners Berrick, Brown, Carnevale, Chen, Gordon, Mitchell, Tamplen, and Wooton, and Chair Ashbeck.

ACTION

4: Marin County Innovation Plan

Presenter:

- Talia Harter, Student Board Member, San Rafael City Schools Board of Education

Chair Ashbeck stated the Commission will consider approval of \$1,648,000 in Innovation funding for Marin County's Student Wellness Ambassador Program (SWAP): A County-Wide, Equity-Focused Approach Project.

Commissioner Berrick recused himself from the discussion and decision-making with regard to this agenda item pursuant to Commission policy.

Chair Ashbeck asked the representative to present this agenda item.

Talia Harter, Student Board Member, San Rafael City Schools Board of Education, provided an overview, with a slide presentation, of the need, proposed project to address the need, community contribution, learning objectives, evaluation, and budget of the proposed SWAP Innovation Project.

Commissioner Questions

Commissioner Gordon asked about youth involvement in the management and oversight of the project, and the confidence level that the county will continue to sustain this project.

Galen Main, MHSA Coordinator, Behavioral Health and Recovery Services, Marin County Department of Health and Human Services, stated Student Wellness Ambassadors from each school district will help oversee the governing advisory committee body for this project. The youth will be involved in developing and evolving the curriculum throughout the project. The county will continue to support this project using prevention and early intervention or other funds.

Commissioner Gordon stated he was particularly interested in maintaining the power of the youth voice and influence over the ongoing maintenance of the project.

Ms. Harter stated having these conversations in schools will create an environment for this program to thrive.

Ms. Main added that the county has strong student commissions and youth representation.

Commissioner Mitchell asked how students are selected to be Wellness Ambassadors.

Ms. Main stated the county will work with community-based organization partners to ensure that youth from underserved populations are recruited to be Wellness Ambassadors.

Jonathan Lenz, Assistant Superintendent, Special Education, Marin County Office of Education, stated the Marin County Office of Education works with known student leaders in this space. He stated the belief that students will spread the word about the program, the program will grow, and students will come forward to be a part of it.

Commissioner Mitchell stated there are many students who do not shine but they are still great students. She stated the need for an opportunity for all students to be involved in a program with a well-balanced representation. She asked for assurance that students who are not “shining stars” but who want to engage and be a part of this program will have that opportunity.

Mr. Lenz stated what is meant by “shining stars” is that, in the context of wellness; students who are interested in supporting students in their social-emotional wellbeing are interested in available resources and in ensuring that these things are connected and safe.

Commissioner Mitchell stated the need to dig wide and deep to ensure there is a broad representation of students in this program.

Ms. Harter added that some of the most passionate students have been previously failed by current systems. Presenting the opportunity for those students to engage, and voice what they want and need, will be critical to this program.

Commissioner Tamplen asked if peer support trainings will be offered for youth who have had experiences with mental health challenges, to give them the hope of becoming a Certified Peer Support Specialist,, and passing on the support they received to other youth.

Commissioner Brown asked about the 18 additional schools in Marin County.

Ms. Harter stated this program will be across all 18 school districts in Marin County.

Commissioner Brown asked how the system will work, who students reach out to, and who will put students in touch with peer navigators.

Mr. Lenz stated the students are not “signing up” services. The Student Wellness Ambassadors are not seen as therapists; they have tools in their toolbelt that they can share with their peers. It is more about students reaching out, connecting, and sharing resources. Training is included to help students recognize when other students may need access to resources. The program is about changing the culture in the school rather than students signing up for something.

Commissioner Brown asked how students reach out for help when suffering from mental health challenges or going through difficult times, and if students can only receive help if they happen to have a friend who has been trained in this; or if there is a mechanism for that student to go through to be put in touch with a peer support person.

Mr. Lenz stated it can be both. A mechanism can be created for students to be in touch with that person, but also resources could be made available that students can access in another way.

Commissioner Brown asked who coordinates putting a student in touch with a peer support person.

Mr. Lenz stated it happens at the district level. Each district will create a system for that to happen. He stated individuals from all school districts are brought together to train on the implementation of this model, but local decisions will be made about how students will navigate the system, based upon what is available in each school in each district.

Ms. Main stated youth currently have to go to an adult to ask for help but county research has shown that youth do not tend to go to adults for a referral. This program is about youth going to other youth within the schools.

Commissioner Brown asked how students will know who is a peer support individual.

Ms. Main stated they will be giving wellness presentations in classrooms, doing lunchtime events, and making themselves visible on campus.

Commissioner Mitchell stated her understanding that the ambassadors are coordinated through the county office of education.

Mr. Lenz stated, the program is designed for implementation of the model countywide. All leads from each school district will be brought together for a collective conversation

about implementation of the model. How the coordination works is ensuring that everyone is working off the same framework and implementing as designed.

Commissioner Mitchell stated she loved the concept of the program but suggested that the county improve upon how it explains the implementation of it.

Chair Ashbeck stated the idea of peer support is not new. She asked about the innovativeness of peer support in this program.

Mr. Lenz stated it specifically reaches out to an historically underserved student population and it will be a countywide implementation to eliminate the variable access to services between school districts. Everyone will work collectively on a common model. Also, the program serves 6th through 12th grades to improve the conversation between elementary and high school districts as students transition, which makes it more comprehensive and cohesive.

Chair Ashbeck stated concern that each school district will need to figure out how to implement the model.

Mr. Lenz stated each school will do it differently, based upon their unique structure, but the model is static and will be implemented in the same fashion across all school districts. Also, all districts will join in collective discussions on a regular basis to share lessons learned for consistency across the county. He stated the fundamental principles will not be altered although some of the operational features can be implemented differently per district.

Ms. Main added that the students from all districts will be trained together and will learn from each other about how it will be implemented.

Commissioner Gordon stated it seems that a lot will depend on how the young people will be worked with, so as to give them much greater agency to collaborate and help lead the work from their perspective in terms of what is needed.

Commissioner Mitchell asked how the project will be measured for success.

Chandrika Zager, Senior Program Coordinator, Behavioral Health and Recovery Services, Marin County Department of Health and Human Services, stated it is important to include the youth voice in every aspect of this project including the evaluation. The youth will be critical in developing the evaluation and gathering and presenting the data to inform the decision-making around the program. She stated Behavioral Health will be holding focus groups and doing surveys with caregivers, staff, and youth to measure the quality and effectiveness of the learning collaboratives and trainings to look at skill and leadership development. They will be looking at the California Healthy Kids Survey, comparison data, and a variety of different methods to evaluate the project.

Public Comment

Andrea Wagner spoke in support of the proposed Innovation Project.

Craig Durfey suggested including SB 224 mental health education training and AB 8217 and their efforts for empathy in this project. The speaker suggested the movie

Screenagers about youth who are addicted to technology. The speaker noted that children are suffering through something that can be alleviated.

Adrienne Shilton, Senior Policy Advocate, California Alliance of Child and Family Services, spoke in support of the proposed Innovation Project.

Hannah Bichkoff spoke in support of the proposed Innovation Project.

Priscilla Miranda, community-based organization, Marin County, spoke in support of the proposed Innovation Project.

Dana Van Gorder, Executive Director, Spahr Center, spoke in support of the proposed Innovation Project.

Preston Lee, student, spoke in support of the proposed Innovation Project.

Commissioner Discussion

Chair Ashbeck asked for a motion to approve Marin County's SWAP Innovation Project.

Commissioner Gordon moved the staff recommendation.

Commissioner Tamplen seconded.

Action: Commissioner Gordon made a motion, seconded by Commissioner Tamplen, that:

The Commission approves Marin County's Innovation Plan, as follows:

Name: Student Wellness Ambassador Program (SWAP): A County-Wide Equity-Focused Approach

Amount: Up to \$1,648,000 in MHSA Innovation funds

Project Length: Three and a half (3.5) Years

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

The following Commissioners voted "Yes": Commissioners Brown, Carnevale, Chen, Gordon, Mitchell, Tamplen, and Wooton, and Chair Ashbeck.

The following Commissioner abstained: Commissioner Danovitch.

Commissioner Berrick rejoined the meeting.

ACTION

5: Mental Health Wellness Act of 2013 (Triage)

Presenters:

- Norma Pate, Deputy Director
- Toby Ewing, Executive Director

Chair Ashbeck stated the Commission will hear an overview of the Mental Health Wellness Act of 2013 and opportunities for new investments in the 2021-22 Fiscal Year. She asked staff to present this agenda item.

Executive Director Ewing provided an overview, with a slide presentation, of the background, expected outcomes, and next steps of the SB 82 Triage Grants. He stated experts will be invited to present at the next Commission meeting about how to best make use of this funding. He asked Commissioners to provide guidance about preparation over the next few months for staff to best support the Commission as it considers the competitive procurement discussion around Round 3 of the \$20 million Triage Grants.

Commissioner Questions

Commissioner Wooton asked if ride-alongs for peer support workers, and law enforcement, if necessary, would be considered for the triage program.

Executive Director Ewing stated the need to follow the statutory and budgetary guidance but those are the kinds of issues where the Commission has flexibility to prioritize, such as the role of peers in that work.

Commissioner Danovitch stated it is critical to ensure that everyone receiving funds proposes a way to evaluate and shows the impact of the funds and sustainability. He asked for more details on the one-year versus four-year disbursements.

Executive Director Ewing stated, word from the counties is that the current structure is problematic. The original allocation for triage was \$32 million per year. It was reduced to \$20 million because counties were unable to spend the funding because of profound challenges in hiring staff under such a short timeframe. The requirement that funds be used for staffing suggests that that should be modified, which would require legislation.

Executive Director Ewing stated, if this is something the Commission wants to do, it makes sense to release this funding under a shorter timeframe such as two years. If the Commission is satisfied with the current structure, then it should not be modified and the funding should be released for a longer window such as four years. Based on county information, triage should be updated but this cannot be done prior to the allocation deadline.

Commissioner Berrick stated, as it relates to the overall evaluation versus individualized evaluation, there is a need to measure outcomes across the state. This does not preclude counties that have unique programs from adding components of evaluation. Funding should be set aside for individualized evaluations while also doing a statewide evaluation. Although evaluations cannot be uniform, they can achieve agreed-upon outcomes. He encouraged the Commission to consider the most expedited timeline possible to help ensure that schools can implement this program at the beginning of the school year.

Chair Ashbeck agreed that up-front planning is important to expedite implementation after funding.

Public Comment

Craig Durfey suggested paying for and distributing the Screenager and other movies to all schools in the county. The speaker stated JFK University ecotherapy has been proven by psychologists and they endorse it to look at that as promoting advancement of this psychology to bring wellness. The speaker stated the hope that funding will go towards education on technology addiction.

Mary Ann Bernard, retired lawyer and family member, stated they are unfamiliar with the crisis intervention legislation being discussed, but noted the first presentation slide contained the word “stabilization,” which is an opportunity to remind the Commission about other funding. The speaker stated the last clause of Section 5840(c) of the MHSA mandates the Commission to use prevention and early intervention funding for relapse prevention for people with existing severe mental illnesses. Crisis intervention centers are a wonderful place to do that, and stabilization is apparently part of this process, the speaker said.

