



WELLNESS • RECOVERY • RESILIENCE



Mental Health Services
Oversight & Accountability Commission

Commission Packet

Commission Teleconference Meeting
February 24, 2022
9:00 AM – 1:10 PM



Mental Health Services
Oversight & Accountability Commission

1325 J Street, Suite 1700, Sacramento, California 95814

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

* Website: www.mhsoac.ca.gov

Commission/Teleconference Meeting Notice

NOTICE IS HEREBY GIVEN that the Mental Health Services Oversight and Accountability Commission will conduct a **teleconference meeting on February 24, 2022.**

This meeting will be conducted pursuant to Governor Newsom's Executive Order N-1-22, issued January 5, 2022, which suspended certain provisions of the Bagley-Keene Open Meeting Act during the declared State of Emergency response to the COVID-19 pandemic. Consistent with the Executive Order, in order to promote and maximize social distancing and public health and safety, this meeting will be conducted by teleconference only. The locations from which Commissioners will participate are not listed on the agenda and are not open to the public. All members of the public shall have the right to offer comment at this public meeting as described in this Notice.

DATE: February 24, 2022

TIME: 9:00 a.m. – 1:10 p.m.

ZOOM ACCESS:

FOR COMPUTER/APP USE:

Link : <https://mhsoac-ca-gov.zoom.us/j/85603065582>

Meeting ID: 856 0306 5582

FOR DIAL-IN PHONE USE:

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

Meeting ID: 856 0306 5582

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

***The Commission is not responsible for unforeseen technical difficulties that may occur in the audio feed.**

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

- **If joining by call-in, press *9 on the phone.** Pressing *9 will notify the meeting host that you wish to comment. You will be placed in line to comment in the order in which requests are received

by the host. **When it is your turn to comment, the meeting host will unmute your line and announce the last three digits of your telephone number.** The Chair reserves the right to limit the time for comment. Members of the public should be prepared to complete their comments within 3 minutes or less time if a different time allotment is needed and announced by the Chair.

- **If joining by computer, press the raise hand icon on the control bar.** Pressing the *raise hand* will notify the meeting host that you wish to comment. You will be placed in line to comment in the order in which requests are received by the host. **When it is your turn to comment, the meeting host will unmute your line and announce your name and ask if you'd like your video on.** The Chair reserves the right to limit the time for comment. Members of the public should be prepared to complete their comments within 3 minutes or less time if a different time allotment is needed and announced by the Chair.
- **Under newly signed AB 1261**, by amendment to the Bagley-Keene Open Meeting Act, members of the public who use translating technology will be given **additional time** to speak during a Public Comment period. Upon request to the Chair, they will be given at least twice the amount of time normally allotted.

Our Commitment to Excellence

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

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

Our Commitment to Transparency

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

Our Commitment to Those with Disabilities

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

AGENDA

Mara Madrigal-Weiss
Chair

Mayra E. Alvarez
Vice Chair

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

Call to Order

Chair Mara Madrigal-Weiss will convene the Commission meeting, make announcements, and hear committee updates.

9:15 AM

Roll Call

Roll call will be taken.

9:20 AM

General Public Comment

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

9:50 AM

Action

1: January 27th, 2022 MHSOAC Meeting Minutes

The Commission will consider approval of the minutes from the January 27, 2022 teleconference meeting.

- Public Comment
- Vote

10:00 AM

Action

2: Sonoma County Innovation Plan

- **Presenter: Melissa Ladrech, LMFT, MHSA Coordinator, Sonoma County Behavioral Health Division**

The Commission will consider approval of \$2,500,000 in innovation funding for Sonoma County’s Crossroads to Hope Innovation Project.

- Public Comment
- Vote

10:40 AM

Action

3: Mid-Year 2020-22 Budget Update and Overview of the Governor’s proposed 2022 budget for the Commission

- **Presenter: Norma Pate, Deputy Director**

The Commission will be presented with an update on the mid-year expenditures for current Fiscal Year 2021-22, and an overview of the Governor’s proposed budget for the Commission in Fiscal Year 2022-23.

- Public Comment
- Vote

11:00 AM BREAK

Action

11:10 PM 4: Ken Burns Film and Youth Mental Health Engagement Project

- **Presenter: Tom Chiodo, WETA**

The Commission will hear an update on and watch a preview of the Ken Burns documentary film on children’s mental health, as well as the Well Beings Youth Mental Health Engagement Project, supported by PBS station WETA.

- Public Comment
- Vote

12:10 PM Action

5: Legislative Priorities for 2022

- **Presenter: Toby Ewing, Executive Director**

The Commission will consider legislative and budget priorities for the current legislative session, including opportunities to strengthen the SB 82 Triage grant program as a follow-up from its discussion last month.

- Public Comment
- Vote

1:10 PM Adjournment

AGENDA ITEM 1

Action

February 24, 2022 Commission Meeting

Approve January 27, 2022 MHSOAC Teleconference Meeting Minutes

Summary: The Mental Health Services Oversight and Accountability Commission will review the minutes from the January 27, 2022 Commission teleconference meeting. Any edits to the minutes will be made and the minutes will be amended to reflect the changes and posted to the Commission Web site after the meeting. If an amendment is not necessary, the Commission will approve the minutes as presented.

Presenter: None

Enclosure: January 27, 2022 Meeting Minutes

Handouts: None.

Proposed Motion: The Commission approves the January 27, 2022 meeting minutes.

State of California

**MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION**

Minutes of Teleconference Meeting
January 27, 2022

MHSOAC
1325 J Street, Suite 1700
Sacramento, CA 95814

867-0855-2906

Mara Madrigal-Weiss
Chair
Mayra E. Alvarez
Vice Chair
Toby Ewing, Ph.D.
Executive Director

Members Participating:

Mara Madrigal-Weiss, Chair
Mayra Alvarez, Vice Chair
Mark Bontrager
Sheriff Bill Brown
Keyondria Bunch, Ph.D.
Steve Carnevale

Shuonan Chen
Itai Danovitch, M.D.
David Gordon
Gladys Mitchell
Al Rowlett
Khaterra Tamplen

Members Absent:

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

Staff Present:

Toby Ewing, Ph.D., Executive Director
Anna Naify, Consulting Psychologist
Maureen Reilly, Acting Chief Counsel
Norma Pate, Deputy Director, Program,
Legislation, and Administration
Brian Sala, Ph.D., Deputy Director,

Research and Chief Information Officer
Tom Orrock, Chief of Stakeholder
Engagement and Grants
Sharmil Shah, Psy.D., Chief of Program
Operations

CALL TO ORDER

Chair Mara Madrigal-Weiss called the teleconference meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to order at 9:03 a.m. and welcomed everyone. She asked for a moment of silence and reflection in honor of Tina Wooton, Commissioner and Chair Emeritus, who recently passed away. Commissioners shared their memories and gratitude for Commissioner Wooton's work and accomplishments in the mental health field.

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.

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

Announcements

- The next MHSOAC meeting is scheduled for Thursday, February 24th. The agenda will be posted on February 14th.
- The November 2021 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.
- Current Committee and Subcommittee Chairs have accepted reappointment to continue in those roles for 2022.
- Commissioners who are interested in serving on the new Children's Committee are to contact staff.
 - The goals of the Children's Committee are to enhance the integration of the Commission's work on children's mental health and to support the Governor's Children and Youth Behavioral Health Initiative.
 - Former Commissioners Lynne Ashbeck and Ken Berrick have been asked to serve on this Committee.

Cultural and Linguistic Competency Committee Update

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

- The Committee provided direct feedback on the Racial Equity Action Plan (REAP) and shared ideas for building greater accountability with the Commission.
- The Committee provided input on Triage funding and feedback on how best to serve the diverse immigrant communities in California through future Requests for Proposals (RFPs).

MHSOAC Teleconference Meeting Minutes

January 27, 2022

Page 3

- The December 8th Committee meeting included discussion and Committee input on the Commission's effort to advance prevention and early intervention in mental health. The Committee voted to approve recommendations related to prevention and early intervention, particularly around community-defined evidence-based practices, prioritizing transition age youth (TAY) of color, and hiring practices.

Commissioner Alvarez requested that these recommendations be discussed at a future Prevention and Early Intervention Subcommittee meeting.

Client and Family Leadership Committee Update

Commissioner Tamplen, 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 December 9th Committee meeting included a presentation from CFLC member Rayshell Chambers, COO and Co-Founder of Painted Brain, a mental health community center in Los Angeles, on outreach strategies to diverse communities for the implementation of Senate Bill (SB) 803 Peer Support Specialist Certification.
- The meeting included discussion and Committee and public input on the information presented on the importance of peer specialists, steps to community-specific outreach for workforce expansion, and how to accommodate diverse voices in the workplace.
- The Committee will continue to work this year on the Peer Specialist Resource Guide, a resource to help counties, community-based organizations, peers, and peer supervisors with peer program implementation.

Fellowship Advisory Committee Update

Commissioner Tamplen, Chair of the newly-formed Fellowship Advisory Committee, provided a brief update of the work of the Committee since the last Commission meeting:

- The Committee met for the first time on January 11th. The meeting included an overview of the program and committee goals, a presentation from a similar fellowship program in Texas, and a lengthy discussion among Committee members about priorities for the fellowship.
- Over the next few months, the Committee will discuss key areas of focus for the fellowship program such as program goals, design, eligibility criteria, application process, and other opportunities.
- The first cohort of fellows is expected to be recruited this summer and brought on this fall.

Research and Evaluation Committee Update

Chair Madrigal-Weiss stated the update for the Research and Evaluation Committee will be posted online.

Roll Call

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

GENERAL PUBLIC COMMENT

Andrea Crook, Director of Advocacy, ACCESS California, shared their memories and gratitude for Tina Wooton's work and accomplishments in the mental health field. The speaker announced that Tina Wooton's celebration of life will be taking place on March 24th at 2:00 p.m.

Stacie Hiramoto, Executive Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), shared their memories and gratitude for Tina Wooton's work and accomplishments in the mental health field. She thanked Chair Madrigal-Weiss for inviting former Commissioners Ashbeck and Berrick to serve on the Children's Committee. She stated her disappointment that Commissioners and members of the public were unable to honor and thank Commissioners Ashbeck and Berrick for their contributions that in-person meetings have allowed in the past.

Hector Ramirez, Fellowship Advisory Committee Member, shared their memories and gratitude for Tina Wooton's work and accomplishments in the mental health field.

Hector Ramirez stated individuals of color have often had limited opportunities to participate with this Commission, particularly the Hispanic population who do not often have the opportunity to utilize the necessary technology or are not provided translation services to make public comment. The speaker asked that meetings be fully Americans with Disabilities Act (ADA) accessible so members of the disability community can participate.

Sharon R. Yates, CFLC Committee Member, shared their memories and gratitude for Tina Wooton's work and accomplishments in the mental health field.

Matthew Gallagher, Assistant Director, Cal Voices, shared their memories and gratitude for Tina Wooton's work and accomplishments in the mental health field.

Mary Ann Bernard, retired lawyer, family member, and advocate for the severely mentally ill, reminded Commissioners that the last clause of Welfare and Institutions Code Section 5840(c) has always provided that the Commission shall include relapse prevention and early intervention for individuals who already have a severe mental illness. It is a mandatory category.

Mary Ann Bernard stated Commission predecessors were forced by the Office of Administrative Law (OAL) to include relapse prevention and early intervention in existing regulations. The speaker posted the exact statutory language in the Chat Section. The speaker stated, if the Commission ignores this mandate again when reconsidering PEI, it will be far easier to correct that error in front of the OAL. The speaker stated the hope that it will not be necessary to force the Commission to comply again.

Mary Ann Bernard stated the Commission can comply with this mandatory provision in the Mental Health Services Act (MHSA) by declaring in their priorities that PEI can be used for two important programs that are already in the MHSA in Section 5813.5(f) – Laura’s Law and diversion and reentry programs for severely mentally ill individuals who are either headed into or out of local jails, which is where they end up in overwhelming numbers and is the last place that is healthy for them.

ACTION

1: November 18, 2021, MHSOAC Meeting Minutes

Chair Madrigal-Weiss stated the Commission will consider approval of the minutes from the November 18, 2021, teleconference meeting.

Public Comment

Poshi Walker, LGBTQ Program Director, Cal Voices, referred to page 4 and asked to change LGBTQ Program Director to LGBTQ Program Director.

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

Commissioner Brown made a motion to approve the November 18, 2021, teleconference meeting minutes as corrected.

