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Mental Health Services
Oversight & Accountability Commission

Commission Packet

Commission Teleconference Meeting
March 24, 2022
9:00 AM – 1:20 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 March 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: March 24, 2022

TIME: 9:00 a.m. – 1:20 p.m.

ZOOM ACCESS:

FOR COMPUTER/APP USE:
Link: https://mhsoac-ca-gov.zoom.us/j/82186946118
Meeting ID: 821 8694 6118

FOR DIAL-IN PHONE USE:
Dial-in Number: (408) 638-0968
Meeting ID: 821 8694 6118

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.

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: February 24th, 2022 MHSOAC Meeting Minutes

The Commission will consider approval of the minutes from the February 24, 2022 teleconference meeting.

- Public Comment
- Vote

10:00 AM **Action**

2: Kern County Innovation Project Approval

- **Presenter: Christina Rajlal, PhD, MBA, Behavioral Health Program Supervisor/MHSA Coordinator, Kern County Behavioral Health & Recovery Services**

The Commission will consider approval of $8,774,098 in innovation spending funding for Kern County's Mobile Clinic with Street Psychiatry Innovation Project.

- Public Comment
- Vote

10:40 AM **Action**

3: Legislative Priorities for 2022

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

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

- Public Comment
- Vote

11:10 AM **BREAK**

Action

11:20 AM **4: Mental Health Student Services Act Outline and Authority to Award Grants**

Presenter: Tom Orrock, Chief of Stakeholder Engagement and Grants

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

- Public Comment
- Vote

11:50 AM **Action**

5: Elevating the Commission's Voice on Racial Equity: Racial Equity Plan

Presenter: Anna Naify, Consulting Psychologist & Lauren Quintero, Chief of Administrative Services

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

- Public Comment
- Vote

12:50 PM **Action**

6: Fiscal Transparency Tool Presentation

- **Presenter: Toby Ewing, Executive Director & Kelly Pfeifer, M.D., Deputy Director, Behavioral Health, California Department of Health Care Services**

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

1:20 PM **Adjournment**

AGENDA ITEM 1

Action

March 24, 2022 Commission Meeting

Approve February 24, 2022 MHSOAC Teleconference Meeting Minutes

Summary: The Mental Health Services Oversight and Accountability Commission will review the minutes from the February 24, 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: February 24, 2022 Meeting Minutes

Handouts: None.

Proposed Motion: The Commission approves the February 24, 2022 meeting minutes.

MHSOAC
Mental Health Services
Oversight & Accountability Commission

STATE OF CALIFORNIA
GAVIN NEWSOM
Governor

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

State of California

MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION

Minutes of Teleconference Meeting
February 24, 2022

MHSOAC
1325 J Street, Suite 1700
Sacramento, CA 95814

Members Participating:

Mara Madrigal-Weiss, Chair
Mayra Alvarez, Vice Chair
Mark Bontrager
Keyondria Bunch, Ph.D.
Steve Carnevale
Shuonan Chen
Senator Dave Cortese
Itai Danovitch, M.D.
David Gordon
Gladys Mitchell
Al Rowlett

Members Absent:

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

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 9:05 a.m. and welcomed everyone.

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

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

Announcements

- The next MHSOAC meeting is scheduled for Thursday, March 24th. The agenda will be posted on March 14th.
- The January 2022 Commission meeting recording is now available on the website. Most previous recordings are available upon request by emailing the general inbox at mhsoac@mhsoac.ca.gov.
- Commissioner Steve Carnevale has accepted to serve as Vice Chair of the Research and Evaluation Committee.
- The Chair has asked the Children's Mental Health Subcommittee to focus on a statewide strategy to address the long-term sustainability of school-based mental health funding.
    - In response to a request by the Chair to work with the Governor's team, the Department of Education, and others to explore ways to align the work with similar efforts to support the fiscal sustainability of school mental health, staff has proposed how best to move forward. These efforts will fall under the work of the Children's Mental Health Subcommittee.
    - Commissioners who are interested in serving on the Children's Mental Health Subcommittee are to contact staff.
- The Commission's Fiscal Transparency Tool has been offline for the past few months to address technical issues. Staff was working with the former Chair to address concerns raised by counties on how the data is presented. Staff will provide a progress update at the March Commission meeting.
- The Governor's Executive Order on open meeting requirements is set to end in March. Unless this is extended, the Commission is planning to move to a hybrid in-person/virtual format starting in April. Depending on public health requirements, the plan is to hold the April meeting in Ventura County. In recognition of the investment the Commission has made in school mental health, the Chair has requested a site visit

to a student-run Wellness Center, which has been launched with Mental Health Student Services Act (MHSSA) funding.

Chair Madrigal-Weiss invited Tom Orrock, Chief of Stakeholder Engagement and Grants, MHSOAC, to introduce new staff members.

Mr. Orrock stated three retired annuitants have been hired to help with the MHSSA Program. He introduced Orlando Fuentes, Donna Jones, and Sandra Cook. They will bring years of experience to the Commission's work in school-based mental health.

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

Client and Family Leadership Committee Update

Chair Madrigal-Weiss stated the update for the Client and Family Leadership Committee (CFLC) will be posted online.

Cultural and Linguistic Competency Committee Update

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

- The Committee met on February 10th for the first meeting of 2022.
- The Committee received an update on the Commission's Racial Equity Action Plan (REAP) and Committee Members shared ideas for building greater accountability with the Commission as well as across other state investments.
- The Committee heard about the Commission's initiatives and where the Committee can provide input on them moving forward.
- As part of the Committee's goals for the year, Committee Members shared an interest in the Commission's organization and structure and about informing the Commission about equity strategies for guiding communities of color such as capacity-building and program sustainability and in efforts to serve particularly marginalized communities such as the LGBTQ community.
- The Committee Members had participated in a survey of their goals, the responses of which led to a discussion on what the Committee can do more effectively. It also offered an opportunity to discuss challenges that community-based organizations face in accessing Commission resources. There was a commitment to dig deeper into that concern at the next CLCC meeting.
- The next CLCC meeting is scheduled for Thursday, Marth 10th.

Research and Evaluation Committee Update

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

- The Committee Charter ends in August. This provides an opportunity to consider how to go forward, based on what has worked this year.
- The Committee met last week and heard a review of the Research and Evaluation Division Strategic Portfolio, an update on the Triage Summative Evaluation Plan, and a presentation on the needs and opportunities for robust and comprehensive metrics, particularly around children's mental health.
- Takeaways from the meeting were to develop a specific proposal in response to Committee feedback and to think about the strategic portfolio and the role of the Committee, while keeping the August milestone in mind.
- The next Research and Evaluation Committee meeting will be held in May.

Roll Call

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

GENERAL PUBLIC COMMENT

Elia Gallardo, Director of Governmental Affairs, County Behavioral Health Directors Association (CBHDA), stated the CBHDA had been in communication with former Chair Ashbeck about concerns and recommendations for the Fiscal Transparency Tool to ensure that all data is presented in a way that minimizes confusion and misunderstandings of the dataset. Feedback received previously will be sent to staff prior to the March meeting.

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 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 prevention and early intervention 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.

Mary Ann Bernard stated the Commission can prevent deaths and misery by ensuring that this provision is adequately funded by working with the ACLU, which is working on these

programs, and the Department of Corrections, which has been keeping data on the success of the Mentally Ill Offender Crime Reduction Grant Program for years.