Mary Ann Bernard stated that, historically, this group tried hard to ignore that mandate and the speaker’s law firm took it to the Office of Administrative Law, where they made the Commission pay attention to that mandate. The speaker stated, if the Commission does not follow statutory mandates, there is a very easy fast route to the Office of Administrative Law to get the Commission to do what they already made this Commission do once. This is something that should be done even if not mandated because it is so badly needed.

Ruqayya Ahmad, California Pan-Ethnic Health Network (CPEHN), stated CPEHN is concerned that almost all mobile crisis response teams currently operated by county behavioral health departments are co-responder models that involve law enforcement. These models often do more harm than good for communities of color. The speaker asked the Commission to stipulate that mobile response programs supported by these funds not support programs with law enforcement involvement. The speaker noted that this is an opportunity to build an alternative system that is more racially just and more effective. There are currently effective community-driven models in operation that can be scaled and sustained.

Ruqayya Ahmad stated services should meet language access needs of California’s diverse communities. From the first point of contact, community members must be able to receive services in their primary language and without fear of criminalization, and the program should be required to conduct robust culturally and linguistically competent outreach to their own local communities.

Ruqayya Ahmad stated, regarding evaluation, CPEHN feels that the Commission should include evaluation and accountability measures that specifically center on racial equity; and should require counties to collect robust demographic patient-centered outcome and system efficacy measures, and the data should be regularly provided to the public to inform refinement of the program and to determine next steps.

Stacie Hiramoto stated REMHDCO strongly supports CPEHN’s recommendations. The speaker thanked the Commission for having this on the agenda early so the public knows what is coming up and can prepare and provide input. The speaker

recommended, when considering partners, partnering with community-based organizations, particularly those that specialize in serving BIPOC and LGBTQ communities.

Commissioner Discussion

Commissioner Brown stated, although he respects the opinions offered by several of the speakers, due to the experience of Santa Barbara County's program with a crisis response model that teams law enforcement with clinicians from the behavioral wellness department, it would be a huge mistake to exclude law enforcement involvement in crisis response. He stated Santa Barbara County has had exceptional success with their program and has universal support for it in the community. Although it may not work for all counties, it does work for others. He cautioned against excluding successful programs from being considered.

Commissioner Mitchell asked about the upcoming Listening Session.

Tom Orrock, Chief of Stakeholder Engagement and Grants, stated the upcoming SB 82 Round 3 virtual Listening Session is scheduled for September 28th.

Executive Director Ewing stated this is a multi-step process with lots of engagement built in. Over the past six months, the Commission has begun talking about the upcoming Round 3 of the SB 82 Triage Grants. Today's agenda item gave the opportunity to provide more detail, to put tensions on the table about evaluation, timeframe, and prioritization, and to announce the upcoming Listening Session and the panel discussion planned for the October Commission meeting to better understand current crises and opportunities. The feedback gathered from these events will be funneled into a proposal that will come before the Commission for additional public review and comment in order to expedite the release of an RFP to support local activities.

Commissioner Mitchell asked about the pros and cons of single-year funding versus multiple-year funding and how that will affect counties.

Executive Director Ewing stated the Commission has heard over the past few years from community partners about some of the restrictions within the design of SB 82 – that the funding is not necessarily tailored to support the most urgent needs in communities. He stated there is a heavy emphasis to use this funding to hire staff. Hiring staff can be one of the most difficult things to do, so much so that the counties have had to return millions of dollars because they were unable to hire staff as required under the statute.

Executive Director Ewing stated one of the issues to explore is if the Commission should pursue a conversation with the Administration and the Legislature about modifying the rules. In the meantime, these funds are currently available to support what is happening in the counties. In the past, the Commission has elected to bundle the annual \$20 million funding over multiple years – 4 years would allow the Commission to raise an \$80 million grant procurement. This grant procurement would have to be spent under the existing rules – primarily for hiring staff.

Executive Director Ewing stated, alternatively, if the determination is to allocate the funds in a shorter timeframe, such as two years, it would allow time to have the conversation about more flexibility in the funding.

Executive Director Ewing stated, when the Mental Health Student Services Act (MHSSA) was passed, the Legislature asked community partners how to give local partners more flexibility rather than replicating the triage language. The requirement that the funds shall be used for staffing was removed, which allowed the Commission to use the MHSSA funds in a more flexible manner to respond to what is happening in communities. To have this conversation about the triage grants means investing in only one or two years. Although the funding would have added flexibility, it would not extend to as many local partners due to the short timeframe of one or two years.

Executive Director Ewing stated the other thing to think about is whether the goal is to give a small grant to everyone or to try to make a larger investment in a smaller number of programs.

Executive Director Ewing stated these trade-offs will be written up for discussion at the upcoming Listening Session and at the October Commission meeting.

Chair Ashbeck suggested considering regional grants.

ADJOURNMENT

There being no further business, the meeting was adjourned at 12:53 p.m.

AGENDA ITEM 2

Action

October 28, 2021 Teleconference Commission Meeting

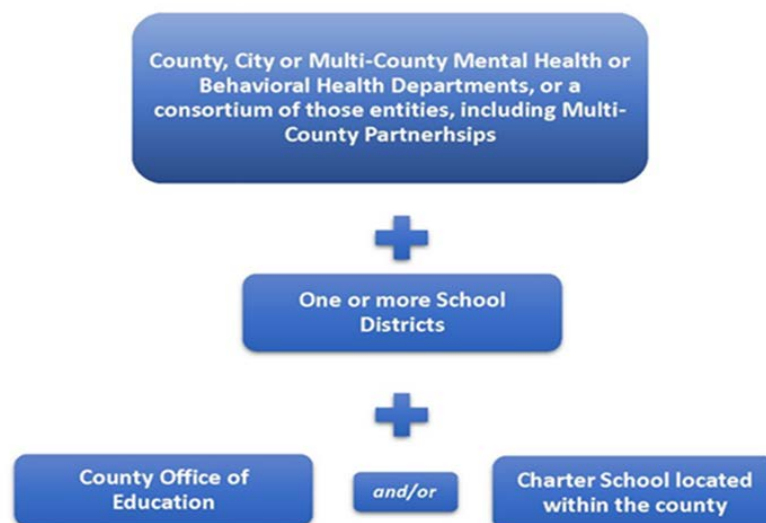
State Fiscal Recovery Funds: Mental Health Student Services Act (MHSSA)

Summary: The Commission will consider approval of an outline for a Request for Application (RFA) designed to award **federal grant funds** to support mental health partnerships between city or county mental or behavioral health departments (Health Departments) and schools. Funding for these grants was made available by the American Rescue Plan Act of 2021 as allocated through the State Fiscal Recovery Fund (SFRF). The funding parameters are patterned after the Mental Health Student Services Act (MHSSA). These grants will be issued for a 4-year, 4-month term under a competitive procurement process.

Background: The Commission was allocated \$100 million designated as “stimulus funds” to address the immediate impact of COVID-19 on Mental Health Services. As such, grants will be awarded in the most efficient way possible, while ensuring the programs are run in accordance with the MHSSA and the Budget Act of 2021. Of particular importance, the Budget Act requires that grant funds are for in economically disadvantaged communities. For the purposes of this grant award, this has been determined to mean grantees must partner with Title 1 schools that offer Free and Reduced-Price Meal programs.

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

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



This RFA is only available to the 20 counties that are not already participating in an MHSSA program funded by the state Mental Health Services Act. A roster of these counties is attached.

The other 38 counties are already receiving state-funded MHSSA grants for a 4-year term. The first round of this funding was approved by the Commission in November 2020, reaching 18 counties. The second round was approved in August 2021, reaching another 20 counties. With the availability of federal funds under this RFA, **all 58 counties** will be able to offer an MHSSA program.

Outreach: Last month, Commission staff held a listening session with the 20 eligible counties to give an overview of this RFA funding opportunity; and identify barriers, given that these counties did not compete previously. Staff explained that grants will be awarded based on their ability to meet the requirements outlined above, with an emphasis on three points: 1) a viable **partnership**, 2) a plan to develop and operate an MHSSA **program**, and 3) a **budget** that supports the program.

Timeline:

Release Request for Application	November 2021
Intent to Award	February 2022
Contracts executed	March 2022

Presenter: Tom Orrock, Chief of Stakeholder Engagement and Grants

Enclosures: (1) Proposed Outline of Request for Applications for the SFRF MHSSA grants; (2) Budget Act of 2021, Senate Bill 129 Bill Text; (3) List of Cities/Counties Eligible for the SFRF MHSSA Grant

Handouts: A Power Point will be provided at the meeting.

Motion: Proceed in issuing a Request for Application for federal grant funding of up to \$100 million, and finalize the competitive grant process, following the eligibility criteria and other guidelines outlined above in this Agenda Item 2.



**Outline of
American Rescue Plan Act (ARPA)
State Fiscal Recovery Funds (SFRF)
Mental Health Student Services Act (MHSSA)
Request for Applications**

Background

The Mental Health Services Oversight & Accountability Commission (MHSOAC) administers the Senate Bill 82 Investment in Mental Health Wellness Act which provides local assistance funds to expand mental health crisis services. The Commission recognizes that the effects of mental health crises are evident on school campuses and that reaching pupils in the school setting is practical for a first point of contact for mental, behavioral, and substance use disorder services for youth. Schools provide an opportunity for early identification and early intervention to address behavioral health issues that can undermine learning and health development.

Improved access to mental health services is foundational to supporting children and youth develop into healthy resilient adults. Comprehensive models and integrated services that are tailored to individual and family needs, have the best chance of improving health and academic outcomes. The Mental Health Services Act is intended to foster stronger school-community mental health partnerships that can leverage resources to help students succeed by authorizing counties and local educational agencies to enter into partnerships to create programs that include targeted interventions for pupils with identified social-emotional, behavioral, and academic needs. School-community mental health partnerships offer an opportunity to reach children and youth in an environment where they are comfortable and that is accessible.