Commissioner Gordon seconded.

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

- *The Commission approves the November 18, 2021, Teleconference Meeting Minutes as corrected.*

Motion carried 10 yes, 0 no, and 1 abstain, per roll call vote as follows:

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

The following Commissioner abstained: Commissioner Brown.

Four Commissioners were absent, and there is one vacancy outstanding.

Chair Madrigal-Weiss asked staff to post the revised and approved minutes on the website.

ACTION

2: Immigrant and Refugee – Stakeholder Advocacy Outline and Authority to Award Contracts

Presenter:

- Tom Orrock, Chief of Stakeholder Engagement and Grants

Chair Madrigal-Weiss stated the Commission will consider approval of an outline of the RFP for the next round of Immigrant and Refugee Stakeholder Advocacy Contracts and will consider authorizing the Executive Director to enter into contracts with the highest scoring applicants. She asked staff to present this agenda item.

Tom Orrock, Chief of Stakeholder Engagement and Grants, provided an overview, with a slide presentation, of the background, current contractors, their activities and lessons learned, past and present RFPs, minimum qualifications, and next steps for the Immigrant and Refugee Stakeholder Advocacy Contracts.

Commissioner Questions

Vice Chair Alvarez expressed appreciation to the CLCC for the feedback they provided on this RFP and to staff for identifying communication channels and gathering valuable input and feedback on the way to roll this RFP out. The opportunity to serve the unique needs of diverse immigrant communities is new for the Commission and is a targeted effort. To be able to use the expertise of the CLCC members and the public through the communication feedback channels is important for strengthening this program for the future and will impact the individuals served. Every effort to improve processes by listening to community reflects the Commission's commitment to equity.

Commissioner Brown asked if the requirement that local community-based organizations be established for at least two years can be modified for exceptional circumstances for groups or communities where a need has arisen that has not necessarily been historical, such as what is being experienced in the Afghan community. Organizations may not have existed to the extent that they need to today to address that particular community.

Mr. Orrock stated the two-year requirement can be reduced to perhaps one year. The goal of the minimum qualifications is not to create barriers for organizations but to contract with organizations that have a track record with the communities they serve.

Commissioner Brown agreed that a two-year requirement is appropriate in most situations but suggested allowing flexibility for extenuating or exceptional circumstances.

Executive Director Ewing stated staff has recognized Commissioner Brown's comment and would like to work with the Chair to tighten the language to reflect the feedback provided today prior to releasing the RFP.

Commissioner Rowlett asked about the stakeholder process during the development of this RFP.

Mr. Orrock agreed that it would be helpful to provide a list of individuals present at stakeholder listening sessions and the organizations they represent to better understand the extent of the stakeholder process.

Commissioner Gordon stated concern about the RFP making organizations compete for limited funding when needs are acute, especially in the Afghan community. He suggested

finding a way to provide additional funding for more contracts to serve these emerging needs.

Mr. Orrock agreed that additional funding is needed across the state.

Commissioner Carnevale asked about data on the effectiveness of the advocacy, how that helped individuals and families, and if there is a requirement to collect this data in these contracts. He suggested putting the onus on the contractors to deliver basic metrics on effectiveness, efficiency, and return on investment.

Mr. Orrock stated this is one of the reasons for bringing on a state-level organization who can assist with evaluation.

Commissioner Tamplen agreed with Commission Gordon's suggestion for additional funding for all grantees. Sometimes community approaches are more effective than clinical approaches in helping individuals in crisis. She assured Commissioner Brown that there are several agencies throughout California that have been serving the Afghan community.

Commissioner Brown stated concern about additional areas in California with Afghan refugees that may not be as established to provide support to the large influx of refugees. There needs to be a way to recognize that organizations responding to immediate need and influx of refugees may not fit into the traditional method of evaluating applications.

Public Comment

Stacie Hiramoto thanked the Commission for having a better process for listening to stakeholders for this grant and for including state-level advocacy in this RFP. There are a tremendous number of issues at the state level that could be addressed to help immigrants and refugees across the state.

Stacie Hiramoto suggested having separate categories or clarifying that the funding will be spread over certain geographic areas and different populations to better understand why an organization with a high score may not be chosen.

Stacie Hiramoto stated the need to clarify whether grants are for advocacy on behalf of certain communities or about teaching communities to advocate on behalf of themselves.

Poshi Walker shared several concerns and suggestions about the Proposed Outline of RFPs for the Immigrant and Refugee Stakeholder Contracts:

- Evaluation outcomes including workforce development, growth of trained clinicians, and increase of community-defined and affirming mental health practices are admirable but are difficult to measure and are long-term goals that most likely cannot be accomplished within three years.
- The outline lacks clarity on whether the evaluations will be done by a third-party evaluator paid by each contractor out of their funding or if the contractors will do the evaluations themselves.

- Evaluate whether or not the contractor met their scope of work.
- While it might be helpful to evaluate whether changes occurred within the system, it might be more useful as a guide to where efforts should be focused, such as the areas where local-focused advocacy efforts achieved local system change, the type of local-focused advocacy that works best to foster change, and the systems change at the local level that requires more support from state-level advocacy.
- More detail is required on the one additional local organization and its funding listed in the outline that the state-level evaluator will support.
- The state-level advocacy contractor's home office should be in California; they should not just be registered to work in California. Out-of-state agencies are very different from home-grown agencies.
- The RFP should include a focus specifically on the LGBTQ immigrants and refugees for each population because not only do they face the same disparities, but they often have faced increased trauma in their home country and among their fellow refugees and immigrants so they are the most isolated and have oftentimes the worst disparities of everyone within that population. In the Cycle One Year Three State of the Community Report, #Out4MentalHealth did detailed work on LGBTQ refugees and immigrants.

Hannah Bichkoff, Policy Director, Cal Voices, echoed Commissioner Brown and others for identifying the need to make exceptions to support newer organizations that are rising up to meet the emerging needs of populations and who are working with newcomer populations such as Afghan refugees.

Hannah Bichkoff commented on an important element of immigrant and refugee advocacy work that was voiced in some of the listening sessions but was not represented in the final report. With the constantly-shifting federal policy shaping opportunities for immigrants and refugees to apply for legal status, it is critical that these contracts also specifically honor organizations that incorporate advocacy for legal support. Citizenship is a strong factor in impacting an individual's mental health and a well-known social determinant of health. Advocacy efforts should expand beyond traditional ways that mental health is defined and should also include the right to other supports including access to legal services.

Sharon R. Yates requested including a child component in the RFP as part of the process. This can be the beginning of the school mental health program that the Commission often talks about but has yet to implement.

Gulshan Yusufzai, Executive Director, Muslim American Society (MAS) Social Services Foundation (SSF), thanked Commissioners Brown, Gordon, and Tamplen for their comments. She spoke in support of increasing the funding, especially for this round considering the high number of challenges that have existed and will continue especially with the recent Afghan

crisis. She agreed with Poshi Walker that LGBTQ issues need to be acknowledged and addressed.

Commissioner Discussion

Chair Madrigal-Weiss asked for a motion to approve the Immigrant and Refugee Stakeholder Advocacy Contract outline.

Vice Chair Alvarez made a motion to approve the proposed outline of Request for Proposals for Immigrant and Refugee Stakeholder Advocacy Contracts to support advocacy, training and education, and outreach and engagement efforts on behalf of Immigrant and Refugee populations.

Commissioner Mitchell seconded.

Vice Chair Alvarez asked if the Commission can approve the proposed outline and commit to further discussion to reflect this morning's conversation prior to the release of the RFP.

Executive Director Ewing stated part of the challenge is that, because this is a competitive procurement, the Commission typically speaks only at a high-level of the details in the procurement so that it does not create an unlevel playing field for organizations that may want to apply for these funds. The RFP is not seen by the Commissioners until it is publicly released in order to ensure that the Commission is following procurement rules.

Executive Director Ewing stated there are provisions to modify that through the procurement process as there is a period of comment and engagement where organizations that are interested in the procurement raise questions. Procedures require the Commission to respond to those questions in a way that is public and disseminated so that all potential applicants have the same information at the same time.

Executive Director Ewing suggested, if the Commission would like further detailed engagement, designating a Commissioner to work with staff to address these issues so that the Commission does not violate either the Bagley-Keene Open Meeting Act issues about public meetings and forums or the competitive procurement rules that require staff to keep certain information confidential until it is publicly released.

Chair Madrigal-Weiss designated Commissioner Carnevale to meet with staff. She made a friendly amendment to include that staff would work with Commissioner Carnevale to initiate a competitive bid process consistent with comments made at the January 27, 2022, Commission meeting and the outline received and enter into contracts with the highest scoring applicants.

Vice Chair Alvarez and Commissioner Mitchell agreed to accept the friendly amendment.

Action: Vice Chair Alvarez made a motion, seconded by Commissioner Mitchell, that:

- *The Commission approves the proposed outline of Request for Proposals for Immigrant and Refugee Stakeholder Advocacy Contracts to support advocacy, training and*

education, and outreach and engagement efforts on behalf of Immigrant and Refugee populations.

- *The Commission authorizes staff to work with Commissioner Carnevale to initiate a competitive bid process consistent with comments made at the January 27, 2022, Commission meeting and the outline received and enter into contracts with the highest scoring applicants.*

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

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

Four Commissioners were absent, and there is one vacancy outstanding.

ACTION

3: Legislative Priorities for 2022

Presenter:

- Norma Pate, Deputy Director

Chair Madrigal-Weiss stated the Commission will consider approval of legislative and budget priorities for the current legislative session.

Assembly Bill (AB) 748

Chair Madrigal-Weiss stated Assembly Bill (AB) 748 requires school sites in grades 6-12 to post a poster on student mental health and directs the California Department of Education (CDE) to develop a model poster for local schools. She invited Travis Legault, Staff Member to Assembly Member Carrillo, and Catherine Xu, Westlake High School student, to share the goals of Assembly Bill (AB) 748.

Travis Legault, Staff Member to Assembly Member Carrillo, provided an overview of AB 748 public mental health – mental health assistance posters and asked for the Commission’s support. He noted that this bill has no opposition.

Catherine Xu, Governmental Affairs Policy Director, California Association of Student Councils (CASC), shared her story of struggling with mental health issues during the COVID-19 pandemic and why CASC decided to sponsor this bill. She stated many youths do not have access to or are unaware of mental health resources. These posters will help youth learn more about the supports and resources available to them. She urged the Commission to support AB 748.

Commissioner Questions

Vice Chair Alvarez asked if the resources are intended to create a process that will allow this poster to be youth informed and if there are resources available to ensure this poster is distributed to every school, given that not all schools have the resources to print them or to make them available in their communities.

Vice Chair Alvarez stated some counties have put resources into public education campaigns and asked how these opportunities can be leveraged and if there are lessons learned that can be shared.

Mr. Legault stated he will follow up with staff to answer Commissioner Alvarez's implementation questions. He stated the bill directs the CDE to create a model poster, but leaves it open-ended on how school districts want to go about creating this resource.

Ms. Xu stated AB 748 is modeled after another law that put sexual harassment posters around schools to raise awareness and offer resources. She noted that these posters have been helpful on her campus. Similarly, these posters will help educate students and spread awareness.

Commissioner Bunch asked if the resources listed on the posters are local or state resources.

Mr. Legault stated the bill currently directs students to school site resources. He stated he will take Commissioner Bunch's comment back for his team to look at.

Chair Madrigal-Weiss suggested including a QR code to additional resources for students who have digital resources. She suggested including warm lines and text lines. Above all, it is important to include the youth voice in the decision-making process and to follow through with listening, which is where the process often falls short. She suggested working with the CDE as they are shaping it to ensure they include the things discussed today – that they have the youth voice, that the youth get to shape these resources, and that all those things are being taken into consideration. She asked about statewide or national support, if there are no strong local supports. Also, consider what the community looks like, if there are resources that are culturally relevant, and if these are included in the language. She asked staff to ensure that those communications are happening with the CDE for context around this.

Executive Director Ewing stated staff would be happy to support the Assembly Member's efforts to engage with the CDE and others to address some of those issues.

Commissioner Mitchell asked if only one model poster will be developed or if every school district will have the ability to create their own poster. She suggested raising awareness by having students compete to create the poster.

Commissioner Gordon stated the CDE will typically put out a model policy as a sample. He agreed that involving youth in talking about the content and creating the poster is a great opportunity for school districts. Posters in school sites get a lot of attention. When youth are involved in creating and crafting the posters, they become advocates for passing around the information and addressing the issues.

