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Mental Health Services
Oversight & Accountability Commission

Meeting Materials Packet

Commission Teleconference Meeting
November 16, 2023
9:00 AM – 2:45 PM

MHSOAC
Mental Health Services
Oversight & Accountability Commission

COMMISSION MEETING NOTICE & AGENDA

November 16, 2023

NOTICE IS HEREBY GIVEN that the Commission will conduct a Regular Meeting on **November 16, 2023, at 9:00 a.m.** This meeting will be conducted via teleconference pursuant to the Bagley-Keene Open Meeting Act according to Government Code sections 11123 and 11133. The location(s) from which the public may participate are listed below. All members of the public shall have the right to offer comment at this public meeting as described in this Notice.

Date: November 16, 2023

Time: 9:00 AM

Location: 1812 9th Street, Sacramento, CA 95811

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

EXECUTIVE DIRECTOR:
Toby Ewing

ZOOM ACCESS:

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

FREE REGISTRATION LINK:
https://mhsoac-ca-gov.zoom.us/meeting/register/tZUscO2trDwuHdE1mUXAm38a3CoYuyeEPx6o

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

Our Commitment to Excellence

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

- Advance a shared vision for reducing the consequences of mental health needs and improving wellbeing.
- Advance data and analysis that will better describe desired outcomes; how resources and programs are attempting to improve those outcomes.
- Catalyze improvement in state policy and community practice for continuous improvement and transformational change.

Commission Meeting Agenda

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

9:00 AM

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

9:05 AM

2. **Announcements & Updates**
   Chair Mara Madrigal-Weiss, Commissioners and Staff will make announcements and provide updates.

9:20 AM

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

9:30 AM

4. **October 26, 2023 Meeting Minutes**
   Action
   The Commission will consider approval of the minutes from the October 26, 2023 Commission Meeting.

   - Public Comment
   - Vote

9:40 AM

5. **2024 Commission Chair and Vice Chair Elections**
   Action
   Nominations for Chair and Vice-Chair for 2024 will be entertained and the Commission will vote on the nominations and elect the next Commission Chair and Vice-Chair; *led by Geoff Margolis, Chief Counsel.*

   - Public Comment
   - Vote

10:00 AM

6. Consent Calendar

Action

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

- allcove® Sacramento Multi-County Collaborative Innovation Project for up to $10 million over five years.

  - Public Comment
  - Vote

10:10 AM

7. Strategic Plan Draft

Information

The Commission will hear a presentation on the draft Strategic Plan for 2024-2027; *presented by Toby Ewing, Executive Director and Norma Pate, Deputy Director, Administrative Services and Performance Management.*

- Public Comment

11:20 AM

8. Substance Use Disorder Outline

Action

The Commission will consider allocation of $20 million of Mental Health Wellness Act funds to support programs that advance substance use disorder treatment and that reflect the diverse needs and populations of the state; *presented by Tom Orrock, Deputy Director, Program Operations.*

- Public Comment
- Vote

12:00 PM

9. Legislative Priorities for 2024

Action

The Commission will consider legislative priorities for the 2024 legislative session; *presented by Kendra Zoller, Legislative Deputy Director.*

- Public Comment
- Vote

12:30 PM

10. Lunch

1:30 PM

11. Los Angeles County Innovation Project

Action

The Commission will consider approval of $100,594,450 in innovation funding for Los Angeles County's Kedren Children and Family Restorative Care Village project; *presented by Kalene Gilbert, LCSW, Mental Health Program Manager, Los Angeles County Department of Mental Health.*

- Public Comment
- Vote

2:10 PM

12. Innovation Funds & Behavioral Health Reform

Information

The Commission will discuss opportunities for counties to use innovation funds to support behavioral health reform; *presented by Toby Ewing, Executive Director.*

- Public Comment

2:45 PM

13. Adjournment

MHSOAC
Mental Health Services
Oversight & Accountability Commission

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

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

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

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

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

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

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

Additional Public Locations:

AGENDA ITEM 4

Action

November 16, 2023 Commission Meeting

October 26, 2023 Meeting Minutes

Summary: The Mental Health Services Oversight and Accountability Commission will review the minutes from the October 26, 2023 Commission meeting. Any edits to the minutes will be made and the minutes will be amended to reflect the changes and posted to the Commission Web site after the meeting. If an amendment is not necessary, the Commission will approve the minutes as presented.

Enclosures (2): (1) October 26, 2023 Meeting Minutes; (2) October 26, 2023 Motions Summary

Handouts: None

Proposed Motion: The Commission approves the October 26, 2023 Meeting Minutes

State of California

MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION

Commission Meeting Minutes

Date October 26, 2023

Time 9:00 a.m.

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

Members Participating:

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

*Participated remotely

Members Absent:

Assembly Member Carrillo
Shuo Chen
Senator Dave Cortese
David Gordon

MHSOAC Meeting Staff Present:

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

1: Call to Order and Roll Call

Chair Mara Madrigal-Weiss called the Meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to order at 9:04 a.m. and welcomed everyone.

Chair Madrigal-Weiss asked to pause for a collective breath to honor and acknowledge the lives lost in Israel, Gaza, Ukraine, and Maine.

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

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

Amariani Martinez, Commission staff, reviewed the meeting protocols.

2: Announcements and Updates

Chair Madrigal-Weiss gave the announcements as follows:

Commission Meetings

- The September 28, 2023, Commission meeting recording is now available on the website. Most previous recordings are available upon request by emailing the general inbox at mhsoac@mhsoac.ca.gov.
- The next Commission meeting will take place on November 16th at 9:00 a.m.
- To create a more secure and safer virtual meeting environment, registration will now be required to attend all public Commission meetings via the Zoom registration process.

Site Visit Debrief

Chair Madrigal-Weiss asked Commissioner Carnevale to provide a debrief on the Commission's visit to the University of California, San Francisco's (UCSF) Department of Psychiatry and Behavioral Sciences and the Weill Institute for Neurosciences.

Commissioner Carnevale stated that Commissioners spent the day at UCSF. They visited the Department of Psychiatry to learn about the programs they are running, including a program targeted to the 0-5 population for children with trauma and their families to intervene early to mitigate the impacts of those traumas. He suggested that the Commission look more closely at this particularly impactful program.

Commissioner Carnevale stated that Commissioners spent the afternoon with the UCSF neurology department, the foremost neurology department in the country. Commissioners heard about the Multitudes Program that is funded by the Governor to create a kindergarten through 1st grade screening tool to identify children at risk for reading issues. UCSF is proposing to expand the Multitudes Program to include screening kids who might have foundational issues that could lead to behavioral issues later in life.

Commissioner Carnevale stated that Commissioners heard about UCSF's root-cause brain research to understand where early onset psychosis comes from and about combining that with the research being done at UC Berkeley. This is innovative research that the Commission should consider supporting.

Commissioner Chambers agreed and applauded the work being done at UCSF. She stated the need for the Commission to learn more about these innovative topics.

Commissioner Danovitch stated appreciation for yesterday's site visit. He stated the need to both find solutions to system problems and develop interventions to help diseases and conditions at their core. The site visit was a wonderful example of groups that move from discovery to translating those discoveries to interventions, and then evaluating those interventions. UCSF demonstrated a clear line from ideation to implementation to evaluation, which is a model that should be replicated in other areas of the Commission's work.

CFLC Update

Chair Madrigal-Weiss asked Commissioner Chambers to present her report.

Commissioner Chambers, Vice Chair of the Client and Family Leadership Committee (CFLC), provided a brief update of the work of the Committee since the last Commission meeting:

The Committee met on October 18th and heard an update on the status of peer certification in California, impacts of Senate Bill (SB) 326 on peer provider services, and an update on the Commission's strategic plan. Members of the public were encouraged to provide feedback on the Commission's online survey.

The next Committee meeting will be determined in the coming weeks.

CLCC Update

Chair Madrigal-Weiss asked Vice Chair Alvarez to present her report.

Vice Chair Alvarez, the Chair of the Cultural and Linguistic Competence Committee (CLCC), stated that the CLCC had planned to meet earlier this work but did not want to conflict with an important meeting of the California Reducing Disparities Project. The CLCC meeting has been rescheduled to be held on November 8, 2023, from 3:30 p.m. to 5:00 p.m. The Committee will hear updates on the Commission's strategic planning process, key takeaways from the California Reducing Disparities Project (CRDP) on their convenings across the state, and the findings from the Community Defined Evidence Practice Uptake Project from the Prevention Institute.

Modernization Update

Chair Madrigal-Weiss stated that the Governor signed SB 326, the Mental Health Services Act (MHSA) modernization proposal, into law on October 12th. The initiative will be considered by voters on the March 5, 2024, primary election ballot, as Proposition 1. She noted that, if the voters approve the initiative, the statutes affecting the Commission will take effect on January 1, 2025. Because the amendments are substantial in nature, the Commission will need to begin formulating a transition and implementation plan as soon as possible to ensure success. She asked staff to walk the

Commissioners through what can be expected from the transformation of the Commission into the Behavioral Health Services Oversight and Accountability Commission (BHSOAC).

Kendra Zoller, Deputy Director of Legislation, reviewed the final version of the legislation, its impact on the Commission, and the Commission's potential role in implementation should the initiative pass. She stated that there will be a rolling implementation – the statutes affecting the Commission will go into effect on January 1, 2025, but changes to the county funding buckets will not go into effect until July 1, 2026.

Deputy Director Zoller stated that the general scope and duties of the BHSOAC reflect current MHSOAC practices, including to promote transformational change, conduct research and evaluation, track outcomes, distribute grant funding, identify key policy issues and emerging best practices, promote high-quality programs, advise the Governor and the Legislature, collaborate with other state entities, and provide technical assistance and training. The biggest change is the MHSOAC approves innovation plans with the 5 percent of county funding, while the BHSOAC will implement an innovation strategy through the Innovation Partnership Fund (IPF), which is $20 million annually in grants to promote innovative programs and practices.

Deputy Director Zoller reviewed new Commission roles and duties:

- The Assembly and Senate Commissioners may appoint designees.
- There will be 11 new Governor-appointed Commissioners.
- There will be 3 new reports to be drafted and published by the Commission.
- The Commission will have new consulting roles with the Department of Health Care Services (DHCS) and the California Department of Public Health (CDPH).

Deputy Director Zoller reviewed other new Commission roles:

- Being a member of the Behavioral Health Services Act (BHSA) Revenue and Stability Workgroup.
- Providing technical assistance on implementation planning, training, and capacity building investments, including on innovative promising practices.
- Advising the Governor and Legislature on Substance Use Disorder (SUD).
- Referring county performance issues to the DHCS for the new County Behavioral Health Outcomes, Accountability, and Transparency Report.
- Receiving county Integrated Plans and Annual Updates.

Commissioner Comments & Questions

Commissioner Bontrager asked for additional detail on the Commission's consulting role with the DHCS.

Deputy Director Zoller stated that staff has begun discussions with the DHCS and the CDPH to consider how that will look. Staff will report back as more information is received.

Executive Director Ewing stated that staff is having conversations with the California Health and Human Services Agency (CalHHS), the Governor's Office, and the DHCS around areas where the Commission's unique value can contribute, particularly in its capacity to do community engagement. Several things have been identified that may be challenging and will require analysis, such as the fiscal shift from the present funding distributions to the new funding distributions or the transition of county innovation projects and what that will look like under the BHSA – when that takes effect, any MHSA dollars that have not been spent would transition into the BHSA fund. The rules are unclear about grandfathering in active innovation projects that were previously launched under the MHSA but not completed before the BHSA takes effect, assuming it passes.

Executive Director Ewing stated that staff is working with the DHCS to calculate the innovation funds that are available under the MHSA that would be spent before the BHSA takes effect. Staff is trying to figure out the available funding to work with counties and the Administration to position the ongoing innovation conversation over the next two years to be supportive of the BHSA transition under the premise that the Commission and counties may not want to invest in new innovation projects that only have a two-year window because of the transition.

Executive Director Ewing stated that, as part of that, staff is working with the Administration to identify these high-priority concerns – what the mental health/SUD integration looks like and the kinds of programs that counties should identify in terms of housing. Through those conversations, staff is talking with the DHCS about the kind of role that they want the Commission to play and where the Commission thinks it can lean in effectively. Conversations remain positive. He suggested inviting the DHCS to present opportunities at a future Commission meeting, after the March ballot.

Commissioner Bontrager stated that part of the Commission's role is in advocacy. He stated that the DHCS is trying to resolve how to make things Medi-Cal reimbursable and to pull down federal dollars. Part of the magic of MHSA dollars is that they are not tied to that. MHSA dollars have flexibilities that should not be lost. Part of the uniqueness of the Commission is that it can invest in prevention and early intervention. The Commission has more flexibilities than Medi-Cal will allow. He stated that he would hate for the Commission to continue to use resources in a way that simply leverages Medi-Cal dollars. He stated the hope that the Commission can also play an advocacy role with the DHCS.

Commissioner Chambers asked for a comparison of the innovation components between the MHSA and BHSA funding.

Executive Director Ewing stated that statewide the MHSA innovation pot was much larger and it was county-driven. Under the new rules, the BHSA innovation pot will be smaller and will be Commission-driven, with the opportunity to match that with other sources of funding. He stated that the MHSA statute mandates that 5 percent of all funds that go to counties are set aside for innovation. This runs between $100 million to $150 million annually or even more in some years. These funds must be used within a certain timeframe in a Commission-approved plan or spent within three years. Under the BHSA, that 5 percent set-aside on the county side is eliminated; however, there is a

requirement that counties continue to innovate to support the transformational change that is expected of the BHSA. Exactly what that means is unclear. Part of the conversation staff is having with the Administration is about expectations and how the state could support that.

Executive Director Ewing stated that the $20 million is in addition to that. Similar to how the Commission receives $20 million annually for the Mental Health Wellness Act and the Commission is allowed to allocate those funds with significant discretion to promote mental health wellness, there will be an annual $20 million allocation to the Commission for innovation. The language of the statute is not in perpetuity but is subject to legislative authorization. Part of the challenge is that budget decisions for something as specific as that should not be made through the ballot process. The statute references a five-year window; after that, the Legislature and the traditional budget process would determine the amount for innovation.

Executive Director Ewing stated that there is also a provision that allows the Commission to use the Mental Health Wellness Act funding to support innovation in addition to the $20 million for a total of $40 million, potentially. The statute also contains language around public/private partnerships, recognizing the opportunity for the Commission to work with philanthropy in the private sector to raise additional funds. Part of the transition planning process is talking with the Administration about the expectations and what it should look like. The Commission has asked staff to put together a proposal for an innovation conversation to drive this framework and the chair has asked Commissioner Carnevale to take the lead on that.

Commissioner Chambers stated the need to continue this conversation because counties will need the Commission's support now that they have been tasked with other legislation such as the Community Assistance, Recovery, and Empowerment (CARE) Court and Full-Service Partnership (FSP) programs. She stated that she does not know how they will have money to be innovative.

Commissioner Mitchell asked if the bill addresses the workforce development issue.

Executive Director Ewing stated that there is an ongoing set-aside under the BHSA for the state to invest in workforce. Under the MHSA, counties were initially required to set aside a portion of their funds for workforce development and the state invested state-level funding – both MHSA and non-MHSA funding – in workforce. The Commission has an opportunity to support the planning process to use those dollars effectively.

Commissioner Danovitch stated that one of the things to consider if this initiative passes is how the Commission will be organized to do its work, given the expansion and new structure. Transitions, Commission tenures, and staff turnover are ongoing challenges to governing effectively and accomplishing the Commission's work. He stated that it will be even more important to overcome these challenges with the Commission's expansion. It will take focused thought and continued effort so the Commission will be as effective as possible.

Commissioner Carnevale stated that one of the attendees at yesterday's site visit was Stephanie Welch, the Deputy Secretary of Behavioral Health at the CalHHS. It was

wonderful that she was in attendance. It is an indication of the increasing cooperation on some of these new innovative projects.

New Staff

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

Tom Orrock, Deputy Director of Operations, stated that two new staff have joined the Commission since the last Commission meeting. He introduced Riann Kopchak, the new Chief of Community Engagement and Grants, and Jigna Shah, the new Chief of Innovation and Program Operations.

On behalf of the Commission, Chair Madrigal-Weiss welcomed Riann Kopchak and Jigna Shah to the Commission.