Matthew Gallagher, Assistant Director, Cal Voices, expressed gratitude on behalf of the Wooton family for the kind words offered at the last Commission meeting for former Commissioner and Chair Emeritus Tina Wooton, who recently passed away. The speaker asked the Commission to consider creating a fellowship in honor of former Commissioner Wooton, who taught that there can be no empowerment without employment.

Andrea Crook, Director of Advocacy, ACCESS California, echoed the comments of the previous speaker and seconded the request. Consistent themes heard at the last Research and Evaluation Committee meeting were listening to individuals and elevating the voices of individuals across their lifespan. One thing that has not been discussed is meaningful client-driven recovery outcomes across the system. It is important to track the programs that have the greatest impact on lives.

Andrea Crook suggested that the Research and Evaluation Committee look at ways to support and guide counties in adopting a tool that can be utilized across the state that shows meaningful client-driven recovery outcomes. The speaker suggested more client representation on the Research and Evaluation Committee who can highlight things that have been lacking.

Leslie May, Commissioner, Mental Health Commission, District 5, Contra Costa County, stated the Mental Health Commission is having difficulties carrying out their responsibilities because the Director of Behavioral Health Services and a County Supervisor have taken over. The Mental Health Commission's hands are tied – it cannot update the bylaws, have guest speakers, or approve anything without their approval. The speaker agreed with the CLCC report, given above, about the need for racial equity and building greater accountability. The speaker noted that this is one of the major problems with the Mental Health Commission.

Leslie May stated the Mental Health Commission is not representative of the community and one of the County Supervisors has written that he refuses to put any persons of color on the Commission in his district except for a Latino. The speaker asked for assistance from the Commission.

Anna, Peer Support Specialist, Contra Costa County, echoed Andrea Crook's comments. The last Lanterman-Petris-Short (LPS) hearing about expanding the LPS highlighted the fact that it is unknown what does and does not work. She stated Contra Costa County shifted from working collaboratively to fighting between separate ethnic groups and separate agencies. This dynamic is also being seen across the state and across the country. She stated the need to come back to working as a mental health community trying to improve lives by working together for all. It is important not to have a one-size-fits-all approach.

ACTION

1: Approve January 27, 2022, MHSOAC Meeting Minutes

Chair Madrigal-Weiss stated the Commission will consider approval of the minutes from the January 27, 2022, teleconference meeting. She stated meeting minutes and recordings are posted on the Commission's website.

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

Commissioner Carnevale made a motion to approve.

Commissioner Rowlett seconded.

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

- *The Commission approves the January 27, 2022, Teleconference Meeting Minutes as presented.*

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

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

ACTION

2: Sonoma County Innovation Plan

Presenter:

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

Chair Madrigal-Weiss stated the Commission will consider approval of $2,500,000 in Innovation funding for Sonoma County's Crossroads to Hope Innovation Project. She asked the county representative to present this agenda item.

Melissa Ladrech, LMFT, MHSA Coordinator, Sonoma County Behavioral Health Division, provided an overview, with a slide presentation, of the need, proposed project to address the need, what is innovative, learning goals, sustainability, and budget of the proposed Crossroads to Hope Innovation Project.

Commissioner Questions

Commissioner Bontrager encouraged Sonoma County to consider the new Round 3 of the Behavioral Health Continuum Infrastructure funding that is due by March 31st for "launch-ready" projects to support housing for behavioral health entities. He stated the hope that those funds can be leveraged to purchase further housing to support this innovative effort.

Commissioner Mitchell asked about the number of individuals who will be served by this program.

Ms. Ladrech stated up to six persons can stay in the house for up to six months. The county anticipates serving 12 to 20 individuals annually.

Commissioner Bunch asked if the county plans to work toward competency restoration for individuals who have been found incompetent to stand trial.

Sid McColley, Section Manager, Acute and Forensic Services, Sonoma County Behavioral Health Services, stated the county has a diversion program, which is partially funded by the Department of State Hospitals specifically for adult diversion clients who are determined to be at-risk for Incompetent to Stand Trial (IST). That program has an expansion to serve individuals who do not meet those criteria.

Sid McColley noted that this program is for individuals who have been diverted out of the competency restoration process into treatment in the community. Charges can be dropped for individuals who complete the program.

Commissioner Rowlett ask how individuals who are overrepresented in the forensic or penal system were involved in the development of this project.

Ms. Ladrech stated the county worked with stakeholders on the MHSA Steering Committee, in the Intercept Model, and other groups that work with individuals with both mental illness concerns and criminal justice involvement.

Julie Kawahara, MHSA Consultant, Sonoma County Behavioral Health, agreed that there is an overrepresentation of Black and indigenous people of color (BIPOC) in criminal justice systems. Sonoma County made an effort to engage peers and peer providers who were familiar with the proposed intervention, but there is room for improvement.

Commissioner Rowlett encouraged the county to make an ongoing effort to engage the LatinX communities and individuals who have successfully transitioned out of the criminal justice system to be successful as a part of this program and can provide services for individuals who might utilize this program.

Ms. Ladrech stated the county is looking for peer providers who have both lived mental health experience as well as successfully transitioned out of the criminal justice system.

Commissioner Carnevale asked if this program builds in a way to evaluate its effectiveness so outcomes can be understood as it evolves.

Ms. Ladrech stated the county has sent out a Request for Proposals (RFP) for an evaluator for the project. The evaluator will work with the peer service providers and the Assertive Community Treatment (ACT) team on a comprehensive way to find metrics that will help identify learning goals.

Public Comment

Anna (last name withheld) or asked if the word “peers” includes family members or individuals with direct lived experience as a mental health consumer. There is a difference between peers as family members and peers as consumers – they have very different life

experiences. Often, families with the best intentions try to impose their ideas on ways to help that are often detrimental to individuals with lived experience.

Ms. Ladrech stated the MHSA has been supporting training for peer services to become certified in the county. The vast majority of those individuals are individuals with lived experience as opposed to family members.

Anna asked if the county is aware that MHSA funding is only supposed to be used for voluntary services.

Ms. Ladrech stated participation in the program is offered as a choice. There is nothing mandatory there.

Anna asked how the county will reconcile the use of voluntary services with the involuntary nature of the ACT Model. Individuals volunteer to be a part of the program.

Sid McColley stated the Diversion Program is a voluntary program. The proposed project is an ACT Model program, meaning it has intensive wraparound services and staff available 24-hours a day, but there is nothing coercive about it.

Mathew Gallagher asked what is meant by the word “diversion” – whether it is a diversion program that has been created with the court, district attorney, and public defender offices or diversion under Penal Code Section 1001.36, which is the judge granting diversion over the objection of a prosecutor or law enforcement.

Matthew Gallagher asked about offenses that are not eligible for diversion under this program.

Matthew Gallagher noted that the limited number of beds should be preserved for individuals with felony rather than misdemeanor offenses.

Commissioner Bunch stated “diversion” in her county means that the court has ordered someone into diversion, which means it is not voluntary but that the individual must participate as part of their release.

Sid McColley agreed that there is a court order into diversion, but stated the individuals must agree to participate in the county’s diversion court. If they do not agree, the individuals remain in custody or their sentence will have another outcome.

Commissioner Bunch stated that does not sound voluntary.