Chapter 51 of the 2019 Budget (SB 75) established the Metal Health Student Services Act (MHSSA) to establish mental health partnerships between County Mental Health or Behavioral Health Departments and educational entities. The first round of MHSSA grants funded 18 counties through a competitive procurement. The Budget Act of 2021 provided an additional \$95 million to fund applicants who applied to the first round of funding but did not receive a grant. The result was an additional 20 counties were provided grants. The Federal American Rescue Plan Act (ARPA) provided up to \$100 million through the State Fiscal Recovery Fund (SFRF) to fund the remaining 20 counties in establishing an MHSSA program. In addition, the Budget Act of 2021 stated

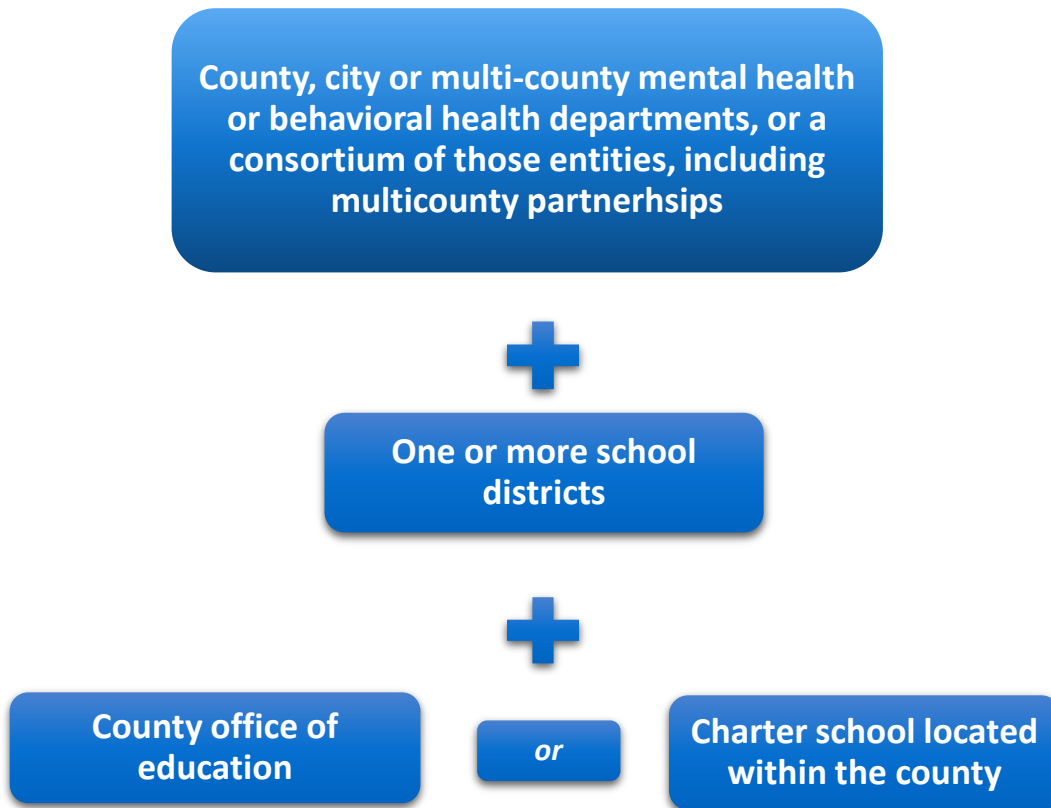
that these funds are for Economically Disadvantaged Communities (EDC). The grants shall be for Economically Disadvantaged Communities (EDC), as determined in consultation with the Department of Finance. For the purpose of this RFA only, EDC is defined as Title 1 Schools with Free and Reduced-Price Meal Programs. This solicitation is for the Federally funded SFRF grants.

The MHSSA

The MHSSA incentivizes partnerships between behavioral health departments and education agencies for the purpose of increasing access to mental health services in locations that are easily accessible to students and their families. The MHSSA is a competitive grant program. The Commission will award grants to county mental health or behavioral health departments to fund the partnerships between educational and county mental health agencies. Grants awarded shall be used to provide support services that include, at a minimum, services provided on school campuses, suicide prevention services, drop-out prevention services, placement assistance and service plan for students in need of ongoing services, and outreach to high-risk youth, including foster youth, youth who identify as LGBTQ, and youth who have been expelled or suspended from school. Grants may be used to supplement, but not supplant, existing financial and resource commitments. Funding also may be used to hire qualified mental health personnel, professional development for school staff and other strategies that respond to the mental health needs of children and youth, as determined by the Commission.

Eligibility

County, city, or multi-county mental health or behavioral health departments, or a consortium of those entities, including multi-county partnerships, may, in partnership with one or more school districts and a County Office of Education or charter school located within the county, apply for a grant. An educational entity may be designated as the lead agency to submit the application, while the county, city or multicounty mental health department, or consortium, shall receive the grant funds. Allocation of grant funds require that all school districts, charter schools and the County Office of Education be invited to participate in the partnership, to the extent possible, and that applicants include with their application a plan developed and approved with the participating educational partners.



Community Engagement

On September 22, 2021, the MHSOAC held a Community Engagement/Listening Session with the 20 eligible counties, which included members from the county mental/behavioral health departments and county office of education. The intent of the listening session was to present the latest funding opportunity, present an overview of the procurement process, receive feedback and comments from the counties, and hear their concerns with applying for the monies and being able to operate an MHSSA program.

There were several common themes throughout survey and the listening session, including county's ability to hire qualified staff, especially in rural areas, resources are stretched thin, first the pandemic and now some counties were facing wildfires, many did not have capacity to write a grant application or have access to grant writers, and the application process was too complex

The MHSOAC will address these items as follows:

- The procurement process will include an option for Applicants to submit a draft proposal for review.
- The MHSOAC will review the draft submission and hold a confidential discussion with the Applicant to advise on the proposal being compliant with the requirements of the RFA
- The stimulus monies are intended to be used to immediately to address the impacts of COVID-19 on Mental Health Services
- Therefore, the procurement process will be streamlined to shorten the procurement timelines
- Only the minimum information to execute a compliant contract will be required during the procurement process (e.g., members of the partnership, meeting the EDC requirement, initial program plan, program budget, agree to meet all MHSOAC, MHSSA and federal requirements)
- The stimulus monies also carry an additional length of time to expend (December 31, 2026)
- Therefore, the MHSOAC will use this extra time to require a phased approach in implementing and operating an MHSSA program
- Program Development – Provides approximately four months for counties to fully develop their program and provides access to stimulus monies to hire staff and/or contractors to assist in fully developing the program. Fully developed program plans will be submitted to the MHSOAC
- Program Operations – After Program Development, the counties will have four years to operate their MHSSA program.

Funding

The Budget Act of 2021 provided \$100 million through the State Fiscal Recovery Fund. The funds may be used for grants and support for the MHSSA programs (MHSOAC provided evaluations, technical assistance, program administration, etc.). The MHSOAC has submitted a request to the Department of Finance to use some of these funds for the MHSOAC support of this program. If approved, \$5 - \$10 million may be available for program support. If not approved, the full \$100 million will be available for grants.

Key Action Dates

ACTION	DATE
RFA Release	November 1, 2021
Intent to Apply Due	November 12, 2021
Draft Applications Due	December 6, 2021
Confidential Discussions for Draft Applicants	Week of December 13, 2021
Final Application Due	January 2022
Intent to Award	February 2022
Contract Execution	March 2022

Allowable Costs

Grant funds must be used as stated in the proposal approved by the Commission, as follows:

1. Allowable costs include personnel, administration and program costs.
 - a. Program costs include, but are not limited to, training, technology (e.g., telehealth), facilities improvements, and transportation.
2. Grant funds may be used to supplement existing programs but may not be used to supplant existing funds for school-based mental health services.
3. Grant funds cannot be transferred to any other program account for specific purposes other than the stated purpose of this grant.

Federal Compliance

All Grantees are required to maintain support throughout the grant term that their program and expenditures comply with the federal requirements. In addition, the federal requirements states that this support must be maintained for five years after the last funds have been expended. The funds expire on December 31, 2026.

The Grantees are also required to meet all federal reporting requirements, including providing programmatic and expenditure information on a quarterly basis, in line with the federal due dates

The programmatic information will be used as part of an evaluation to determine the impact and success of these programs in meeting the goals of the funds.



Budget Act of 2021, Senate Bill 129
Mental Health Services Oversight and Accountability Commission
State Fiscal Recovery Funds
Mental Health Student Services Act

SEC. 161. Item 4560-162-8506 of Section 2.00 of the Budget Act of 2021 is amended to read:

4560-162-8506—For local assistance, Mental Health Services Oversight and Accountability Commission, payable from the Coronavirus Fiscal Recovery Fund of 2021.....100,000,000

(1) 4170-Mental Health Services Oversight and Accountability Commission.....100,000,000

Provisions

1. The funds appropriated in this item are available to support grants for partnerships between counties and schools pursuant to the Mental Health Student Services Act (Chapter 3 (commencing with Section 5886) of Part 4 of Division 5 of the Welfare and Institutions Code). These grants shall be for economically disadvantaged communities, as determined in consultation with the Department of Finance, consistent with the requirements developed by the United States Treasury pursuant to the American Rescue Plan Act of 2021 (P.L. 117-2).



List of Cities/Counties Eligible for the SFRF MHSSA Grant

1. Alameda County
2. Alpine County
3. Berkeley City
4. Butte County
5. Colusa County
6. Del Norte County
7. El Dorado County
8. Inyo County
9. Kings County
10. Lassen County
11. Merced County
12. Mono County
13. Napa County
14. Plumas County
15. San Benito County
16. San Joaquin County
17. Sierra County
18. Siskiyou County
19. Stanislaus County
20. Tri-City

AGENDA ITEM 3

Information/Action

October 28, 2021 Teleconference Commission Meeting

Panel on the Mental Health Wellness Act/Triage Grant Program

Summary: The Commission's budget includes \$20 million per year to support the Mental Health Wellness Act, also referred to as the Triage Grant Program. Triage Grants are available to support community behavioral health programs, must be used to support personnel and can be used to expand the continuum of community mental health services with a focus on addressing mental health crises.

These funds are part of a broader initiative to improve the client experience, promote recovery and wellness and lower costs. Goals for the program include reducing unnecessary hospitalizations and inpatient days, as well as reducing recidivism and unnecessary law enforcement expenditures, through improved access to community-based services.

Funding can be used to expand the continuum of community-based services to address crises intervention, crisis stabilization and crises residential treatment that are wellness, recovery and resiliency focused. Fund can be used to cover the cost of intensive case management, linkage to services, placement assistance, service plan development, communication, service coordination and related strategies that encourage early intervention and improved access to care. Funds also can be used to support family respite, expand family training and sustain caregiver health and well-being.

The Commission's authorizing statute prioritizes making these funds available to county mental health agencies, including California's two recognized city mental health agencies, yet the law provides some flexibility. When releasing these funds to support the needs of children, the Commission is authorized to make these funds available to other public agencies and private, non-profit entities when that action is supported by the local governmental mental health agency in the region that otherwise would be the recipient of the funding.

In prior years the Commission has designated that fifty percent of Triage funds to be used to support children and youth, with the balance dedicated to the needs of Transition Age Youth and adults. In its prior funding round, within the funds set aside for children, the Commission allocated a set amount to support school mental health strategies. Those funds were made available to county behavioral health programs on the condition they work with one or more educational partners to improve access to care through schools. Following the release of those funds, the Governor and Legislature authorized the Mental Health Student Services Act and allocated an additional \$10 million per year to the Commission to support school mental health programs.

While the Commission set aside a portion of these funds for a specific goal – supporting school-county behavioral health partnerships – the balance of funds remained available to address the priorities identified by county behavioral health leaders.

As the Commission explores how best to allocate the next round of SB 82/Triage funds, it may wish to consider again designating areas of priority for the investment of these funds, within the constraints outlined in the statute. Those constraints include:

- Funds must be released through a competitive grant program to counties, unless – for children’s services only - the counties authorize another local agency to participate in lieu of the county.
- Funds must be used to support the hiring of new personnel.
- Funding is focused on crisis-related strategies.