3: General Public Comment

Jerry Hall, former San Diego Behavioral Health Advisory Board member, stated that he was grateful that the community program planning process terms and conditions have largely stayed intact. He stated that there is an opportunity to use the community program planning process to meaningfully engage the community throughout the year for evaluation, strategic planning, and budgeting of the MHSA and other funds that counties are spending.

Jerry Hall stated that a unique element of this is that the only requirement of a behavioral health advisory board that is mandated by code is that advisory boards review and approve plans that the county will use to engage the public. He stated that he has yet to find a county that has a review and approval process for community engagement plans. One of the problems being experienced by the counties is that the community is not involved at a deeper level, when there is a funded legislative opportunity to ensure that the public and communities are involved. He encouraged the Commission to consider ways to better integrate the community program planning process to better engage the community.

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), stated that the CRDP just completed its last presentation over the state regarding the evaluation report showing the results of studying Community-Defined Evidence Practices (CDEPs).

Stacie Hiramoto thanked Executive Director Ewing for attending the Los Angeles CRDP presentation. It meant a lot to the community.

Stacie Hiramoto thanked Vice Chair Alvarez for rescheduling the CLCC meeting and for sending two of her staff to attend the Los Angeles CRMP presentation.

Stacie Hiramoto thanked the Commission for its great community outreach. She thanked Kendra Zoller for putting together her excellent update summary of the Governor's MHSA modernization proposal and for attending the MHSA Partners Forum meetings.

Stacie Hiramoto thanked Commissioner Bunch for proposing the Impacts of Firearm Violence Project.

Stacie Hiramoto asked the Commission to invite Loyola Marymount University to present on the CRDP study and the importance of CDEPs at a future Commission meeting.

4: September 28, 2023, Meeting Minutes

Chair Madrigal-Weiss stated that the Commission will consider approval of the minutes from the September 28, 2023, Commission meeting. She stated that meeting minutes and recordings are posted on the Commission's website.

There were no questions from Commissioners and no public comment.

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

- *The Commission approves the September 28, 2023, Meeting Minutes.*

The Motion passed 10 yes, 0 no, and 2 abstain, per roll call vote as follows:

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

The following Commissioners abstained: Commissioner Rowlett and Vice Chair Alvarez.

5: Consent Calendar

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

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

There were no questions from Commissioners and no public comment.

Action: Chair Madrigal-Weiss asked for a motion to approve funding for the Tri-City Community Planning Process Innovation Project for up to $675,000. Commissioner Carnevale moved, and Commissioner Robinson seconded, that:

- *The Commission approves the Consent Calendar.*

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

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

6: Impacts of Firearm Violence Project

Chair Madrigal-Weiss stated that the Commission will hear a panel presentation on efforts to address firearm violence and identify promising approaches and best practices to reduce firearm violence and the associated negative outcomes. She asked

Commissioner Bunch, Chair of the Impacts of Firearm Violence Subcommittee, to introduce the panel.

Commissioner Bunch stated that this is the second panel presented to the Commission on the Impacts of Firearm Violence Project and builds off the research and community engagement activities of the past year. She thanked Courtney Ackerman, MHSOAC Research Scientist, for her hard work in leading this project. She stated that, in the first panel, the Commission learned about the problem with firearm violence, the cycle of violence and trauma, and the need for support to heal from firearm violence exposure, and heard firsthand about some of the innovative work happening in pockets throughout the state.

Commissioner Bunch stated that today's panel will continue to focus on solutions. The Commission will hear from experts and those with lived experience leading California's violence prevention initiatives at the state and community levels. Panel members will share successes, gaps, barriers, and opportunities to work collaboratively to address the problem of firearm violence and its associated negative outcomes. She stated that the goal for today's panel is to further the discussion and to come away with direction from the Commission on where to go from here, what should be prioritized in the final report recommendations, and if there are questions yet to be answered.

Commissioner Bunch introduced the first presenter, Dr. Richard Espinoza, and asked him to facilitate the panel presentations.

Richard Espinoza

Richard Espinoza, Psy.D., Clinical Psychologist and Professor at Pepperdine University, College of the Canyons, and Pitzer College, began his presentation by sharing that he has personally been impacted by firearm violence. He stated that he was in a mall in 2018 when a shooting happened. He shared that he experienced the terror that is instilled when these events happen. He shared his definition of mass violence and firearm violence, discussed preventative measures to adapting and avoiding the impacts of mass violence, discussed coping skills to directly deal with the impacts of mass violence, and facilitated a guided meditative practice. He reviewed preventative measures:

- Consider developing a violence diet or a violence budget.
- Change language and conversation about firearm violence.
- Adopt self-regulation techniques.
- Foster in-person support.
- Understand the difference between being prepared and being paranoid.

Richard Espinoza introduced the other members of the panel and asked them to give their presentations.

Nicole Kravitz-Wirtz

Nicole Kravitz-Wirtz, Ph.D., Associate Professor at UC Davis, provided an overview, with a slide presentation, of the firearm violence in California, social determinants of firearm violence and mental health, and public health and structural approaches to

firearm violence prevention. She stated that systemic, community-centered investments are key for preventing and responding to firearm violence and trauma.

Sam Vaughn

Sam Vaughn, Deputy Director, City of Richmond Office of Neighborhood Safety (ONS), provided an overview, with a slide presentation, of the primary strategies of street outreach with Neighborhood Change Agents (NCAs) and the Operation Peacemaker Fellowship program, cohort, and engagement statistics. He stated that one of the biggest issues is finding the right outreach workers and continuing to build relationships. The aftereffects of community violence involve the entire community. The Fellowship program uses mentors and elders as credible messengers who build healthy relationships with fellows. The relationship is key. Mentors are caring adults who will never turn their backs on the fellows. A lot of funding is spent on crime; it is time to think about different ways to invest in communities. The city of Richmond is safer and has benefited from the work of the ONS.

Janiesha Grisham

Janiesha Grisham, Violence Prevention Educator with Oakland's Youth ALIVE!, shared her background and personal experience with gun violence, mental health, and the road to Youth ALIVE! She stated that, when she was in 6th and 7th grade, she tried to commit suicide, which was the only way to be referred to a therapist because of the long waitlist. She stated that therapy was not for her because she was not ready and she could not receive the information from a therapist who did not look like her, did not come from where she came from, and could not understand her. Janiesha Grisham tried therapy again in high school; the therapist prescribed medication for her now-diagnosed anxiety and major depression, but the medication did nothing.

Janiesha Grisham stated that it was not until she joined Teens on Target (TNT) in high school that she feels that she began to start healing with her mentors and credible messengers in her community because she felt she was understood, and her pain was understood.

Janiesha Grisham provided an overview, with a slide presentation, of the background, objectives, and programs in prevention, intervention, and healing of Youth ALIVE! TNT, a program of Youth ALIVE!, uplifts youth to use their experiences as a tool to make change and to teach younger peers in middle school to avoid and prevent violence in their neighborhoods. She stated that Youth ALIVE!'s Khadafy Washington Project (KWP) sends crisis responders into the immediate aftermath of each Oakland homicide to support families and friends of victims, such as providing emergency financial assistance, providing relocation services, and helping to plan funerals. She noted that all Youth ALIVE! services are free for the community.

Janiesha Grisham stated that the mental health challenges in Oakland are not new but are a result of generational trauma. There has never been a space for healing – no coping mechanisms or no self-care guidance. The COVID-19 pandemic caused isolation and social anxiety so that now the community does not know how to ask for help. She stated that she asked her students about the needs of the community. The students stated that the three best ways to start are support for spreading resources,

more credible messengers, and a safe space for voices to be heard. She noted that the waitlist for counseling services is 6 months to a year. Many families do not have health insurance and are not offered follow-up services. The community is left to find its own way. She stated that the time for healing is now.

Break

The Commission took a 10-minute break.

Presentations, continued

Chair Madrigal-Weiss deferred to Dr. Espinoza to facilitate the remainder of this agenda item. Dr. Espinoza introduced the next members of the panel and asked them to give their presentations.

Ari Freilich

Ari Freilich, Director of the Office of Gun Violence Prevention (OGVP) at the California Department of Justice (DOJ), stated that the attorney general established the OGVP with the mission of supporting data and impact-driven efforts to prevent gun violence and related harms. The OGVP aims to reduce gun violence by promoting research and data collection, increasing awareness about effective legal and policy strategies, and collaborating with federal, state, and local partners.

Ari Freilich stated that his team works to be as helpful as possible to as many people as possible to implement, coordinate, and understand gun violence and to spotlight gaps and best practices. The OGVP has made significant progress in many areas that stand apart from national trends. Many of California's violence prevention laws and programs are new. New laws and programs come with new challenges and ongoing responsibilities across many agencies and communities.

Ari Freilich stated that the first-ever Office of Gun Violence Prevention Data Report was published earlier this year. The report provides a robust review of gun violence data in California and throughout the nation to help guide policy and strategy discussions related to reducing gun violence. He reviewed the takeaways and recommendations from the report:

- The state's long-term progress in reducing gun violence.
- The significant challenges California and the rest of the nation have faced since the start of the COVID-19 pandemic.
- The enormous disparities and access to safety experienced by different communities across the state.
- The need to focus on expanding and systematically integrating community violence intervention and prevention services, especially for gun-assault survivors, into the public health safety and victim service systems.
- Exciting and important new opportunities created by recently-enacted legislation.

Ari Freilich stated that there are effective strategies for intervention, prevention, and aftercare to help assertively engage gun assault patients and others at highest risk with

a range of supports that promote safety, trauma recovery, and desistance from violence. This may include targeted peer support and mentorship from people with similar experiences or credible messengers, conflict mediation, cognitive behavioral therapy, trauma counseling, and system navigation, including relocation assistance away from a dangerous circumstance. These strategies often fall under the umbrella term “community violence intervention.” They rely on authentic messengers with shared lived experience who can break through and engage a population that has often been violently traumatized and alienated from other supports – criminal justice, health, mental health, victim services, and other supports. They are primarily focused on breaking cycles of violent injury, trauma, and retaliation by engaging and protecting the relatively small number of people at highest risk today and in the future – the people closest to the pain and violence. This is essential because research has shown that at least half of homicides and shootings are committed by a fraction of 1 percent of the population, even in neighborhoods with the highest rates of violence.

Ari Freilich stated that a 2019 report estimated that just 3 percent of individuals seriously violently injured by community or gang violence in the state received community-based violence intervention services. Since 2019, California has made important investments to help expand, scale, and sustain these community-based violence intervention programs, especially through the California Violence Intervention and Prevention (CalVIP) Grant Program. California enacted legislation this year to permanently extend the CalVIP Program, opening it up to counties and county agencies and removing barriers to access as this program transitions from a pilot program to a permanent sustained feature of California’s health and safety infrastructure. More public and community-based programs can and should apply for and take advantage of that opportunity.

Rita Nguyen

Rita Nguyen, M.D., Assistant Health Officer, Population Health, CDPH, provided an overview, with a slide presentation, of the mission, vision, and core values of the CDPH, historic increases in firearm violence, public health approach to gun violence, gun violence prevention strategies and policy insights, CDPH gun violence prevention efforts, successes and challenges, and the CDPH’s Violence Prevention Initiative (VPI). She stated that exposure to gun violence is one of the social determinants of health and noted that economic security and mobility is at the root of violence. She quoted Reverand Gregory Boyle who said “nothing stops a bullet like a job.”

Dr. Nguyen reviewed considerations for gun violence prevention strategies:

- The most consistent and powerful predictor of future violence is a history of violent behavior.
- Requires an increased investment in children, youth, families, and communities.
- Focus resources on communities and individuals with many risk factors and fewer protective factors (e.g., economic security and mobility, protective environments, community connectedness, educational opportunities, income equality) against violence.

- Programs that address gender norms and gender-based violence, including the promotion of healthy relationship skills and mental health, have shown to be effective with young men and boys.

Dr. Nguyen stated the need to improve data reporting systems to understand firearm-related injuries and deaths, along with better research on firearm issues and interventions. She also stated the need to break down silos to maximize the impact and efforts to address violence and behavioral health challenges.

Dr. Nguyen stated that the CDPH is seeing a shift from individual to collective, population-based, community-level strategies to create better societies and systems that promote health. The CDPH is recognizing that trauma is a risk factor and a barrier to prevention efforts. She stated that addressing complex problems that share multiple risk and protective factors across many forms of violence are interrelated in terms of violence and adverse childhood experiences (ACEs).

Commissioner Comments & Questions

Commissioner Mitchell asked how the CDPH and the DOJ will collaborate to build interventions that have trust in them for the mostly African American populations and the 1 to 2 percent of those populations that cause the most harm. She referenced Sam Vaughn's excellent program, where the workers are on the ground in the community building trust and have made amazing strides. She asked how effective interventions can be developed while including the law enforcement component, because trust must be built.

Ari Freilich stated that the state's investment in this work has largely come through the CalVIP Grant Program, a program of the California Board of State and Community Corrections (BSCC). He stated that the OGVP is on the CalVIP Grant Program Executive Steering Committee. The state's role to date has been through competitive grants that provide funding to allow local city-led public agencies and community-based organizations to tap into those funds and hire personnel to do the work.

Ari Freilich stated that his team is a voice to uplift the need for those kinds of supports and for using data to spotlight gaps and best practices, and is a liaison to the individuals who are doing this vital work in their communities to better understand barriers to success. He stated that he is trying to work closely with the CDPH and other agencies that currently or will soon receive new funding in this space.

Ari Freilich noted that the OGVP is not the only office in the state with roles dedicated to violence prevention. He stated the need for more workers at every level whose job it is to think about implementation, to find solutions for barriers to access and success, and to be advocates for those in their community doing the work. Often, the first step is funding because these programs have chronically been undervalued and underpaid to do dangerous and difficult work that is vital to reduce violence. Funding alone does not solve all problems, but it has been a necessary step.

Dr. Nguyen stated that the CDPH's approach to any issue is one of partnership because inherently, when thinking about the world within wider, overlapping circles, the CDPH cannot achieve health equity alone. Trust is an explicit priority and value for the CDPH;

it is embedded in the way the CDPH builds partnerships to affect things that the CDPH does not have direct control over but that ultimately drive health outcomes.

Commissioner Mitchell asked if the work being done in Richmond that brought the numbers down dramatically impacted the state's overall numbers.

Ari Freilich stated that the work in Richmond helped California achieve the record low in 2019 and is a big piece of how California's numbers can get back there.

Commissioner Bunch stated that, given everything heard today and the specific recommendation to focus resources on communities and individuals with risk factors, she is disappointed that California has not figured out a way to invest in the Racial and Ethnic Approaches to Community Health (REACH) program that is doing the work in the way suggested by the panel.

Commissioner Bunch asked about research being done on why there has been an increase in firearm acquisition since 2020.

Dr. Kravitz-Wirtz stated that UC Davis has an ongoing representative survey research project across the state on firearm ownership and exposure to violence and its consequences. The survey questions were updated in response to the COVID-19 pandemic. What was seen was broader themes of that time that individuals felt fear and anxiety and uncertainty about the future and that guns provided some sense of security, which is counter to evidence shown that bringing a firearm into a home increases risk of injury and death to individuals in that home.

Dr. Kravitz-Wirtz stated that another theme seen in connection to the increase in firearm sales was that people were more and more disconnected from the fundamental, foundational system of support and institutions that build up communities and families. They were disconnected from those through the pandemic – firearms became a tangible thing to turn to, although that sense of safety and security counters what is known from the evidence in terms of violence prevention and injury prevention.

Commissioner Brown stated that the panel drives home the notion that this problem is multi-faceted, longstanding, complex, difficult, and, like any problem with those origins, will not be solved quickly or easily or inexpensively. Americans are wired to want instant fixes. For many years, there has been a pursuit to address gun violence by controlling guns rather than addressing the mentality behind it. He quoted a panelist from a previous meeting: "You can take all the guns away from everyone, but the underlying problem is the mentality that some people think that it's okay for you to take a life because somebody disagrees with you or you have a problem with another person."

Commissioner Brown stated that, focusing on that understanding, it is apparent that the prevention suggestions and programs and what they do mentioned by today's panel – investing in children, youth, families, and communities, housing, education, and increasing resilience – in many respects are equally applicable to other serious problems in communities, including drug problems, particularly the fentanyl epidemic, which is an epidemic that is taking lives at a disastrous rate.