Commissioner Mitchell stated Matthew Gallagher made good points. Unless there is an urgency that this matter be voted on today, she asked for a response to Matthew Gallagher’s questions. She moved to table this agenda item for further discussion and clarity on this item to the March Commission meeting.

Ms. Ladrech stated the beds can be prioritized for individuals with felony offenses. If services do not begin by June, the county will lose its California Health Facilities Financing Authority (CHFFA) grant and the ability to purchase the house.

Avery Hulog-Vicente, Advocacy Coordinator, California Association of Mental Health Peer-Run Organizations (CAMHPRO), stated CAMHPRO generally supports innovation that is an alternative to incarceration-enforced treatment. Programs that prioritize staffing peers as peers should be put at the center of care.

Avery Hulog-Vicente agreed with concerns raised by previous speakers, especially Commissioner Bunch that care should not be forced. The proposed project does not sound involuntary. Although it sounds like a great project, there are items that need to be cleared up before CAMHPRO will completely support it.

Leslie May stated the understanding that federal IST and misdemeanor IST programs were court-ordered for individuals to go into a stepped-down-but-locked facility. The speaker asked what happens to individuals after the six-month limit in the transitional housing project.

Commissioner Discussion

Commissioner Danovitch stated there is a distinction between involuntary service, conditional service, and coercion. Often in the course of treatment, individuals enter residential drug treatment programs where there are conditions of participation, which may prevent them from doing certain things that they would like to do. That does not mean that treatment is involuntary, but there is coercion. When an individual has a choice between one intervention and another, there is coercion. Involuntary treatment is where a person is mandated against their will to enter a psychiatric facility under a specific legal statute, which is different.

Commissioner Bunch agreed. She stated, in working with clients who have been ordered into diversion, it often does not feel voluntary. If individuals are ordered into a diversion program but do not participate, they risk going back to jail.

Commissioner Danovitch stated the need to be mindful of the consequences of that because these are programs that are trying to give people alternatives to being incarcerated and yet there are prohibitions in the MHSA around using those funds for involuntary services. If things that are coercive are construed to be involuntary, it may undermine the ability to fund programs that fundamentally are trying to deliver treatment services to individuals over incarceration. This needs to be thought through.

Sid McColley stated the Innovation funds being requested will not fund any part of the ACT Diversion Program but is strictly for the Crossroads to Hope Program, which is peer run and entirely voluntary.

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

Commissioner Mitchell made a motion is to explore the concerns that have been raised (which would be in lieu of the one made earlier to table this agenda item).

Executive Director Ewing stated there is a motion to table the vote on this item to the next meeting in order to seek clarifications. There seems to be fundamental support for the

concept but concern about whether this particular use of the MHSA is allowed under the rules governing the use of these dollars for involuntary care. Issuing an opinion on whether or not something falls under the allowed uses of the MHSA is a function of the Department of Health Care Services (DHCS).

Executive Director Ewing stated options before the Commission are to delay and seek greater clarification by working with the county, legal counsel, and the DHCS; or to move forward with a vote today, with the condition to direct staff to contact the DHCS to ask them to ensure that the proposed project is an appropriate use of MHSA funds. The motion could stipulate that under no circumstances shall the MHSA funding be used to support a program that is in violation of the MHSA involuntary provisions.

Commissioner Mitchell asked if the clarification process can be done in a month.

Executive Director Ewing stated it may take longer than 30 days due to the vagueness in this area and the probable lack of legal precedence in this space. The Commission does not have the legal authority or the capacity to weigh in on what constitutes “involuntary” in this instance. There may be a fine legal line between someone who is receiving a voluntary MHSA service, when that person may be participating in a program that is involuntary. This does not mean that the county could not modify their proposal to ensure that by the next meeting.

Commissioner Bunch stated her understanding from the county’s last clarification that the county’s diversion is separate from the housing and the proposed project.

Ms. Ladrech stated the county is requesting funding for the peer provider services that will be in the house, which is separate from diversion. The house is paid for by a CHFFA grant.

Commissioner Mitchell stated she did not want to delay support; and, with reservation, amended the previous motion to state: Support the proposal with recognition that the county is not authorized to use MHSA funds in a way that is inconsistent with the voluntary nature of MHSA services, and to provide assurances in writing to the Commission to that effect within 30 days.

Commissioner Rowlett seconded.

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

The Commission approves Sonoma County’s Innovation Project with recognition that the county is not authorized to use MHSA funds in a way that is inconsistent with the voluntary nature of MHSA services and to provide assurances in writing to the Commission to that effect within 30 days, as follows:

> *Name: Crossroads to Hope*
>
> *Amount: Up to $2,500,000 in MHSA Innovation funds*
>
> *Project Length: Five (5) Years*

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

The following Commissioners voted "Yes": Commissioners Bontrager, Bunch, Carnevale, Chen, Cortese, Danovitch, Gordon, Mitchell, and Rowlett, Vice Chair Alvarez, and Chair Madrigal-Weiss.

ACTION

3: Mid-Year 2021-22 Budget Update and Overview of the Governor's proposed 2022 budget for the Commission

Presenter:

- Norma Pate, Deputy Director

Chair Madrigal-Weiss stated 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. She asked staff to present this agenda item.

Norma Pate, Deputy Director, provided an overview, with a slide presentation, of the MHSOAC budget overview and expenditure plan, which was included in the meeting materials. She stated the Governor's Proposed 2022-23 Budget provides three new staff positions to support the Commission's evaluation efforts and over $71 million for various grant programs.

Commissioner Questions

Commissioner Carnevale stated the amount of money continues to grow to provide grants for the Commission but the relative budget keeps getting smaller per dollar granted. The Commission's ability to operate effectively is based on its ability to have staff to support, evaluate, and guide and to expand Commission activities. He asked what the Commission can be doing to expand its core capability to support this growing need and to ensure it is effectively serving the citizens of California.

Executive Director Ewing stated each time the Legislature and Administration proposes to enhance the Commission's budget, they provide an opportunity for the Commission to talk with them about operational impacts. The challenge quite often is that they are one-time investments. Sometimes the difficulty is trying to respond quickly to a one-time investment and recognizing what the operational impact looks like. Staff tries to be thoughtful about the capacity issue particularly around one-time investments, which requires a dialogue with the Administration and the Legislature about where the capacity needs to be increased.

Executive Director Ewing stated support of additional staff is typically made when there is a new legislative mandate. This is more difficult to do with the broader general purposes of the Commission. It is important to think about how to strengthen the core foundation, which is not necessarily responsive to an individual directive under a specific funding or programmatic requirement.

Executive Director Ewing stated it is the broader initiative about how to drive transformational change, how to support public accountability, and how to ensure oversight that is necessary to strengthen public understanding of the public mental health system and the confidence that that system is moving in the direction it needs to move.

Commissioner Carnevale asked what can be done more proactively to change this outcome beyond what staff is already doing.

Executive Director Ewing stated that question is better asked during Agenda Item 5.

Public Comment

Stacie Hiramoto, Executive Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), stated it has not been possible to make public comment on the stakeholder advocacy grants, which the Commission administers in the amount of $5.4 million annually, since this item has not been put on the Commission agenda as a separate item in quite some time.

Stacie Hiramoto stated, prior to the grants being transferred from the Department of Mental Health to the Commission for administration, the focus of these grants at the state level was for policy and decision-making at the state level. When the Commission took over the administration of these grants, the focus of the deliverables went from the state level to the local level. Most of the grantees cannot be reimbursed for participation or comment at Commission meetings. REMHDCO believes the focus should return more to the state level and believes that meeting with the current and former grantees as well as community stakeholders would bear this out.