Potential Priorities

The Commission may wish to consider allocating some or all of the available funds to support the needs of a designated population or an area of focus. Based on Commissioner comments in prior SB 82/Triage discussions, staff has identified the following potential priorities:

Country Priorities. In years past, the Commission has designed the SB 82/Triage funding proposal to prioritize support for counties based on a gap analysis conducted by applicant counties. The authorizing statute directs the Commission to consider the need for services, gaps in local service continuums, the ability of the proposal to draw down additional funding, the level of service collaboration proposed among community partners and the geographic distribution of funds and thus the benefits derived.

Veronica Kelley, President of the California Behavioral Health Directors Association and Director of the San Bernardino County Department of Behavioral Health has been asked to participate in the Commission’s meeting to discuss priority uses of these funds for counties as well as the challenges associated with the SB 82/Triage grant program. For instance, in prior funding rounds counties have struggled to fully spend the available resources because of the requirement to use funding to hire additional personnel. Counties often face difficulties hiring staff with short-term grant dollars and thus funds may need to be returned.

Zero-to-Five. In prior meetings, Commissioners have identified opportunities to focus on the needs of children between the ages of zero and five. Several Commissioners have suggested staff explore ways to partner with the California Children and Families Commission, also known as the First Five Commission. While recognizing the Mental Health Commission has undertaken significant work to support school-age children and Transition Age Youth, including work under the Mental Health Student Services Act, youth innovation, and the Allcove™ Youth Drop-In program, less attention has been dedicated to young children and their families.

The SB 82/Triage statute explicitly states that these funds can be used to support children under age 21, and that funding can be used to expand respite care and to sustain caregiver health and well-being. Funds can be used to expand family supportive training and related services designed to help families participate in the planning process, access services, and navigate programs.

Research suggests some 17 percent of children ages six and under experience a mental disorder, such as anxiety and depression, with greater risks for children in situations of increased risk, such as the child welfare system involvement. Using national data, researchers indicate that preschool-age children face higher education and child care

expulsion rates than their school-age counterparts and that appropriate behavioral health interventions can reduce expulsion and involuntary separation from early childhood education programs. Additionally, children between the ages of zero and five account for just over half of all children who enter California's child welfare system, and that percentage has remained constant over the past decade.

Jackie Wong, Deputy Director, First Five California has been asked to comment on opportunities for the Mental Health Commission to focus SB 82/Triage investments to support the needs of young children as well as additional strategies for the two commissions to partner to improve outcomes for young children and their families.

Older Adults. Similar to Commission discussions on meeting the needs of young children, in prior meetings the Commission has directed staff to explore ways to focus on the mental health needs of older adults. According to the World Health Organization, some 10 percent of older adults experience depression, anxiety, or both, with the mental health needs of this population often overlooked. California's newly released Master Plan for Aging calls out the need to recognize ways to improve access to mental health and substance use needs for older adults and highlights the risks facing older adults including: isolation, abuse, neglect, and exploitation. State leaders in the field of aging have highlighted that older adults often end up in hospital emergency departments because of a combination of health and mental health needs, such as depression, and a lack of community-based alternatives.

A copy of the California Master Plan for Aging is included in Commission materials and a representative from the California Department of Aging has been asked to provide comments to support the Commission's discussions on how SB 82/Triage funding may be able to support the goals of the Master Plan for Aging and best meet the needs of older adults.

Reducing Unnecessary Hospitalizations. The SB82/Triage program is intended to reduce unnecessary hospitalizations by expanding the continuum of community based care to address crisis services, crisis stabilization and crisis residential treatment. Research indicates that while overall visits to emergency departments declined during the initial COVID pandemic, mental health visits increased in this timeframe, representing an increased percentage of overall emergency department cases during COVID. Mental health needs associated with the pandemic largely reflected the trauma of isolation, fear and anxiety, as well as exposure to violence, overdoses and substance use disorders. Exploring national data, researchers have indicated that substance use and overdoses accounted for the largest increase in emergency department utilization in 2020 when compared to the prior year.

In prior years, county applications for SB 82/Triage funding have supported county-hospital partnerships to improve access to crisis services, but we have not yet documented strategies that have consistently reduced hospitalization rates and have been both sustained and scaled beyond the availability of the short-term state funds.

Consistent with the Commission's Innovation Incubator work, which is designed to support the ability of counties to initiate criminal justice diversion investments that can be sustained with local funding, the Commission's agenda includes a presentation from Dr. Scott Zeller, Vice President, Acute Psychiatry at Vituity, a healthcare partnership in the Bay Area, who will discuss a promising model with evidence of reduced hospitalizations, lower costs, and improved outcomes.

Reducing Unnecessary Law Enforcement Involvement. In addition to reducing unnecessary hospitalizations, SB 82/Triage also was drafted to reduce recidivism and unnecessary involvement with law enforcement. In 2017 the Commission adopted and released Together We Can, a policy report led by Commissioner and Sheriff Bill Brown with recommendations on how to reduce recidivism and justice involvement. The Commission is working to implement recommendations from that report. Staff is available to address any questions on our work to reduce criminal justice involvement and Sheriff Brown is available to respond to questions on potential priorities for using SB 82/Triage funds to address this need.

Reducing Disparities/Promoting Equity. Each of the witnesses identified above have been asked to comment on the topics indicated, with emphasis on opportunities to better understand and address disparities through the use of these funds. The Commission also may wish consider dedicating some or all of these funds to project that are focused on addressing disparities.

Panelists:

- Veronica Kelley, Director, San Bernardino County Behavioral Health and President, County Behavioral Health Directors Association.
- Scott Zeller, Vice President for Acute Psychiatry at Vituity
- Jackie Wong, Chief Deputy Director of First 5 Commission

Enclosures: (1) Presenter Bios; (2) Presenter Invite Letters

Additional Materials (1): A link to the Master Plan for Aging is available on the website at the California Department of Aging website at the following URL:

<https://www.aging.ca.gov/download.ashx?IE0rcNUV0zYXf9JtT7jkAg%3d%3d>

Handouts: A Power Point will be provided at the meeting.



Panel on the Mental Health Wellness Act/Triage Grant Program Panelist Biographies

Veronica Kelley, Director, San Bernardino County Behavioral Health and President, County Behavioral Health Directors Association

Dr. Veronica A. Kelley, DSW, LCSW is the Director for the San Bernardino County Department of Behavioral Health and oversees the daily operations for both Mental Health and Substance Use Disorder Services. Veronica is a member of the Governing Board for the County Behavioral Health Directors Association of California (CBHDA), serving as the President, she sits on the Executive Committee and serves as the Co-Chair for the Substance Abuse Prevention & Treatment (SAPT) Committee. She is also a Council Member to the California Behavioral Health Planning Council, Board Member to the California Mental Health Services Authority and Associate Member to the American Society of Addiction Medicine. In August of 2019 she was appointed by governor as a member of the No Place Like Home Program Advisory Committee.

Dr. Kelley is a Professor at Mount St. Marys' University teaching in the undergraduate Social Work/Sociology Department and an Assistant Clinical Professor in the Masters of Social Work Program at Loma Linda University Department of Social Work and Social Ecology. She earned her doctorate of Social Work (DSW) from Capella University, earned her MSW from the University of Southern California and her BS in Psychology and Child Development from Mount Saint Mary's College in Los Angeles.

Scott Zeller, MD, Vice President for Acute Psychiatry, Vituity

Scott Zeller, MD is Vice President for Acute Psychiatry at the multispecialty multistate medical group Vituity, a professor at two medical schools, and Past-President of both the American Association for Emergency Psychiatry and the National Coalition on Psychiatric Emergencies. He was formerly Chief, Psychiatric Emergency Services, for the Alameda Health System in Oakland, CA. He has authored multiple textbooks, book chapters and peer-reviewed articles, lectures internationally as a keynote speaker, and is known as both the co-inventor of On-Demand Emergency Telepsychiatry and the creator of the EmPATH Unit concept for hospital-based emergency psychiatric care. He led Project BETA (Best Practices in the Evaluation and Treatment of Agitation), which has revolutionized the therapeutic approach to Agitation worldwide into patient-centric, compassionate care using de-escalation and calming techniques. He was awarded the 2015 USA Doctor of the Year by the National Council for Behavioral Health, the 2019 California Hospital Association's Ritz E. Heerman Memorial Award for his outstanding contribution to the improvement of medical care in California, and in 2020

was named one of the "ten most influential people in healthcare design" by Healthcare Design Magazine.

Jackie Wong, Chief Deputy Director of First 5 Commission

Jackie Thu-Huong Wong, MSW, PPS serves as Chief Deputy Director for First 5 California, is a professor for Sacramento State's School Nursing Credential program and was elected to the Washington Unified School District Board in 2016. Ms. Wong has three decades of policy experience advocating for educational and economic equity for children and families. She has extensive experience in the non-profit and public sector having served as executive staff for GRACE; the National Center for Youth Law; Statewide Foster Youth Services Director at the California Department of Education; and Principal Human Services Policy Consultant to California Senate President Darrell Steinberg which also included long-term aging, developmental disabilities, veterans and military affairs.

She was also an Administrator for the Oakland Unified School District's Student, Family and Community Services Department helping to develop the district's Foster Youth Program, Refugee Student Assistance Program, Homeless Student Program, Migrant Education Program, various Coordination of Services Programs and Crisis Response protocols. Ms. Wong prides herself in being a school-based social worker who has a focus on strong comprehensive collaborations across agencies and diverse stakeholders. Her approach to advocacy and her work is rooted in community and fueled by her commitment to equity and justice, having grown up as a Southeast Asian refugee and a beneficiary of public benefit systems.



STATE OF CALIFORNIA
GAVIN NEWSOM, Governor

LYNNE ASHBECK

Chair

MARA MADRIGAL-WEISS

Vice Chair

TOBY EWING

Executive Director

October 13, 2021

Dr. Veronica Kelley
President, California Behavioral Health Directors Association
Director, San Bernardino County Department of Behavioral Health

Via Email

Dear Dr. Kelley,

Thank you for agreeing to participate on a panel for the Mental Health Commission's October 28, 2021 meeting to discuss opportunities to allocate newly available funding under the SB82/Triage program and strengthen the design of that program.

The meeting will begin at 9 a.m. and your panel is tentatively scheduled to begin at approximately 10:45 a.m. The meeting will take place remotely and we will send you a link to participate as the date approaches.

We appreciate your leadership at CBHDA and in San Bernardino County and we are excited to have your participation.

As you may know, the Commission's budget includes \$20 million per year to provide grants to county behavioral health programs to address the need for crisis services. These funds are part of the State's investment in the SB 82 Mental Health Wellness Act, also known as the Triage Program.

The Triage Program is intended to reduce unnecessary hospitalizations, reduce involvement with law enforcement and expand access to early intervention and treatment services to support recovery and wellness, and to reduce costs and improve outcomes. Funding is available to county behavioral health programs under a competitive grant program to support the hiring of additional staff and can be used to support case management, linkage to services, improve coordination, referrals, communication, service planning and client support. Half the funding is dedicated to Transition Aged Youth and adults, and half is dedicated to the needs of children.