Commissioner Brown stated the need to take a fresh look at getting a two-, three-, or five-for-one approach for solving problems in the community, if some of the recommended strategies are adopted. Local government priorities have not always

been about investing in people short-term but have been geared toward long-term investments such as global warming and electric cars. It has been the same in the philanthropic community, where it is far easier to get money to build an opera house than it is to get money to provide programs in Oakland, Richmond, and other places in the state that are in desperate need of them. He thanked the panel for their tremendous work.

Commissioner Brown asked if law enforcement partners with these programs in Oakland and Richmond and what can be done to develop or improve that partnership, for example, through referrals, direct involvement, or as part of a mentoring program.

Janiesha Grisham stated that aspect is not within the scope of her job. She stated that she believed that Violence Investigators (VIs) and people on the ground after homicides have a relationship with law enforcement. She stated that she believed her organization gets information from the VIs to let them know where to go to mediate and solve conflicts. The youth-led program currently does not collaborate with law enforcement. She suggested creating safe spaces for law enforcement, government officials, and youth to talk together and collaborate.

Sam Vaughn stated that law enforcement is the end of the line for the populations he works with. He stated the need to accept these populations for who they are and to go to where they are. In order to build their trust, there must be a wall between them and law enforcement. He stated that this is the only way to reach these populations and to build trust to do gun violence intervention.

Commissioner Brown stated that it is understandable but noted that having a wall creates a wall of distrust, which is problematic in the long-term. He stated that there are many law enforcement programs that involve a connection with youth, such as mentorships, police activities leagues, and a variety of different community-based programs that would dovetail nicely with the work being done in Oakland and Richmond. Even if it is not direct involvement, if law enforcement is aware that an organization is working with an individual, there may be an opportunity for law enforcement to have a little more understanding if they come across that person. That understanding could stop an arrest from being made or a charge from being filed. He stated that it is a complicated issue and this discussion is in the abstract.

Dr. Espinoza agreed with Commissioner Mitchell that trust must be built. He stated the need to acknowledge that firearm homicide includes perpetrators who are civilians and law enforcement. He asked about programs such as Coffee with a Cop where law enforcement and members of the community they serve discuss issues and learn more about each other. Individuals are less likely to shoot someone if they see another individual as a human through this engagement. He asked about research that shows that these events help reduce firearm-related homicide perpetrated by law enforcement.

Commissioner Brown stated that he did not know of any studies that show that programs like Coffee with a Cop help but stated the assumption that it will help build relationships and trust, which, in turn, can provide mutual understanding. He stated that his county does not have the same problems and issues with street violence and with youth who feel disillusioned that Oakland and Richmond have. Also, the public in his county do not mistrust law enforcement the way some minority communities in particular

may. He stated that, even in the Oakland and Richmond police agencies, there are officers who have a reputation of being fair and treating the community the right way. He suggested that that is where relationships can begin to be built.

Commissioner Brown agreed that homicides are committed by police in certain instances and stated that, 99.9 percent of the time, those are justifiable homicides. He stated that justifiable homicides cannot be equated with criminal homicides. He stated that William F. Buckley once said during a debate, “That is like saying that the man who pushes a little old lady into the path of a bus is morally equivalent to the man who pushes her out of its path, because they both push little old ladies around.”

Dr. Kravitz-Wirtz stated that research shows that police killings are disproportionate and overrepresented in communities of color. Research also shows that communities most affected by firearm violence are chronically over-surveilled and underserved by law enforcement. Literature shows that where the most success is seen in community-based violence intervention is when the flow of information is one-directional. The flow of information did not go from communities to police; when there is collaboration, it goes from police to communities, and communities are the ones to take the lead in addressing the harms that are still happening at disproportionate rates within communities and that are often done by various systems, including law enforcement. Until those systemic harms can be addressed, communities cannot be expected to rely on those systems that have been consistently harming them. She stated the need to be realistic about that. That is where research has shown the most success.

Dr. Espinoza stated that it sounds like there are methods that promote trust within the community which can in turn reduce firearm homicides. He suggested developing a program to help educate law enforcement, community outreach programs to educate citizens, and an organization to facilitate communication between law enforcement and the people they are sworn to protect. He noted that communication is the number one factor in promoting trust. The second is consistency.

Commissioner Carnevale stated that the Commission spent a day in the city of Watts recently where Commissioners saw tremendous cooperation between the sheriff’s department and that community, which arguably is ground zero. He suggested that the models used in the city of Watts may offer solutions to the issues discussed today.

Chair Madrigal-Weiss stated that the root cause or issue is generational poverty and the lack of fundamental basic needs. She stated that the Commission has heard about successful programs from Sam Vaughn and Janiesha Grisham that address these basic needs and social connection. She stated the hope that this will be intentionally targeted in future programs.

Chair Madrigal-Weiss stated that it is important to include structural racism in the conversation and on roadmaps, as well. She referred to Dr. Kravitz-Wirtz’s presentation slide that states that places most affected by firearm violence are also plagued by structural disadvantage.

Vice Chair Alvarez stated that the continued questions highlight how multifaceted the challenge is and that there is no perfect solution. What has been centered in today’s conversation has been the incredible knowledge and power of communities. Community

organizations, churches, and trust partners create the safe and welcoming environments needed to prevent violence.

Vice Chair Alvarez applauded the panelists for their work and for their presentations today. She stated that she wanted to particularly give credit to the leadership and commitment of the CDPH and the DOJ for working together and to Commission leadership and staff for being open to this conversation and for extending resources to support that coordinated strategy. She stated the hope that the progress shared by Ari Freilich will continue to be seen in California. She stated that, as the Attorney General's designee on this Commission, she is grateful for the open dialogue that has occurred with the Attorney General's Office and now for the opportunity to further strengthen that collaboration with Ari Freilich's leadership.

Vice Chair Alvarez stated that she was moved by Janiesha Grisham's comments and about Youth ALIVE!'s having to learn to do it themselves over the past couple of years in response to the COVID-19 pandemic and isolation. Having to learn to do it alone has been a matter of necessity that has been repeated in communities of color and marginalized communities for centuries. She asked Mr. Grisham what more the Commission can do to invest in the leadership and knowledge of young people to serve in these peer roles to create a bridge to supports and services where it may not have existed before. There has been tremendous leadership on behalf of the Commission and its agency partners around Peer Support Specialists as adults, but it is also known that young people in middle and high school are offering peer supports. She asked about the role of peer support for young people and for opportunities to further strengthen the Commission's investment in their leadership.

Janiesha Grisham stated the need to realize that, in these spaces, youth are the leaders. It is important to listen to their opinions and thoughts and to provide spaces where individuals who need to hear youth can have the opportunity to hear them. She agreed that the youth community needs peers as an important model in offering support in mental health and wellbeing, but she stated that she has not only not seen youth peers in Los Angeles, but she has not seen adult peer workers. She asked how youth can learn how to be peers when there are no opportunities to see adult peers. A real job at a young age can set a person up for life.

Janiesha Grisham stated the need for financial incentives for youth so they can care for their peers while taking care of themselves at the same time. Filling smaller needs today can help prevent bigger issues down the road. Youth need to be rewarded for the work they do. She suggested recruiting and training youth to be peer workers as a job. She stated that it would help to let youth know that the work they do makes a difference.

Dr. Espinoza agreed and stated that financial incentives provide youth with access to basic needs and social support. He noted that firearm use may be one tool to help meet basic needs in impoverished circumstances.

Commissioner Rowlett acknowledged the power of some of the anecdotes shared during the panel presentations, particularly an anecdote shared by Sam Vaughn about helping youth experience the world outside their normal sphere. Commissioner Rowlett stated that one of the things he heard from Black and brown kids in his mentorship role was that no one is born and decides in elementary school to be poor, crooks, or thieves.

Many of those kids who live in Sacramento have said things like they have never seen the ocean or the mountains and have never been to Disneyland. He noted that the youth perspective of themselves is particularly negative. He stated that what resonated so much with Sam Vaughn's program is that Sam Vaughn works hard to give young people a different view of themselves and the world that they live in. He noted that that is an effective strategy.

Commissioner Rowlett complimented Sam Vaughn for his data that tells the story about how very effective the program is.

Sam Vaughn stated that he tells the story and talks about the numbers but he never gives his office the credit. He stated that individuals are making better decisions with how they deal with their conflict. Although conflict is still there every day, they choose not to use a gun to deal with the conflict, which is why the numbers are down. He stated that all the credit goes to the young people in Richmond who started making better decisions. He stated that his program takes young people to Disneyland. It is an amazing experience to see a person with gold teeth and dreadlocks with Mickey Mouse ears on smiling from ear to ear. He stated that his program took a group of young people to New York during one of the worst blizzards in decades so everything was closed. These young people in Central Park made snow angels and snow men.

Sam Vaughn stated that it is critical; if you cannot see a future, you cannot plan for it correctly; if you do not see any future, you will not plan for it at all. He stated that his program tried to get these youths to a place where they can see light at the end of the tunnel. These youths are used to fending for themselves; they are the most untrusting group because the way they look at it is all they have is to lose. They do not engage because they feel the only outcome is for them to lose. Instead, they push people away and take advantage of them to protect themselves from disappointment. They have abandonment issues – everyone has given up on them so they have given up on themselves. He stated that his program refuses to give up on these youths.

Commissioner Rowlett stated that he appreciated the statement, "If you do not have a future, how can you plan for one?" That reflects a commitment to doing the work with human beings and investing in a relationship with people who are not invested in having a relationship with anyone, and then getting them to transition, and then hopefully at some point to reciprocate that. He applauded Sam Vaughn for his work that is making a tremendous impact on lives.

Commissioner Bunch stated that the next engagement for the Impacts of Firearm Violence Task Force is on Wednesday, November 8th, in Lassen County. She stated that all Commissioners are invited.

Chair Madrigal-Weiss thanked the members of the Panel for their presentations and discussion.

Public Comment

Tony Robinson, Life Coach, Oakland Mentoring Center, and former Juvenile Justice Delinquency Prevention Youth Commissioner, stated the importance of mentoring, life coaching, building relationships with young people, and incentivizing young people to be leaders. The speaker stated that much of the challenges with young people are due to generational poverty, systemic racism, and oppression. Navigating those challenges is multilayered.

Tony Robinson shared that they were born and raised in Oakland and that one of the reasons they are here is because they had mentors and life coaches who pushed them to imagine the possibility of them becoming the Mayor of Oakland one day or a commissioner or a firefighter. The speaker stated that they had to make a decision about whether they wanted to be a front-line killer or a healer. Growing up in a community where violence is real, the speaker stated that they needed to see the other side of it. The speaker stated that it would be helpful to look at the work that is being done in Oakland.

Steve Wirtz, Developmental Psychologist and Research Scientist, speaking as an individual, thanked the Commission for taking on this issue. The speaker stated that gun violence is fully connected to mental health. It is both a cause and a consequence of mental health issues. The speaker agreed with Commissioner Brown's critical point on the intersectionality of the risk and protective factors for multiple issues. The underlying risk and protective factors are often very similar and can be addressed in a joint way. There is a multiple-time benefit if the right things are done around these risk and protective factors.

Steve Wirtz stated that it has been hard to see in the mental health field, as a psychologist, that people truly understand primary prevention. Literature supports that mental health issues can be prevented. All these things are interactive with the environment. If an environment is created that helps people meet their needs, a change in the population level will occur. If the right things are done with young people, mental health issues will be prevented, as well as failure in school, crime, etc. The speaker stated that continued work on safe, stable, nurturing relationships and environments will change the world. It is possible to work systematically with targeted universalism, namely taking into account all the disparities, where safe, stable, nurturing relationships and environments, like the Centers for Disease Control and Prevention have been arguing for the past decade, would go a long way.

Laurie Hallmark, attorney and mental health advocate, stated that the state and federal firearm prohibition registries do not allow for voluntary submission from people who experience suicidal thoughts. People need to be able to judge their own safety and the safety of others. She stated that allowing volunteering for the firearm prohibition registries is a simple, concrete, uncontroversial way to reduce suicide rates and requested that this process be allowed.

Clare Cortright, Policy Director, Cal Voices, thanked the Commission for a tremendous meeting. The speaker stated appreciation for hearing from individuals who are doing work in the community based on their lived experience.

7: Lunch

The Commission took a 45-minute lunch break.

8: Art With Impact – Exploring Opportunities

Chair Madrigal-Weiss stated that the Commission will hear about the impact of work at the intersection of art and mental health achieved by Art With Impact through the power of film and community engagement, as well as new opportunities to strategically align shared messaging. She asked staff to present this agenda item.

Andrea Anderson, Chief of Communications, introduced the speaker and asked her to give her presentation.

Cary McQueen, Founder and Executive Director, Art With Impact, provided an overview, with a slide presentation, of the goals, objectives, resources, activities, and art used in workshops by Art With Impact. She stated that Art With Impact leverages the power of short film. She asked for feedback on other film topics and on groups and locations that can benefit from Art With Impact workshops. An important statistic that is tracked at the end of the workshops is individuals' intent to seek help for themselves as a result of watching and discussing short films.

Cary McQueen showed two videos, titled "Promise" and "On the Surface," and led Commissioners in a sample discussion.

Commissioner Comments & Questions

Commissioner Bunch suggested holding Art With Impact workshops at high schools. She asked why Art With Impact starts at age 18.

Cary McQueen stated that she tried this model at a high school but the students did not feel safe to participate in a discussion after watching the films. It could work with high school students if students volunteer to participate and safe spaces are provided for sharing. Art With Impact can make a high school package to present to high schools like their peer support and climate change packages.

Commissioner Carnevale asked staff to send an informational email about Art With Impact to Commissioners to send out to their constituents.

Commissioner Mitchell suggested using these films in community-based organizations individuals encounter with families and youth that they serve to start a conversation about healing some issues seen in those films. She stated that these films could help start first conversations for youths to talk about addictions.

Public Comment

Jerry Hall stated appreciation for seeing these films. He stated that there is an opportunity to use these films to help educate people and to destigmatize mental health and substance use issues. He suggested building an open-source library or portal to share these resources.

9: Legislative Priorities for 2024

Chair Madrigal-Weiss stated that the Commission will hear a presentation on the legislative process and will have a preliminary discussion about legislative priorities for 2024. She asked staff to present this agenda item.

Deputy Director Zoller provided an overview, with a slide presentation, of the potential 2023 carryover bills and the eight policy report recommendations. She stated that Assembly Bill (AB) 573 died during COVID bill limitations and AB 860 was vetoed for technical reasons. She reviewed the recommendations from seven of the eight policy reports.

Executive Director Ewing reviewed the recommendations from the criminal justice policy report. He stated that the Commission continues to support of the California Governor's Office of Emergency Services (Cal OES) and the CalHHS around the Statewide 988 Roll-Out and is supporting conversations about Words to Deeds key metrics and criminal justice outcomes. The Commission's FSP and early psychosis work promotes greater understanding and awareness of ways to decriminalize mental illness and increase access to mental health supports.

Deputy Director Zoller asked Commissioners to preliminarily discuss opportunities for the Commission's 2024 legislative priorities.

Commissioner Comments & Questions

Chair Madrigal-Weiss stated that this topic will be brought back at the November meeting. She asked Commissioners to reach out to Deputy Director Zoller and Executive Director Ewing with feedback about the Commission's 2024 legislative priorities.

There were no questions from Commissioners.

Public Comment.

Stacie Hiramoto stated concern that there is a lack of attention so far in promoting the reduction of disparities for Black and indigenous people of color (BIPOC) and LGBTQ communities. Although the Commission may promote these things in all its work, it needs to be written in the recommendations. Whatever bills are sponsored or worked on, she stated the hope that the Commission shows its commitment to reducing disparities and pays attention and puts language forth serving BIPOC and LGBTQ communities and supporting CDEPs.

Clare Cortright stated that this legislative session was a monumental shift in what exists in the involuntary mental health system being expanded. She highlighted the articles in the Los Angeles Times from October 19th about the issues with restraint particularly in the state where individuals have passed away because of excessive restraint and some of the issues around why there is no accountability from the state of California regarding excessive levels of restraint, particularly at facilities in Los Angeles.

Mark Karmatz, consumer and advocate, stated that Project Return Peer Support Network will hold their California Association of Peer Supporters (CAPS) Academy next week. Applications are due by the end of the month. The Fall 2023 Hollywood 2.0 Community Event will be taking place on Wednesday, November 8th, from 4:00 p.m. to

6:00 p.m., at the First Presbyterian Church of Hollywood. He noted that Fountain House's Clubhouse will be there. The speaker asked Commissioners and staff to attend.