Hanna Bichkoff, Policy Director, Cal Voices, suggested creating additional programs to support children and youth who may not receive services at school.

Commissioner Discussion

Chair Madrigal-Weiss asked for a motion to approve the Fiscal Year 2021-22 Mid-Year Expenditure Plan.

Vice Chair Alvarez moved to approve the staff recommendation.

Commissioner Mitchell seconded.

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

- *The Commission approves the Fiscal Year 2021-22 Mid-Year Expenditure Plan.*

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

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

ACTION

4: Ken Burns Film and Youth Mental Health Engagement Project

Presenter:

- Tom Chiodo, WETA

Chair Madrigal-Weiss stated 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. She asked the presenters to highlight the role of peers, particularly children and youth, in informing this work.

Tom Chiodo, Executive Producer, Special Projects, National Program Development, WETA, thanked the Commission for inviting WETA to provide an update on the project and for supporting the important work of public media. He stated, as requested by the Commission and stakeholders in 2019, when this project was first proposed, the project proponents have included and listened to youth at every level of this effort. He provided an overview of the results seen to date.

Mr. Chiodo showed a video message from Ken Burns stating the reasons why he created this film, and an excerpt from the four-hour documentary series that will premiere in June of 2022, titled "Ken Burns Presents: Hiding in Plain Sight, Our Youth Mental Health Crisis." The second film in the three-film series will launch in spring of 2025 and will be titled "Ken Burns Presents: Hiding in Plain Sight, a Sense of Urgency." The third and final film in the series will launch in spring of 2028 and will be titled ""Ken Burns Presents: Hiding in Plain Sight, Our Common Struggle."

Justin Rhodes, Senior Director, National Digital Strategy, WETA, provided an overview, with a slide presentation, of the projects, strategies, and impacts of the Well Beings Youth Mental Health Project (Well Beings), a national community engagement campaign created by WETA, which brings together partners from across the country to create awareness and resources for better health and well-being. Well Beings created Remove Change: Rural Health Care in America, a digital-first project that launched in late 2021 dedicated to sharing a portrait of the disparities that exist in the rural and frontier regions of the United States in health care and mental health.

Mr. Chiodo continued the slide presentation and discussed the cities and states visited as part of the Well Beings Campaign Tour focusing on youth voices, the Mental Health Resource Toolkit, and year-one highlights such as journalist student reporting labs, Well Beings-branded blog on Forbes.com, and press coverage. He stated Well Beings partnered with the National Council for Mental Wellbeing to provide youth mental health first aid training in every community visited during the tour. Well Beings also partnered with American Public Media and their mental health initiative Call to Mind to air summaries of events held during the tour.

Mr. Rhodes continued the slide presentation and discussed the Well Beings Mental Health Educator Toolkit and the Mental Health Language Guide. The toolkit will be soft-launched with the premiere of the film. He showed a trailer for the award-winning series titled “Out of the Dark,” a series developed to specifically speak to youth audiences. It is the flagship digital series for the Well Beings campaign that will be launched on the PBS app in the coming weeks.

Mr. Chiodo invited the Commission to be part of more of WETA’s work and the continued rollout of this campaign. He requested $500,000 for the work in Well Beings.

Commissioner Questions and Discussion

Vice Chair Alvarez asked how the conversations and videos are connecting to youth organizations in California and about the work being done to connect with those organizations, have highlighted many challenges and made a tremendous difference in the mental health of young people.

Mr. Chiodo stated WETA connects with organizations during virtual events by working with media stations to mobilize within local communities and nationally to work with related organizations and has been deeply engaged with youth and youth organizations around the country. The humanity of everyone has touched these projects because they have all been touched by mental health and wellbeing.

Vice Chair Alvarez stated the importance of considering how to hold the connection to California youth-led organizations accountable that have done tremendous work to elevate the issues of mental health.

Mr. Chiodo stated flagship screenings are planned in California in the coming months to engage organizations, including youth organizations, in all the work being done. Panel discussions will include members of youth organizations.

Chair Madrigal-Weiss asked if the educator’s toolkit and language guide will be made available to all schools or only those schools that have gone through the video.

Mr. Chiodo stated the materials are available to all schools.

Public Comment

Poshi Walker, LGBTQ Program Director, Cal Voices, agreed that the Commission should wait to make a decision on this item and that California taxpayer dollars should benefit California youth. The speaker asked that the CFLC and CLCC be given an opportunity to weigh in on this item

Chair Madrigal- Weiss thanked Mr. Chiodo his presentation and said the Commission looks forward to learning more.

The Commission did not take action on Agenda Item 4.

ACTION

5: Legislative Priorities for 2022

Presenter:

- Toby Ewing, Executive Director;

Chair Madrigal-Weiss stated the Commission will consider legislative and budget priorities for the current legislative session, including opportunities to strengthen the Senate Bill (SB) 82 Mental Health Wellness Act/Triage grant program as a follow-up from its discussion last month.

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

Chair Madrigal-Weiss stated Commissioner Tamplen, who was unable to be in attendance today, asked the Commission to consider directing staff to engage the Governor and Legislature to develop a strategy to ensure that peers have an appropriate leadership role in California state government commensurate with the Commission's priority to support peers in the mental health system. She asked staff, along with discussing opportunities to strengthen SB 82, to discuss how the Commission might champion a formal role for peers.

Executive Director Ewing provided an overview of the background, projects leveraged to date, current restrictions, and challenges encountered due to those restrictions to the SB 82 Triage grant program. He stated counties continue to report profound challenges in hiring additional staff. The short-term nature of these funds limits the impact of the investment because of the focus on staff hiring. He suggested the following modifications to the SB 82 Triage grant program to improve its alignment with the Commission's efforts to using short-term funding as incentive grants:

- Release funds through a non-competitive process, where appropriate.
- Engage a broader array of eligible partners.
- Expand uses beyond personnel grants.
- Allow investments in prevention and early intervention.
- Allow matching fund requirements, where relevant.

Commissioner Questions

Commissioner Carnevale spoke in support of the proposed modifications to SB 82. Programs need to be created to be more efficient and effective. He stated the Fellowship Program is a great idea but, like the SB 82 programs, should be focused on outcomes so the Commission can become more effective as an organization. Invest to make outcomes more effective.

Vice Chair Alvarez stated the need has been brought up in every conversation to elevate community organizations and their capacity to respond and partner with the county mental

health system and state efforts. She stated appreciation that this proposal seeks to address that. She asked if the allocation of funds will be based on county size.

Executive Director Ewing stated allocation amounts are currently at the Commission's discretion. The proposed modifications expand the Commission's discretion to do more tailored work with these dollars that can be responsive to needs that are emerging over time.

Commissioner Gordon stated working in partnership and collaboration will help the work be done better. Partnerships with schools cannot happen without imaginative partnerships with community partners, partners from the universities, and partners from the early learning system. The Governor's initiative recognizes that there are many areas to work together to do the work smarter and better.

Public Comment

Elia Gallardo stated, at the last meeting, Commissioners required staff to reach out to stakeholders to discuss SB 82. Unfortunately, the CBHDA, the organization that represents the entities most impacted by the proposed modifications, was not included in this outreach. The speaker requested that no decision be made on this topic until the Commission's charge to reach out to stakeholders includes conversations with entities like the CBHDA.