In years past, county behavioral health programs have struggled to fully utilize these funds because of the requirement to use them to hire additional personnel. In response, the Commission is asking for your guidance on how these funds can best be used under the current

statutory requirements, and how those requirements might be strengthened to improve alignment with county needs. In your comments, please address the following opportunities:

- California has struggled to build out a crises response system that meets the needs of the state's population across its diverse geographic and demographic communities. COVID, economic dislocation and racial justice challenges have further strained community resources. What trends are county behavioral health leaders seeing in the need for crisis services across the state?
- As the Commission explores ways to best utilize existing Triage funding, how can it best support counties and their community partners as they work to respond to the need for crisis services in their communities?
- What opportunities should the Commission consider in addressing issues of equity impacting racial, ethnic, LGBTQ and other populations across the state?
- In recognition of the statutory constraints on SB 82 funding – namely the requirement to use these funds to hire staff and to focus on crises rather than prevention – how might the SB 82 be reformed to better align with the needs of county behavioral health goals?

We anticipate having four speakers on the panel to discuss opportunities to effectively use these funds. Other speakers will focus on the ways these funds could improve services for older adults, young children and their families, and address the crises facing California's hospitals and people coming into emergency departments. We will provide you with a copy of the full agenda as the meeting date nears.

We are asking each panelist to provide approximately 10 minutes of prepared comments to allow time for dialog with Commissioners. To further support that dialog, we would welcome written comments that can be shared in advance or during the meeting. Please let us know if you have slides or other materials you would like us to distribute in preparation for your participation. We also ask that you provide a brief bio that can be distributed before the meeting.

Please note that this meeting is subject to California's open meeting laws and all materials will be posted online and shared publicly.

Thank you again for agreeing to participate. I would be happy to respond to any questions you may have, and I am available to support your presentation in any way I can.

Respectfully,



Toby Ewing
Executive Director



STATE OF CALIFORNIA
GAVIN NEWSOM, Governor

LYNNE ASHBECK
Chair

MARA MADRIGAL-WEISS
Vice Chair

TOBY EWING
Executive Director

October 13, 2021

Scott Zeller, MD
Vice President for Acute Psychiatry
Vituity
Via Email

Dear Dr. Zeller,

Thank you for agreeing to participate on a panel at the Mental Health Commission's October 28, 2021 meeting to discuss opportunities to strengthen California's behavioral health crisis response strategies.

The meeting will begin at 9 a.m. and your panel is tentatively scheduled to begin at approximately 10:45 a.m. (PST). The meeting will take place remotely and we will send you a link to participate as the date approaches.

We appreciate your leadership in community mental health, and we are excited to have your participation.

The Mental Health Commission's annual budget includes \$20 million to provide grants to county behavioral health programs to address the need for crisis services. These funds are part of the State's investment in the SB 82 Mental Health Wellness, also known as the Triage Program.

The Triage Program is intended to reduce unnecessary hospitalizations, reduce involvement with law enforcement and expand access to early intervention and treatment services to support recovery and wellness, reduce costs and improve outcomes. Funding is available to county behavioral health programs to support the hiring of additional staff and can be used to support case management, linkage to services, improve coordination, referrals, communication, service planning and client support. Half the funding is dedicated to Transition Aged Youth and adults, and half is dedicated to the needs of children.

In prior grant offerings, the Commission has used these funds to incentivize strong partnerships among local agencies to improve access to care and care delivery. These funds also have been used to temporarily fill gaps in the local continuum of care. As the Commission works to release a new round of Triage funding, we are looking for information and guidance on the following issues:

- California has struggled to build out a crises response system that meets the needs of the state's population across its diverse geographic and demographic communities. COVID, economic dislocation and racial justice challenges have further strained community resources. What trends are you seeing in the need for crisis services across the state, with a focus on people seeking care through hospitals and emergency departments in particular?
- As the Commission explores ways to utilize existing Triage funding, how can it best support counties and their community partners as they work to respond to the need for crisis services in their communities? Should the Commission consider particular approaches to better leverage the capacity or expertise of hospitals and health systems to expand access to crisis services?
- What opportunities should the Commission consider to address issues of equity impacting racial, ethnic, LGBTQ and other populations across the state?
- More broadly, in addition to providing grant funding, how might the state best support improved crisis response strategies across California?

We anticipate having four speakers on the panel to discuss opportunities to effectively use these funds. Other speakers will focus on the ways these funds could improve services for older adults, young children and their families, and best support the needs of county behavioral health programs. We will provide you with a copy of the full agenda as the meeting date nears.

To ensure time for dialog with the Commission, we are asking each panelist to provide approximately 10 minutes of prepared comments. Recognizing this significant time constraint, we would welcome written comments or other materials that would support that dialog.

Please let us know if you have slides or other materials you would like us to distribute in preparation for your participation. We also ask that you provide a brief bio that can be distributed before the meeting.

Please note that this meeting is subject to California's open meeting laws and all materials will be posted online and shared publicly.

Thank you again for your participation. I would be happy to respond to any questions you may have, and I am available to support your presentation in any way I can.

Respectfully,



Toby Ewing
Executive Director



STATE OF CALIFORNIA
GAVIN NEWSOM, Governor

October 13, 2021

Jackie Wong, Chief Deputy Director
First Five California

LYNNE ASHBECK

Chair

MARA MADRIGAL-WEISS
Vice Chair

TOBY EWING
Executive Director

Via Email

Dear Deputy Director Wong,

Thank you for agreeing to participate on a panel for the Mental Health Commission's October 28, 2021 meeting to discuss opportunities to address the mental health needs of California's early child population and their families.

The meeting will begin at approximately 9 a.m. and your panel is tentatively scheduled to begin at approximately 10:45 a.m. The meeting will take place remotely and we will send you a link to participate as the date approaches.

We appreciate your leadership at the First Five Commission, and we are excited to have your participation at the upcoming meeting.

The Commission's budget includes \$20 million per year to provide grants to county behavioral health programs to address the need for crisis services. These funds are part of the State's investment in the SB 82 Mental Health Wellness Act of 2013, also known as the Triage Program.

The Triage Program is intended to reduce unnecessary hospitalizations, reduce involvement with law enforcement and expand access to early intervention and treatment services to support recovery and wellness, reduce costs and improve outcomes. Funding is available to county behavioral health programs to support the hiring of additional staff and can be used to support case management, linkage to services, improve coordination, referrals, communication, service planning and client support. Half the funding is dedicated to Transition Aged Youth and adults, and half is dedicated to the needs of children.

In prior grant offerings, the Commission has used these funds to incentivize strong partnerships among local agencies to improve access to care and care delivery. These funds also have been used to temporarily fill gaps in the local continuum of care. As the Commission works to release a new round of Triage funding, we are looking for information and guidance on the following issues:

- California has struggled to build out a crises response system that meets the needs of the state's diverse geographic and demographic communities. COVID, economic dislocation and racial justice challenges have further strained community resources. What trends are you seeing in the need for crisis services, with a focus on our youngest residents and their families? What role is the early childhood care community playing in supporting families and how might that role be expanded to reduce the need for crisis care and improve responses?
- As the Commission explores ways to utilize existing Triage funding, how can it best support counties and their community partners, with a focus on the 0-5 population? What opportunities do you see to strengthen care coordination and service integration among behavioral health and early childhood providers?
- The Commission is working to improve its understanding and focus on issues of equity that are impacting racial, ethnic, LGBTQ and other populations. How are those challenges reflected in early childhood and how might Triage funds be used to address those challenges?
- More broadly, outside of the opportunities represented by these newly available grant funds, how might the First Five Commission and the Mental Health Commission partner to improve outcomes for California?

We anticipate having four speakers on the panel to discuss opportunities to effectively use these funds. Other speakers will focus on the ways these funds could improve services for older adults, better leverage the capacity of hospitals and health systems, and best support the needs of county behavioral health programs. We will provide you with a copy of the full agenda as the meeting date nears.

To ensure time for dialog, we are asking each panelist to provide approximately 10 minutes of prepared comments. Recognizing this significant time constraint, we would welcome written comments or other materials that would support that dialog.

Please let us know if you have slides or other materials you would like us to distribute. We also ask that you provide a brief bio that can be distributed before the meeting.

Please note that this meeting is subject to California's open meeting laws and all materials will be posted online and shared publicly.

Thank you again for your participation. I would be happy to respond to any questions you may have, and I am available to support your presentation in any way I can.

Respectfully,



Toby Ewing
Executive Director

MISCELLANEOUS ENCLOSURES

October 28, 2021 Commission Meeting

Enclosures (7):

- (1) August 26, 2021 Motions Summary
- (2) Evaluation Dashboard
- (3) Innovation Dashboard
- (4) Department of Health Care Services Revenue and Expenditure Reports Status Update
- (5) Commission Sponsored and Supported Legislation
- (6) Calendar of Tentative Commission Meeting Agenda Items
- (7) Tentative Upcoming MHSOAC Meetings and Events



Motions Summary

**Commission Meeting
September 23, 2021**

Motion #: 1

Date: September 23, 2021

Time: 9:54 AM

Motion:

The Commission approves the August 26, 2021 meeting minutes.

Commissioner making motion: Commissioner Berrick

Commissioner seconding motion: Commissioner Danovitch

Motion carried 9 yes, 0 no, and 4 abstain, per roll call vote as follows:

Name	Yes	No	Abstain	Absent	No Response
1. Commissioner Alvarez	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Commissioner Berrick	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Boyd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Brown	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Bunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Carnevale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Chen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Cortese	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Danovitch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Gordon	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Commissioner Wooton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Vice Chair Madrigal Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Chair Ashbeck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Motions Summary

**Commission Meeting
September 23, 2021**

Motion #: 2

Date: September 23, 2021

Time: 10:47 AM

Motion:

The Commission approves Art With Impact’s request for program funding for 2 years, as follows:

- Name:** Art With Impact
- Amount:** \$500,000
- Project Length:** Two (2) Years

Commissioner making motion: Commissioner Mitchell

Commissioner seconding motion: Commissioner Wooton

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

Name	Yes	No	Abstain	Absent	No Response
1. Commissioner Alvarez	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Commissioner Berrick	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Boyd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Bunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Carnevale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Chen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Cortese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Danovitch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Commissioner Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Vice Chair Madrigal Weiss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Chair Ashbeck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Motions Summary

**Commission Meeting
September 23, 2021**

Motion #: 3

Date: September 23, 2021

Time: 11:12 AM

Motion:

The Commission approves program funding for Crossings TV for 1 year in the amount of \$109,880.