Vice Chair Alvarez asked about the alignment with the spirit and goals of the Commission's School and Mental Health Report.

Commissioner Gordon stated this is something the Commission can work together with the CDE on.

Senate Bill (SB) 82 modification

Chair Madrigal-Weiss stated the Commission heard testimony at the last Commission meeting that the structure of the SB 82 Mental Health Wellness Act/Triage is not fully aligned with community mental health needs – it is difficult to sustain, it focuses on hiring staff, and its competitive nature creates barriers for small counties. She asked staff to review this opportunity to strengthen the SB 82 Mental Health Wellness Act/Triage Program.

Norma Pate, Deputy Director, provided an overview, with a slide presentation, of the SB 82 Mental Health Wellness Act/Triage grants.

Current Bills Supported by the Commission

Chair Madrigal-Weiss asked staff to review the current bills supported by the Commission.

Deputy Director Pate provided an overview, with a slide presentation, of the current bills supported by the Commission. The following bills were approved by the Legislature and signed by the Governor:

- SB 14, school employee and pupil training
- SB 224, mental health education
- SB 465, full-service partnership
- AB 638, mental health and substance use disorders

The following bills will not move forward this year. No further action will be taken:

- AB 573, youth mental health boards
- SB 749, mental health program oversight, county reporting

New Legislative Proposal

Chair Madrigal-Weiss stated the Commission sponsored AB 573 last year with the support of Commissioner Assembly Member Carrillo to establish youth mental health boards in each county to engage on school mental health and related issues. Although AB 573 did not move forward, there is an opportunity to approach this challenge through stakeholder advocacy funding. She proposed that the Commission seek stakeholder advocacy funding dedicated to elevating the voices of school-age youth to support the work that is underway on school mental health.

Commissioner Questions

Vice Chair Alvarez agreed with the new legislative proposal and requested that the definition of student include children ages 0-5.

Commissioner Gordon spoke in support of the new legislative proposal with Vice Chair Alvarez's request to include children ages 0-5.

Commissioner Tamplen requested that staff work with legislators to receive more funding for the RFP supporting advocacy for immigrants and refugees.

Commissioner Gordon agreed and added the request for staff to work to acquire funding in time to include it in the current immigrant and refugee stakeholder procurement.

Public Comment

Matthew Gallagher agreed that AB 748 should be youth-driven and urged the Commission to support 748 with amendments. Subdivisions (b) and (c) should include mandatory language that youth or pupils in the school districts will be involved in making these posters. With respect to Subdivision (B)(3), the best practice would be to convene a student work group to create the model poster that will then be disseminated to all school districts that can then be used as a template.

Matthew Gallagher stated adding mandatory language to include youth in the process will strengthen this bill and this program. The speaker agreed with holding a competition among students from all school districts who submit ideas for posters in a statewide competition with stipend awards. The speaker suggested that the Commission host this competition. It would be a good way for the Commission to bring youth together, have the youth present their creative ideas and approaches, and facilitate the process as an example of a youth-led and youth-driven process. The speaker submitted their full written comment to Senator Carrillo's Office and to Commission staff.

Ruqayya Ahmad, Policy Fellow, California Pan-Ethnic Health Network (CPEHN) stated, during November's CLCC meeting, a timeline was presented for the third round of funding for SB 82 wherein it listed a presentation of the RFA outline would be presented during today's Commission meeting. She asked if there is a new established timeline for the third round of triage funding.

Executive Director Ewing stated the SB 82 reauthorization was unable to be put on today's agenda. Staff is working to finalize that under the current rules as soon as possible.

Stacie Hiramoto again suggested that the Commission create a committee to discuss legislation and budget items prior to Commission meetings so these issues can be discussed thoroughly and so stakeholders have an opportunity to weigh in on each item.

Stacie Hiramoto stated concern that, in the last agenda item, Commissioners amended the motion for immigrant and refugee stakeholder contracts but did not give stakeholders an opportunity to provide input on those amendments prior to the vote.

Stacie Hiramoto stated REMHDCO supports the four motions in general but has concerns about the SB 82. Communities of color, particularly organizations that serve racial and ethnic communities, were not as involved in the development of those grants as they should be.

Stacie Hiramoto stated the need for more clarity to ensure that the children and TAY advocacy contracts do not overlap.

Tara Gamboa-Eastman, Legislative Advocate, Steinberg Institute, stated, while there have been challenges in implementing SB 82 and additional flexibilities could hopefully help realize the potential of the act, the Steinberg Institute believes that additional flexibilities would need to be partnered with targeted outcomes for counties to achieve within the crisis triage work. She also noted concern about diverting funds away from workforce investments, given the crisis-level workforce shortage currently being faced.

Steve McNally, family member, stated rarely in the many meetings he attends do individuals refer to the Department of Health Care Services (DHCS) bulletins that have the specific details that counties are required to follow. He stated concern that those details get convoluted when individuals speak randomly on these issues. He stated, while he agrees that these programs need to be sustainable and agrees with getting funding to the captive audiences in the school, as a citizen, he finds it difficult to follow the amount of funding that has been allotted and who has control of the funding. There are county systems that do not work well with the silos but they will be asked to work well together. He asked the Commission, the California Behavioral Health Planning Council, and local boards to gather information from communities and to disseminate information to communities.

Poshi Walker spoke in support of Stacie Hiramoto's comments about having legislation options go through a committee first. The speaker asked for transparency on why some mental health bills are brought forward to the Commission while others are not. Also, there has traditionally been a lack of presentations with opposing points of view on the presentation panel. It is good for Commissioners to hear both sides.

Poshi Walker stated concern about the proposal asking for further funding for yet another stakeholder advocacy project. Not having that on the agenda or in the meeting materials does not meet the Bagley-Keene Open Meeting Act standards and does not provide the opportunity for stakeholder comment.

Poshi Walker stated concern about unintended consequences in funding another stakeholder advocacy contract. The Commission is completely unaware of the work that existing stakeholder contractors are doing and so therefore does not know how much of that work was done with school-age children. The speaker suggested, rather than taking another \$670,000 out of the budget, to perhaps increase the contracts of some of the current stakeholder populations that intersect. Current stakeholder contractors could do much more focused work and advocacy if a school component was included in either the current or future stakeholder advocacy populations. That discussion cannot happen if the Commission votes on this proposal today.

Jeremiah Aja, Assistant Director, Wellness Together School Mental Health, stated the Center for Humane Technology has an award-winning documentary called the Social Dilemma, which illuminates the harms and unforeseen costs of social media platforms. At the same time, students are eager and growing up in a world where it is normal for them to share – they believe they are being heard and they believe that their voice matters. The speaker advocated for the new legislative proposal and stated the need for it to be led by youth.

Hanna Bichkoff commended the Commission for responding to the community need in going to the Legislature and asking for an increase in the funding allotted for the RFP for immigrants and refugee populations. It is inspiring to see these types of decisions being made that are responsive to the communities that need it most.

Commissioner Discussion

Commissioner Rowlett asked for clarification about the legislative proposal and the restrictions of the rules of the Bagley-Keene Open Meeting Act.

Executive Director Ewing stated Bagley-Keene requires putting items on the agenda that provides the opportunity for individuals to determine if they want to participate in the meeting. It does not require that detailed information, such as the specifics of a motion, be displayed in advance. The agenda item about legislative priorities clearly states that the Commission will consider approval of legislative priorities. Two of the four motions today were explicitly included in the meeting materials. The other two motions came out of the deliberations of the Commissioners so the specifics could not be mentioned in advance. The motion is to direct staff to talk to the Legislature. That conversation is also public.

The motion as originally noticed was revised in the course of discussion. Action was taken on three separate motions, as stated on the record and shown below.

Motion #1

Chair Madrigal-Weiss asked for a motion on AB 748.

Commissioner Carnevale made a motion to support AB 748 and to direct staff to communicate its position to the Legislature and Administration and reflect all comments as appropriate, recognizing it is at the beginning of a long legislative and budget process that will continue for some time.

Commissioner Bunch seconded.

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

- *The Commission supports AB 748 and directs staff to communicate its position to the Legislature and Administration and reflect all comments as appropriate, recognizing it is at the beginning of a long legislative and budget process that will continue for some time.*

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

MHSOAC Teleconference Meeting Minutes

January 27, 2022

Page 16

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

Three Commissioners were absent, and there is one vacancy outstanding.

Motion #2

Chair Madrigal-Weiss asked for a motion on SB 82.

Commissioner Rowlett made a motion to authorize staff to engage community partners and the Legislature to modify SB 82 Mental Health Wellness Act/Triage to better address community needs.

Vice Chair Alvarez seconded.

Action: Commissioner Rowlett made a motion, seconded by Vice Chair Alvarez, that:

- *The Commission authorizes staff to engage community partners and the Legislature to modify SB 82 Mental Health Wellness Act/Triage to better address community needs.*

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

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

Three Commissioners were absent, and there is one vacancy outstanding.

Motion #3

Chair Madrigal-Weiss asked for a motion to direct staff to seek stakeholder funding, consistent with other funding levels, for school mental health advocacy, including 0-5 and K-12, focused on elevating the voices of students.

Commissioner Mitchell so moved.

Commissioner Gordon seconded.

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

- *The Commission directs staff to seek stakeholder funding, consistent with other funding levels, for school mental health advocacy, including 0-5 and K-12, focused on elevating the voices of students.*

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

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

two Commissioners were absent, and there is one vacancy outstanding.

Motion #4

Chair Madrigal-Weiss asked for a motion to direct staff to seek additional funding for Immigrant and Refugee stakeholder advocacy, including opportunities to increase available funding in the current competitive procurement.

Commissioner Gordon so moved.

Commissioner Tamplen seconded.

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

- *The Commission directs staff to seek additional funding for Immigrant and Refugee stakeholder advocacy, including opportunities to increase available funding in the current competitive procurement.*

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

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

Three Commissioners were absent, and there is one vacancy outstanding.

ACTION

4: Mid-Year 2020-22 Budget Update and Overview of the Governor’s proposed 2022 budget for the Commission

This item was tabled to the next Commission meeting.

ACTION

5: Governor’s Proposed 2022 Budget for Health and Human Service Agency

Presenters:

- Melissa Stafford Jones, Director of the Children and Youth Behavioral Health Initiative, California Health and Human Services Agency
- Stephanie Welch, Deputy Secretary of Behavioral Health, California Health and Human Services Agency

Chair Madrigal-Weiss stated the Commission will be presented with the Governor’s Proposed 2022 Budget, as it relates to the Health and Human Services Agency, including the Children and Youth Behavioral Health Initiative. The budget proposal expands the state’s investment

in mental health and presents specific opportunities to improve the response to urgent needs. The Commission may take other actions in response to this budget presentation.

Stephanie Welch, Deputy Secretary of Behavioral Health, California Health and Human Services Agency (CalHHS), provided an overview, with a slide presentation, of the CalHHS guiding principles, strategic priorities, and the proposed 2022-23 budget to build on existing efforts in behavioral health. She noted that the CalHHS website was recently updated with blogs, newsletters, and other information.

Melissa Stafford Jones, Director of the Children and Youth Behavioral Health Initiative (CYBHI), CalHHS, provided an overview, with a slide presentation, of the goal of the CYBHI, how California plans to redesign and reimagine behavioral health for all children, youth, and families, initial focus areas of the CYBHI, and opportunities for alignment with the MHSOAC. She stated one of the transformational aspects of this initiative is its intense focus on equity.

Commissioner Questions

Commissioner Danovitch stated the need to learn what does and does not work in this ambitious initiative. He asked about specific areas that the Commission can help facilitate the implementation and evaluation of this initiative. Even before the pandemic, there were massive issues with burnout, despondency, and demoralization about the limitations of the system. He stated the importance of including a marketing plan that focuses on wellbeing for clinicians and staff and also on awareness of this compelling vision to move the focus from the barriers and problems in the systems to the opportunities that exist on the frontlines. He stated the need to message about this complex initiative over and over again to help the various participants in the system to recognize the opportunity that this initiative provides.

Commissioner Gordon stated taking the risk and stepping up to eliminate silos and bring systems together will make a huge difference in the long run. In the end, it is about relationships. If relationships can be built between health systems and education systems, they will be much the better for it.