10: Adjournment

Chair Madrigal-Weiss thanked everyone for their participation and stated that the next Commission meeting will take place on November 16th, 2023. There being no further business, the meeting was adjourned at 3:18 p.m.

Mental Health Services
Oversight & Accountability Commission

WELLNESS • RECOVERY • RESILIENCE

Motions Summary
Commission Meeting
October 26, 2023

Motion #: 1

Date: October 26, 2023

Proposed Motion:

The Commission approves the September 28, 2023 Meeting Minutes

Commissioner making motion: Commissioner Robinson

Commissioner seconding motion: Commissioner Brown

Motion carried 10 yes, 0 no, and 2 abstain, per roll call vote as follows:

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

Motions Summary

Commission Meeting
October 26, 2023

Motion #: 3

Date: October 26, 2023

Proposed Motion:

The Commission approves the Consent Calendar

Commissioner making motion: Commissioner Carnevale

Commissioner seconding motion: Commissioner Robinson

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

Name	Yes	No	Abstain	Absent	No Voting
1. Commissioner Bontrager	☒	☐	☐	☐	☐
2. Commissioner Brown	☒	☐	☐	☐	☐
3. Commissioner Bunch	☒	☐	☐	☐	☐
4. Commissioner Carnevale	☒	☐	☐	☐	☐
5. Commissioner Carrillo	☐	☐	☐	☒	☐
6. Commissioner Chambers	☒	☐	☐	☐	☐
7. Commissioner Chen	☐	☐	☐	☒	☐
8. Commissioner Cortese	☐	☐	☐	☒	☐
9. Commissioner Danovitch	☒	☐	☐	☐	☐
10. Commissioner Gordon	☐	☐	☐	☒	☐
11. Commissioner Mitchell	☒	☐	☐	☐	☐
12. Commissioner Robinson	☒	☐	☐	☐	☐
13. Commissioner Rowlett	☒	☐	☐	☐	☐
14. Commissioner Tamplen	☒	☐	☐	☐	☐
15. Vice-Chair Alvarez	☒	☐	☐	☐	☐
16. Chair Madrigal-Weiss	☒	☐	☐	☐	☐

AGENDA ITEM 5

Action

November 16, 2023 Commission Meeting

Election of the Chair and Vice-Chair for 2024

Summary: Elections for the Mental Health Services Oversight and Accountability Commission Chair and Vice-Chair for 2024 will be conducted at the November 16, 2023 Commission meeting. The Commission's Rules of Procedure state that the Chair and the Vice-Chair shall be elected at a meeting held during the last quarter of the calendar year by a majority of the voting members of the Commission. The term for Commission Chair and Vice Chair is for one year and begins January 2024.

This agenda item will be facilitated by Chief Counsel, Geoff Margolis.

Enclosures (1): Commissioner Biographies

Handout: None

Mental Health Services
Oversight & Accountability Commission

Commissioner Biographies
October 2022

Mayra Alvarez, Los Angeles

Current MHSOAC Vice Chair

Joined the Commission: December 2017

Mayra Alvarez is the President of the Children's Partnership, a nonprofit children's advocacy organization.

She also serves as a First 5 California Commissioner, appointed by Governor Newsom. Previously, she served in the U.S. Department of Health and Human Services (HHS), most recently as Director of the State Exchange Group for the Center for Consumer Information and Insurance Oversight at the Centers for Medicare and Medicaid Services.

She also served as the Associate Director for the HHS Office of Minority Health and was Director of Public Health Policy in the Office of Health Reform at HHS. Alvarez received her graduate degree from the University of North Carolina at Chapel Hill and her undergraduate degree from University of California, Berkeley. Commissioner Alvarez fills the seat of the Attorney General designee.

Mark Bontrager, Napa

Joined the Commission: November 2021

Mark Bontrager has been Behavioral Health Administrator for the Partnership HealthPlan of California since 2021. He was Director of Regulatory Affairs and Program Development for the Partnership HealthPlan of California from 2018 to 2021 and Executive Director of Aldea Children and Family Services from 2007 to 2018, where he was Deputy Director from 2005 to 2007. Commissioner Bontrager was an attorney in private practice from 2002 to 2006 and held multiple positions at the Villages of Indiana Inc. from 1996 to 2003, including Program Manager, Therapist and Social Worker. Commissioner Bontrager is vice chair of the Napa County Workforce Investment Board. He earned a Juris Doctor degree from the Indiana University School of Law and a Master of Social Work degree from the Indiana University School of Social Work. Commissioner Mark Bontrager fills the seat of representative of a health care service plan or insurer.

Sheriff Bill Brown, Lompoc

Joined the Commission: December 2010

Bill Brown was first elected as sheriff and coroner for Santa Barbara County in 2006, and reelected in 2010, 2014 and 2018. He had previously served as chief of police for the city of Lompoc from 1995-2007, and chief of police for the city of Moscow, Idaho from 1992-1995. He was a police officer, supervisor, and manager for the city of Inglewood Police Department from 1980-1992, and a police officer for the city of Pacifica from 1977-1980.

Prior to his law enforcement career, Sheriff Brown served as a paramedic and emergency medical technician in the Los Angeles area from 1974-1977. Sheriff Brown holds a master's degree in public administration from the University of Southern California and is a graduate of the FBI National Academy, the Delinquency Control Institute, the Northwest Command College, and the FBI National Executive Institute. Commissioner Brown fills the seat of a county sheriff.

Keyondria Bunch, Ph.D., Los Angeles

Joined the Commission: August 2017

Keyondria Bunch, Ph.D., is Supervising Psychologist for Los Angeles County Department of Mental Health. Dr. Bunch has been with Los Angeles County since 2008 and has worked in several positions including clinical psychologist and supervisor for the Emergency Outreach Bureau, clinical psychologist for the Specialized Foster Care Program, clinical psychologist for juvenile justice mental health quality assurance, and a clinical psychologist for Valley Coordinated Children's Services.

She has been an adjunct lecturer at Antioch University as well as worked within the mental health court system around issues of competency. Dr. Bunch is currently a supervising psychologist at West Valley Mental Health outpatient program. Commissioner Bunch fills the seat of a labor representative.

Assemblymember Wendy Carrillo, Los Angeles

Joined the Commission: February 2018

Wendy Carrillo was elected to represent California's 51st Assembly District in December 2017, which encompasses East Los Angeles, Northeast Los Angeles, and the neighborhoods of El Sereno, Echo Park, Lincoln Heights, Chinatown, and parts of Silver Lake.

She is a member of the Health, Appropriations, Utilities & Energy, Labor Privacy and Consumer Protections, and Rules Committees. Assemblymember Carrillo has advocated for educational opportunities, access to quality healthcare, living wage jobs, and social justice. She was host and executive producer of the community-based radio program "Knowledge is Power" in Los Angeles.

Her previous work with Service Employees International Union (SEIU) Local 2015 included better working conditions for caregivers. She arrived in the United States as an undocumented immigrant from El Salvador and became a U.S. citizen in her early 20s. Assemblymember Carrillo represents the member of the Assembly selected by the Speaker of the Assembly.

Steve Carnevale, San Francisco

Joined the Commission: April 2021

Steve Carnevale is the executive chairman of Sawgrass, a developer of digital industrial inkjet technologies and cloud-based mass customization software. He runs a family-owned wine business in the Napa Valley called Blue Oak and is the founder and chair of the advisory board for the UCSF Dyslexia Center which is translating cutting edge neuroscience to enable precision learning. In addition to other education non-profit board service, Carnevale is a founder and co-chairs Breaking-Barriers-by-8, where he works with other non-profits, schools, corporations, and foundations toward achieving 100 percent literacy for all by age 8. He is also an advisor to ESO Ventures, a social venture fund in Oakland for community workforce development of unrepresented populations and is the former President and Emeritus Chair of The Olympic Club Foundation, whose mission is to support disadvantaged youth sports programs that develop future community leaders. Commissioner Carnevale represents an employer with fewer than 500 employees.

Rayshell Chambers, Los Angeles

Joined the Commission: May 2022

Rayshell Chambers has been Co-Executive Director and Chief Operations Officer at Painted Brain since 2016. She was Program Analyst III at Special Service for Groups from 2011 to 2018. Chambers held several positions at the City of Los Angeles Human Services Department and Commission on the Status of Women from 2006 to 2010, including Legislative Coordinator and Community Outreach Coordinator. She earned a Master of Public Administration degree in public policy and administration from California State University, Long Beach. Commissioner Chambers represents clients and consumers.

Shuo Chen, Berkeley

Joined the Commission: April 2021

Shuo Chen is General Partner at IOVC, an early-stage venture capital fund based in Silicon Valley focused on enterprise and SaaS, where she has invested in dozens of startups now unicorns or acquired by Fortune 50 companies. She is a Lecturer at the University of California, Berkeley, and Faculty at Singularity University, where she teaches entrepreneurship and emerging technologies. Chen is a co-author to one of the leading books on financial regulations published by Cambridge University Press. In addition to her investing and teaching roles, Chen is the CEO of Shinect, a Silicon Valley-based non-profit community of 5,000+ engineers passionate about entrepreneurship. She is also a Board Member of Decode, the largest tech and entrepreneurship community co-hosted with UC Berkeley and Stanford student organizations, alumni networks, and entrepreneurship centers, as well as an Advisory Board Member of Yale School of Medicine's Center for Digital Health and Innovation. Commissioner Chen fills the seat of a family member.

Senator Dave Cortese, Santa Clara

Joined the Commission: September 2021

California Senator Dave Cortese represents District 15 in the California State Senate which encompasses much of Santa Clara County in the heart of Silicon Valley. Along with his accomplished career as an attorney and business owner, the Senator previously served on the Santa Clara County Board of Supervisors, the San Jose City Council, and the East Side Union High School District Board. Senator Cortese was a major architect of School Linked Services, a program that connects students and families to behavioral health services and counseling in Santa Clara County. Commissioner Cortese fills the seat of a member of the Senate selected by the President pro Tempore of the Senate.

Itai Danovitch, M.D., Los Angeles

Joined the Commission: February 2016

Itai Danovitch, M.D., MBA is Chairman of the Department of Psychiatry and Behavioral Neurosciences at Cedars-Sinai Medical Center in Los Angeles since 2012, as well as Director of Addiction Psychiatry at Cedars-Sinai since 2008. His clinical practice and research focus on substance use disorders, as well as the integration of medical and mental health services.

Dr. Danovitch is a Distinguished Fellow of the American Society of Addiction Medicine, a Fellow of the American Psychiatric Association and past president of the California Society of Addiction Medicine. Dr. Danovitch earned his medical doctorate from the University of California, Los Angeles School of Medicine and a Master of Business Administration degree from the University of California, Los Angeles Anderson School of Management. In his role as Commissioner, Dr. Danovitch fills the seat of a physician specializing in alcohol and drug treatment.

David Gordon, Sacramento

Joined the Commission: January 2013

David W. Gordon is the Superintendent of the Sacramento (CA) County Office of Education. He holds a B.A. from Brandeis University and an Ed.M. and Certificate of Advanced Study in Educational Administration from Harvard University.

David has dedicated his career to education with a focus on Special Education. He has served on the President's Commission on Excellence in Special Education, the Governor's Advisory Committee on Education Excellence, and a visiting scholar at Stanford University. Commissioner Gordon fills the seat of a superintendent of a school district.

Mara Madrigal-Weiss, San Diego

Current MHSOAC Chair

Joined the Commission: September 2017

Mara Madrigal-Weiss is the Executive Director of Student Wellness and School Culture, Student Services and Programs Division, San Diego County Office of Education.

Her experience includes working with school communities as a Family Case Manager, Protective Services Worker and Family Resource Center Director.

Madrigal-Weiss received her M.A. in Human Behavior from National University, a M.Ed in School Counseling, and a M.Ed in Educational Leadership from Point Loma Nazarene University. Madrigal-Weiss has been dedicated to promoting student mental health and wellness for over 19 years. She is a past president of the International Bullying Prevention Association (IBPA) the only international association dedicated to eradicating bullying worldwide.

Madrigal-Weiss is a member of the California Department of Education's Student Mental Health Policy Workgroup. Commissioner Madrigal-Weiss fills the seat of the State Superintendent of Public Instruction designee.

Gladys Mitchell, Sacramento

Joined the Commission: January 2016

Gladys Mitchell served as a staff services manager at the California Department of Health Care Services from 2013-2014 and at the California Department of Alcohol and Drug Programs from 2010-2013 and from 2007-2009.

She was a health program specialist at California Correctional Health Care Services from 2009-2010 and a staff mental health specialist at the California Department of Mental Health from 2006-2007. She was interim executive officer at the California Board of Occupational Therapy in 2005 and an enforcement coordinator at the California Board of Registered Nursing from 1996-1998 and at the Board of Behavioral Science Examiners from 1989-1993.

She is a member of the St. Hope Public School Board of Directors. Mitchell earned a Master of Social Work degree from California State University, Sacramento. Commissioner Mitchell fills the seat of a family member of a child who has or has had a severe mental illness.

James (Jay) Robinson, Sacramento

Joined the Commission: May 2023

James L. (Jay) Robinson III, PsyD, MBA is the hospital administrator for Kaiser Permanente (KP) hospital Sunnyside and Westside Medical Centers and leads operations for the three ambulatory surgery centers for Kaiser Permanente Northwest.

In 2018, Jay was recognized as one of the 100 great leaders in health care by Becker's Healthcare. He holds bachelor and doctorate degrees in clinical psychology and has MBA from Concordia University Chicago. Jay has served as a Baldrige examiner for the State of Tennessee and is trained in Lean Six Sigma. He is an Adjunct Professor at the University of Tennessee Health Sciences Center in the school of Preventative Medicine and lecturer for the Kaiser Permanente Bernard J Tyson School of Medicine.

Jay brings 27 years of experience as a leader in hospital administration and clinical operations. Trained as a clinical psychologist, Jay focuses on employee engagement — teamwork and collaboration — to build community, drive quality, improve the patient care experience, and achieve high employee satisfaction. Jay's background includes serving as president of AMITA Saint Joseph Hospital, a 321-bed teaching hospital in Chicago; serving as CEO of Methodist South Hospital, a 145-bed community hospital in Memphis; and 20 years working within the Department of Veterans Affairs, where he worked at 5 different medical centers in roles of progressive complexity.

Al Rowlett, Sacramento

Joined the Commission: November 2021

Al Rowlett was named Turning Point Community Programs' Chief Executive Officer in 2014. Commissioner Rowlett has been with the agency since 1981 and today provides leadership and guidance to over 40 programs in several Northern and Central California counties. He holds a Bachelor of Arts degree from Ottawa University, a Master's in Business Administration in Health Services Management from Golden Gate University and in Social Work from California State University, Sacramento (CSUS). He is also a Licensed Clinical Social Worker.

Rowlett was appointed as a trustee to the Elk Grove Unified School District in 2009 serving through 2012. He is currently a Volunteer Clinical Professor at the University of California Davis Department of Psychiatry co-directing the Community Psychiatry seminar for residents and formerly served as an adjunct professor for the CSUS Mental Health Services Act cohort. In 2020, Assembly Speaker Anthony Rendon re-appointed Al to the California Institute for Regenerative Medicine Board. Commissioner Rowlett fills the seat of a mental health professional.

Khatera Tamplen, Pleasant Hill Joined the Commission: June 2013

Khatera Aslami Tamplen has been the consumer empowerment manager at Alameda County Behavioral Health Care Services since 2012.

She was executive director at Peers Envisioning and Engaging in Recovery Services from 2007-2012 and served in multiple positions at the Telecare Corporation Villa Fairmont Mental Health Rehabilitation Center from 2002-2007, including director of rehabilitation.

Tamplen is a member of the Substance Abuse and Mental Health Services Administration, Center for Mental Health Services National Advisory Council and a founding member of the California Association of Mental Health Peer Run Organizations. Commissioner Tamplen represents clients and consumers.

AGENDA ITEM 6

Action

November 16, 2023 Commission Meeting

Consent Calendar

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

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

allcove® Sacramento Multi-County Innovation Project:

Sacramento County is requesting up to $10,000,000 of innovation spending authority to join the allcove® Multi-County Collaborative as the pilot County in this first cohort.