Commissioner making motion: Commissioner Mitchell

Commissioner seconding motion: Commissioner Gordon

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

Name	Yes	No	Abstain	Absent	No Response
1. Commissioner Alvarez	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Commissioner Berrick	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Boyd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Bunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Carnevale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Chen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Cortese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Danovitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Commissioner Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Vice Chair Madrigal Weiss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Chair Ashbeck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



**Commission Meeting
September 23, 2021**

Motion #: 4

Date: September 23, 2021

Time: 12:10 PM

Motion:

The Commission approves Marin County’s Innovation plan, as follows:

Name: Student Wellness Ambassador Program (SWAP): A County-Wide Equity-Focused Approach

Amount: Up to \$1,648,000 in MHSA Innovation funds

Project Length: Three and a half (3.5) Years

Commissioner making motion: Commissioner Gordon

Commissioner seconding motion: Commissioner Tamplen

Motion carried 8 yes, 0 no, and 2 abstain, per roll call vote as follows:

Name	Yes	No	Abstain	Absent	No Response
1. Commissioner Alvarez	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Commissioner Berrick	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Boyd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Bunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Carnevale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Chen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Cortese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Danovitch	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Commissioner Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Vice Chair Madrigal Weiss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Chair Ashbeck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Updates

Contracts

New Contract: None

Total Contracts: 3

Funds Spent Since the September Commission Meeting

Contract Number	Amount
17MHSOAC073	\$ 0.00
17MHSOAC074	\$ 0.00
21MHSOAC023	\$ 0.00
Total	\$ 0.00

Contracts with Deliverable Changes

[17MHSOAC073](#)

[17MHSOAC074](#)

[21MHSOAC023](#)

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

MHSOAC Staff: Kai LeMasson

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

Total Contract Amount: \$2,453,736.50

Total Spent: \$1,582,409.08

This project will result in an evaluation of both the processes and strategies county triage grant program projects have employed and the outcomes obtained 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	<u>No</u>
Data Collection and Management Report	Complete	6/15/20	No

Deliverable	Status	Due Date	Change
Final Summative Evaluation Plan	Complete	7/15/20	No
Data Collection for Formative/Process Evaluation Plan Progress Reports (10 quarterly reports)	In Progress	1/15/21-3/15/23	No
Formative/Process Evaluation Plan Implementation and Preliminary Findings (11 quarterly reports)	In Progress	1/15/21-6/15/23	No
Co-host Statewide Conference and Workplan (a and b)	In Progress	9/15/21 Fall 2022	No
Midpoint Progress Report for Formative/Process Evaluation Plan	Complete	7/15/21	No
Drafts Formative/Process Evaluation Final Report (a and b)	Not Started	3/30/23 7/15/23	No
Final Report and Recommendations	Not Started	11/30/23	No

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

MHSOAC Staff: Kai LeMasson

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

Total Contract Amount: \$2,453,736.50

Total Spent: \$1,582,409.08

This project will result in an evaluation of both the processes and strategies county triage grant program projects have employed and the outcomes obtained 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	<u>No</u>
Data Collection and Management Report	Complete	6/15/20	No
Final Summative Evaluation Plan	Complete	7/15/20	No
Data Collection for Formative/Process Evaluation Plan Progress Reports (10 quarterly reports)	In Progress	1/15/21- 3/15/23	No

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

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

MHSOAC Staff: Dawnte Early

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

Total Contract Amount: \$5,414,545.00

Total Spent: \$0.00

UCSF is providing onsite staff and technical assistance to the MHSOAC to support project planning, data linkages, and policy analysis activities.

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

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

INNOVATION DASHBOARD OCTOBER 2021



UNDER REVIEW	Final Proposals Received	Draft Proposals Received	TOTALS
Number of Projects	3	7	10
Participating Counties (unduplicated)	3	7	10
Dollars Requested	\$6,316,442	\$7,572,399	\$13,888,841

PREVIOUS PROJECTS	Reviewed	Approved	Total INN Dollars Approved	Participating Counties
FY 2016-2017	33	30	\$68,634,435	18 (31%)
FY 2017-2018	34	33	\$149,548,570	19 (32%)
FY 2018-2019	53	53	\$304,098,391	32 (54%)
FY 2019-2020	28	28	\$62,258,683	19 (32%)
FY 2020-2021	35	33	\$84,935,894	22 (37%)

TO DATE	Reviewed	Approved	Total INN Dollars Approved	Participating Counties
FY 2021-2022	2	2	\$4,398,000	2

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	Shasta	Hope Park	\$1,750,000	5 Years	2/17/2021	Pending
Under Review	Modoc	Integrated Health Care for Individuals with SMI	\$480,000	5 Years	3/2/2021	Pending
Under Review	Berkeley	Encampment Based Mobile Wellness Center	\$2,802,400	5 Years	6/29/2021	Pending
Under Review	San Mateo	MHSA INN Project Planning	\$40,000	1 Year	9/2/2021	Pending
Under Review	Butte	Everhart Village Vision	TBD	4 Years	9/3/2021	Pending
Under Review	Sonoma	Crossroads Diversion Housing	\$2,499,999	5 Years	9/29/2021	Pending
Under Review	Kern	Mobile Clinic with Street Psychiatry	TBD	TBD	10/5/2021	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	Monterey	Residential Care Facility Incubator (Planning Dollars)	\$792,130	2 Years	N/A	8/23/2021
Under Final Review	Lake	Multi County FSP Program	\$765,000	4.5 years	6/29/2021	9/2/2021
Under Final Review	Alameda	Community Assessment Transportation Team (CATT) Extension	\$4,759,312	5 Years	3/25/2021	9/13/2021

APPROVED PROJECTS (FY 21-22)

County	Project Name	Funding Amount	Approval Date
Placer	24/7 Adult Crisis Respite Center	\$2,750,000	8/26/2021
Marin	Student Wellness Ambassador Program	\$1,648,000	9/23/2021

DHCS Status Chart of County RERs Received
October 28, 2021 Commission Meeting

Attached below is a Status Report from the Department of Health Care Services regarding County MHSA Annual Revenue and Expenditure Reports received and processed by Department staff, dated September 13th, 2021. This Status Report covers the FY 2016-17 through FY 2019-20 County RERs.

For each reporting period, the Status Report provides a date received by the Department of the County's RER and a date on which Department staff completed their "Final Review."

The Department provides MHSOAC staff with weekly status updates of County RERs received, processed, and forwarded to the MHSOAC. MHSOAC staff process data from County RERs for inclusion in the Fiscal Reporting Tool only after the Department determines that it has completed its Final Review. FY 2017-18 RER data has not yet been incorporated into the Fiscal Reporting Tool due to format changes.

The Department also publishes on its website a web page providing access to County RERs. This page includes links to individual County RERs for reporting years FY 2006-07 through FY 2015-16. This page 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 2017-18 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.

Counties also are required to submit RERs directly to the MHSOAC. The Commission provides access to these reports through its Fiscal Reporting Tool at <http://mhsoac.ca.gov/fiscal-reporting> for Reporting Years FY 2012-13 through FY 2016-17 and a data reporting page at https://mhsoac.ca.gov/resources/documents-and-reports/documents?field_county_value=All&field_component_target_id=46&year=all

On October 1, 2019, DHCS published a report detailing MHSA funds subject to reversion as of July 1, 2018, covering allocation year FY 2015-16 for large counties and 2008-09 for WET and CFTN funds, updating a July 1, 2018 report detailing funds subject to reversion for allocation years FY 2005-06 through FY 2014-15 to satisfy Welfare and Institutions Code (W&I), Section 5892.1 (b). Both reports can be accessed at the following webpage:

<https://www.dhcs.ca.gov/services/MH/Pages/MHSAFiscalRef.aspx>

DCHS MHSA Annual Revenue and Expenditure Report Status Update

FY 2005-06 through FY 2018-19, all Counties are current

County	FY 19-20 Electronic Copy Submission Date	FY 19-20 Return to County Date	FY 19-20 Final Review Completion Date
Alameda	1/29/2021	2/1/2021	2/8/2021
Alpine	7/1/2021		
Amador	1/15/2021	1/15/2021	2/2/2021
Berkeley City	1/13/2021	1/13/2021	1/13/2021
Butte			
Calaveras	1/31/2021	2/1/2021	2/9/2021
Colusa	4/15/2021	4/19/2021	5/27/2021
Contra Costa	1/30/2021	2/1/2021	2/22/2021
Del Norte	2/1/2021	2/2/2021	2/17/2021
El Dorado	1/29/2021	1/29/2021	2/4/2021
Fresno	12/29/2020	12/29/2021	1/26/2021
Glenn	2/19/2021	2/24/2021	3/11/2021
Humboldt	4/9/2021	4/13/2021	4/15/2021
Imperial	2/1/2021	2/1/2021	2/12/2021
Inyo	4/1/2021	4/2/2021	
Kern	2/2/2021	2/2/2021	2/8/2021
Kings	1/4/2021	1/4/2021	3/11/2021
Lake	2/9/2021	2/9/2021	2/17/2021
Lassen	1/25/2021	1/25/2021	1/28/2021
Los Angeles	3/11/2021	3/16/2021	3/30/2021
Madera	3/29/2021	3/30/2021	4/15/2021
Marin	2/2/2021	2/2/2021	2/17/2021
Mariposa	1/29/2021	1/29/2021	3/11/2021

DHCS Status Chart of County RERs Received
 October 28, 2021 Commission Meeting

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

DHCS Status Chart of County RERs Received
 October 28, 2021 Commission Meeting

County	FY 19-20 Electronic Copy Submission Date	FY 19-20 Return to County Date	FY 19-20 Final Review Completion Date
Sonoma	1/29/2021	3/5/2021	4/12/2021
Stanislaus	12/31/2020	1/5/2021	1/5/2021
Sutter-Yuba	1/30/2021	2/1/2021	3/9/2021
Tehama	4/27/2021	n/a	5/21/2021
Tri-City	1/27/2021	3/4/2021	3/30/2021
Trinity	2/1/2021	2/2/2021	2/17/2021
Tulare	1/26/2021	1/27/2021	2/10/2021
Tuolumne	6/2/2021	8/11/2021	8/11/2021
Ventura	1/29/2021	2/2/2021	2/16/2021
Yolo	1/28/2021	2/2/2021	2/2/2021
Total	58	56	56



Revised October 18, 2021

I. Commission Positions on 2021 Legislation

Commission Sponsored Legislation

➤ **Assembly Bill 573, Assemblywoman Carrillo: Youth Mental Health Boards (Amended March 18, 2021)**

Summary: AB 573 establishes the California Youth Mental Health Board (state board) within the California Health and Human Services Agency to advise the Governor and Legislature on the challenges facing youth with mental health needs and determine opportunities for improvement. The state board would be comprised of 15 members who are between 15 and 23 years of age, and at least half of whom are youth mental health consumers who are receiving, or have received, mental health services, or siblings or immediate family members of mental health consumers. The bill would specify the powers and duties of the state board, including reviewing program performance in the delivery of mental health and substance use disorder services for youth.

This bill will also require each community mental health service to establish a local youth mental health board (board) consisting of eight or more members, as determined by the governing body, and appointed by the governing body.

- ❖ **Position:** The Commission voted to sponsor this bill at its February 17, 2021, meeting.
- ❖ **Location:** Held in Assembly Appropriations Committee - 2 Year Bill



Mental Health Services
Oversight & Accountability Commission

Revised October 18, 2021

Commission Co-Sponsored Legislation

➤ **Senate Bill 224, Senator Portantino: Pupil Instruction – Mental Health Education (Chaptered October 8, 2021)**

Summary: SB 224 requires each school district, county office of education, state special school, and charter school that offers one or more courses in health education to pupils in middle school or high school to include in those courses instruction in mental health. The bill will require that instruction to include, among other things, reasonably designed instruction on the overarching themes and core principles of mental health. SB 224 requires that instruction and related materials to, among other things, be appropriate for use with pupils of all races, genders, sexual orientations, and ethnic and cultural backgrounds, pupils with disabilities, and English learners.