Elia Gallardo stated counties continue to be concerned about limiting these funds to staffing for the reasons reflected in the analysis; however, the CBHDA firmly believes in the goals and purposes of SB 82. As outlined in the ten-year history, the CBHDA's expression of legitimate concerns seems to have, in part, resulted in justifying opening up the program for new purposes and adding still other problematic restrictions, such as a match, which will make funds available only to those who already have resources, presenting a barrier to small partners who will again be shut out by this kind of proposal.

Elia Gallardo stated the CBHDA supports partnerships like the MHSSA; however, it and its members strongly object to the redirection of funds to private entities, including and especially private hospitals. SB 82 funds are intended to build a stronger crisis response and counties are a central hub to this at the local level. Counties are also critical to the long-term sustainability of these efforts, which is why these funds have been directed with counties as the lead. Partnerships such as the MHSSA program do follow that trend and the CBHDA supports that.

Elia Gallardo stated the CBHDA strongly urges that the fidelity of SB 82 be retained and that the existing program be improved, not completely changed; with improvements that ensure that the funds will be spent, because that is the barrier. The barrier is how the current program is structured.

Elia Gallardo suggested that improvements include eliminating the competitive nature to secure these funds and strengthening the effectiveness of investments in crisis system change, which include training, program development, and other issues, as outlined in the analysis.

Elia Gallardo stated funding a completely new incentive program, although also with meritorious purposes, discards a valuable program with an important purpose that has made progress but has not yet met its goals for a fully functional statewide crisis intervention system. The CBHDA suggested that the Commission seek new funds for the proposed modifications and not divert these critical existing limited resources.

Adrienne Shilton, Director of Public Policy and Strategy, California Alliance of Child and Family Services, spoke in support of the proposed modifications to the SB 82 grants, particularly Recommendation No. 2 to allow for nonprofit community-based organizations to be eligible applicants. The California Alliance of Child and Family Services was one of the organizations consulted in this process.

Marika Collins, Public Policy Officer, Didi Hirsch Mental Health Services, spoke in support of the proposed modifications to SB 82, with particular emphasis on the modification that would allow funding to flow directly to county partners such as nonprofit community-based organizations.

Matthew Gallagher suggested fortifying existing crisis services prior to expanding services to upstream and prevention and early intervention. The speaker suggested considering expanding services beyond what is in legislation now, but looking at it from a cautious perspective.

Matthew Gallagher agreed that reforms are needed and the competitive process should be looked at but suggested, instead of completely doing away with it, having large counties compete against large counties, medium against medium, and small against small. The speaker agreed with expanding it beyond personnel and beyond just counties, but suggested first coming together and discussing concerns.

Danny Offer, National Alliance on Mental Illness (NAMI) California, spoke in support of the proposed modifications to the SB 82 grants, particularly the idea of focusing some of the funds on prevention and early intervention and expanding the pool of who can qualify. He suggested including Empath Model Units in or nearby hospitals in the pool expansion.

Kalia Parker, Seneca Family of Agencies, spoke in support of the proposed modifications to the SB 82 grants, specifically Recommendation No. 2.

Ruqayya Ahmad, Fellow with the California Pan-Ethnic Health Network (CPEHN), spoke in support of the efforts to improve the SB 82 grants so it can meet its stated goal. It is just as important that any changes made to SB 82 also increase its focus on racial equity in mental health crisis care. She stated, while CPEHN appreciates the intent of the proposed changes, some of them miss the mark on the changes that are truly needed.

Ruqayya Ahmad stated concern that more often than not, noncompetitive procurement ends up disadvantaging entities that are embedded in communities of color. CPEHN also has concerns about engaging a broader array of behavioral health partners, such as large hospitals and other already well-resourced stakeholders tapping into these funds. Instead, CPEHN suggested that SB 82 prioritize funding for counties or other entities that commit to

developing culturally- and linguistically-relevant community-based non-law enforcement alternative response models.

Ruqayya Ahmad stated SB 82 should require collection of data that will allow for meaningful analysis of racial disparities in both who is served and the outcomes of the service. SB 82 should require that professionals and peers who staff response teams represent their community's racial and linguistic diversity and also require that service providers go through implicit bias training.

Stacie Hiramoto spoke in strong support of CBHDA's recommendation for the Commission not to take a position or vote on this measure today. She stated she agreed with many concerns raised by Matthew Gallagher and Ruqayya Ahmad. While REMHDCO does not have specific opposition to the recommendations made in this proposal, it does not believe that the process for public input and for Commission consideration has been adequate.

Stacie Hiramoto again suggested creating a Legislative Committee to discuss these issues and bring recommendations to the full Commission. It is impossible for Commissioners and the public to dialogue at full Commission meetings. The state budget process provides less opportunity for stakeholders to weigh in as compared to regular legislative process. The budget process moves quickly and is not transparent.

Stacie Hiramoto suggested that the Commission support the Health Equity and Racial Justice Fund budget item. She stated she will provide more information at the next Commission meeting.

Commissioner Discussion

Vice Chair Alvarez stated there were concerns raised by members of the public about the lack of public process and that these county dollars should not go to community organizations. She noted that this issue has been discussed in at least three Commission meetings, including at a CLCC meeting to gather input on opening up SB 82. The Commission is committed to having transparent conversations for both big and small issues. She stated she is proud of the Commission for providing multiple opportunities to discuss this issue and for continuing to provide opportunities through the advocacy efforts of many of the Commission's partners throughout the legislative process.

Chair Madrigal-Weiss agreed that it is important that the Commission is in communication with partners.

Executive Director Ewing stated this issue was raised at the last Commission meeting. Staff has a standing meeting with the CBHDA executive team, which met on February 7th, wherein staff raised this issue. Staff has been subsequently in email communication with individual county directors and has offered to meet with county directors as part of their monthly meetings to talk about the proposal.

Executive Director Ewing clarified that the Commission itself is not changing the rules. Staff is asking for guidance to approach the Legislature on items to support. There have already been

several discussion opportunities, which are a precursor to moving to the legislative venue where the final decision will be made. Opportunities to provide input will continue during the legislative process. Staff actively began reaching out and gathering feedback as soon as staff heard from legislative offices that the best way to do this is through a budget trailer bill. The request from staff is for authority to have this conversation formally with the Legislature while continuing to work with all stakeholders.

Chair Madrigal-Weiss asked for a motion in support of the modifications to SB 82 and to direct staff to work with the Legislature and bring back specific language to the Commission at a later date.

Commissioner Carnevale so moved.

Commissioner Mitchell seconded. She asked about the timeline of the five proposed modifications to SB 82.

Executive Director Ewing stated staff will draft a proposal, work with the Legislature, and bring it back to the Commission by early June.

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

- *The Commission supports the modifications to Senate Bill 82 (as shown in this Agenda Item 5)* and directs staff to *work with the Legislature and bring back specific language to the Commission at a later date.*

Motion carried 7 yes, 0 no, and 0 abstain, per roll call vote as follows:

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

Chair Madrigal-Weiss proposed a second, related motion to support the comments made by Commissioner Tamplen that would direct staff to engage the Governor and the Legislature to develop a strategy to ensure that peers have an appropriate leadership role in California state government. Commissioner Carnevale and Commissioner Mitchell expressed support.