Sacramento County proposes to work in partnership with Stanford Psychiatry Center for Youth Mental Health and Wellbeing to increase access to services for individuals between the ages of 12-25 years old by implementing the allcove® model for treating youth with emerging mental health needs. The allcove® model was inspired by other youth driven-models located in Canada and Australia that function as a 'one-stop-shop' for youth to ensure they have the mental health resources and support systems in place to successfully transition into adulthood. The County states that incorporating the allcove® model will lead to better identification of the early warning signs of mental illness, resulting in a positive impact on youth overall mental health and wellbeing.

The allcove® Multi-County Innovation Project presents Sacramento County, and subsequent participating counties, with an innovative opportunity to provide resources and services for youth that is responsive to their needs.

The Community Program Planning Process:

Local Level

The County's MHSA community planning process began seeking data from the community in partnership with the MHSA steering committee in November 2022 and again in January 2023, receiving surveys from approximately 400 individuals, highlighting the need to provide

services and interventions specific to the African American/Black, African Descent, LGBTQ+ community as well as transition aged youth populations.

Survey results were presented and analyzed by the MHSA Steering Committee and an Innovation Subcommittee was formed comprised of the following communities: adult and aging commission, alcohol and drug advisory board, cultural competence committee, family advocate committee, mental health board, youth advisory board and the youth advocate committee.

The Innovation Subcommittee met several times in May and June 2023, holding discussions and hearing presentations related to the identified priority populations, including a presentation of the allcove model. Discussions and ideas continued ultimately resulting in the County selecting this innovation project to move forward as a result of community input.

Focus groups were then held to solicit feedback from youth, family and youth advocates as well as peer partners regarding the allcove model (see pgs 34-37 for themes, comments received, and the County's responses to their community).

Sacramento County's CPP process included the following:

- 30-day Public Comment Period: August 8, 2023 – September 6, 2023
- Mental Health Board Hearing: September 6, 2023
- Approved by County Board of Supervisors: Pending Commission Approval

Commission Level

Commission staff originally shared this project with community partners on October 20, 2023, and the final project was shared again on October 30, 2023. Additionally, this project was shared with the Client and Family Leadership Committee. Three (3) comments were received in response during the final sharing:

1. *"I have reviewed the Innovation Plan and do support fully on their Innovation Plan. Mental Wellness is possible*

particularly because we are in Sacramento and there should be local representation for services. I would be happy to partner with the faculty in the Department of Psychiatry at Stanford University. I do have experience working with youth advisory boards as well through UC Davis. Please let us know if we can be of further assistance and I look forward to hearing from your team." – Professor with UC Davis MIND Institute

In response to the third comment received, Sacramento County provided the following response to the individual with the UC Davis MIND Institute:

> *"Attention-deficit/Hyperactivity Disorder and its associated symptoms including, impulsiveness, inattention, irritability, weak cognitive and emotional regulation, is one of many mental health issues encountered by this population that will be targeted by this program congruent with Determination for Medical Necessity and Access to Specialty Mental Health Services."*

Additionally, Sacramento County offered to discuss ideas in more detail with the individual who provided comment and their contact information was exchanged. The individual thanked the County for their quick response to their question and concern.

Enclosures (2): (1) Commission Community Engagement Process; (2) allcove® Sacramento Analysis

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

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

Proposed Motion:
That the Commission approves the Consent Calendar that includes the allcove® Sacramento Multi-County Innovation Project for up to $10,000,000 over five (5) years.

Mental Health Services
Oversight & Accountability Commission

Commission Process for Community Engagement on Innovation Plans

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

Sharing of Innovation Projects with Community Partners

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

STAFF ANALYSIS – SACRAMENTO COUNTY

Innovation (INN) Project Name:	**allcove® Sacramento Multi-County Innovation Project**
Total INN Funding Requested:	**$10,000,000**
Duration of INN Project:	**5 Years**
MHSOAC consideration of INN Project:	**November 16, 2023**

Review History:

Approved by the County Board of Supervisors:	Pending Commission Approval
Mental Health Board Hearing:	September 6, 2023
Public Comment Period:	August 8, 2023 – September 6, 2023
County submitted INN Project:	October 20, 2023
Date Project Shared with Stakeholders:	October 20, 2023 and October 30, 2023

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

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

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

Project Introduction:

Sacramento County is requesting up to $10,000,000 of innovation spending authority to join the allcove® Multi-County Collaborative as the pilot county.

Sacramento County proposes work in partnership with Stanford Psychiatry Center for Youth Mental Health and Wellbeing to increase access to services for individuals between the ages of 12-25 years old by implementing the allcove model for treating youth with emerging mental health needs. The allcove model was inspired by other youth driven-models located in Canada and Australia that function as a 'one-stop-shop' for youth to ensure they have the mental health resources and support systems in place to successfully transition into adulthood. The

County states that incorporating the allcove model will lead to better identification of the early warning signs of mental illness, resulting in a positive impact on youth overall mental health and wellbeing.

The allcove Multi-County Innovation Project presents Sacramento County and subsequent participating counties with an innovative opportunity to provide resources and services for youth that is responsive to their needs.

Background:

With funding from the Robert Wood Johnson Foundation, the Stanford Psychiatry Center for Youth Mental Health and Wellbeing released a feasibility study in 2015 on how to replicate the allcove youth model in the United States. The study indicated that developing the model in the United States would be complicated due to the lack of national healthcare in the United States; however, it would be valuable to bring a youth centered model to the United States. The feasibility study also exposed the following essential components:

- The allcove centers should be stand-alone sites so that youth feel this program is their own independent place for health care and mental health care
- Each allcove center should provide integrated care services to treat those with mild to moderate mental health conditions, including but not limited to: substance abuse issues, education and employment support, and access to health care
- Individuals who may need more intensive behavioral health treatment may be referred into the behavioral health system, if needed
- allcove centers should be marketed and advertised in an effort to draw in young people to access mental health supports and reduce the overall stigma associated with mental illness

As a result of the feasibility study and community interest, Santa Clara County came forward to the Commission in 2018 seeking approval to fund two allcove sites within the County (originally approved as headspace innovation project), utilizing both MHSA innovation funding private funding and working in partnership with Stanford Psychiatry Center for Youth Mental Health and Wellbeing.

Although this project was originally intended as a Multi-County Collaborative, only Santa Clara was ready to proceed as the pilot county when Commission-approved in August 2018.

The County faced challenges during the implementation of this project; however, the evaluation of the project reflected overall support for allcove among youth (see pgs 14-15 of project for discussion, successes, and challenges of the two allcove locations within Santa Clara County).

Stanford Psychiatry Center for Youth Mental Health and Wellbeing and the Central allcove Team has continued to work on this innovation project and is now ready for additional counties to join and participate in this Multi-County Collaborative.

Sacramento is the first in this cohort; however, there are other interested counties who are currently working with the Stanford's Central allcove Team and may join in a future cohort.

What is the Problem (see pgs 3-7 of project):

Young people with emerging mental health issues experience challenges in accessing timely and appropriate services because the current mental health system is unresponsive to their needs. As a result of the lack of access to mental health systems early on, youth do not receive services until their mental health issues are severe.

Research indicates that most mental health challenges appear in individuals before the age of 25 which presents an opportunity to engage youth with early detection and possible treatment, thereby reducing the burden and stigma of symptoms related to mental health.

Statistics provided prior to the pandemic reflect the following:

- Between 2007 and 2017, the rate of suicide among youth increased nearly 60% among individuals between the ages of 10 and 24
    - Suicide rates increased by 3% between 2007 and 2013 for the same age range and increased even further to 7% between 2013 and 2017
    - Suicide rates tripled for youth between the ages of 10 and 14 years of age

Once the COVID-19 pandemic began, emergency room departments experienced a 50% increase in suicide attempts among girls between the ages of 12 to 17 in early 2021, in comparison with the same age group only 2 years prior. Suicide is the second cause of death for youth and young adults between the ages of 10 and 24.

The allcove model allows the integration of youth mental health centers in an effort to serve the needs of youth, inclusive of mental and physical health, substance use services, peer and family supports, as well as supportive education and employment services.

Adding to the challenges that young people face is the reality that the mental health system is fragmented and siloed, leading to frustration and inaccessibility for young people that do not know how to navigate the system. One of the issues that this project hopes to address is the braiding of public and private funding streams that will allow mental health access and services to be the most important focal point as opposed to reimbursement sources and pre-authorization requirements.

How this Innovation project addresses this problem:

As a result of the community planning process, Sacramento County has come forward to seek approval to open up an allcove center based in the Oak Park community, with support and technical assistance from Stanford's Center for Youth Mental Health and Wellbeing (Contractor) and the Central allcove Team.

allcove models operate utilizing the following best practices:

- Holistic approach to integrated care for mild to moderate mental health issues
- Connections to community-based partners and referrals to services, as needed
- Youth centered activities and approaches highlighting resilience and wellness-focused
- Development of the Youth Advisory Group and Community Consortium that guides the development of each allcove center

Sacramento intends to create an allcove center in the Oak Park community in an effort to support all youth, regardless of their insurance coverage and will follow a "no wrong door approach" with zero exclusion, providing early detection, services and activities for youth.

The innovative component of the allcove Multi-County Collaborative brings a youth-centered model into the United States, incorporating an early intervention structure for youth regardless of health insurance coverage – meeting youth where they are while adhering to the following model components (see pg 9 for complete list):

- Youth development, participation and engagement
- Clinical services (mental and physical health as well as substance use)
- Peer Support
- Community engagement and partnerships
- Supported education and employment

The Community Program Planning Process (see pgs 33-37 of project):

Local Level

The County's MHSA community planning process began seeking data from the community in partnership with the MHSA steering committee in November 2022 and again in January 2023, receiving surveys from approximately 400 individuals, highlighting the need to provide services and interventions specific to the African American/Black, African Descent, LGBTQ+ community as well as transition aged youth populations.

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advocate committee, mental health board, youth advisory board and the youth advocate committee.

This Innovation Subcommittee met several times in May and June 2023, holding discussions and hearing presentations related to the identified priority populations, including a presentation of the allcove model. Discussions and ideas continued ultimately resulting in the County selecting this innovation project to move forward as a result of community input.

Focus groups were then held to solicit feedback from youth, family and youth advocates as well as peer partners regarding the allcove model (see pgs 34-37 for themes, comments received, and the County's responses to their community).

The County held their public comment period between August 8, 2023 and September 6, 2023, followed by their Mental Health Board Hearing on September 6, 2023. Sacramento anticipates appearing before their Board of Supervisors for approval on December 5, 2023

Commission Level

Commission staff originally shared this project with community partners on October 20, 2023 and the final project was shared again on October 30, 2023. Additionally, this project was shared with the Client and Family Leadership Committee. Three (3) comments were received in response during the final sharing:

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and I look forward to hearing from your team." – Professor with UC Davis MIND Institute

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Additionally, Sacramento County offered to discuss ideas in more detail with the individual who provided comment and their contact information was exchanged. The individual thanked the County for their quick response to their question and concern.

Learning Objectives and Evaluation (see pgs 15-17 of project:

Based on the number of youth who received outpatient mental health services during Fiscal Year 2022/2023, Sacramento County estimates this project could serve between 9,000 and 10,000 youth (pg. 30).

As the pilot county in this Multi-County Collaborative, the following learning goals have been established that will guide the evaluation of this project:

1. Will the implementation of allcove Sacramento:
    a. Engage young people and support them in connecting them to services when they want them, before a crisis, leading them to better outcomes for youth and cost savings for communities?
    b. Destigmatize mental health and normalize wellness and prevention and early intervention?
    c. Reimagine mental health and wellbeing for young people?
2. Will the implementation of allcove Sacramento result in youth and families being able to access services from a network of centers working collaboratively from a multi-county and statewide initiative?

The evaluation of this project will utilize data collected by datacove (the centralized data collection system) and will be conducted in coordination with the County's Research, Evaluation and Performance Outcomes team and Stanford's Center for Youth Mental Health and Wellbeing's Central allcove Team who will provide technical support for the data collection and evaluation component.

The County states they will seek advisement from their MHSA Steering Committee regarding sustainability likely to come from Prevention and Early Intervention Funding. The County will also look to leverage Medi-Cal funding. Due to current uncertainty regarding the Behavioral

Health Modernization (Senate Bill 326), the County ensures that clients will be transitioned to appropriate levels of care and resources if MHSA funding is not available.

Budget and budget narrative (see pgs 40-43 of project):

5 Year Budget	FY 23/24	FY 24/25	FY 25/26	FY 26/27	FY 27/28	TOTAL
Personnel	$ 1,023,580.00	$ 1,079,759.00	$ 1,128,749.00	$ 1,180,686.00	$ 1,235,720.00	$ 5,648,494.00
Direct Costs	$ 1,160,696.00	$ 1,133,949.00	$ 1,155,747.00	$ 891,359.00	$ 869,051.00	$ 5,210,802.00
Indirect Costs	$ 123,594.00	$ 129,773.00	$ 136,262.00	$ 142,955.00	$ 110,229.00	$ 642,813.00
Non-recurring Costs	$ 221,250.00	$ 185,639.00	$ 108,362.00	$ -	$ -	$ 515,251.00
Total	$ 2,529,120.00	$ 2,529,120.00	$ 2,529,120.00	$ 2,215,000.00	$ 2,215,000.00	$ 12,017,360.00

Funding Source	FY 23/24	FY 24/25	FY 25/26	FY 26/27	FY 27/28	TOTAL
Innovation Funding Requested	$ 2,000,000.00	$ 2,000,000.00	$ 2,000,000.00	$ 2,000,000.00	$ 2,000,000.00	$ 10,000,000.00
Leverage of Federal Funding	$ 529,120.00	$ 529,120.00	$ 529,120.00	$ 215,000.00	$ 215,000.00	$ 2,017,360.00
Total Project Cost	**$ 2,529,120.00**	**$ 2,529,120.00**	**$ 2,529,120.00**	**$ 2,215,000.00**	**$ 2,215,000.00**	**$ 12,017,360.00**

Sacramento County estimates the total project amount is $12,017,360; however, the County is leveraging $2,017,360 in Federal Funding and **seeking authorization to spend up to $10,000,000 in MHSA innovation funding** over a five-year period to build an allcove center.

- Personnel costs in the amount of $5,648,494 (47.0% of total project cost) will be used to cover salaries, wages and benefits for the following staff:
    - 0.5. FTE Center Manager
    - 1.0 FTE Clinical Leader
    - 3.0 FTE Clinical Staff
    - 1.0 FTE Education and Employment Specialist
    - 3.0 FTE Youth Peer Support Specialists
    - 1.0 FTE Youth Outreach Specialist
    - 1.0 FTE Community Engagement Coordinator
    - 1.0 FTE Family Peer Support Specialist
    - 1.0 FTE Health Services Representative (Administrative Support)
- Direct costs total $5,210,802 (43.4% of total project cost) to cover costs associated with leasing rental space, utilities, leasing of medical equipment, phone and telecommunications equipment, transportation costs and vouchers for youth to visit the Sacramento allcove center
- Indirect costs total $642,813 (5.3% of total project cost) and cover the County's administrative costs, marketing and outreach costs, and overseeing of contracts with community partners as needed
- Non-recurring costs total $515,251 (4.3% of total project cost) to cover office furnishings and equipment

Grant Funding (pg 8):

Sacramento County will be leveraging MHSA innovation funding with $2,000,000 in grant money that was awarded by the Mental Health Services Oversight and Accountability Commission (MHSOAC) to start an allcove youth center. The County does not currently have a "one stop shop" for youth and their families so this youth center will allow resources and services to be provided while ensuring that youth are at the forefront of all decision making that occurs at an allcove center.

Each allcove center will be supported by the Central allcove Team in the following ways:

- Technical assistance and training in order to maintain model integrity and fidelity
- Participation within the learning community of counties who implement allcove centers, including conferences and networking among local and international partners
- Access to a centralized website (allcove.org)
- Evaluation of this project with the use of datacove, the centralized data collection system

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

AGENDA ITEM 7

Information

November 16, 2023 Commission Meeting

2024-2027 Strategic Plan Draft

Background

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

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

The Commission in June was briefed on the internal and external engagements and on a preliminary decision-making framework intended to improve the Commission's influence and impact.

Based on considerable public and Commissioner input, a preliminary draft of the strategic plan was developed to enable more focused engagement over the next few months with community partners. Similarly, the Commission will be consulted and briefed as the draft plan is further developed.

In August, the Commission reviewed the next iteration of the draft analytical framework and the positioning of key themes based on the feedback received from Commissioners, staff and community partners. The Commission also discussed the value of and potential protocols for explicitly establishing priorities, as recommended by various partners in the first phase of this project. BCG presented preliminary goals and objectives to inform and focus on the next phase of the engagement process.