Public Comment

Stacie Hiramoto stated the need to ensure that community-defined evidence-based practices get at least equal weight. Those are the practices that work best for communities of color and other underserved communities. The CYBHI would take \$100 million from the state budget to establish the California Health Equity and Racial Justice Fund and is a major effort that includes the support of many community-based organizations. She stated the hope that the Commission and the Administration will support the CYBHI.

Hector Ramirez stated the level of participatory design was clear in the outcomes of this initiative. One of the things that was missing from the Focus on Equity presentation slide was accountability. No matter how much funding is thrown into systems, if there is no accountability or oversight, there is no equity. It is important to communities to ensure that mistakes will not be repeated so that communities can begin to heal and begin to trust in these processes which have historically contributed to disparities. The speaker suggested

that the community participation modeled by this initiative can be taken by the Commission as an opportunity to enhance its stakeholder engagement.

Poshi Walker stated youth required parental consent in order to have mental health services in the past. At that time, youth could only consent if they were at risk to themselves or to others or if they were victims of sexual or physical abuse. In 2009, legislation was passed that allows 12- to 17-year-olds to consent to mental health services if, in the judgment of the clinician, contacting the parents would be negative to them. Because of the financial landscape during 2009, that legislation was required to add that Medi-Cal would not be included.

Poshi Walker stated, while Medi-Cal minor consent will cover many things for 12- to 17-year-olds who cannot get or are afraid to get parental permission, it does not cover mental health services. To add to that, agencies that might serve these youth are not told that, as long as they are not billing Medi-Cal, they can still give services to youth for mental health without parental permission.

Poshi Walker volunteered to work with the presenters offline and encouraged the Commission to support these efforts. It is time that the most vulnerable youth who are on Medi-Cal have the ability, if they cannot get parental consent, to get support through being covered by Medi-Cal or at least being able to access an agency that can give them those services.

ADJOURNMENT

Chair Madrigal-Weiss adjourned the meeting at 1:19 p.m. in memory of Commissioner Tina Wooton.

AGENDA ITEM 2

Action

February 24, 2022 Commission Meeting

Sonoma County Innovation Plan

Summary: The Commission will consider approval of the Sonoma County request to expend up to \$2,500,000 in MHSA Innovation funds over five years for the following innovation project:

- **Crossroads to Hope**

Sonoma County is requesting up to \$2,500,000 of Innovation spending authority to improve outcomes for individuals who have a severe mental health illness and are eligible for criminal justice diversion, by expanding access to community-based treatment.

Specifically, the Crossroads to Hope Innovation program will **test whether a multi-modality approach will improve outcomes for adult diversion clients who are determined to be at-risk for Incompetent to Stand Trial. The program will add intensive peer support services for up to six (6) individuals at one time in a transitional housing environment.** The program meets the general requirement category of “supports participation in a housing program designed to stabilize a person’s living situation while also providing supportive services onsite”.

The County will leverage several funding sources to test the three prongs of this project. This includes using recently secured funds from a California Health Facilities Financing Authority grant to purchase a house that will provide for the six transitional housing beds. As well, the County will leverage funding under a California Department of State Hospitals Felony Incompetent to Stand Trial contract, to retain a clinical Assertive Community Treatment (ACT) team that will be on-site daily.

Innovation funding will specifically fund the peer support prong, as used to hire a team of peer providers who will be on-site 24 hours per day, seven days per week.

Sonoma County held a two-day meeting of a Sequential Intercept Model planning process used by communities to assess the circumstances of people with behavioral health needs in the justice system and identify opportunities for linkages to services that can prevent deeper penetration into the criminal justice system. The County brought together over 40 stakeholders from multiple systems including: mental health consumers and professionals, substance abuse, law enforcement, pretrial services, courts, jails, community corrections, housing, health, social services, and family members to identify gaps, resources and

opportunities for individuals with mental illness and co-occurring disorders in the criminal justice system.

The highest number of participants named “Expand Housing with Supportive Services” as the top priority for the County.

Following this stakeholder input, Sonoma County received the necessary local approvals for this project through a general public comment period from November 30 through December 30, 2021; and a local Mental Health Board hearing on January 18, 2022.

The final version of this project was shared with stakeholders, and with both the Commission’s Client and Family Leadership and Cultural Committee and Linguistic Competence Committee.

This project went out for review to Commission stakeholder contractors, listserv, and the two Committees identified above. There have been no comments to date.

Presenter for Sonoma County’s Innovation Project:

- Melissa Ladrech, LMFT, Sonoma County Mental Health Services Act Coordinator

Enclosures (2): (1) Biography for Sonoma County’s Innovation Presenter; (2) Staff Analysis: Crossroads to Hope

Handout (1): PowerPoint 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 URL:

https://mhsoac.ca.gov/wp-content/uploads/Sonoma_INN_Crossroads-to-Hope_01282022.pdf

Proposed Motion: The Commission approves Sonoma County’s Innovation Project, as follows:

Name:	Crossroads to Hope
Amount:	Up to \$2,500,000 in MHSA Innovation funds
Project Length:	5 Years



Biography for Sonoma County Presenter ***Crossroads to Hope***

Melissa Ladrech, LMFT

Melissa Ladrech has been with Sonoma County for 7 years and served as the Workforce, Education and Training Coordinator, Quality Improvement Manager and MHSA Coordinator since 2019. She collaborates with stakeholders and contractors to prioritize innovation projects, prevention and early intervention services, including suicide prevention, and community services and supports in Sonoma County.

Prior to joining Sonoma County, Melissa was the North Bay Suicide Prevention Project (NBSPP) Coordinator at Family Service Agency (FSA) Marin. At FSA Marin Melissa was responsible for overseeing the North Bay regional hotline expansion project including providing consultation, support and community education for six Bay Area Counties. She also supervised and managed the TeenScreen Program (evidence based mental wellness screen for 12-18 year olds developed by Columbia University administered in Marin County high schools).

During Melissa's tenure as MHSA Coordinator she has:

- Convened the MHSA Steering Committee with diverse Stakeholders and successfully facilitated two productive subcommittees: Capacity Assessment for the FY 20-23 Three Year Integrated Plan and Innovation 2020
- Established the Community Program Planning Workgroup that developed Sonoma's MHSA Strategic Community Program Plan with ongoing and dedicated funding
- Lead five INN proposals through the Community Program Planning and MHSOAC approval processes



STAFF ANALYSIS—Sonoma County

Innovation (INN) Project Name:	Crossroads to Hope
Total INN Funding Requested:	\$2,500,000
Duration of INN Project:	Five (5) Years
MHSOAC consideration of INN Project:	February 24, 2022

Review History:

Approved by the County Board of Supervisors:	February 8, 2022
Mental Health Board Hearing:	January 18, 2022
Public Comment Period:	November 30, 2021-December 30, 2021
County submitted INN Project:	January 28, 2022
Date Project Shared with Stakeholders:	December 2, 2021 & January 28, 2022

Project Introduction:

Sonoma County requests authorization for the use of up to \$2,500,000 of Innovation funding to improve outcomes for individuals who have a severe mental health illness and are eligible for criminal justice diversion by expanding access to community-based treatment.

Specifically, the Crossroads to Hope Innovation program will test whether a multi-modality approach will improve outcomes for adult diversion clients who are determined to be at-risk for Incompetent to Stand Trial by **adding intensive peer support services for up to 6 individuals at one time within a transitional housing environment**. The program meets the general requirement category of “supports participation in a housing program designed to stabilize a person’s living situation while also providing supportive services onsite”.

The County will leverage several funding sources to test this approach including recently secured funds through a California Health Facilities Financing Authority grant to purchase a house that will provide for the six transitional housing beds and through a California Department of State Hospitals Felony Incompetent to Stand Trial contract which will fund the clinical Assertive Community Treatment (ACT) team that will be on-site daily.

What is the Problem (Pages 3-6)

Sonoma County presents data indicating a significant increase in the number of individuals with mental health and substance use issues entering the criminal justice system in recent years. County jail data shows:

- In 2017, 479 inmates (45.5% of the jail population) were receiving treatment for mental health concerns.
- In 2018, this number increased to 513, equal to 46.5% of the jail population.
- In 2019, 520 inmates (47%) were involved with mental health services, with 246 (47.3%) of this group identified as having acute mental illness, and 117 (22.5%) determined to be seriously mentally ill.

While some diversion programs exist, Sonoma County does not have any dedicated housing that provides supportive and recovery driven peer services for individuals with significant mental health and/or substance use disorders and criminal justice involvement. The County asserts that without dedicated housing, many of these individuals who may also be at risk of being deemed incompetent to stand trial, are being housed in the Sonoma County jails and do not receive supportive peer services or evidenced based treatment.

The County provides local data highlighting the difficulty of maintaining stable housing for those who have been engaged with the justice system. The 2018 Point in Time Homeless Count for Sonoma County identified a total of 2,996 homeless individuals. Of this population, 32% had spent at least one night in jail or prison in the previous 12 months, and 28% reported they were on probation or parole at the time of the survey. In addition, 35% of the total number of homeless were identified as having psychiatric or emotional conditions and 33% reported drug or alcohol abuse. The County also points to a two-year study conducted by Resource Development Associates stating that individuals released from the criminal justice system have the highest recidivism rate in the first 90 days.

While housing is not the only challenge facing individuals transitioning from criminal justice involvement into the community, housing insecurity is a serious barrier that needs to be addressed to support individuals living with serious mental illness to establish a path towards recovery and stability. The County hopes to test the Crossroads to Hope model as a solution that will support identified diversion clients to move towards recovery and away from criminal justice involvement.

In addition, Sonoma County peer-led programs are usually stand-alone programs and not integrated within a clinical model. The County would like to learn how peer support specifically contributes to positive outcomes within an integrated program model.

The County conducted research into similar programs and discovered existing models that combined housing with ACT and/or peer-led services for the homeless, but not for adult diversion clients. In addition, the Amity Foundation in Los Angeles County, has implemented a model of short-term supportive housing coupled with case management for diversion clients

but does not integrate peers into the clinical service delivery model. The County also found examples of peer-led services but without a housing component.

MHSOAC staff confirmed these findings and shared a model from Canada called DiverCity Housing and Diversion Program for Sonoma County to consider contacting for an opportunity to share learnings. Staff also shared that Orange County operated a related MHSA funded Innovation project (does not offer housing) and reported that client engagement is a barrier citing homelessness as a contributing factor.

The County believes that the gaps in research indicate a lack of documentation and evaluation on a model that combines Housing First, Assertive Community Treatment with peer-led provider support for diversion clients within the criminal justice system.

How this Innovation project addresses this problem (pages 6-11)

Crossroads to Hope is based upon a combination of evidenced-based approaches, including Housing First, Assertive Community Treatment and peer support integration into mental health treatment and recovery processes. **The innovation is combining those approaches into one program model to fully engage and support individuals in their early recovery in a way that is client driven and addresses the barriers to successful achievement of recovery goals.**

Eligible individuals will be identified through Sonoma County's Pretrial program process using a Pretrial Risk Assessment Tool, Public Safety Assessment administered by the Department of Probation. Additionally, a county clinician is embedded within the pretrial process to conduct needs assessments and determine appropriate levels of care for those individuals in custody. The clinician consults with clients about available treatments in the community and with their consent, the clinician provides a warm handoff to services where the Crossroads to Hope peer provider support team will meet with the client before they are scheduled for placement into the program.

Innovation funding will specifically fund the peer support component consisting of a team of peer providers who will staff the program 24 hours per day, seven days per week. Clients can live in the transitional housing with integrated peer programming for up to six months.

The peer-led, client-centered program includes recovery and wellness strategies, independent living skills, building a support network, accessing community resources, and establishing long-term stable housing. Peer providers will collaborate with clinicians from the ACT team to conduct an intake, support client-driven recovery plans, facilitate educational and support groups, provide navigation for needed community services, and help support the overall well-being of the residents.

The ACT team will facilitate the development of personal recovery plans for each client. These plans will be a hybrid of traditional clinical approaches and a practice of encouraging client self-determination. The ACT team will provide intensive case management, individual, group

and family/couples therapy. Education, psychiatry and medication evaluation and monitoring will be provided by a registered nurse.

One standard recovery goal for all Crossroads clients will be to identify and secure long-term housing as the transitional housing is meant for up to a 6-month stay. The ACT clinical team will interface with the Sonoma County Housing Authority and other housing providers to identify long term supportive housing where Crossroads clients can be placed.

By establishing a supportive community of peers, clinicians, and community resources, this innovative project seeks to increase the quality of mental health services for an underserved group, increase the interagency coordination with community groups and support systems and eliminate the housing insecurity faced by clients reentering the community from the criminal justice system.