Public Comment

Stacie Hiramoto stated she was unclear about the amount of the proposal or how it will be in the state budget.

Executive Director Ewing stated there is not yet a classification for peers in state government. Clarifying details will follow the development of the proposal.

Matthew Gallagher spoke in support of the motion.

Elia Gallardo spoke in support of the motion.

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

- *The Commission supports the proposal recommended by Commissioner Tamplen to direct staff to engage the Governor and the Legislature to develop a strategy to ensure that peers have an appropriate leadership role in California state government.*

Motion carried 7 yes, 0 no, and 0 abstain, per roll call vote as follows:

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

Chair Madrigal Weiss stated, in the interest of time, action on whether to establish a new behavioral health fellowship focused on performance outcomes and accountability, as a way to recognize Commissioner Tina Wooton (as proposed by CalVoices during General Public Comment), would be held over until the next feasible Commission meeting.

ADJOURNMENT

There being no further business, the meeting was adjourned at 1:09 p.m.

AGENDA ITEM 2

Action

March 24, 2022 Commission Meeting

Kern County Innovation Plan

Summary: The Commission will consider approval of the Kern County Behavioral Health Department (Kern County) request to expend up to $8,774,098 in MHSA Innovation funds over five years for the following innovation project:

- **Mobile Clinic with Street Psychiatry**

Kern County is proposing to improve outcomes for individuals experiencing homelessness and mental health and/or substance use challenges through collaboration and stakeholder requested services available through mobile clinics.

This project will focus on relationship building and measure the effects of outreach and engagement of individuals experiencing homelessness using the Relational Stages of Outreach and Engagement Model (ROEM) delivered by a fully mobile, full-time team of peers, outreach workers, a substance use counselor, therapist, nurse, and psychiatrist. Innovation funding will also be used to retrofit two vehicles into multi-use spaces that can operate as mobile mental health clinics to be used as needed in support of overall wellness.

The ROEM engagement approach focuses on meeting individuals where they are at, building a trusting relationship, and bridging a person into services and care at their pace. This project takes a whole person care approach from outreach and engagement, linkage to community services and support, food and hygiene supplies, housing, substance use services, mental health services with peer support, and medical services that include, nursing, medication, and street psychiatry.

Kern County initially piloted a part-time version of this program in response to community stakeholders and the Board of Supervisors requesting immediate action to provide support to respond to the homelessness and mental health crisis exacerbated by the COVID-19 pandemic. Kern Behavioral Health piloted 4 hours of psychiatry with the newly formed ROEM team (staff temporarily reassigned from a Full-Service Partnership).

The pilot showed promise to increase engagement of the unserved and underserved individuals facing homelessness leading Kern County to initiate this Innovation project. Kern County will test the effect of using ROEM to deliver street psychiatry through the fully mobile, full-time team using the two mobile clinic units to be placed in centralized locations close to homeless encampments.

Stakeholders repeatedly asked for more services for those experiencing homelessness, specifically listing mobile services that meet folks where they are. Kern County received this feedback from stakeholder groups representing: LGBTIQA+ individuals; Native American populations; Spanish Speaking/ LatinX, and African American/ Black populations; and Veterans.

Kern County received the necessary local approvals for this project through a general public comment period from December 17, 2021 through January 17, 2022; and a local Mental Health Board hearing on February 28, 2022.

This project went out for review to Commission stakeholder contractors, listserv, and the Client and Family Leadership and Cultural and Linguistic Competence Committees. One comment was received and addressed by Kern County in a written response included in the link below.

Presenter for Kern County's Innovation Project:

- Christina Rajlal, PhD, MBA, Behavioral Health Program Supervisor/MHSA Coordinator

Enclosures (3): (1) Commission Community Engagement Process; (2) Biography for Kern County's Presenter: (2) Staff Analysis: Mobile Clinic with Street Psychiatry

Handout (1): PowerPoint will be presented at the meeting

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

https://mhsoac.ca.gov/all/kern-county-innovative-project-mobile-clinic-with-street-psychiatry/

Proposed Motion: The Commission approves Kern County's Innovation Project, as follows:

Name: Mobile Clinic with Street Psychiatry
Amount: Up to $8,774,098 in MHSA Innovation funds
Project Length: 5 Years

Commission Process for Community Engagement on Innovation Plans

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

Sharing of Innovation Projects with Stakeholders

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

Biography for Kern County Presenter
Mobile Clinic with Street Psychiatry

Christina Rajlal, PhD, MBA

Christina Rajlal, PhD, MBA, (she/her/hers) is the Mental Health Services Act (MHSA) Coordinator for Kern County at Kern Behavioral Health and Recovery Services (KBHRS). In her current role, Christina manages all MHSA programming and funding for Kern County and oversees Outreach and Education for KBHRS. This includes oversight and support to the Homeless Adult Team, Homeless Outreach Team, and The Dream Center all supporting unsheltered individuals. The Kern native attended University of California, Los Angeles where she earned her BA in English. She then went on to complete her MBA in 2008. Finally, she completed her PhD in Industrial and Organizational Psychology. Christina has worked in the Behavioral Health and Social Service Sector for 23 years. Prior to her professional career in Behavioral Health, she was an actor in Los Angeles. When Christina isn't working, you can find her wander lusting through travelling, tending to her garden for her vegan family, or attending one of the many sports or activities of her two children.

STAFF ANALYSIS—Kern County

Innovation (INN) Project Name:	**Mobile Clinic with Street Psychiatry**
Total INN Funding Requested:	**$8,774,098**
Duration of INN Project:	**Five (5) Years**
MHSOAC consideration of INN Project:	**March 24, 2022**

Review History:

Approved by the County Board of Supervisors:	March 1, 2022
Mental Health Board Hearing:	February 28, 2022
Public Comment Period:	December 17, 2021- January 17, 2022
County submitted INN Project:	February 23, 2022
Date Project Shared with Stakeholders:	December 2, 2021 & March 4, 2022

Project Introduction:

Kern County requests authorization for the use of up to $8,774,098 of Innovation funding over five years to launch the Mobile Clinic with Street Psychiatry project. This project will focus on relationship building and measure the effects of outreach and engagement of individuals experiencing homelessness using the Relational Stages of Outreach and Engagement Model (ROEM) delivered by a fully mobile team of peers, outreach workers, a substance use counselor, therapist, nurse, and psychiatrist.

The ROEM engagement approach focuses on meeting individuals where they are at, building a trusting relationship, and bridging a person into services and care at their pace. This project takes a whole person care approach from outreach and engagement, linkage to community services and support, food and hygiene supplies, housing, substance use services, mental health services with peer support, and medical services that include, nursing, medication, and street psychiatry.

These are specific needs that have been identified by stakeholders in Kern County to support people facing homelessness. ***If successful, Kern County states that the model has the potential to provide a street psychiatry residency program and fellowship to continue the investment towards street psychiatry and outreach.***

This proposal makes a change to Kern County's existing practice in the local mental health field by providing an immediate access to care approach to service delivery with the primary purpose of increasing access to, and the quality of, mental health services while also promoting community collaboration.

What is the Problem (Pages 4-7)
Kern County identifies a need for mobile services and a comprehensively trained street outreach team for people experiencing homelessness with mental illness and/or substance use challenges.