Using the robust results of interviews and public engagement sessions as a guide, the Commission revised the draft strategic plan to guide our work from January 2024 through 2027. A revised draft strategic plan will be presented to the Commission, and Commissioners will be briefed on public

outreach activities and the specific audiences that were invited to provide feedback on the draft plan.

Presenter(s): Toby Ewing, Executive Director and Norma Pate, Deputy Director

Enclosures: None

Handouts: Draft Strategic Plan and a PowerPoint will be presented at the meeting.

Proposed Motion: None

AGENDA ITEM 8

Action

November 16, 2023 Commission Meeting

Substance Use Disorder Outline

Summary: The Mental Health Services Oversight and Accountability Commission will consider allocating $20 million in Mental Health Wellness Act (MHWA) funding that addresses service gaps to overcome challenges of reaching American Society of Addiction Medicine (ASAM) standards and to increase access to Medication Assisted Treatment (MAT).

The project will include $16 million for up to four counties that reflect the diversity and needs across the state to participate in a pilot project. An additional $2.5 million will be used to fund technical assistance for use of best practices in meeting treatment standards and expanding MAT services. $1 million will be available for research addressing barriers to treatment and identification of effective financing models. The remaining $500,000 will be utilized to contract with a project manager to organize a Substance Use Disorder (SUD) Learning Collaborative and align the project with other statewide efforts.

Background: The Commission's budget includes $20 million per year in MHWA funding to support and respond to Californ`ia's behavioral health crisis and to provide prevention and early intervention services. One of the five funding priorities is expansion of and access to SUD programs.

Information and resources related to SUD were presented to the Commission on September 28, 2023, by a panel of experts. The panel provided an overview of successful practices that may be considered for expansion through the Commission's MHWA and highlighted the barriers to treatment and known gaps in the continuum of SUD services and approaches which addressed gaps in treatment.

At the conclusion of the panel discussion, the Commission Chair asked Commissioner Danovitch to work with staff to identify areas for substance use prevention and treatment efforts for MHWA funds. Since that time, staff and Commissioner Danovitch have met with the Department of Health Care Services (DHCS), policy experts, county level leaders, and collaboratively outlined the following pilot recommendations for expanding access to and treatment for SUD services:

1. **Incentivize best practice through a pilot project in Los Angeles county and up to three additional counties. ($16 million)**
    a. MAT Prescriber Cost-Sharing Program within the Specialty SUD System
    b. Expanding Integrated Medical Services in Residential Facilities within the Specialty SUD System.
    c. Expanding Access to Low-Barrier MAT via Telephone.

2. **Establish technical assistance on best practice. ($2.5 million)**

   Grantees will receive technical assistance on best practices in meeting treatment standards and expanding MAT services. The TA will include participation in a learning collaborative organized by the project manager.

3. **Research on and barriers to treatment financing mechanisms ($1 million)**

   A research contractor would be engaged to identify known barriers to treatment and recommendations on how the barriers can be addressed.

4. **Project Management ($500,000)**

   A project manager would organize a SUD Learning Collaborative and align the project with other statewide efforts. The project manager will work closely with Commission staff and contractors to coordinate activities across the various components.

Presenter: Tom Orrock, Deputy Director, Program Operations, MHSOAC

Enclosures (1): Proposed Outline for Substance Use Disorder Programs and Strategies

Handout (1): PowerPoint Presentation

Proposed Motion: That the Commission approves allocation of $20 million in Mental Health Wellness Act Funds to support programs that advance substance use disorder treatment and that reflect the diverse needs and populations of the state and to address service gaps to reaching ASAM standards and to increase access to Medication Assisted Treatment.

Next steps: If the Motion is approved by the Commission, Commission Staff plans to present recommendations for specific expenditure of the $20 million allocated for Mental Health Wellness Act Funds to address SUD at a future Commission Meeting.

Mental Health Services
Oversight & Accountability Commission

Proposed Outline for
Substance Use Disorder Programs and Strategies

Commission Meeting – November 16, 2023

The Commission is authorized through the annual state budget to award $20 million per year in Mental Health Wellness Act (MHWA) funds to support organizations to improve California's ability to respond to behavioral health crises and to provide early intervention services. In previous rounds of funding the Commission has authorized grants to expand the number of EmPATH crisis stabilization units near hospital Emergency Rooms, and for additional mobile support services for older adults experiencing depression and other serious mental illness. The goal of the SUD effort is to create a clear and compelling narrative on SUD and the importance of providing the best care when and where people need it most.

Greater access and service coordination is necessary to improve outcomes for people who experience SUD. The California Department of Public Health reported that in 2021 there were 6,000 opioid-related deaths. The California Health Care Foundation's 2022 report revealed that fentanyl related deaths increased 10-fold from 2015-2019. Despite the clear need for treatment, the report highlights that only 40% of commercial HMO and PPO plan members with a SUD received care that meets the state's quality standards. However, there is good news. California's Drug Medi-Cal Organized Delivery System program has now been implemented in 37 counties and covers 96% of the state's Medi-Cal population.

On September 28, 2023 the Commission assembled a panel of experts in SUD treatment which included emergency room physicians, county SUD treatment experts, and a SUD Navigator with lived experience. The panel highlighted several areas where funds could be used to fill gaps in the SUD continuum of care, support the expansion of existing programs, and provide treatment to individuals who are often hard to reach. The following are some of the panel recommendations:

- Scale and expand access and infrastructure across the state for medical treatment of opioid use disorder, including evidence based low-barrier access to medication assisted treatment (MAT) services;
- Provide whole person solutions that integrate medical care, behavioral health, and SUD treatment options and meet individuals where they are;
- Fund high yield innovative programs;
- Deliver SUD prevention and intervention for youth

At the conclusion of the panel discussion, the Commission Chair asked staff to work with Commissioner Danovitch to identify the goals and objectives for the MHWA funds. Since that time, staff have joined Commissioner Danovitch in discussions with the Department of Health Care Services, policy experts, and county level leaders.

Recommendation

In response to the discussions, staff proposes to allocate $20 million of MHWA funding, over three years, through sole source contracts to improve access to evidence-based SUD care. Improving access to appropriate SUD care requires integration of mental health care and medical care, which is highly synergistic with the goal of modernizing the MHSA. This effort will improve access to evidence-based SUD services, inform state level adoption of best practices, improve outcomes, and reduce suffering and substance related deaths.

Staff recommend focusing the MHWA funds on increased access to integrated medical treatment, an area that each of the panelists highlighted as a critical need. Medication treatment of opioid and alcohol use disorder has

been shown to be effective in reducing morbidity and mortality, as well as facilitating recovery for people struggling with SUD. An under-investment of funding and specific policies that define SUD services as non-medical, have restricted access to the service. Investments in strengthening and growing the medical infrastructure and workforce within specialty SUD systems will provide easier access to best practice treatments.

Funding Outline

The total amount available for this sole source program is $20 million. Staff recommend dedicating $16 million for a pilot in four counties across the state to address approaches to overcome challenges of reaching American Society of Addiction Medicine (ASAM) standards and increase access to MAT. Due to the size and scope of the challenges in their county, and because of their level of interest in aligning with the Commission in this effort, Los Angeles has been identified as a key program partner. The remaining three counties will reflect the diverse needs of the state and will be a Northern California county, a central valley county, and a rural county partner who can quickly scale up on these efforts. $2.5 million will be set aside to fund technical assistance, evaluation, and project management contractor who will bring the pilot counties together in shared learning and dissemination of best practices to other regions of the state. $1.5 million would be made available for research on barriers to treatment and identification of effective financing models, and $500,000 will be allocated to contract with an SUD expert who can assist Commission staff, make future recommendations, and organize an SUD learning collaborative.

1) **Incentivize best practice through a pilot project in LA and up to three additional counties. ($16 million)**
    a. MAT Prescriber Cost-Sharing Program within the Specialty SUD System – Los Angeles County & regional model counties will support a cost-sharing program to help specialty SUD agencies who traditionally have not had the resources to hire clinicians that prescribe medications. This cost-sharing program addresses one of the key barriers to scaling MAT in the specialty SUD system and establishes a pathway to sustainability through Medi-Cal billing. This effort could support approximately 80 new MAT health care providers serving specialty SUD system clients.
    b. Expanding Integrated Medical Services in Residential Facilities within the Specialty SUD System. While residential SUD treatment facilities are considered “non-medical” per State regulations, there is a provision that allows residential settings to provide “Incidental Medical Services (IMS)” to directly offer MAT and address associated medical issues. Funding will be used to support residential facilities serving Medi-Cal clients with obtaining IMS approvals to expand their medical capabilities and provide more integrated services for clients. This funding amount is anticipated to support at least 45 residential SUD sites obtain IMS approval to be able to offer MAT on site.
    c. Expanding Access to Low-Barrier MAT via Telephone. Fund Los Angeles County’s MAT Consultation Telephone Line to allow reach into additional communities. The MAT Consultation Telephone Line is staffed with prescribers and substance use navigators who perform telephonic assessments, initiate MAT prescriptions via participating community pharmacies, and navigate patients to community settings that offer MAT to support continuity of care. This model could be scaled to other regions of the state as an innovative approach that significantly expands availability across safety net populations served by counties.

2) **Establish technical assistance on best practice. ($2.5 million)**

Grantees will receive technical assistance on best practices in meeting treatment standards and expanding MAT services. The TA will include participation in a learning collaborative organized by the project manager. The Commission will work with Commissioner Danovitch to identify an appropriate TA provider.

3) **Research on barriers to treatment and financing mechanisms ($1 million)**

A research contractor would be engaged to create white papers on known barriers to treatment and recommendations on how the barriers can be addressed. The research contractor would also assist in identification of sustainable financing structures to ensure that SUD treatment programs can expand services

in future years. The research contractor will work closely with the technical assistance provider to ensure that research findings are shared with all counties.

4) Project Management ($500,000)

A project manager would organize a SUD Learning Collaborative and align the project with other statewide efforts. The project manager will work closely with Commission staff, organize convenings, coordinate the activities of contractors across the various components.

Contractors and counties will be required to:

- Provide a budget on how the funds will be spent as part of their plan. Matching funds will be encouraged.
- Contribute to a sustainability strategy to support the program following the end of the contact term.
- Submit annual or more frequent reports on progress against the goals outlined in their contract.

Funding Timeline

- January 5, 2024: Identification of county participants and additional contractors
- January 25, 2024: Approval consideration by full Commission on selected counties and contractors
- March 8, 2024: Finalize contract with all program participants

AGENDA ITEM 9

Action

November 16, 2023 Commission Meeting

Legislative Priorities for 2024

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

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

At the October Commission meeting, the Commission had a preliminary discussion about legislative priorities for 2024 including carryover legislation from 2023, previously sponsored legislation that was unsuccessful, and recommendations from the Commission's policy reports that have yet to be implemented. Three proposals were identified for the Commission to pursue legislatively in 2024:

1. The recommendation from the Commission's 2020 report, "*Every Young Heart and Mind: Schools as Centers of Wellness*," that the Governor and the Legislature should establish a leadership structure dedicated to the development of schools as centers for wellness and healing.
2. The recommendation from the Commission's 2023 report, "*Working Well: Supporting Mental Health at Work in California,*" that the Governor and Legislature should launch a center of excellence on workplace mental health that can fully leverage the capacity of employers to address stigma, improve mental health literacy, and ensure access to comprehensive mental health care; and
3. A reintroduction of the Commission's 2021 sponsored bill, Assembly Bill 573 (Carrillo), which would require each community mental health service to have a local youth advisory board to provide youth with a platform to better advocate for effective and quality mental health programs.

The Commission will consider whether to pursue these proposals through legislation in 2024.

Presenter: Kendra Zoller, Deputy Director of Legislation

AGENDA ITEM 11

Action

November 16, 2023 Commission Meeting

Los Angeles County Innovation Project

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

1. **Children's Community Care Village - $100,594,450 in MHSA Innovation funds over five years.**

Los Angeles County seeks to improve mental health outcomes for children through the leveraging of innovation dollars with additional funding streams to create a new mental health continuum of care for all children, with a particular focus on children ages 5 to 12 who live in an area of Los Angeles County referred to as Service Area Six. The County will test a single point of service delivery for all inpatient and outpatient services by building the first, holistic and fully integrated, health, mental health and housing services program centered around the child and family in one location, The Children's Community Care Village.

The County proposes to utilize an adaptation of The Village Model that is in alignment with the Governor's proposal to reprioritize Mental Health Service Act dollars towards housing interventions, full-service partnerships and mental health services and supports. The Village was initiated in 1990 with funding from the California State Legislature to use a "no wrong door, whatever it takes" approach to provide wraparound, integrated mental health services and supports in Long Beach, California.

This project is a collaboration between the Los Angeles County Department of Mental Health and one of the County's trusted partners, Kedren. Kedren is a community-based, non-profit organization with deep ties to the local community. Kedren was incorporated in 1965 after a community-led effort to establish a community mental health center offering therapeutic services for children, family counseling and community education in south Los Angeles.

Currently, Kedren operates several programs for children and youth including acute in-patient programs, a Federally Qualified Healthcare Center and outpatient programs that will be integrated into the proposed, new continuum of care to create the Children's Community Care Village (CCCV). The CCCV will include the delivery of the following new services funded, in part, with MHSA Innovation dollars:

- Intensive Case Management
    - A care coordinator will be assigned to each family as part of a Continuity of Care and Treatment Team to coordinate care among the continuum and

ensure the inclusion of the child and family into treatment planning and ensure access to the most appropriate level of care.

- Full Spectrum Outpatient Services
    - A full spectrum of children and youth mental health outpatient services including outpatient care and Integrated Comprehensive and Intensive Care for children will be added.

- Children and Youth Crisis Residential Treatment
    - The CCCV will include the first and only Crisis Residential Treatment Program (CRTP) for children and youth in Los Angeles County.
    - The CRTP will include sixteen (16) beds.

- Children and Youth Crisis Stabilization Unit/ Urgent Care Center
    - The Crisis Stabilization Unit (CSU) will include eight (8) beds providing a relaxing, quiet, and calming space to support children and youth experiencing behavioral health distress.
    - Services will be tailored to each youth and provided on a short-term basis, up to 24 hours with a goal to divert youth from higher levels of care and connect them to ongoing care.

- On-Site Housing
    - Twenty (20) on-site transitional housing units for children and families experiencing a crisis will be provided with an additional four (4) units set aside for families enrolled in parent-child interactive therapy.

These new services will integrate and augment with the existing, non-MHSA funded services on the same CCCV campus which includes, but is not limited to:

- An inpatient acute psychiatric hospital
- Federally Qualified Healthcare Center for primary and specialty care
- Inpatient and outpatient pharmacy
- Social services linkages
- Community integration and reintegration programs
- Parental supports and treatment for mental health and substance use
- Transitional housing for families experiencing homelessness, and
- Work and life skill development programs

Los Angeles County seeks to learn if creating a new mental health continuum of care for children where all services are integrated and offered in one location, including onsite interim family housing, will:

- Increase options and coordination to appropriate levels of mental health care for children and youth in Los Angeles County's Service Area 6 and surrounding communities, resulting in better outcomes.

- Promote community and interagency collaboration by focusing on the overall wellbeing of the family unit, as opposed to a specific condition.
- Decrease emergency department usage and inpatient hospitalization for these children and youth.
- Increase stabilization for families in crisis, thereby stemming the pipeline into the foster care system.
- Decrease housing insecurities faced by families experiencing homelessness or at risk of becoming homeless.
- Increase access and improved follow up care by eliminating barriers to transportation.

Community Program Planning

This proposal was developed through a collaboration between community partners from SA 6, the Kedren Board of Directors and the Los Angeles County Department of Mental Health in an effort to address the demonstrated health, mental health, and social inequities occurring at higher rates in SA 6 than elsewhere in Los Angeles County. Planning for this project began in 2021 and was presented to Kedren staff and additional County partners in December 2022 at a joint meeting.

The county held their public comment period between January 20, 2023 and February 20, 2023 followed by their Mental health Board hearing on February 20, 2023. Los Angeles County will seek approval from their Board of Supervisors following Commission approval.

Commission Level

This project was initially shared with the Commission's community partners on June 23, 2023, and a revised version was shared on October 20, 2023.