The County believes that this model is consistent with the recommendations stated in the MHSOAC's report, Together We Can, Reducing Criminal Justice Involvement for People with Mental Illness. Specifically, recommendation #3 states that to reduce the backlog of individuals who are found to be or at risk of IST, state and local programs must maximize diversions from the criminal justice system.

The project also appears to align with California State Legislative priorities to support county efforts in building and implementing innovative strategies that reduce unnecessary involvement in the criminal justice system by providing more effective behavioral health responses for individuals with behavioral health needs.

Community Planning Process (Pages 17-21)

Local Level

Sonoma County held a two-day meeting in March 2018 of a Sequential Intercept Model planning process used by communities to assess the circumstances of people with behavioral health needs in the justice system and identify opportunities for linkages to services that can prevent deeper penetration into the criminal justice system.

The County brought together over 40 stakeholders from multiple systems, including mental health consumers and professionals, substance abuse, law enforcement, pretrial services, courts, jails, community corrections, housing, health, social services, and family members to identify gaps, resources and opportunities for individuals with mental illness and co-occurring disorders in the criminal justice system.

The highest number of participants named “Expand Housing with Supportive Services” as the top priority for the county.

In addition, consumers, as well as providers, participating in surveys and focus groups expressed having peer-led programs at all levels of care aligns with MHSA values and promotes a culture shift towards recovery with possible improved outcomes throughout the system of

care. To further reinforce the need for peer-led programs, the Sonoma County MHSA FY 2016-19 Capacity Assessment found that peer providers were exclusively located in discrete programs rather than integrated within the system of care.

Following stakeholder input, Sonoma County proposed this project plan with corresponding public comment period held November 30, 2021 through December 30, 2021 followed by local Mental Health Board hearing on January 18, 2022.

A final plan, incorporating stakeholder input and MHSOAC technical advice, was submitted to Commission staff on January 28, 2022.

Commission Level

The final version of this project was shared with stakeholders on January 28, 2022. Additionally, this project was shared with both the Client and Family Leadership and Cultural and Linguistic Competence Committees.

No comments were received in response to Commission sharing plan with stakeholder contractors, the listserv, and the Committees.

Learning Objectives and Evaluation (pages 13-16)

Over the course of the project, Sonoma County anticipates serving up to 100 individuals who are eligible for diversion and are living with serious mental illness. The formative and outcome evaluation will be finalized and completed by a contractor with oversight from a Peer Advisory Council and county staff.

The first overarching goal for the program is to learn if a combined peer-provider model that is client centered and self-directed, can be blended with a clinical approach that is clinician-driven and compliance focused. The second and third goal is to understand if the peer provider programming is a significant factor on client engagement and achievement of treatment plan goals.

Learning Goal 1: How do peer providers and clinicians work together to create a treatment milieu that incorporates the principles of self-determination and choice for clients? A formative evaluation will be used to assess progress.

Learning Goal 2: How do the peer providers impact the diversion clients in their early engagement in recovery? An outcome evaluation will be used to determine effectiveness.

Learning Goal 3: How do peer providers impact the accomplishment of treatment goals among the diversion clients that complete the first 6 months at Crossroads? An outcome evaluation will be used to determine effectiveness.

In addition, one standard recovery goal for all Crossroads clients will be to identify and secure long-term housing as the transitional housing is only meant for up to a 6-month stay.

ACT clinicians will administer the Adult Needs and Strengths Assessment (ANSA) to establish history, behavior and functionality at entry into the program. The ANSA will be re-administered between 6 – 9 months after the baseline assessment to compare any changes. Utilizing the results of ANSA, the development of the personal recovery plan will primarily be led by the client to define their desired goals and definition of success. The County states that this approach to recovery planning will be supported by the Peer Providers encouraging a practice of empowerment and self-determination.

The lessons learned from developing this blended model and outcomes will be used for future programming that integrates peer providers and self-empowered, self-directed recovery philosophies.

The Budget

Funding Source	Year-1 (partial)	Year-2	Year-3	Year-4	Year-5	Year-6 (partial)	TOTAL
Innovation	\$ 150,000	\$ 470,433	\$ 488,598	\$ 499,450	\$ 508,783	\$ 382,736	\$ 2,500,000
5 Year Budget	Year-1	Year-2	Year-3	Year-4	Year-5	Year-6	TOTAL
Personnel	\$ 64,665	\$ 258,658	\$ 266,418	\$ 274,410	\$ 282,643	\$ 165,347	\$ 1,312,141
Operating	\$ 33,835	\$ 200,025	\$ 210,430	\$ 213,290	\$ 214,390	\$ 192,389	\$ 1,064,359
Non-recurring	\$ 4,500						\$ 4,500
Evaluation	\$ 47,000	\$ 11,750	\$ 11,750	\$ 11,750	\$ 11,750	\$ 25,000	\$ 119,000
TOTAL:	\$ 150,000	\$ 470,433	\$ 488,598	\$ 499,450	\$ 508,783	\$ 382,736	\$ 2,500,000

The County is requesting authorization to spend up to \$2,500,000 in MHSA Innovation funding for this project over a period of five (5) years to improve outcomes for clients eligible for diversion services.

Personnel costs total \$1,312,141 (52% of total budget) and include direct and indirect costs for the following positions:

- 1 FTE Senior Peer Provider
- 2 FTE Peer Provider
- 1 FTE Relief Peer Provider

Direct costs include the wages of 4 FTE Peer Providers plus benefits, payroll taxes, insurance, and built-in cost of living increases.

Indirect costs include administrative expenses related to recruitment, and administrative management of Peer Providers at 10% of contract with non-profit contractor.

Operating Costs total \$1,064,359 (43% of total budget) and include peer program costs, household expenses, Peer Advisory Council stipends, peer training and development, client

education funds, rent and leases, transportation food and other costs to support daily life in the household.

Non-recurring costs total \$4,500 to purchase peer provider and client computers.

Evaluation costs total \$119,900 (5% of total budget) and will be contracted out.

Leveraged funds The County recently secured funds through a California Health Facilities Financing Authority grant and is in contract to purchase a three-bedroom house with a second unit that will provide for the six transitional housing beds.

In addition to the peer provider staffing funded with innovation, the residents will be supported by a clinical Assertive Community Treatment funded through an already secured California Department of State Hospitals Felony Incompetent to Stand Trial contract.

Sustainability Plan The County will determine whether to continue the program in consultation with stakeholders through the Community Program Planning Process. The County will consider sustaining the program with MHSA Community Services and Supports and will also monitor the implementation of the California Advancing and Innovating Medi-Cal (CalAIM) reforms as a potential source of funding. In addition, the Probation department may be another potential funding source.

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

AGENDA ITEM 3

Action

February 24, 2022 Commission Meeting

Mid-Year 2020-22 Budget Update and Overview of the Governor's Proposed 2022 Budget for the Commission

Summary: Each year, the Commission is presented with a mid-year report on the budget in January, which coincides with a presentation on the Governor's proposed budget for the following fiscal year. Staff also provides a budget presentation in May, that coincides with the Governor's May revisions, and again in June at the close of the fiscal year. The goal of these presentations is to support fiscal transparency and ensure Commission expenditures are in line with Commission priorities.

Background:

The Commission's budget is organized into Personnel and Core Operations funding, for staff, rent, and related Commission expenses, and Local Assistance Funding, which includes the majority of its funding that is provided to counties and other local partners. Personnel funding is ongoing, Core Operations is ongoing with some exceptions, for limited term resources to support the implementation and evaluation and technical assistance of grant programs with one-time funding that is allocated over multiple fiscal years. Grant Program Funding includes both ongoing funding, such as Mental Health Wellness Act of 2013/Triage, and Mental Health Student Services Act of 2018. The Commission also received an allocation for one-time funding for allcove Youth Drop-In Centers, and Early Psychosis Intervention grant programs. Budget Directed Programs are one-time funds, provided in the Governor's Budget Act for specific projects, such as the Anti-Bullying Campaign, Innovation Incubator, Suicide Prevention Strategic Plan and reallocation of existing funds to address COVID-19 related needs.

Budget by Fiscal Year and Specific Category

	Fiscal Year 2019-20	Fiscal Year 2020-21	Fiscal Year 2021-22	Fiscal Year 2022-23
Operations				
Personnel	\$4,044,000	\$5,528,000	\$6,720,000	\$8,207,000
Core Operations	\$7,019,000	\$5,256,000	\$28,890,000	\$19,533,000
Total Operations	\$11,063,000	\$10,784,000	\$35,610,000	\$27,740,000
Budget Directed Programs				
Anti-Bullying Campaign*			\$5,000,000	
COVID-19*		\$2,020,000		
Innovation Incubator* (\$5 m 2018/2019)	\$2,500,000			
Stakeholders	\$5,418,000	\$1,398,000	\$5,418,000	\$5,418,000
Suicide Prevention*		\$2,000,000		
Total Budget Directed Programs	\$7,918,000	\$5,418,000	\$10,418,000	\$5,418,000
Grant Programs				
allcove (Youth Drop-In Centers)*	\$14,589,000			
Children and Youth Behavioral Health Initiative*				\$42,900,000
Early Psychosis Intervention*	\$19,452,000			
Mental Health Student Services Act**	\$48,830,000	\$8,830,000	\$103,830,000	\$8,830,000
Coronavirus Fiscal Recovery Fund of 2021*			\$85,000,000	
Mental Health Wellness Act/Triage	\$20,000,000	\$20,000,000	\$20,000,000	\$20,000,000
Suicide Prevention Voluntary Tax			\$239,000	
Total Grant Programs	\$102,871,000	\$28,830,000	\$209,069,000	\$71,730,000
Total	\$121,852,000	\$45,032,000	\$255,097,000	\$104,888,000

*one-time funds

*one-time funds+ ongoing funds

Commission Grant Programs

The Commission manages grant programs that resource essential and innovative services in ways that incentivize stronger partnerships, integrated services, braided funding and the evaluation required for continuous improvement. The Mental Health Wellness Act (Triage), youth drop-in centers, the early psychosis intervention (EPI), and the Mental Health Student Services Act are examples of such grants.

allcove (Youth Drop-In Centers)

Summary: In 2019, the Commission allocated \$10 million to five counties to support the establishment or expansion of integrated mental health youth drop-in centers which provide mental health and wellness services for individuals between 12-25 years of age and their families. The Commission also allocated \$4,589,000 to Stanford to provide technical assistance to participating counties and to support collaborative learning among grantees, training, data and evaluation support and community outreach.

Strategic Plan Objective 3c: Support Youth-led efforts to advance and expand practices for consumer-led and consumer-centric services and expand access to youth-focused services.

Authorization: The program was established by, Senate Bill 109, Chapter 363, the Budget Act of 2019, provided \$15 million one-time Mental Health Services Act funds. The funds had to be allocated by the Commission through a competitive grant to counties, or a health care district may apply for a grant if designated by the county, city, or multi-county behavioral health department, through a competitive procurement. The Budget Act called for a focus on vulnerable and marginalized youth and populations of youth with known disparities e.g., LGBTQ, homeless, and indigenous youth.

Background: Counties are working in collaboration with Stanford to implement the allcove programs. The goal of integrated youth mental health centers is to increase access to vital services for youth at locations that are designed with youth and for youth and consider the needs of vulnerable and marginalized people. These programs will be equipped to meet the needs of youth, including mental and behavioral health needs, housing, education and employment support, and linkage to other services.

Activities: The Governor has proposed expanding state support for evidence-based youth drop-in centers through the Child and Youth Behavioral Health Initiative. The Budget Act of 2022 allocates \$42.9 million for the Commission to expand programs for children and youth. The Commission will hear from Melissa Stafford-Jones at the Commission meeting in January and discuss opportunities for the Commission to collaborate on the Children and Youth Behavioral Health Initiative.

Children's Behavioral Health Initiative

Summary: The Governor's 2021 budget included \$4.4 billion to support an array of projects to improve behavioral health outcomes for children. Those initiatives include \$429 million to identify and replicate evidence-based practices, with a focus on early psychosis, youth drop-in centers,

prevention and early intervention, reducing disparities, and meeting the needs of youth with complicated, high-end needs.

Strategic Plan Objective 3a: Support the Early Psychosis pilot to advance the transfer of knowledge and capacity building for more effective detection and response to early experiences with mental health.

Strategic Plan Objective 3c: Support youth-led efforts to advance and expand practices for consumer-led and consumer-centric services and expand access to youth-focused services.