Prior to COVID-19, Kern County, like other counties, was experiencing an increase in individuals experiencing homelessness and mental health needs. ***Kern County also reports an existing transportation challenge with outreach and service delivery within the County due to the size of the county (8,161 square miles) and having both rural and metropolitan areas spread out, preventing easy access to care.***

Existing challenges were exacerbated by the pandemic, with Kern County reporting an increase in homelessness and more challenges in outreach, education, access, assessment, and linkage to services. Community stakeholders and the Board of Supervisors requested immediate action to provide support to respond to the homelessness crisis and with no existing funding available, Kern quickly innovated by shifting services from the Full-Service Partnership, Homeless Adult Team (HAT) to meet the immediate need. Under the HAT team, ROEM was adopted and quickly put into practice in March 2021. Due to overwhelming need, more services and resources were redirected to ROEM in April 2021 and again in May. Through these increased efforts to provide available services to those previously unreached or underserved, they quickly learned that taking services directly to the clients proved promising.

Throughout the pandemic, Kern County continued stakeholder engagement and the need for mobile services and services for those experiencing homelessness was a reoccurring theme.

The ROEM model has shown promise as a tool during the COVID-19 response to support individuals that are hard to reach during isolative times and Kern County seeks to test whether scaling it to a fully operational, full-time team can improve outcomes for individuals experiencing homelessness as part of Kern County's Behavioral Health System of Care.

How this Innovation project addresses this problem (Pages 7-11)
Kern County intends to utilize Innovation funding to focus on relationship building with those experiencing homelessness in Kern County. Kern County will test the effectiveness of a tailored mobile clinic with street psychiatry that scales up the preliminary efforts of the ROEM team and includes a full-time, fully operational team and two mobile mental health clinics.

Kern states that this proposal will meet folks where they are at through a heavy outreach and engagement focus to create relationships that research indicates can take up to 17 interactions before a connection is made.

Target Population

The project emphasis is on providing a preventative based approach through immediate access to service delivery for individuals experiencing homeless, youth and others identified as at risk due to an inability to utilize traditional behavioral health services.

While open to all, the primary target populations who will receive priority use of the mobile clinic with street psychiatry are:

- Individuals experiencing homelessness
- Transition Age Youth (TAY) facing or experiencing homelessness
- Youth who have been identified as commercial sexually exploited children (CSEC) and experiencing homelessness

Services will be offered in Kern County's threshold language of Spanish with bilingual staff available for service delivery. Kern has committed to providing services that are culturally appropriate. Please see pages 38-39 of the original plan for more details on the required cultural competency trainings and Kern's additional offerings of 275 trainings for staff to utilize to further their cultural competency.

Daily operation

Innovation funding will be used to fully staff the ROEM team, including:

- 2 Peer Support Specialists (paid competitively)
- 2 Behavioral Health Therapists
- 1 Behavioral Health Recovery Specialist
- 1 Psychiatrist
- 1 Medical Assistant
- 1 Nurse

Innovation funding will also be used to retrofit two vehicles into multi-use spaces that can operate as mobile mental health clinics to be used as needed in support of overall wellness.

Street Psychiatry will be the main focus of this Mobile Clinic and will include the practice of providing mental health care directly to people experiencing homelessness. Outreach and engagement will be directed to individuals who may be homeless, living under bridges, in riverbeds, in parks, or other community-based places where other individuals facing homelessness live.

Examples of services that may be provided by the ROEM team include peer support, psychiatric evaluations, medication management services, therapeutic interventions, evaluations, and supported connection to desired community resources.

As noted above, the mobile clinic will be able to offer most wrap around services traditionally provided in office through Full-Service Partnerships (FSP). ***Medication support is one of these traditional services that clinical staff will be able to provide directly where individuals are through coordination with pharmacy delivery services. By bringing services, including peer support and medication delivery to clients, this project seeks to eliminate transportation and other barriers preventing people from attending appointments and picking up prescribed medications.***

Additionally, the Mobile Clinic with Street Psychiatry will be equipped to be used as a mobile medical unit as a secondary offering to those experiencing homelessness and mental health care needs. ***The mobile medical portion of this model will include medical screenings, lab work, prescribing and refilling prescription medication, and Narcan distribution when available. The services will begin in phases with more services added after the units are fully operational and engagement has occurred.***

If a person is determined to have a higher level of medical care needed, the person will be linked to a partner larger mobile medical unit like Clinical Sierra Vista's Medical Street Outreach Team or Adventist Health Hospital's Mobile Medical RV Services.

It is important to note that the project design is flexible and will be tailored to the needs of the target populations as well as have the ability to be showcased at outreach events or quickly deployed for mental health support should a natural disaster or other crisis occur.

Collaboration

To support appropriate linkage and follow through for all individuals seeking services through this project, Kern County has developed partnerships with The Center for Sexuality and Gender Diversity, Bakersfield American Indian Health Project, LatinX Taskforce of Kern County, and other culturally specific partnerships that can aid in linking individuals into culturally appropriate care when necessary.

Kern County will also utilize their well-established Multi-Agency Integrated Services Team (MIST) which is categorized as a FSP program successfully serving the CSEC population. If a TAY facing homelessness is identified and additionally is identified as CSEC, they will be provided linkage opportunity to the MIST program.

In addition, Kern County will continue working through existing partnerships or memorandums of understanding (MOU's) to offer individuals a range of support, including:

- Shelter beds at homeless shelters/ low barrier shelters (MOU)
- Housing at Adult Residential Facilities, Sober Living Environments and Hotel Rooms (MOU)
- Direct connection into local Freise Hope House placement
- Joint response With the Homeless Outreach Team and Flood Ministries (contracted provider for homeless outreach)
- Relationship with Law Enforcement for appropriate response

- Linkage to public showers and other engagement services
- Linkage to Clinical Sierra Visit's Medical Street Outreach Team
- Adventist Health Hospital's Medical Outreach Teams
- The Center for Sexuality and Gender Diversity
- Bakersfield American Indian Health Project
- LatinX Taskforce of Kern County

Related programs (see pages 23-25 of the original proposal for more details)
Kern county presents research identifying several models and nine programs in California and elsewhere that they reviewed and utilized to inform the Mobile Clinic with Street Psychiatry Innovation proposal. ***Kern highlights that while their Innovation proposal may include services also offered in other counties, this approach is unique for their county and has the potential to produce a replicable model that can be shared with other counties facing similar challenges.*** Kern is leveraging learning from these existing programs and is committed to disseminating lessons learned throughout project implementation. Kern County's offer of immediate access to care through mobile, wraparound support that includes the unique combination of outreach and engagement, linkage to community services and support, food and hygiene supplies, housing linkage, substance use services, mental health services with peer support, and medical services that include, nursing, medication, and street psychiatry does not appear to exist in a single mobile program.

Community Planning Process (Pages 11-18 & 33-38)

Local Level
Kern County provides documentation of extensive community engagement beginning in 2019 and continuing through the transition to virtual engagement in 2020 and 2021 with 22 meetings and targeted outreach across the 8,161 square miles that make up the county. See page 34 of the original plan for a map highlighting the locations of various meetings.

Stakeholders repeatedly asked for more services for those experiencing homelessness, specifically listing mobile services and services that meet folks where they are. After receiving the initial idea from stakeholders, Kern County developed and proposed this Innovation project.

Kern County received feedback in support for this Innovation project including feedback from stakeholder groups representing: LGBTIQA+ individuals; Native American Populations; Spanish Speaking/ LatinX groups, and African American/ Black population; and Veterans.