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

Enclosures (3): (1) Commission Community Engagement Process; (2) Biography for Los Angeles County Presenter; (3) Staff Analysis: Children's Community Care Village

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

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

LA County Innovative Plan Project Application - Children's Community Care Village

Staff Recommendation: That the Commission approves Los Angeles County's Children's Community Care Village Innovation Project for up to $100,594,450 over five (5) years.

Mental Health Services
Oversight & Accountability Commission

Commission Process for Community Engagement on Innovation Plans

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

Sharing of Innovation Projects with Community Partners

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

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

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

Mental Health Services
Oversight & Accountability Commission

STAFF ANALYSIS –Los Angeles County

Innovation (INN) Project Name:	**Children's Community Care Village**
Total INN Funding Requested:	**$100,594,450**
Duration of INN Project:	**5 Years**
MHSOAC consideration of INN Project:	**November 16, 2023**

Review History:

Approved by the County Board of Supervisors:	Pending Commission Approval
Mental Health Board Hearing:	February 20, 2023
Public Comment Period:	January 20, 2023 – February 20, 2023
County submitted INN Project:	October 19, 2023
Date Project Shared with Stakeholders:	June 23, 2023 and October 20, 2023

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

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

This Proposed Project meets INN criteria by introducing a new practice or approach to the overall mental health system, including but not limited to, prevention and early intervention; making a change to an existing practice in the field of mental health, including but not limited to, application to a different population; applying a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system; and supporting participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite.

Project Introduction:

Los Angeles County seeks to improve mental health outcomes for children through the leveraging of innovation dollars and multiple additional funding streams to create a new mental health continuum of care for all children, with a particular focus on children ages 5 to 12. The County will test a single point of service delivery for all inpatient and outpatient

services by building the first, holistic and fully integrated, health, mental health, and housing services program centered around the child and family in one location, the Children's Community Care Village (CCCV). The County proposes to utilize an adaptation of The Village model that is in alignment with the Governor's proposal to reprioritize Mental Health Service Act dollars towards housing interventions, full-service partnerships, and mental health services and supports. The Village was initiated in 1990 with funding from the California State Legislature to use a "no wrong door, whatever it takes" approach to provide wraparound, integrated mental health services and supports in Long Beach, California.

The County will assess if this proposed CCCV model will:

1. Increase options and coordination to appropriate levels of mental health care for children and youth in Los Angeles County's Service Area 6 (SA 6) and surrounding communities, resulting in better outcomes.

2. Promote community and interagency collaboration by focusing on the overall wellbeing of the family unit, as opposed to a specific condition.

3. Decrease emergency department usage and inpatient hospitalization for these children and youth.

4. Increase stabilization for families in crisis, thereby stemming the pipeline into the foster care system.

5. Decrease housing insecurities faced by families experiencing homelessness or at risk of becoming homeless.

6. Increase access and improved follow up to care by eliminating barriers to transportation.

What is the Problem:

Los Angeles County reports that a significant number of children and families are living in poverty, experiencing housing insecurity, and lacking appropriate access to mental health services. Los Angeles County is divided into eight service areas. This project is focused on service area six (SA 6) as the County reports that while this area is culturally rich and diverse, poverty and homelessness among children and families has increased with more than half of the residents in this service area living at or below the 200% Federal Poverty Guideline. SA 6 covers over 51 square miles and includes 25 neighborhoods within the city of Los Angeles and three unincorporated districts. It is home to an estimated 1,056,870 residents and is ranked the highest of all service areas (at 88 percent) on the Centers for Disease Control and Prevention/Agency for Toxic Substance and Disease Registry Social Vulnerability Index, which tracks 16 social factors that helps government officials meet the needs of vulnerable populations. These factors include socioeconomic status, housing insecurities, and lack of transportation resources.

In the 2022 Los Angeles Homeless Services Authority Homelessness Count, 14,598 individuals were counted in SA 6 as experiencing homelessness. Of these 14,598 individuals, 546 children and 8 youth were identified as experiencing both homelessness and mental illness. Black/African Americans and Hispanic/Latinos represent the majority of the people in this region. Many barriers exist for families seeking mental health services for their children. In addition to housing insecurity, financial insecurity and transportation barriers, families face difficult decisions when a child needs support beyond outpatient mental health. Currently, there are no Crisis Residential Treatment Beds for children or youth in Los Angeles resulting in families having to turn to an acute inpatient hospital when a child needs support beyond what an outpatient mental health appointment provides. Hospitalization is not an ideal situation because it not only disrupts a child's normal routine, but also removes them from school and all their social and emotional support.

How this Innovation project addresses this problem:

The project is a collaboration between the Los Angeles County Department of Mental Health and one of the County's trusted partners, Kedren. Kedren is a community-based, non-profit organization with deep ties to the local community and was incorporated in 1965 after a community-led effort to establish a community mental health center offering therapeutic services for children, family counseling and community education in south Los Angeles.

Currently, Kedren operates several programs for children, youth and their families including acute in-patient programs, a Federally Qualified Healthcare Center and outpatient programs that will be integrated into the new continuum of care to create the CCCV . The CCCV will include the delivery of the following new services funded, in part, with MHSA Innovation dollars:

- Reimagining of Intensive Care Coordination/Case Management Services (see pages 17-19 for more detail)
    - The Intensive Care Coordination (ICC) team will include psychiatrists, nurse practitioners, nurses, internists, social workers, case managers, program managers, pharmacists, dieticians, and support staff (such as but not limited to transportation specialists, outreach workers, peer advocates, clerks, etc.).
    - A care coordinator will be assigned to each family as part of a Continuity of Care and Treatment Team to coordinate care among the continuum and ensure the inclusion of the child and family into treatment planning and ensure access to the most appropriate level of care.
    - The ICC team will work with and follow each youth across the levels of care and various programs to minimize disjointed care and minimize disruption.
    - Youth in outpatient care will be supported by ICC to continue in their school of origin through transportation support and coordination and collaboration with the school of origin.

  - The ICC team will ensure that services are provided that equip the parent/caregiver to meet the child's/youth's mental health treatment and care coordination needs, as described in the child's/ youth's plan.
  - The ICC team will ensure access to non-traditional, and or community defined and culturally relevant treatment services.

- Full Spectrum Outpatient Services
  - A full spectrum of children and youth mental health outpatient services including outpatient care, Integrated Comprehensive and Intensive Care for children and additional occupational therapy will be added to further support continuity of care.

- Children and Youth Crisis Residential Treatment
  - The CCCV will include the first and only Crisis Residential Treatment Program (CRTP) for children and youth in Los Angeles County.
  - The CRTP will include sixteen (16) beds with supportive services provided by a team of nurses (Charge Nurse, Nurse, LVN, CNAS/MHW) working in 12-hour shifts, along and clinicians; social workers, case workers, occupational therapists, psychologists, psychiatrists, nurse practitioners, internists, and support staff (dietician, food service workers, clerks, community liaison, etc.).

- Children and Youth Crisis Stabilization Unit/ Urgent Care Center
  - The Crisis Stabilization Unit (CSU) will include eight (8) to twelve (12) chairs providing a relaxing, quiet, and calming space to support children and youth experiencing behavioral health distress.
  - Supportive services will be provided by a team of nurses (Charge Nurse, Nurse, LVN, CNAS/MHW) working in 12 hour shifts, along with (but not limited to) social workers, case workers, occupational therapists, psychologists, psychiatrists, nurse practitioners, internists, and support staff (including but not limited to an office manager, dietician, food service workers, clerks, and a community liaison).
  - Services will be tailored to each youth and provided on a short-term basis, up to 24 hours with a goal to divert youth from higher levels of care and connect them to ongoing care.

- On-Site Housing
  - Twenty (24) on-site transitional housing units will be available for children and families receiving services at Kedren with four (4) units set aside for families enrolled in parent-child interactive therapy.
  - Supportive services will be provided by the on-site (live-in) resident advisor, social workers, case managers, occupational therapists, psychologists, psychiatrists, a nurse practitioner, pharmacists, and support staff including but not limited to the dietitian, food service workers, and community liaison.

- The average length of stay is anticipated to be 8-9 months, with a maximum stay not to exceed 18 months.

These new services will integrate and augment with the existing services on the same CCCV campus which includes, but is not limited to:

- An inpatient acute psychiatric hospital
- Federally Qualified Healthcare Center for primary and specialty care
- Transition Age Youth Drop-In Center
- Inpatient and outpatient pharmacy
- Social services linkages
- Community integration and reintegration programs
- Parental supports and treatment for mental health and substance use
- Transitional housing for families experiencing homelessness, and
- Work and life skill development programs

The following chart (see page 28 of the proposal) shows the proposed new services funded with MHSA Innovation and the services not funded with MHSA Innovation:

SERVICE LINE	CAPACITY	Unduplicated Clients (Annual - Projections)	Service Encounters (Annual - Projections)
MHSA INN Funded Services:			
Crisis Residenttial (CRTP)	16 beds	417	5,40
Crisis Stabilization (CSU/UCC)	8 beds	2,920	2,920
Transitional Housing	24 units	238**	1,560
Integrated Care Coordination* (ICC)		2,111 - 2,695	36,591 - 46,700
Sub-Total		***5,686 - 6,270****	***41,071 - 51,180***
Non-MHSA INN Funded Services:			
Acute Psych Inpatient	30 beds	782	10,950
FQHC - Primary Healthcare		2,000	12,800
TOTAL		**8,468 - 9,052***	**64,821 - 74,930**

**NOTE: CRTP, CSU and/or Housing client will likely be an ICC client, since all programs are designed to be "integrated."*

*** Transitional Housing- 20 units traditional transitional housing + 4 units for PCIT*

Collectively, these services are designed to increase access to care, minimize disruption in the life of the child, youth, and family, and directly address some of the needs outlined in this proposal:

- Improve access to health and mental health resources.
- Address the needs of children, youth, and families with limited access to transportation.
- Reduce homelessness.
- Improved success in school.

The Community Program Planning Process

Local Level

This proposal was developed through a collaboration between community partners from SA 6, the Kedren Board of Directors, and the Los Angeles County Department of Mental Health in an effort to address the demonstrated health, mental health, and social inequities occurring at higher rates in SA 6 than elsewhere in Los Angeles County. The Kedren Board of Directors is comprised of at least 51% consumers who live in the community and participant input is embedded into program development within the Kedren organization. Ongoing input will be sought from clients, families, and other partners throughout the project through the establishment of a Community Access & Support Network formed by community ambassadors. Kedren will work with the County to recruit both family advocates and youth peer advocates from the surrounding South Los Angeles communities to serve as ambassadors.

Planning for this project began in 2021 and was presented to Kedren staff and additional County partners in December 2022 at a joint meeting. Los Angeles County's community planning process included the following:

- 30-day public comment period: January 20, 2023 through February 20, 2023
- Local Mental Health Board Hearing: February 20, 2023
- Board of Supervisor Approval: Anticipated on January 23, 2024

A final plan, incorporating community partner and stakeholder input as well as technical assistance provided by Commission staff, was submitted to the Commission on October 19, 2023.

The County and Kedren are committed to cultural competency and abide by the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care and have prioritized the accessibility of culturally competent services and the reduction of disparities across the county. The majority of residents living in SA 6 identify as Black/African American or Hispanic/Latino which correlates with data showing that the majority of homeless children and youth with mental illness in SA 6 identify as Black/African American or

Hispanic/Latino. Kedren prioritizes the hiring and training of qualified staff who are reflective of the cultural, racial, and linguistic characteristics of the client population.

Regular updates will be provided to the local Mental Health Commission and other partners in scheduled meetings. In addition, an annual update on this project will be presented to countywide MHSA partners during the planning process for feedback and recommendations.

Commission Level
Information on this project was initially shared with the Commission's community partners on June 23, 2023, and a revised version was shared on October 20, 2023.

Commission staff did not receive any comments in response to the sharing of this project.

Learning Objectives and Evaluation:
The County anticipates serving up to 5,520 – 6,140 unduplicated clients annually through the MHSA Innovation funded services at the CCCV. Annual unduplicated service numbers climb to 8,468 – 9,052 when all programming (MHSA Innovation funded and all other leveraged funds) is counted.

The County will contract with an independent evaluator to support the evaluation of the impact of services described in this proposal. The learning questions guiding this proposal include the following:

- Does having an assigned ICC expedite access to appropriate levels of care and reduce the higher level acute psychiatric hospital inpatient admissions?

- Does access to non-traditional mental health services (e.g., creative wellbeing, neurofeedback, vocal modulation, drumming circles, peer to peer services, etc.) increase/improve engagement in Specialty Mental Health Services (SMHS) and decrease length of time engaged in high intensity SMHS?

- Will having a scalable continuum of care in one location lead to better outcomes for children and their families, including:
    - Support to safely continue to school of origin
    - Reduced psychiatric crisis
    - Increased access to care
    - Improved quality of care
    - Reduce time between step up/step down care levels

- Is the provision of housing for children and families who are currently experiencing crisis and/or homelessness an effective solution for stabilizing their lives and contributing to overall mental health outcomes including:
    - Reduced child welfare involvement

  - Reduced out of home placement in foster or juvenile justice settings
  - Reduced days of homelessness among families
  - Improved education performance

- If the CCCV is an effective model for children's mental health, what are next steps toward manualizing the model and moving toward establishing it as an evidence-based practice? How can this model be made scalable?

The County will work with the contracted evaluator to develop metrics which will include but not be limited to quantitative data as described below:

- Number treated in CRTP
- Number of children discharged instead to Village with family
- Number of families at risk of child removal
- Number of families who are at risk of being unhoused
- Number of families reunified because of interim housing
- Number of families who used transitional housing
- Number of families who obtained permanent housing.
- Number of return admissions and time between admissions
- Number of days to schedule an appointment when stepping up/down
- Number of times more than 30 days for appointment availability
- Number of times a medication not refilled due to not having an appointment
- Number of missed appointments
- Number of children who abandon care
- Number of family members provided MH/SUD treatment
- Number of family members engaged in Family Unit Treatment
- Number of wellness courses and participants
- Number of families using short-term housing to engage with treatment of child

The County reports that the services component of this innovation proposal will be fully operational for the last two and a half (2.5) years of the five (5) year project duration. The County plans to collect and utilize data from those 2.5 years to analyze the results of the project and complete the evaluation.

Budget

5 Year Budget	FY 24/25	FY 25/26	FY 26/27	FY 27/28	FY 28/29	TOTAL
Expenditures: Services						
Personnel	$ 8,234,050	$ 8,645,752	$ 16,801,822	$ 17,255,724	$ 17,732,321	$ 68,669,669
Operating Costs	$ 1,131,027	$ 1,187,578	$ 3,223,969	$ 3,286,317	$ 3,351,782	$ 12,180,673
Community-Based Organizations	$ 250,000	$ 262,500	$ 425,625	$ 439,406	$ 453,877	$ 1,831,408
Evaluation	$ 250,000	$ 262,500	$ 515,625	$ 529,406	$ 543,877	$ 2,101,408
Indirect Costs	$ 1,479,761	$ 1,553,750	$ 3,109,085	$ 3,190,657	$ 3,276,308	$ 12,609,561
Total MHSA Innovation Funds	$ 3,478,327	$ 3,652,244	$ 9,036,604	$ 9,228,347	$ 9,429,677	$ 34,825,199
Federal Financial Participation	$ 7,866,511	$ 8,259,836	$ 15,039,522	$ 15,473,163	$ 15,928,487	$ 62,567,519
Total Services Cost	$ 11,344,838	$ 11,912,080	$ 24,076,126	$ 24,701,510	$ 25,358,165	**$ 97,392,719**
Expenditures: Capital Projects	FY 24/25	FY 25/26	FY 26/27	FY 27/28	FY 28/29	TOTAL
MHSA Innovation	$ 14,728,252	$ 51,041,000				$ 65,769,252
Non MHSA Innovation	$ 21,145,397	$ 47,832,985				$ 68,978,382
Total Capital Projects Cost	$ 35,873,649	$ 98,873,985				$ 134,747,634
Funding Source	FY 24/25	FY 25/26	FY 26/27	FY 27/28	FY 28/29	TOTAL
Innovation Funds	$ 18,206,579	$ 54,693,244	$ 9,036,604	$ 9,228,347	$ 9,429,677	$ 100,594,451

Los Angeles County is seeking authorization to use up to $100,594,450 in Innovation funding over a five (5) year period to fund both operational costs ($34,825,198) and capital costs ($65,769,252) associated with the creation of the CCCV.