Authorization: The Budget Act of 2022 allocated \$42.9 million to the Commission to support the identification and adoption of evidence-based practices.

Activities: The Commission will hear from Melissa Stafford-Jones at the Commission meeting in January and discuss opportunities for the Commission to collaborate on the Children and Youth Behavioral Health Initiative.

Early Psychosis Intervention

Summary: In August 2020, the Commission allocated \$9,996,034 to five counties for grant programs and \$3.9 million to the University of California at Davis for a training and technical assistance contract to support the grantees, as part of a competitive bid processes for its first round of Early Psychosis Intervention grants. Funding for the Early Psychosis Intervention Program supports community-level early psychosis and mood disorder detection and intervention programs for adolescents and youth adults and expands existing programs and brings them into fidelity with the Coordinated Specialty Care model.

Strategic Plan Objective 3a: Support the Early Psychosis pilot to advance the transfer of knowledge and capacity building for more effective detection and response to early experiences with mental health issues.

Authorization: Assembly Bill 1315, Chapter 414, Statutes of 2017 established the Early Psychosis Intervention Plus Program (EPI Plus) and the EPI Plus Advisory Committee. The 2019 Budget Act provided \$19,452,000 to scale the initiative. The Commission has granted \$10 million to five counties and \$3.9 million to the University of California at Davis for training and technical assistance for grantees.

Background: In November 2020, the Commission approved the outline of a second Request for Application, based on recommendations from the EPI Plus Advisory Committee. In 2021, \$4.0 million was allocated for new or expanded early psychosis programs, \$1.0 million for public awareness efforts and workforce development and retention, and \$565,000 for research initiatives to identify barriers and improve access to care for diverse, racial, and ethnic communities. All the funds address specific mental health disparities. The competitive bid was released in February 2021 and the grants were awarded in April 2021.

Activities: The Commission also has partnered with Kaiser Permanente of Northern California to evaluate the cost-effectiveness of the Coordinated Specialty Care model for early treatment of psychosis to encourage the commercial care market to incorporate these practices. Results are expected by early 2022.

Long term issues: The Governor has proposed expanding state support for early psychosis services through the Child and Youth Behavioral Health Initiative. The Commission will hear from Melissa Stafford-Jones at the January Commission meeting and discuss opportunities for the Commission to collaborate on the Children and Youth Behavioral Health Initiative.

Mental Health Wellness Act of 2013/Triage

Summary: In 2018, the Commission awarded its second round of the Mental Health Wellness Act/Triage grants to counties and allocated \$76,000,000 for local assistance programs, and \$7,000,000 to evaluate the programs. The current Triage grant programs will end in 2022, with the exception of a few counties that experienced program delays due to the pandemic and received additional time to provide services.

Strategic Plan Goal 1: The Commission will advance a shared vision for reducing the consequences of mental health needs and improving wellbeing – and promote the strategies, capacities and commitment required to realize that vision.

Authorization: In 2013, Senate Bill 82, established the Investment in Mental Health Wellness Act of 2013. The Commission’s Budget includes \$20 million in ongoing Mental Health Services Act funds.

Background: The Commission receives \$20 million each year to support the Mental Health Wellness Act, also known as the Triage Program. The funding is available to county behavioral health departments through a competitive process to support their crisis continuum of care. Funds must be used to hire staff.

The Commission previously has allocated these funds for multi-year grant, by committing funding from multiple fiscal years. The Commission also has directed that a portion of the funds be set aside for specific goals, such as 50 percent for children, to support collaboration between county behavioral health programs and schools, adults, and transition-age youth.

Activities: The Commission in September 2021 heard from counties in a listening session about challenges encountered with hiring staff and delays due to the pandemic. In October 2021 the Commission reviewed opportunities for the next round of Triage grants, which included a presentation from the EmPATH program. Commissioners also have expressed support for the hospital-based EmPATH program. Veronica Kelly, Past President of California Behavioral Health Directors Association also testified at the October meeting and stated the SB 82 funds do not align with the greatest needs of the community.

Long term issues: The State and the counties need to determine how to make the programs financially sustainable and to improve results over time. The Commission’s evaluation will help to

inform those opportunities, including whether to seek statutory changes that would provide more flexibility and eliminate the requirement the funding be used solely for additional staffing.

Mental Health Student Services Act

Summary: In 2020, the Commission allocated \$75 million in Mental Health Student Services Act grants to 18 counties to provide school-based mental health services. In 2021-22, the Commission will allocate an additional \$95 million in state funds to 20 counties and \$85 million in federal funds to expand the program statewide.

Strategic Plan Objective 1a: Promote school mental health as a prime opportunity to reach and serve at-risk children, families, and neighborhoods.

Authorization: Established by, Senate Bill 75, Chapter 51, Statutes of 2019 the Mental Health Student Services Act, provided \$40 million one-time and \$10 million ongoing Mental Health Services Act funds to implement partnerships between county behavioral health departments and local education agencies. The Budget Act authorizes these expenditures and define the evaluation requirements. The Budget Act of 2021 augmented the Mental Health Student Services Act by \$95 million Mental Health Services Act funds, \$100 million federal funds, and \$25 million to support the implementation and evaluation of the program.

Background: In 2018, the Commission dedicated \$20 million to support four partnerships between county behavioral health agencies and local schools. In response, the Governor and the Legislature passed the Mental Health Student Services Act. In October 2020, the Commission published *Every Young Heart and Mind: Schools as Centers of Wellness*, which recommended a comprehensive approach to school-based mental health. In 2021, the Governor and Legislature expanded the Mental Health Student Services Act and authorized the expenditure of FEMA pandemic relief funds for school-based mental health.

Activities: The Commission is allocating the funds to counties for the school-county partnership grants and developing plans for gathering data and assessing the programs. The Commission is also working to hire additional staff to support the implementation of the Mental Health Student Services Act and its evaluation.

Long term issues. The State and the counties need to determine how to make the programs financially sustainable and to improve results over time. The Commission's assessment will be one source to inform those deliberations and decisions.

Budget Directed Programs

Engage diverse communities – including consumers and families from different cultural and social backgrounds, service providers, local governments, employers and other involved in the public and privately funded behavioral health systems – drive changes needed to increase access to high quality services and improve outcomes.

Anti-Bullying Campaign

Summary: The Budget Act of 2021 allocated funds for the Commission to launch a youth-focused anti-bullying initiative that leveraged social media to support youth. The project is part of a broader initiative targeting Anti-Asian hate. The Commission formed an advisory committee as directed in the budget to support this project.

Strategic Plan Objective 3c: Support youth-led efforts to advance and expand practices for consumer-led and consumer-centric services and expand access to youth-focused services.

Authorization: Budget Act of 2021 allocated \$5 million one-time Mental Health Services Act funds for a social media campaign and \$300,000 to provide support to the Commission for the implementation of this project, which has four significant themes: Anti-bullying, youth driven, focused on race/ethnic/language-focused communities and social media driven support for the mental health care. The budget also directed the Commission to finalize contracts no later than October 31, 2021.

Activities: Commissioner Shuo Chen, Chair of the Anti-Bullying Advisory Committee and Commission staff are nearing completion of recommendations to hire a contractor to lead and launch this work.

Innovation Incubator

Summary: The Commission's Innovation Incubator deeply engaged more than 25 counties to build capacity for innovation and continuous improvement. An evaluation is underway, and the Innovation Subcommittee is reviewing recommendations for improving the Commission's Innovation Program.

Strategic Plan Objective 3a: Complete and oversee the projects of the Innovation Incubator and document the value of efforts to form and support collaborations to address specific issues.

Authorization: The Budget Act of 2017-18 provided \$5 million in one-time MHSA funds to work with counties to find ways to proactively find ways to reduce the number of individuals with mental health needs in the criminal justice system.

Background: The Commission worked with stakeholders to develop a business model for the Innovation Incubator and then launched a series of projects to build the capacity for innovation and continuous improvement. More than 25 counties were involved in one or more learning collaborative, and nearly all counties participated in webinars and workshops to hear the results and how they could deploy the new practices. The Incubator also conducted an in-depth study on the innovation process, which produced an Innovation Action Plan.

Activities: The Innovation Subcommittee, working from the recommendations in the Innovation Action Plan, is developing an implementation plan that is expected to prioritize activities that will improve the quality of innovation plans developed by counties, refine the system for the

Commission to review and approve those plans, and to expand efforts to disseminate learnings across counties to accelerate the pace of innovation. The Commission staff is evaluating the Incubator to identify additional learnings.

Long term issues: Among other outcomes, the Incubator strengthened the relationship with many counties and developed a shared understanding of the potential for technical assistance and multi-county learning collaboratives to support continuous improvement. The evaluation is exploring this and other results. Based on the evaluation, the Commission could consider seeking or dedicating more resources to this strategic approach to driving transformational change.

Stakeholders

Summary: The Mental Health Services Act calls for ensuring that consumers, families and people facing disparities are engaged in decision-making. The Commission provides \$5.4 million Mental Health Services Act funds annually to support the voice of community members through eight stakeholder contracts. Contracts are established through a competitive procurement process and focused on community outreach, education and training, and advocacy. The populations targeted with these funds include clients and consumers, diverse racial and ethnic communities, families, immigrants and refugees, LGBTQ+ populations, parents and caregivers, transition age youth, and veterans.

Strategic Plan Objective 1b: Build capacity at the community level to coordinate resources and services to improve outcomes.

Authorization: The Budget Act authorize these expenditures and require that the allocation is through a competitive process.

Background: Welfare and Institutions (W&I) Code Section 5892(d) requires that the Mental Health Services administrative fund “include funds to assist consumers and family members to ensure the appropriate state and county agencies give full consideration to concerns about quality, the structure of service delivery, or access to services.”

The Commission is currently contracted with 12 local and state-level organizations to conduct advocacy, outreach, engagement, training, and education for eight specific unserved and underserved populations.

On February 27, 2020, The Commission awarded \$12 million in contracts for Clients and Consumers, Diverse Racial and Ethnic Communities, Families of Clients and Consumers, LGBTQ+ Communities, Parents and Caregivers, and Veteran Communities. In 2019, the Commission awarded a \$2 million contract for Transition Age Youth and \$2 million in contracts for Immigrant and Refugee populations.

Activities: Commission staff meet with stakeholders quarterly to better understand the needs for each organization that receives funding. Contract deliverables are reviewed and approved by staff. Funding for Immigrant and Refugee stakeholders will expire this fiscal year and the Commission will be asked to consider approving and outline for the next round of contracts at its January meeting.

COVID-19 Response

Summary: In response to the COVID-19 pandemic, the Commission re-prioritized \$2,020,000 in available funding to support community response to growing mental health needs. In consultation with community stakeholders and county behavioral health leaders, the Commission focused its investment on addressing disparities and fortifying youth suicide prevention efforts in addition to offering more general support.

Strategic Plan Objective 1a: Promote school mental health as a prime opportunity to reach and serve at-risk children, families and neighborhoods.

Strategic Plan Objective 3b: Support implementation for *Striving for Zero*, the State's suicide prevention plan for 2020-25

Authorization: The Budget Act of 2020, shifted existing funding available in the Commission's budget to provide support to address the mental health needs, exacerbated by the pandemic.

Background: The Commission has invested \$880,000 to strengthen school mental health strategies targeting social emotional learning and suicide prevention. The Commission entered into contracts with five non-profit providers to enhance the support they provide for schools. Due to the urgent mental health needs in the communities, these contracts were provided to subject matter experts, through a sole source process.

The remaining funds were allocated through a sole source process, to support improved opportunities for county behavioral health programs to address disparities, the Commission has invested \$1,140,000 in a project to support the replication of a successful Solano County innovation that targeted disparities reduction. Funding is available provide technical assistance to counties to better understanding the work of the California Reducing Disparities Project and to replicate that work.

Activities: The Commission has finalized contracts to strengthen school and mental health strategies, and that work is underway. The Commission is in the process of finalizing contracts with the University of California Davis and Solano County, and funding will be available in the next few months to provide support to the more than 40 counties that have expressed interest in participating in this project, which includes a learning collaborative focused on reducing disparities.

Suicide Prevention

Summary: The Commission is implementing *Striving for Zero*, the State's suicide prevention strategic plan.

Strategic Plan Objective 3b: Work with the Governor, the Legislature and community leaders to establish an Office of Suicide Prevention, expand training resources, better integrate suicide

prevention services into health care settings, and encourage the renewal of community prevention plans.