- ❖ **Position:** The Commission voted to co-sponsor this bill at its February 17, 2021, meeting.
- ❖ **Location:** Approved by the Governor. Chaptered by Secretary of State. Chapter 675, Statutes of 2021.



Revised October 18, 2021

Commission Supported Legislation

➤ **Senate Bill 465, Senator Eggman: Mental Health (Chaptered October 5, 2021)**

Summary: SB 465 requires the commission to report to specified legislative committees the outcomes for people receiving community mental health services under a full service partnership model, as specified, including any barriers to receiving the data and recommendations to strengthen California's use of full service partnerships to reduce incarceration, hospitalization, and homelessness.

- ❖ **Position:** The Commission voted to support this bill at its May 27, 2021, meeting.
- ❖ **Location:** Approved by the Governor. Chaptered by Secretary of State. Chapter 544, Statutes of 2021.

➤ **Assembly Bill 638, Assemblymember Quirk-Silva: Mental Health and Substance Use Disorders (Chaptered October 6, 2021)**

Summary: AB 638 authorizes prevention and early intervention strategies that address mental health needs, substance use or misuse needs, or needs relating to co-occurring mental health and substance use services under the Mental Health Services Act.

Last year, the Commission supported Assembly Bill 2265, authored by Assemblymember Quirk-Silva, that clarified the Mental Health Services Act funds can include substance use disorder treatment for co-occurring mental health and substance use disorders, for individuals who are eligible to receive mental health services. The Governor signed into law AB 2265, Ch. 144, Statutes of 2020.

This bill will amend the MHSA by including in the prevention and early intervention services authorized to be provided, prevention and early intervention strategies that address mental health needs, substance misuse or substance use disorders, or needs relating to cooccurring mental health and substance use services.

- ❖ **Position:** The Commission voted to support this bill at its March 25, 2021, meeting.
- ❖ **Location:** Approved by the Governor. Chaptered by Secretary of State. Chapter 584, Statutes of 2021.



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➤ **Senate Bill 14, Senator Portantino: Pupil Health – School Employee and Pupil Training – Excused Absences – Youth (Chaptered October 8, 2021)**

Summary: Current law, notwithstanding the requirement that each person between 6 and 18 years of age who is not otherwise exempted is subject to compulsory full-time education, requires a pupil to be excused from school for specified types of absences, including, among others, if the absence was due to the pupil’s illness. SB 14 will include, within the meaning of an absence due to a pupil’s illness, an absence for the benefit of the pupil’s mental or behavioral health.

❖ **Position:** The Commission voted to sponsor this bill at its February 17, 2021, meeting.

❖ **Location:** Approved by the Governor. Chaptered by Secretary of State. Chapter 672, Statutes of 2021.

➤ **Senate Bill 749, Senator Glazer: Mental Health Program Oversight and County Reporting (Amended July 8, 2021)**

Summary: Current law provides for various mental and behavioral health programs that are administered by the counties. The Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the Mental Health Services Oversight and Accountability Commission to oversee the provisions of the MHSA and review the county plans for MHSA spending. Current law requires the State Department of Health Care Services, in consultation with the commission and other entities, to develop and administer instructions for the Annual Mental Health Services Act Revenue and Expenditure Report, which identifies and evaluates county mental health programs funded by the MHSA. SB 749 requires, to the extent the Legislature makes an appropriation for these provisions, the commission, in consultation with state and local mental health authorities, to create a comprehensive tracking program for county spending on mental and behavioral health programs and services, as specified, including funding sources, funding utilization, and outcome data at the program, service, and statewide levels.

❖ **Position:** The Commission voted to support this bill at its March 25, 2021 meeting.

❖ **Location:** Assembly Inactive File. 2 Year Bill

Revised October 18, 2021

II. MHSOAC 2021 Legislative Tracking

Budget Bills

➤ **Senate Bill 129, Budget Act of 2021 (Chapter 69, Statutes of 2021)**

Summary: On July 12, 2021, Governor Gavin Newsom signed SB 129 (Budget Act of 2021) which made appropriations for the support of state government for the 2021–22 fiscal year.

The biggest change to the Commission budget is an increased one-time allocation for the Mental Health Student Services Act (MHSSA) to fund grants to school and county mental health partnerships that support the mental health and emotional needs of children and youth as they return to schools and everyday life. \$205 million in additional funds (\$100 million Coronavirus Fiscal Recovery Fund and \$105 million Mental Health Services Fund) was approved for the Commission FY 2021/22 budget on top of the annual \$8,830,000 MHSSA allocation.

The second notable change to the Commission budget is a new one-time allocation of \$5,000,000 in Fiscal Year 2021/22 to support an anti-bullying project for children and youth.

Here is a summary of the 2021/22 Budget for the MHSOAC as approved in SB 129, which totals \$254,858,000:

\$31,028,000 for Commission Operations and Payroll from the Mental Health Services Fund

- Provisions
 - MHSSA - \$10,000,000 shall be available for encumbrance or expenditure until June 30, 2026, to support administration and evaluation of the Mental Health Student Services Act
 - Anti-bullying - \$5,000,000 shall be available for encumbrance or expenditure until June 30, 2023, to support a peer social media network project for children and youth, with an emphasis on students in kindergarten and grades 1 to 12, inclusive, who have experienced bullying, or who are at risk of bullying, based on race, ethnicity, language, or country of origin, or perceived race, ethnicity, or county of origin.
 - No later than August 31, 2021, the Mental Health Services Oversight and Accountability Commission shall convene an advisory group that includes youth, including transition age youth, mental health providers, representatives of community-based organizations that work on issues associated with racial justice and understanding, legislative staff, the State Department of Public Health, and others. The commission shall



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strive to ensure membership is reflective of California’s diverse population and includes members with expertise and lived experience related to bullying.

- The advisory group shall develop a social media program to support children and youth who have faced bullying, or who are at risk of bullying, based on race, ethnicity, language, or country of origin, or perceived race, ethnicity, or county of origin, through the delivery of trusted content from licensed therapists, counselors, or others to support healthy discussion of difficult topics that young people may not feel comfortable discussing with teachers or parents, and ways to support youth to connect with mental health staff, peer providers, or others to reduce risks associated with bullying and improve youth resiliency when experiencing bullying.
- No later than October 31, 2021, the Mental Health Services Oversight and Accountability Commission shall contract with one or more entities to provide the services and supports as outlined in the social media program developed through the commission’s advisory group.

\$123,830,000 for Local Assistance from the Mental Health Services Fund

- Provisions
 - Triage - \$20,000,000 is available for encumbrance or expenditure until June 30, 2023.
 - MHSSA - \$95,000,000 shall be available for encumbrance or expenditure until June 30, 2026, to support the Mental Health Student Services Act.
 - MHSSA - \$8,830,000 shall be available for encumbrance or expenditure until June 30, 2022 to support the Mental Health Student Services Act.

\$100,000,000 for Local Assistance from the Coronavirus Fiscal Recovery Fund of 2021

- Provisions
 - The funds appropriated in this item are available to support grants for partnerships between counties and schools pursuant to the Mental Health Student Services Act. These grants shall be for economically disadvantaged communities, as determined in consultation with the Department of Finance, consistent with the requirements developed by the United States Treasury pursuant to the American Rescue Plan Act of 2021



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➤ **Assembly Bill 133, Health (Chapter 143, Statutes of 2021)**

Summary: AB 133 is an omnibus health trailer bill and contains changes to implement the 2021-22 budget.

This bill makes technical and clarifying statutory revisions affecting health programs necessary to implement the Budget Act of 2021. Specifically, this bill:

Various Health and Human Services Departments and Agencies

- 1) Establishes the Children and Youth Behavioral Health Initiative, which will ensure an innovative and prevention-focused behavioral health system where all children and youth are routinely screened, supported, and served for emerging and existing behavioral health needs. The Initiative includes the following components:
 - a) Behavioral Health Virtual Platform. Requires the Department of Health Care Services (DHCS) to procure and oversee a vendor to establish a behavioral health service and supports virtual platform that integrates behavioral health screenings, application-based supports, and direct behavioral health services to children and youth 25 years of age and younger, regardless of payer.
 - b) School-Linked Partnership, Capacity, and Infrastructure Grants. Authorizes DHCS to award competitive grants to qualified entities to build behavioral health services partnerships, capacity, and infrastructure; expand access to licensed behavioral health professionals and other providers; build a community-based organization provider network for prevention and treatment services for children and youth; and enhance coordination and partnerships for behavioral health prevention and treatment through appropriate data sharing systems. Eligible entities include counties, city mental health authorities, tribal entities, local educational agencies, institutions of higher education, publicly funded childcare and preschools, health care service plans, community-based organizations, and behavioral health providers.
 - c) Medi-Cal Managed Care Plan Incentive Payments. Requires DHCS to make incentive payments to qualified Medi-Cal managed care plans that meet predefined goals and metrics associated with increasing access to preventive, early intervention, and behavioral health services by school-affiliated providers in K-12 schools.



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- d) Statewide School-Linked Behavioral Health Fee Schedule. Requires DHCS to develop and maintain a school-linked statewide fee schedule for outpatient mental health or substance use disorder treatment provided to a student 25 years of age or younger at a school site. A health care service plan, including a Medi-Cal managed care plan, or an insurer will, commencing January 1, 2024, be required to reimburse school-based services provided to one of its members according to the fee schedule, regardless of whether the provider is within the plan's or insurer's contracted provider network.
- e) Evidence-Based Behavioral Health Programs. Requires DHCS to provide competitive grants to qualified entities to support implementation of evidence-based interventions and community-defined promising practices. These interventions and practices will be developed by a workgroup composed of subject matter experts convened by DHCS. Qualified entities include Medi-Cal behavioral health delivery systems, city mental health authorities, tribal entities, health care service plans, Medi-Cal managed care plans, community-based organizations, and behavioral health providers.
- f) Behavioral Health Workforce Development. Authorizes the Office of Statewide Health Planning and Development to award competitive grants to entities and individuals it deems qualified to expand the workforce of behavioral health counselors, coaches, peer supports, and other allied health care providers serving children and youth.
- g) Dyadic Services Benefit in Medi-Cal. Requires DHCS to provide dyadic services as a covered benefit in Medi-Cal. Dyadic services are a family- and caregiver-focused model of care that provides integrated physical and behavioral health screening and services to the whole family.

Department of Health Care Services (DHCS)

- Establishes the Behavioral Health Continuum Infrastructure Program, which authorizes DHCS to award competitive grants to qualified entities to construct, acquire, and rehabilitate assets, or to invest in mobile crisis infrastructure to expand the community continuum of behavioral health treatment resources. Grants would expand capacity for short-term crisis stabilization, acute and subacute care, crisis residential, community-based mental health residential, substance use disorder residential, peer respite, mobile crisis, community and outpatient behavioral health services, and other treatment and rehabilitation options for behavioral health disorders.