Operational Costs (Including Service Delivery)

The County will leverage the $34,825,198 in Innovation funding for operations to draw down and additional $62,567,519 in Medi-Cal match for a total service provision of $97,392,718.

Personnel Costs total $68,669,669 and include expenses for:

- Intensive Care Coordination/Case Management
  - 68 FTE service providers consisting of (but not limited to) psychiatrists, nurse practitioners, nurses, internists, social workers, case managers, program managers, pharmacists, dieticians, and support staff (such as but not limited to transportation specialists, outreach workers, peer advocates, clerks, etc.) working in specialized ICC teams depending on the client/family need.

- Crisis Residential Treatment Program
  - 28 FTE service providers consisting of a team of nurses (Charge Nurse, Nurse, LVN, CNAS/MHW) working in 12-hour shifts, along and clinicians; social workers, case workers, occupational therapists, psychologists, psychiatrists,

nurse practitioners, internists, and support staff (dietician, food service workers, clerks, community liaison, etc.)

- Urgent Care/ Crisis Stabilization Center
    - 29 FTE service providers consisting of a team of nurses (Charge Nurse, Nurse, LVN, CNAS/MHW) working in 12-hour shifts, along with (but not limited to) social workers, case workers, occupational therapists, psychologists, psychiatrists, nurse practitioners, internists, and support staff including but not limited to an office manager, dietician, food service workers, clerks, and a community liaison.

- Transitional Housing Program
    - The core staff for the programs will include 9 FTE consisting of full-time, on-site (live-in) resident advisor, social workers, case managers, occupational therapists, psychologists, psychiatrists, a nurse practitioner, pharmacists, and support staff including but not limited to the dietitian, food service workers, and community liaison.

- Special Note: Workforce Shortages
    - Kedren has been working to address normal staff attrition. In anticipation of exponential new hires, Kedren has reflected gradual onboarding of services and staff in the reflected timeframe with ample lead time for Kedren to ramp up to 100% service delivery capacity and capability to all our new and existing clients

    - Further, Kedren has already established a partnership with Charles Drew University, and for several years Charles Drew doctors and nurses (primary and psychiatric) have trained at Kedren, as well as many other joint programs.

    - Most recently in October of 2023, under the leadership of California State Assemblymember Mike Gipson, a new "joint nursing program" collaborative has been created between Kedren, Charles Drew and Cal State Long Beach that will encourage new students into the field of nursing, practical application curriculum at Kedren/Drew, and most importantly Kedren/Drew will get priority in hiring in an effort to get graduates to work and stay in the local community.

Capital Costs- Non-recurring

The County is requesting to leverage $65,769,252 in Innovation funding to build the infrastructure for the full-spectrum of children and youth mental health outpatient services, including the CSU and CRTP programs. The County estimates that MHSA Innovation will fund approximately half of the physical space making up the 134,764 square foot campus and will leverage the following sources to fund the full capital investment which totals $160,000,000:

- $57.4M - Behavioral Healthcare Infrastructure Program (BHCIP) Round 4
- **$25M MHSA Capital Facilities and Technological Needs (CFTN) pending Commission approval of Innovation funds**
- $2.5M - California State Legislature (2023)
- Land Grant - City of Los Angeles (in process)
- $1M - LA County Board of Supervisors, Supervisor Holly Mitchell (2022)
- $1M Various Foundations & Private Philanthropy (California Community Foundation, Weingart, Ahmanson, etc.)
- $10M FUTURE Private Capital Projects Fundraising Campaign (Foundations and Private Philanthropy)

The County asks the Commission to consider that it is more cost effective and time effective to build the infrastructure for these needed services than it is to lease a space that is even half the size of what is proposed with CCCV. The County estimates that leasing/renting and investing in one-time tenant improvements of a facility over the same five-year period would cost at least $55.1M and over a 30-year period of service, the cost would be at least $140M to rent or lease. The County asks the Commission to consider the cost savings of $49.23M when comparing the current proposal with the costs to lease or rent and asserts that the difference in costs can be better spent on funding additional services as opposed to the cost to rent and improve buildings that may not be near each other nor allow for the testing of a CCCV model.

The County reports that pre-construction started through the utilization of $2.5 M of leveraged funds. Full construction is expected to be completed by May 27, 2026.

Sustainability

Based on the evaluation of the project, the County will identify the appropriate available funds to continue supporting services that are not self-sustaining. The County and Kedren believe that the project is sustainable, and that care continuity will be provided through existing fees for services, the current FQHC funding that Kedren receives, and contracts for services and/or referrals with the many partner organizations throughout Los Angeles County. If portions of the pilot are not sustainable, or are not successful, the County will work to ensure continuity in care for all participants in the transition of the project.

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

AGENDA ITEM 12

Information

November 16, 2023 Commission Meeting

Innovation Funds & Behavioral Health Reform

Summary: The Mental Health Services Oversight and Accountability Commission will discuss the use of Innovation funds by California Counties in relation to the shifting behavioral health priorities being considered by the Commission, the California Legislature and the Governor's Administration.

Senate Bill 326 (Eggman), passed by the Legislature and signed by the Governor in September of this year authorized the addition of Proposition 1 to the March 2024 ballot. If passed by the voters, Proposition 1 will revise MHSA county funding allocations to 30 percent for housing interventions; 35 percent for full service partnerships; and 35 percent for other services including early intervention, outreach and engagement, capital facilities and technological needs, workforce education and training, innovative pilots and projects, and prudent reserve. In addition, the MHSA state administrative allocation will be revised to 10 percent with 4 percent for population-based prevention under the Department of Public Health; 3 percent for the state's Workforce Initiative; and $20 million annually for the Innovation Partnership Fund under the Commission. Counties will also be able to use funds for substance use disorder services.

Whether or not Proposition 1 passes in March 2024, Counties should begin to consider the programmatic and fiscal impacts of these changes in funding allotments and the shifting of priorities for the behavioral health system.

Presently, Counties use five percent of their MHSA funding for innovative programs and may want to consider whether it is appropriate to utilize some of these innovation funds for such things as fiscal planning, accountability systems, housing interventions, full service partnership programs, early intervention programs and substance use disorder treatments.

For example, innovation dollars could be used to conduct a local fiscal analysis of the impact of the reduction of funding, or a program analysis of current utilization of MHSA and other behavioral health programs in the county with an eye toward integration of programs that better serve individuals and communities as well as those that ensure cost savings.

If Proposition 1 is passed by the voters, Counties will have to pivot to meet the changes under the Behavioral Health Services Act and will have innovation funds available until the end of 2024 that they could consider using for this purpose. If Proposition 1 is not passed by the voters, Counties may still want to consider using MHSA innovation funds to meet the challenges of the shifting priorities for the evolving behavioral health system. The Commission is in a position to

advise Counties about their use of innovation funds and to provide technical assistance on innovative programs that could help counties be in a better position to meet the changing behavioral health landscape.

Presenter: Toby Ewing, Executive Director

Enclosures: None

Handouts: None

MISCELLANEOUS ENCLOSURES

November 16th, 2023 Commission Meeting

Enclosures (4):

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

Mental Health Services
Oversight & Accountability Commission

Summary of Updates

Contracts

New Contracts: 0

Total Contracts: 5

Funds Spent Since the October Commission Meeting

Contract Number	Amount
17MHSOAC073	$ 0.00
17MHSOAC074	$ 0.00
21MHSOAC023	$ 0.00
22MHSOAC025	$ 0.00
22MHSOAC050	$ 0.00
TOTAL	**$ 0.00**

Mental Health Services
Oversight & Accountability Commission

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

MHSOAC Staff: Kai LeMasson
Active Dates: 01/16/19 - 12/31/23
Total Contract Amount: $2,453,736.50
Total Spent: $2,249,344.40

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

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

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

Mental Health Services
Oversight & Accountability Commission

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

MHSOAC Staff: Kai LeMasson
Active Dates: 01/16/19 - 12/31/23
Total Contract Amount: $2,453,736.50
Total Spent: $2,249,344.40

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

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

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

Mental Health Services
Oversight & Accountability Commission

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

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

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

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

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

WestEd: MHSSA Evaluation Planning (22MHSOAC025)

MHSOAC Staff: Kai LeMasson
Active Dates: 06/26/23 - 12/31/24
Total Contract Amount: $1,500,000.00
Total Spent: $300,000.00

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

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

Mental Health Services
Oversight & Accountability Commission

Third Sector: FSP Evaluation (22MHSOAC050)

MHSOAC Staff: Melissa Martin Mollard
Active Dates: 06/28/23 – 6/30/24
Total Contract Amount: $450,000.00
Total Spent: $0.00

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

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

Mental Health Services
Oversight & Accountability Commission

INNOVATION DASHBOARD

NOVEMBER 2023

UNDER REVIEW	Final Proposals Received	Draft Proposals Received	TOTALS
Number of Projects	2	2	**6**
Participating Counties (unduplicated)	2	2	**6**
Dollars Requested	$110,594,450	$16,226,481	**$126,820,931**

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

TO DATE	Reviewed	Approved	Total INN Dollars Approved	Participating Counties
2023-2024	5	5	$20,013,424	5

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	Sutter-Yuba	Multi County FSP Project	$1,226,250	5 Years	9/12/2023	Pending
Under Review	Sacramento	Community Defined Mental Wellness Practices for the African American/Black/African Descent Unhoused	$15,000,231	5 Years	9/19/2023	Pending

FINAL PROPOSALS

Status	County	Project Name	Funding Amount Requested	Project Duration	Draft Proposal Submitted to OAC	Final Project Submitted to OAC
Under Final Review	Los Angeles	Kedren Children and Family Restorative Care Village	$100,594,450	5 Years	6/2/2023	10/19/2023
Under Final Review	Sacramento	allcove Multi-County Collaborative	$10,000,000	5 Years	9/19/2023	10/30/2023

APPROVED PROJECTS (FY 23-24)

County	Project Name	Funding Amount	Approval Date
Santa Clara	TGE Center	$11,938,639	7/27/2023
San Luis Obispo	Embracing Mental & Behavioral Health for Residential Adult Care & Education (EMBRACE)	$860,000	9/28/2023
Santa Cruz	Crisis Now Multi-County Innovation Plan	$4,544,656	9/28/2023
Amador	Workforce Retention Strategies	$1,995,129	9/28/2023
Tri-City	Community Planning Process	$675,000	10/26/2023

DHCS Status Chart of County RERs Received
November 16, 2023, Commission Meeting

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

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

The Department also publishes County RERs on its website. Individual County RERs for reporting years FY 2006-07 through FY 2015-16 can be accessed at: http://www.dhcs.ca.gov/services/MH/Pages/Annual-Revenue-and-Expenditure-Reports-by-County.aspx. Additionally, County RERs for reporting years FY 2016-17 through FY 2021-22 can be accessed at the following webpage: http://www.dhcs.ca.gov/services/MH/Pages/Annual_MHSA_Revenue_and_Expenditure_Reports_by_County_FY_16-17.aspx.

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

DCHS MHSA Annual Revenue and Expenditure Report Status Update

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

DHCS Status Chart of County RERs Received
November 16, 2023, Commission Meeting

County	FY 20-21 Electronic Copy Submission	FY 20-21 Return to County	FY 20-21 Final Review Completion	FY 21-22 Electronic Copy Submission	FY 21-22 Return to County	FY 21-22 Final Review Completion
Mendocino	2/1/2022	2/7/2022	2/24/2022	1/31/2023		2/2/2023
Merced	1/27/2022	2/7/2022	2/8/2022	1/19/2023		1/23/2023
Modoc	4/27/2022	4/28/2022	4/28/2022	3/23/23	4/4/2023	4/5/2023
Mono	1/18/2022	2/7/2022	2/17/2022	1/31/2023		2/2/2023
Monterey	2/2/2022	2/7/2022	2/9/2022	1/31/2023	2/2/2023	2/2/2023
Napa	2/7/2022	2/8/2022	3/3/2022	1/31/2023	2/1/2023	2/13/2023
Nevada	1/31/2022	2/2/2022	2/3/2022	1/31/2023	2/1/2023	2/2/2023
Orange	1/31/2022	2/3/2022	2/17/2022	1/31/2023		2/1/2023
Placer	1/31/2022	3/17/2022	4/13/2022	1/31/2023	2/1/2023	2/14/2023
Plumas	7/14/2022	7/14/2022	11/29/2022	2/14/2023	2/15/2023	2/21/2023
Riverside	1/31/2022	2/4/2022	3/11/2022	1/31/2023	2/1/2023	2/15/2023
Sacramento	1/31/2022	2/3/2022	3/11/2022	1/25/2023	1/26/2023	1/27/2023
San Benito	2/13/2023	2/13/2023	2/27/2023	5/10/2023	5/11/2023	5/25/2023
San Bernardino	3/23/2022	3/23/2022	3/29/2022	1/31/2023		2/6/2023
San Diego	1/31/2022	2/3/2022	2/18/2022	1/31/2023	1/31/2023	2/14/2023
San Francisco	1/31/2022		2/4/2022	1/31/2023	2/1/2023	2/16/2023
San Joaquin	3/22/2022	3/23/2022	3/25/2022	1/31/2023		2/1/2023
San Luis Obispo	1/26/2022	2/2/2022	2/7/2022	12/30/2023	1/6/2023	1/19/2023
San Mateo	1/31/2022	8/3/2022	8/4/2022	3/6/2023	3/24/2023	4/3/2023
Santa Barbara	1/26/2022	1/26/2022	2/10/2022	12/23/2023	2/7/2023	2/15/2023
Santa Clara	1/31/2022	2/15/20222	2/18/2022	1/31/2023	1/31/2023	2/16/2023
Santa Cruz	3/25/2022	3/25/2022	4/4/2022	4/6/2023	4/14/2023	
Shasta	1/25/2022	1/26/2022	2/10/2022	1/31/2023	2/2/2023	2/16/2023
Sierra	1/31/2022	2/2/2022	2/28/2022	1/27/2023	1/30/2023	2/16/2023
Siskiyou	7/18/2022	7/18/2022	8/10/2022	2/6/2023	2/7/2023	2/9/2023
Solano	1/31/2022	2/2/2022	2/8/2022	1/31/2023	1/31/2023	2/15/2023

DHCS Status Chart of County RERs Received
November 16, 2023, Commission Meeting

County	FY 20-21 Electronic Copy Submission	FY 20-21 Return to County	FY 20-21 Final Review Completion	FY 21-22 Electronic Copy Submission	FY 21-22 Return to County	FY 21-22 Final Review Completion
Sonoma	1/31/2022	2/3/2022	2/22/2022	1/31/2023	2/2/2023	3/6/2023
Stanislaus	1/31/2022	2/2/2022	2/15/2022	1/31/2023	2/2/2023	2/3/2023
Sutter-Yuba	2/9/2022	2/10/2022	2/15/2022	1/31/2023	2/2/2023	3/6/2023
Tehama	4/12/2023	4/12/2023	4/13/2023			
Tri-City	1/31/2022	2/2/2022	5/25/2022	1/25/2023	1/25/2023	2/16/2023
Trinity	7/5/2022	7/5/2022	7/27/2022	7/18/2023	7/24/2023	8/24/2023
Tulare	1/31/2022	2/2/2022	2/10/2022	1/31/2023	1/31/2023	2/15/2023
Tuolumne	1/31/2022		2/4/2022	3/29/2023	3/30/2023	4/5/2023
Ventura	1/28/2022	2/2/2022	2/14/2022	1/30/2023	1/30/2023	1/31/2023
Yolo	1/31/2022	2/2/2022	2/2/2022	1/31/2023	2/2/203	3/15/2023
Total	**59**	**56**	**59**	**56**	**41**	**56**

Mental Health Services
Oversight & Accountability Commission

Rolling Commission Meeting Calendar (Tentative)

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

Dates	Locations	Priority*
November 16, 2023	Sacramento	Strategic Plan- DRAFT Election of Chair and Vice Chair
December, 2023	(no meeting)	
January 25, 2024	Santa Barbara	2024-2027 Strategic Plan Adoption
February 21-22, 2024	Napa	**2/21** – Site Visit to Napa State Hospital **2/22** - Priority agenda items for February 2024 through June 2024 will be determined after adoption of the 2024-2027 Strategic Plan
March 28, 2024	TBD	TBD: Pending New Strategic Priorities
April 25, 2024	TBD	TBD: Pending New Strategic Priorities
May 23, 2024	TBD	TBD: Pending New Strategic Priorities
June 27, 2024	TBD	TBD: Pending New Strategic Priorities

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