Authorization: The Legislature directed the Commission to develop the strategic plan to develop a suicide prevention strategic plan. The Budget Act of 2020-21 shifted funds in the Commission's existing budget allocation and provided \$2 million to implement urgent aspects of the plan in light of the ongoing COVID-19 global pandemic.

Background: In September 2020, the Commission authorized staff to execute multiple contracts to implement key action items from *Striving for Zero*, including contracts to accelerate school adoption of standardized suicide risk assessment tools, training tools for risk assessments, and to support counties in developing and implementing new suicide prevention plans. Those contracts have been executed.

Activities: The Budget Act of 2021 established the Office of Suicide Prevention within the Department of Public Health to implement the *Striving for Zero* recommendations. The Commission's own implementation activities have included publication of a data dashboard to improve public awareness about deaths by suicide; linkage of public health vital statistics data with mental health client data to support further tracking and analysis of suicide deaths; and execution of technical assistance contracts.

Presenter: Norma Pate, Deputy Director

Enclosures: None

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

AGENDA ITEM 4

Action

February 24, 2022 Commission Meeting

WETA Well Beings Update and Next Steps

Summary: The Commission will hear an update from WETA Executive Producer, Special Projects, Tom Chiodo on the Well Beings media project, which is focused on destigmatizing mental health through storytelling, as well as centering youth voice and experience in the conversation about mental health.

Background: Commission support of Well Beings began in the pre-pandemic months of 2019. Their storytelling efforts include social media and web video, blog posts on Forbes.com, and news segments on PBS NewsHour produced through the Student Reporting Labs. Additionally, WETA has created a documentary about youth mental health which Ken Burns is executive producing and which is due out in mid-2022. Additional films by Ken Burns focused on other mental health topics are in progress.

PBS stations throughout the country, including California, have done screenings of Well Beings mental health documentaries, bringing local communities together to talk about mental health. The Commission recommended to producers, an increased emphasis on youth voice to amplify the power and impact of this work. Since the launch of the Well Beings project in May 2020, its social efforts have garnered 60.6 million impressions across all platforms with 530,636 meaningful acts of engagement (sharing and frequent activity) and 1.58 million total video views across platforms. Public media stations have hosted screenings in 30 American cities with a total of 1.45 million participants. The We Are Well Beings Storywall has received 8,900 posts.

The Well Beings project supports multiple other Commission initiatives, including:

- School Mental Health
- Stigma Reduction
- Outreach and Engagement
- Youth Empowerment
- Addressing Diversity and Equity
- Prevention and Early Intervention

Presenters: Tom Chiodo, Executive Producer, Special Projects, WETA.

Handouts (1): PowerPoint Presentation



Tom Chiodo

Executive Producer, Special Projects, National Program Development

WETA, Washington, DC - the flagship public media station in our nation's capital, developing programming broadcast across 330+ PBS stations in more than 150 markets throughout the U.S.

Recent projects include Emmy nominated documentary series *Ken Burns Presents The Gene: An Intimate History* (2020); *Rethinking High School with Soledad O'Brien* - Town Hall at Howard University / XQ Super Schools Project (2016); and DuPont Columbia Award & Emmy nominated documentary series *Ken Burns Presents Cancer: The Emperor of All Maladies* (2015). Documentaries in production and development (2022 through 2025): *Hiding In Plain Sight: Youth Mental Illness*; *Remote Chance: Rural Health Care In America*; *Caregiving*; *Life, Unexpected*; *Mighty Real: Out & Proud In America*, *GERMS*, among other projects.

Thirty years' experience in the media, communications, television and entertainment industry. Formerly SVP business development at Entertainment Industry Foundation - creating programs and funding key national initiatives in health care, volunteerism, childhood hunger and education, including Stand Up To Cancer (US & Canada), iParticipate, Rise and Honor, Hunger Is and ThinkItUp. Tom has held senior positions at Rubenstein Associates; U.S. Department of Health and Human Services, Massachusetts State Office for Children & Department of Public Health, and Manhattan Repertory Company.

Former clients include HBO, AMC; TIME, Inc.; Wenner Media; Columbia University Humanities Festival; Major League Baseball; (RED); Al Roker Entertainment, Inc.; The Tony Awards; ABC's Good Morning America; Chances for Children; and The Apollo Theatre.

Tom is a published playwright, and co-author of "Home Care for Respirator Dependent Children" New England Journal of Medicine.

AGENDA ITEM 5

Action

February 24, 2022 Commission Meeting

Legislative Priorities

Summary:

Modifications to SB 82

The Investment in Mental Wellness Act was intended to improve crisis response, reduce hospitalizations and criminal justice involvement of mental health peers, and leverage public and non-public sources of funding to improve access to care and wellbeing. Provisions of the Act restrict the Commission's ability to make best use of these limited funds in the following ways:

- 1) These funds must be allocated through a competitive procurement process, creating barriers for small counties that may not have the capacity to respond to grant applications.
- 2) Funding is only available to county behavioral health programs. California's community mental health system is led by county mental health departments, but includes a range of partners, including hospitals, First Five Commissions, health care districts, schools, community based organizations, child welfare programs, cities, and others.
- 3) Funding must be used to hire additional personnel. County mental health programs are struggling to hire additional staff and the most effective investments in systems change may include training, program development, community outreach, service delivery, or other strategies beyond additional staff hiring.
- 4) SB 82 grants are focused on crisis. The Commission, in partnership with counties and others, has made great progress identifying prevention and early intervention strategies to reduce the need for crisis services and to take pressure off already overburdened programs.
- 5) The Commission is prohibited from requiring match funding in allocating these funds, which restricts the impact this investment can have in supporting transformational change and improving mental health and wellness outcomes.

The Commission should consider reforms to SB 82 to address some or all of those concerns.

Background

In 2013 the Legislature passed, and the Governor signed SB 82 to enact the Investment in Mental Wellness Act, also known as Triage. The legislation was intended to expand early intervention and treatment services to reduce hospitalizations, law enforcement involvement, and to leverage public and non-public sources of funding to improve overall access to care and support wellness.

The legislation provided one-time funding to the California Health Facilities Financing Authority to support investments in infrastructure, for crisis stabilization programs or mobile crisis vehicles, for example, and provided \$32 million each year to the Commission to support personnel grants to county behavioral health programs.

Since 2013, the Commission has released two rounds of funding, totaling \$204 million to provide 54 county grants to support Triage programs. Under the law, these funds must be awarded through a competitive procurement process to county behavioral health departments to enable the hiring of additional staff to support crisis response strategies. The Commission is prohibited from requiring matching funds.

While the initial design of SB 82 was focused on providing supplemental funding to the counties to expand the service delivery system, the limited-term nature of these grants creates barriers to achieving that goal. In response to those challenges, the Commission shifted its approach to releasing these funds as *supplemental* funding and instead began to focus on these grants as *incentive* funding.

In 2017 the Commission set aside a portion of these funds to incentivize partnerships between local education agencies and county behavioral health programs. County responses to this opportunity was overwhelming and led to the passage of the Mental Health Student Services Act. At about the same time, the Commission received \$5 million in one-time funding to support an Innovation Incubator to incentivize innovations that have the impact of reducing criminal justice involvement among mental health peers as part of an upstream strategy to reduce the number of peers who are sent to a California State Hospital under the state's program to serve persons determined to be incompetent to stand trial.

Those funds were invested in a range of projects that have leveraged a collective \$27 million in county, federal and other funds. Those projects include:

Data Driven Recovery Project: Ten counties working through two cohorts linked criminal justice and behavioral health data to better understand the mental health needs of people in the criminal justice system. The first cohort comprises Sacramento, San Bernardino, Nevada, Plumas, and Yolo counties. The second cohort includes Calaveras, El Dorado, Lassen, Marin, and Modoc counties.

Psychiatric Advance Directives: Five county teams – Fresno, Orange, Shasta, Mariposa and Monterey counties – are exploring options to deploy advanced directives to improve the response from law enforcement to individuals who are in crisis and physical and behavioral health workers.

Crisis Now: Eleven counties – Nevada, Plumas, Butte, Shasta, City of Berkeley, Yolo, Placer, Solano, Mono, Inyo and Sacramento County– are developing comprehensive and financially sustainable crisis response systems designed to meet people's needs better and reduce incarcerations and hospitalizations.

Full Service Partnership Multi-County Collaborative: Eight counties are evaluating and refining their Full-Service Partnerships (FSP) to improve the results from this “whatever it takes” approach. More than \$1 billion is spent annually on FSPs statewide. Fresno, Sacramento, San Bernardino, San Mateo, Siskiyou, Stanislaus, Lake and Ventura counties are working together to assess their programs and develop metrics for improvement efforts.

As has been discussed in prior Commission meetings, the Commission has an opportunity to release a new round of Triage funding under the existing statutory constraints. However, counties continue to report profound challenges in hiring additional staff and the short-term nature of these funds limits the impact of the investment because of the focus on staff hiring.

To better align the Investment in Mental Wellness Act with emerging opportunities to incentives systemic improvements, the Commission may wish to consider the following modifications.

Potential Modifications to the Investment in Mental Wellness Act

To improve the alignment of the Investment in Mental Wellness Act with the Commission's efforts to using short-term funding as incentive grants, the Commission may wish to consider the following reforms.

- 1. Competitive Procurement.** The Investment in Mental Wellness Act requires the Commission to release funding through a competitive procurement. The competitive procurement requirement is intended to ensure a level playing field among counties for access to these funds. As evidence by low application rates from small and very small counties, the competitive procurement process presents a barrier to working with those counties.

The Commission may wish to consider seeking flexibility in the Investment in Mental Wellness Act to release funds through a non-competitive process, when doing so is consistent with the intent of the Act and the Commission determines, during a public hearing, that a competitive process is not in the public interest. Staff has consulted with the National Association of State Procurement Officers and are working to ensure that our non-competitive procurements follow best practice guidelines.

- 2. Eligible Partners.** Under the current requirements of the Investment in Mental Wellness Act, the Commission must provide these funds to a county behavioral health program. The Commission can require the county to work with other community partners and the county can authorize a community partner to be a lead agency. However, community partners have raised concerns that if county behavioral health leaders are not interested in participating in the grant program that effectively eliminates their opportunity to participate.

The Commission may wish to consider amending the Act to allow the Commission to engage a broader array of behavioral health partners, including other county agencies, local education agencies, regional public agencies such as Area Agencies on Aging, First Five Commissions, community based organizations, and others.

- 3. Expand Uses Beyond Personnel Grants.** The Investment in Mental Wellness Act currently restricts use of these funds to hiring additional personnel. That requirement has led to counties returning significant levels of funding to the Commission as it can be difficult to fill short-term, grant funded positions. Additionally, the Commission's experience with the Innovation Incubator suggests that funding for training, consultants, program development, pilot projects, research and analysis and other strategies may have a longer term and more systemic impact on access to care, the efficiency and effectiveness of programs, and improved outcomes.

The Commission may wish to consider modifying the Act to enable these funds to be used for a broader array of opportunities.

- 4. Allow Investments in Prevention and Early Intervention.** The Investment in Mental Wellness Act is focused on responding to crises, through mobile response, crisis stabilization and related strategies. Through its Innovation Incubator work the Commission has used one-time funding to provide incentive grants to support upstream prevention and early intervention strategies designed to reduce reliance on crisis services.

The Commission may wish to considering seeking greater flexibility in the use of these funds to allow investments in prevention and early intervention in addition to current authorized uses of these dollars.

5. Allow matching fund requirements, where relevant. The Investment in Mental Wellness Act prevents the Commission from requiring matching funds as part of its grant making process. The Commission may wish to consider modifying this requirement to permit a match requirement where appropriate.

Presenter: Toby Ewing, Executive Director

Enclosures: None

Handouts: None

MISCELLANEOUS ENCLOSURES

February 24, 2022 Commission Meeting

Enclosures (6):

- (1) January 27, 2022 Motions Summary
- (2) Evaluation Dashboard
- (3) Innovation Dashboard
- (4) Department of Health Care Services Revenue and Expenditure Reports Status Update
- (5) Calendar of Tentative Commission Meeting Agenda Items
- (6) Tentative Upcoming MHSOAC Meetings and Events



Motions Summary

**Commission Meeting
 January 27, 2022**

Motion #: 1

Date: January 27, 2022

Motion:

The Commission approves the November 18, 2021 meeting minutes as corrected.