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Department of Public Health (DPH)

- Authorizes DPH to establish the Office of Suicide Prevention, pursuant to the provisions of AB 2112 (Ramos, Chapter 142, Statutes of 2020), without requiring utilization of existing staff and resources.

Department of State Hospitals (DSH)

- Requires DSH to convene an Incompetent to Stand Trial Solutions Workgroup to identify short-term, medium-term, and long-term solutions for alternatives to placement of defendants determined to be incompetent to stand trial (IST) in a State Hospital. The workgroup will submit a report to CHSA and the Department of Finance on short-term solutions by November 30, 2021, and medium- and long-term solutions by April 1, 2022.

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- Amends and updates the Mental Health Student Services Act, consistent with the expansion of grants for partnerships between educational and county mental health entities included in the 2021 Budget Act.

➤ **Assembly Bill 134, Committee on Budget: Mental Health Services Act: County Program and Expenditure Plans (Chapter 75, Statutes of 2021)**

Summary: AB 134 is an omnibus health trailer bill and contains changes to implement the 2021-22 budget.

This bill makes technical and clarifying statutory revisions affecting mental health programs necessary to implement the Budget Act of 2021. Specifically, AB 134:

- Authorizes a county to extend the effective timeframe of a three-year program and expenditure plan for Mental Health Services Act expenditures or an annual update to include the 2020-21 and 2021-22 fiscal years if the county was unable to complete and submit the plan or update due to the COVID-19 Public Health Emergency.
- Requires counties to submit a three-year program and expenditure plan or annual update to the Mental Health Services Oversight and Accountability Commission and the Department of Health Care Services by July 1, 2022.



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- Authorizes counties to, during the 2020-21 and 2021-22 fiscal years, use funds from Mental Health Services Act prudent reserves for mental health expenditures to children and adults, including housing assistance.
- Authorizes counties to determine allocations of Mental Health Services Act funds within community services and supports, and prevention and early intervention categories for the 2020-21 and 2021-2022 fiscal years.
- Suspends reversion of unspent Mental Health Services Act funds required to be reverted as of July 1, 2019, or July 1, 2020, until July 1, 2021.
- Appropriates \$187 million from the Federal Trust Fund to the Department of Health Care Services to support community mental health services, pursuant to funding awarded through the American Rescue Plan Act of 2021 for the Community Mental Health Services Block Grant Program.

Research and Evaluation

➤ **Assembly Bill 686, Arambula: California Community-Based Behavioral Health Outcomes and Accountability Review (Introduced February 16, 2021)**

Summary: AB 686 requires the California Health and Human Services Agency to establish, by July 1, 2022, the California Community-Based Behavioral Health Outcomes and Accountability Review to facilitate a local accountability system that fosters continuous quality improvement in county behavioral health programs and in the collection and dissemination by the agency of best practices in service delivery. The bill would require the agency to convene a workgroup, by October 1, 2022, composed of representatives, as follows:

- County behavioral health agencies
- Legislative staff
- Behavioral health provider organizations
- Interested behavioral health advocacy and academic research organizations
- Current and former county behavioral health services recipients and their family members
- Organizations that represent county behavioral health agencies and county boards of supervisors



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- California External Quality Review Organizations
- State Department of Health Care Services
- State Department of Social Services
- State Department of Public Health
- California Behavioral Health Planning Council
- Mental Health Services Oversight and Accountability Commission

The purpose of the workgroup is to develop an updated methodology, that can measure and evaluate behavioral health services.

❖ **Location:** Assembly Health Committee – 2 Year Bill.



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Schools and Mental Health

➤ **Assembly Bill 586, Assemblymember O’Donnell: School Health Demonstration Projects: Building and Sustaining K-12 School-Based Services (Amended June 23, 2021)**

Summary: AB 586 establishes, within the State Department of Education, the School Health Demonstration Project, a pilot project, to be administered by the department, in consultation with the State Department of Health Care Services, to expand comprehensive health and mental health services to public school pupils by providing training and support services to selected local educational agencies to secure ongoing Medi-Cal funding for those health and mental health services, as provided.

❖ **Location:** Senate Education Committee. 2 Year Bill

➤ **Senate Bill 508, Senator Stern: Student Mental Health Services (Amended April 14, 2021)**

Summary: SB 508 will require health plans to provide mental health services to students. It would also make children’s mental health services more accessible by expanding the network of school-based mental health practitioners and use of telehealth. This bill:

- Ensures health plans are meeting the requirement to provide mental health services to students who are referred by the school.
- Makes it easier to access children’s mental health experts by permanently adopting telehealth options established during the pandemic.
- Ensures that commercial health plans are meeting mental health parity standards by requiring them to collaborate with local education agencies.

❖ **Location:** Senate Health Committee – 2 Year Bill



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➤ **Senate Bill 525, Senator Grove: Mental Health Effects of School Closures (Amended March 22, 2021)**

Summary: SB 525 requires the State Department of Public Health, in consultation with the State Department of Education, to establish a policy no later than 6 months after the effective date of the bill, to address the mental health effects of school closures on pupils in years when a state or local emergency declaration results in school closures. The bill would require local educational agencies to adopt the policy subject to an appropriation in the annual Budget Act for that purpose.

❖ **Location:** Held in Senate Appropriations Committee – 2 Year Bill

Suicide Prevention

➤ **Assembly Bill 234, Assemblymember Ramos: Office of Suicide Prevention Clean-Up (Introduced January 12, 2021)**

Summary: AB 234 is a clean-up bill for 2020's AB 2112 (Ramos), which created the framework for a statewide Office of Suicide Prevention. The Commission sponsored AB 2112 last year and the recommendations in the bill are consistent with our *Stiving for Zero*, report. This bill removes the requirement that the Department of Public Health fund the Office of Suicide Prevention using existing resources, opening the door for the development of a statewide suicide prevention strategy.

❖ **Location:** Held in Assembly Appropriations Committee - 2 Year Bill

Calendar of Tentative Commission Meeting Agenda Items

Proposed 10/28/2021

Agenda items and meeting locations are subject to change.

November 18, 2021: Sacramento, CA (Teleconference)

Potential Innovation Plan Approval

The Commission reserves time on each month's agenda to consider approval of Innovation projects for counties. At this time, it is unknown if an innovative project will be calendared.

Election of the MHSOAC Chair and Vice-Chair for 2022

Nominations for Chair and Vice-Chair for 2022 will be entertained and the Commission will vote on the nominations and elect the Chair and Vice-Chair.

Anti-Bullying Project Outline and Authority to Execute Contracts

The Commission will hear recommendations from the Anti-Bullying Advisory Committee and consider authorizing contracts to spend \$5 million to create a digital peer support network for children and youth who have been bullied based on their race, ethnicity, language, or country of origin.

December 2021:

No Meeting

January 27, 2022: TBD

Mid-Year Budget Update and the Governor's Proposed Budget for 2022

The Commission will be presented with the mid-year expenditures for Fiscal Year 2021-22. The Commission will also be presented with the Governor's Proposed Budget for 2022.

Mental Health Wellness Act of 2013 (Triage) Outline and Authority to Award Grants

The Commission will be presented with an outline for the next round of Triage grants and request that the Commission delegate authority to the Executive Director to award grants to the highest scoring applicants.

Panel on Immigrant and Refugees Mental Health Needs

The Commission will hear about the gaps in services for immigrants and refugees.

February 24, 2022: TBD

Potential Innovation Plan Approval

The Commission reserves time on each month's agenda to consider approval of Innovation projects for counties. At this time, it is unknown if an innovative project will be calendared.

Calendar of Tentative Commission Meeting Agenda Items

Proposed 10/28/2021

Agenda items and meeting locations are subject to change.

Immigrant and Refugees - Stakeholder Advocacy Outline and Authority to Award Contracts

The Commission will be presented with an outline for the next round of Immigrant and Refugees Stakeholder Advocacy Contracts and request that the Commission delegate authority to the Executive Director to award contracts to the highest scoring applicants.

Legislative Priorities for 2022

The Commission will consider legislative and budget priorities for the current legislative session.

Innovation Report Out

The Commission will be presented with an update on Innovation activities.

March 24, 2022: TBD

Potential Innovation Plan Approval

The Commission reserves time on each month's agenda to consider approval of Innovation projects for counties. At this time, it is unknown if an innovative project will be calendared.

Legislative Priorities for 2022

The Commission will consider legislative and budget priorities for the current legislative session.

Prevention and Early Intervention Report Presentation

The Commission will consider the final report of the PEI project subcommittee for adoption.

Evaluation Committee Report Out

The Commission will hear a progress report on Triage evaluation and a progress report on the development of the MHSSA evaluation plan.

April 28, 2022: TBD

Potential Innovation Plan Approval

The Commission reserves time on each month's agenda to consider approval of Innovation projects for counties. At this time, it is unknown if an innovative project will be calendared.

Legislative Priorities for 2022

The Commission will consider legislative and budget priorities for the current legislative session.

Workplace Mental Health Report Presentation

The Commission will consider the final report of the WPMH project subcommittee for adoption.

Calendar of Tentative Commission Meeting Agenda Items

Proposed 10/28/2021

Agenda items and meeting locations are subject to change.

Cultural and Linguistic Competency Committee Report Out

The Commission will hear an Update on the activities of the Cultural and Linguistic Competency Committee for 20-21.

Client and Family Leadership Committee Report Out

The Commission will hear an Update on the activities of the Client and Family Leadership Committee for 20-21.

May 26, 2022: TBD

Potential Innovation Plan Approval

The Commission reserves time on each month's agenda to consider approval of Innovation projects for counties. At this time, it is unknown if an innovative project will be calendared.

Legislative Priorities for 2022

The Commission will consider legislative and budget priorities for the current legislative session.

Governor's Budget Revisions for 2022

The Commission will be presented with the Governor's budget revisions for 2022.

Youth Drop-In Centers – allcove Grant Program Report Out

The Commission will hear an overview of progress made toward the implementation of allcove youth drop-in centers.

Early Psychosis Intervention Grant Program Report Out

The Commission will hear an overview of the progress made towards the implementation of EPI-Plus Coordinated Specialty Care Clinics.

June 2022:

No Meeting



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Tentative Upcoming MHSOAC Meetings and Events

Updated 10/15/2021

OCTOBER 2021

- 10/19: Client and Family Leadership Committee Meeting
 - Open Meeting
 - 1:00-3:00PM
- 10/28: Commission Meeting
 - Open Meeting
 - 9:00AM-12:30M

NOVEMBER 2021

- 11/10: Cultural and Linguistic Competency Committee Meeting
 - Open Meeting
 - 3:00-5:30PM
- 11/18: Commission Meeting
 - Open Meeting
 - 9:00AM-TBD

DECEMBER 2021

- 12/9: Client and Family Leadership Committee Meeting
 - Open Meeting
 - 1:00-3:00PM

JANUARY 2022

- 1/12: MHSOAC Research and Evaluation Committee Meeting
 - Open Meeting
 - 9:00AM-12:00PM