Commissioner making motion: Commissioner Brown

Commissioner seconding motion: Commissioner Gordon

Motion carried 10 yes, 0 no, and 1 abstain, per roll call vote as follows:

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



Motions Summary

**Commission Meeting
January 27, 2022**

Motion #: 2

Date: January 27, 2022

Motion:

- The Commission approves the proposed outline of Request for Proposals for Immigrant and Refugee Stakeholder Advocacy Contracts to support advocacy, training and education, and outreach and engagement efforts on behalf of Immigrant and Refugee populations.
- The Commission authorizes staff to work with Commissioner Carnevale to initiate a competitive bid process consistent with comments made at the January 27, 2022, Commission meeting and the outline received and enter into contracts with the highest scoring applicants.

Commissioner making motion: Vice Chair Alvarez

Commissioner seconding motion: Commissioner Mitchell

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

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



Motions Summary

**Commission Meeting
 January 27, 2022**

Motion #: 3

Date: January 27, 2022

Motion:

The Commission supports AB 748 and directs staff to communicate its position to the Legislature and Administration and reflect all comments as appropriate, recognizing it is at the beginning of a long legislative and budget process that will continue for some time.

Commissioner making motion: Commissioner Carnavale

Commissioner seconding motion: Commissioner Bunch

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

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



Motions Summary

**Commission Meeting
 January 27, 2022**

Motion #: 4

Date: January 27, 2022

Potential Motion:

The Commission authorizes staff to engage community partners and the Legislature to modify SB 82 Mental Health Wellness Act/Triage to better address community needs.

Commissioner making motion: Commissioner Rowlett

Commissioner seconding motion: Vice Chair Alvarez

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

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



Motions Summary

**Commission Meeting
January 27, 2022**

Motion #: 5 (Mid-Year Commission Budget Update)

Date: January 27, 2022

Motion:

The Commission directs staff to seek stakeholder funding, consistent with other funding levels, for school mental health advocacy, including 0-5 and K-12, focused on elevating the voices of students.

Commissioner making motion: Commissioner Mitchell

Commissioner seconding motion: Commissioner Gordon

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

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



Motions Summary

**Commission Meeting
 January 27, 2022**

Motion #: 6

Date: January 27, 2022

Motion:

The Commission directs staff to seek additional funding for Immigrant and Refugee stakeholder advocacy, including opportunities to increase available funding in the current competitive procurement.

Commissioner making motion: Commissioner Gordon

Commissioner seconding motion: Commissioner Tamplen

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

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

Summary of Updates

Contracts

New Contract: None

Total Contracts: 3

Funds Spent Since the January Commission Meeting

Contract Number	Amount
17MHSOAC073	\$ 0.00
17MHSOAC074	\$ 23,804.54
21MHSOAC023	\$ 353,695.84
Total	\$ 0.00

Contracts with Deliverable Changes

[17MHSOAC073](#)

[17MHSOAC074](#)

[21MHSOAC023](#)

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

MHSOAC Staff: Kai LeMasson

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

Total Contract Amount: \$2,453,736.50

Total Spent: \$1,777,569.16

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

Deliverable	Status	Due Date	Change
Workplan	Complete	4/15/19	No
Background Review	Complete	7/15/19	No
Draft Summative Evaluation Plan	Complete	2/12/20	No
Formative/Process Evaluation Plan	Complete	1/24/20	No
Updated Formative/Process Evaluation Plan	Complete	1/15/21	No
Data Collection and Management Report	Complete	6/15/20	No

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

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

MHSOAC Staff: Kai LeMasson

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

Total Contract Amount: \$2,453,736.50

Total Spent: \$1,668,822.70

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

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

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

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

MHSOAC Staff: Rachel Heffley

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

Total Contract Amount: \$5,414,545.00

Total Spent: \$707,371.68

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

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

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

INNOVATION DASHBOARD

FEBRUARY 2022



UNDER REVIEW	Final Proposals Received	Draft Proposals Received	TOTALS
Number of Projects	3	6	9
Participating Counties (unduplicated)	3	5	8
Dollars Requested	\$3,627,227	\$22,205,654	\$25,832,881

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

TO DATE	Reviewed	Approved	Total INN Dollars Approved	Participating Counties
FY 2021-2022	6	6	\$12,464,442	6

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	Modoc	Integrated Health Care for Individuals with SMI	\$480,000	5 Years	3/2/2021	Pending
Under Review	Berkeley	Encampment Based Mobile Wellness Center	\$2,802,400	5 Years	6/29/2021	Pending
Under Review	Butte	Resiliency Empowerment Support Team	\$3,510,520	5 Years	9/3/2021	Pending
Under Review	Kern	Mobile Clinic with Street Psychiatry	\$8,774,095	5 Years	12/19/2021	Pending
Under Review	Kern	Early Psychosis learning Health Care Network	\$795,088	4 Years	12/20/2021	Pending
Under Review	Santa Cruz	Healing The Streets	\$5,843,551	5 Years	12/9/2021	Pending

FINAL PROPOSALS

Status	County	Project Name	Funding Amount Requested	Project Duration	Draft Proposal Submitted to OAC	Final Project Submitted to OAC
Under Final Review	Sonoma	Crossroads To Hope	\$2,500,000	5 Years	9/29/2021	1/28/2022
Under Final Review	Stanislaus	CPPP Planning Request	\$425,000	5 Years	11/22/2021	1/31/2022
Under Final Review	Ventura	FSP Multi-County Collaborative-EXTENSION	\$702,227	4.5 Years	12/23/2021	1/14/2022

APPROVED PROJECTS (FY 21-22)

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

APPROVED PROJECTS (FY 21-22)

County	Project Name	Funding Amount	Approval Date
Monterey	Residential Care Facility Incubator (Planning Dollars)	\$792,130	11/1/2021
Lake	Multi County FSP Collaborative	\$765,000	11/2/2021
Shasta	Hope Park	\$1,750,000	11/18/2021
Alameda	Community Assessment Transportation Team (CATT) Extension	\$4,759,312	11/18/2021

DHCS Status Chart of County RERs Received
February 24, 2022 Commission Meeting

Attached below is a Status Report from the Department of Health Care Services regarding County MHSA Annual Revenue and Expenditure Reports received and processed by Department staff, dated November 3rd, 2021. This Status Report covers the FY 2016-17 through FY 2019-20 County RERs.

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

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

The Department also publishes on its website a web page providing access to County RERs. This page includes links to individual County RERs for reporting years FY 2006-07 through FY 2015-16. This page can be accessed at: <http://www.dhcs.ca.gov/services/MH/Pages/Annual-Revenue-and-Expenditure-Reports-by-County.aspx>. Additionally, County RERs for reporting years FY 2016-17 through FY 2017-18 can be accessed at the following webpage: http://www.dhcs.ca.gov/services/MH/Pages/Annual_MHSA_Revenue_and_Expenditure_Reports_by_County_FY_16-17.aspx.

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

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

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

DCHS MHSA Annual Revenue and Expenditure Report Status Update

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

County	FY 19-20 Electronic Copy Submission Date	FY 19-20 Return to County Date	FY 19-20 Final Review Completion Date
Alameda	1/29/2021	2/1/2021	2/8/2021
Alpine	7/1/2021		10/15/2021
Amador	1/15/2021	1/15/2021	2/2/2021
Berkeley City	1/13/2021	1/13/2021	1/13/2021
Butte			
Calaveras	1/31/2021	2/1/2021	2/9/2021
Colusa	4/15/2021	4/19/2021	5/27/2021
Contra Costa	1/30/2021	2/1/2021	2/22/2021
Del Norte	2/1/2021	2/2/2021	2/17/2021
El Dorado	1/29/2021	1/29/2021	2/4/2021
Fresno	12/29/2020	12/29/2021	1/26/2021
Glenn	2/19/2021	2/24/2021	3/11/2021
Humboldt	4/9/2021	4/13/2021	4/15/2021
Imperial	2/1/2021	2/1/2021	2/12/2021
Inyo	4/1/2021	4/2/2021	
Kern	2/2/2021	2/2/2021	2/8/2021
Kings	1/4/2021	1/4/2021	3/11/2021
Lake	2/9/2021	2/9/2021	2/17/2021
Lassen	1/25/2021	1/25/2021	1/28/2021
Los Angeles	3/11/2021	3/16/2021	3/30/2021
Madera	3/29/2021	3/30/2021	4/15/2021
Marin	2/2/2021	2/2/2021	2/17/2021
Mariposa	1/29/2021	1/29/2021	3/11/2021

DHCS Status Chart of County RERs Received
February 24, 2022 Commission Meeting

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

DHCS Status Chart of County RERs Received
 February 24, 2022 Commission Meeting

County	FY 19-20 Electronic Copy Submission Date	FY 19-20 Return to County Date	FY 19-20 Final Review Completion Date
Sonoma	1/29/2021	3/5/2021	4/12/2021
Stanislaus	12/31/2020	1/5/2021	1/5/2021
Sutter-Yuba	1/30/2021	2/1/2021	3/9/2021
Tehama	4/27/2021	n/a	5/21/2021
Tri-City	1/27/2021	3/4/2021	3/30/2021
Trinity	2/1/2021	2/2/2021	2/17/2021
Tulare	1/26/2021	1/27/2021	2/10/2021
Tuolumne	6/2/2021	8/11/2021	8/11/2021
Ventura	1/29/2021	2/2/2021	2/16/2021
Yolo	1/28/2021	2/2/2021	2/2/2021
Total	58	56	57

Calendar of Tentative Commission Meeting Agenda Items

Proposed 02/17/2022

Agenda items and meeting locations are subject to change.

March 24, 2022: Sacramento, CA (Teleconference)

Potential Innovation Plan Approval

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

Mental Health Student Services Act Outline and Authority to Award Grants

The Commission will consider an outline for the remaining funds for school county partnership grants authorized by the Mental Health Student Services Act.

Legislative Priorities for 2022

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

Racial Equity Action Plan Presentation

The Commission will consider the Racial Equity Action Plan (REAP) for adoption.

Fiscal Transparency Tool Presentation

The Commission will be presented with an update on the most up-to-date fiscal data on our mental health system.

April 28, 2022: Ventura County

Potential Innovation Plan Approval

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

Legislative Priorities for 2022

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

INN Subcommittee Year End Report Out

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

- Innovation Incubator Report Out

Evaluation Committee Report Out

The Commission will hear a progress report on Triage Evaluation and a progress report on the development of the MHSSA Evaluation Plan.

Calendar of Tentative Commission Meeting Agenda Items

Proposed 02/17/2022

Agenda items and meeting locations are subject to change.

May 26, 2022: TBD

Potential Innovation Plan Approval

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

Legislative Priorities for 2022

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

Governor's Budget Revisions for 2022

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

Youth Drop-In Centers – allcove™ Grant Program Report Out

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

Early Psychosis Intervention Grant Program Report Out

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

June 2022-No Meeting

July 2022:

Potential Innovation Plan Approval

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

Legislative Priorities for 2022

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

Commission's Budget Expenditure Plan for 2022

The Commission will be presented with a spending plan for fiscal year 2022.

Workplace Mental Health Report Presentation

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

Prevention and Early Intervention Report Presentation

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



Mental Health Services
Oversight & Accountability Commission

Tentative Upcoming MHSOAC Meetings and Events

Updated 2/15/2022

February 2022

- 2/25: Client and Family Leadership Committee Meeting
 - 2:00PM – 4:00PM
 - Public

MARCH 2022

- 3/10: Cultural and Linguistic Competency Committee Meeting
 - 3:00PM – 5:00PM
 - Public
- 3/22: Fellowship Advisory Committee
 - 1:00PM – 3:00PM
 - Public
- 3/24: March Commission Meeting
 - 9:00AM – 1:30PM
 - Public

APRIL 2022

- 4/28: April Commission Meeting
 - 9:00AM – 1:30PM
 - Public

MAY 2022

- 5/12: Cultural and Linguistic Competency Committee Meeting
 - 3:00PM – 5:00PM
 - Public
- 5/26: May Commission Meeting
 - 9:00AM – 1:30PM
 - Public

JUNE 2022

- Commission Meeting TBD

JULY 2022

- 7/14: Cultural and Linguistic Competency Committee Meeting
 - 2:00PM – 4:00PM
 - Public



Mental Health Services
Oversight & Accountability Commission

Tentative Upcoming MHSOAC Meetings and Events

Updated 2/15/2022

- 7/28: July Commission Meeting
 - 9:00AM – 1:30PM
 - Public