Kern held a public comment period from December 17, 2021 through January 17, 2022 followed by local Mental Health Board hearing on February 28, 2022.

A final plan, incorporating stakeholder input and MHSOAC technical advice, was submitted to Commission staff on February 23, 2022. In additional to the plan, Kern County submitted a summary of comments and responses as a separate document.

Commission Level
The initial plan was shared with Commission stakeholders on January 10, 2022 while the County was in their 30-day public comment period and comments were directed to the county.

The final version of this project was shared with Commission stakeholders on March 4, 2022. Additionally, this project was shared with both the Client and Family Leadership and Cultural and Linguistic Competence Committees.

One Comment was received in response to Commission sharing the initial plan with stakeholder contractors, the listserv, and the Committees. The comment was forwarded to the County and addressed in the County's summary of comments provided with the final plan.

Learning Objectives and Evaluation (pages 26-32)
Kern County anticipates serving 63,175 (12,635 X 5) individuals through outreach and mobile service delivery over the course of the five-year project. The evaluation will be finalized and completed by the contractor, EVALCORP who currently supports MHSA evaluation in several counties.

Kern County presents three main learning goals to guide this project:

Learning Goal #1: Can the Mobile Clinic increase quality of life factors for individuals facing homelessness?

- A satisfactory survey instrument will be created to measure qualitative and quantitative factors in an individual's overall quality of life after receiving care through the Mobile Clinic and/ or treatment.
- The outside evaluator will measure, over time, the user's satisfaction level of services and indicators that measure their quality-of-life standards after receiving care.
- Pre and post surveys will not be used as it has been noted in current outreach efforts with the homeless population that asking many questions upfront, in a survey format, typically creates a barrier towards engagement.

Learning Goal #2: Can the use of a Mobile Clinic increase use of available care?

- Measurements will track encounters of individuals on the streets experiencing homelessness and their willingness to engage and/or accept services.
- Flow data tracking through spreadsheets will allow the team to observe if individual encounters with individuals living on the street result in use of available care.
- During the first year of operation, a baseline will be set of the encounters with individuals experiencing homelessness and their utilization of available care options. This baseline report will be organized monthly and show utilization of services.
- In the second year of operation, reporting will continue and be compared to the prior year's data. This will show an increase or decrease in the use of available care options through the Mobile Clinic.

Learning Goal #3: Can the Mobile Clinic successfully provide more outreach and access to care on the street?

- Measurements will track enhanced linkage to services including an increased willingness to take prescription medication, increase in successful housing, and decrease homelessness.
- Electronic Health Record (EHR) will be used to create a specific subunit to track use of prescription and injectable medication provided through the Mobile Clinic.
- EHR standardized reports will be generated to evaluate changes in use of medication.
- A baseline will be set the first year using this standardized report and will be compared with all additional years moving forward to map any changes.

Prior to completion of the project, the County will compile all feedback from stakeholder meetings and data collected from outcome measurements to determine whether this innovation program was successful and should be sustained.

By designing the project with similar tools used for outcome measurement as those used in current FSP (funded by MHSA Community Services and Supports (CSS)) programs, the Mobile Clinic with Street Psychiatry program, can easily be sustained with FSP funding.

The Budget

Funding Source	Year-1	Year-2	Year-3	Year-4	Year-5	**TOTAL**
Innovation*	$ 2,215,011	$1,572,041	$1,618,393	$1,661,064	$1,707,588	$8,774,097
5 Year Budget	Year-1	Year-2	Year-3	Year-4	Year-5	**TOTAL**
Personnel	$ 1,200,329	$1,236,340	$1,273,429	$1,311,633	$1,350,982	$6,372,713
Operating	$ 172,500	$ 118,250	$ 121,950	$ 120,686	$ 121,959	$ 655,345
Indirect Costs	$ 180,049	$ 185,451	$ 191,014	$ 196,745	$ 202,648	$ 955,907
Capital Assets & Tech	$ 632,133	$ 2,000	$ 2,000	$ 2,000	$ 2,000	$ 640,133
Evaluation	$ 30,000	$ 30,000	$ 30,000	$ 30,000	$ 30,000	$ 150,000
TOTAL:	$ 2,215,011	$1,572,041	$1,618,393	$1,661,064	$1,707,589	**$8,774,098**

*The budget total is an estimate and due to rounding, varies by $1.

The County is requesting authorization to spend up to $8,774,098 in MHSA Innovation funding for this project over a period of five (5) years to improve outcomes for clients experiencing homelessness.

Personnel costs total $6,372,713 (73% of total budget) includes the following positions:

- 2 FTE Peer Support Specialist I/II/III
- 2 FTE Behavioral Health Therapist
- 1 FTE Behavioral Health Recovery Specialist
- 1 FTE Psychiatry Time
- 1 FTE Medical Assistant
- 1 FTE Nurse

Operating Costs total $805,345 (9% of total budget) and include:

- Direct costs associated with services and supplies, training
- Evaluation (total $150,000 at 5% of total budget) and will be contracted out to EVALCORP.

Capital Assets and Technology costs total $640,133 (7% of total budget) to purchase:

- Laptops, routers and other technology,
- Two mobile units including an RV, sprinter van, and
- Modifications to the vehicles to add primary care rooms

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 CSS funding through existing FSPs.

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

AGENDA ITEM 3

Action

March 24, 2022 Commission Meeting

Legislative Priorities for 2022

Summary:

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

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

Assembly Bill 2281, Assemblymember Tom Lackey (Introduced February 16, 2022)
At the March 24th Commission meeting, the Commission will receive a presentation on AB 2281, authored by Assemblymember Lackey. This bill would establish the Mental Health Preschool Services Act, that will require the Commission to award grants to preschool and daycare programs, and to provide mental health services to children from birth to 5 years of age.

Background:

Over the last few months, Commissioners discussed new legislation that will create continuous improvement and transformational change to the mental health system.

January 2022 Action Items

At the January Commission meeting, the Commission approved the following legislative and budget priorities for the current legislative session:

- Assembly Bill 748, authored by Assembly Member Carrillo
  This bill requires school sites in grades 6-12 to post a poster on student mental health and directs the California Department of Education to develop a model poster for local schools.

Action: The Commission communicated support for AB 748 and directed staff to work with the author to elevate the youth voice in the development of the poster and ensure that resources on the poster are culturally relevant to each community.

Position: The Commission directs staff to communicate its support to the Legislature and Administration and to work with the author to address the opportunities discussed.

- Senate Bill 82 - Mental Health Wellness Act/Triage

  In October 2021, the Commission heard testimony 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. The Chair asked staff to review the opportunity to strengthen the SB 82 Mental Health Wellness Act/Triage Program.

  Action: At the January meeting, the Commission directed staff asked to work with community partners and the Legislature to modify the Mental Health Wellness Act of 2103, which authorizes the Commission to provide grant funding to counties under the Triage Program.

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

- School Mental Health Advocacy Funding

  At the January meeting, Chair Madrigal-Weiss asked for a motion to direct staff to seek advocacy funding, consistent with other funding levels ($670,000 annually), for school mental health advocacy, including 0-5 and K12, focused on elevating the voices of students.

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

- Augmentation for Immigrant and Refugee Advocacy

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

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

February 2022 Action Items:
At the February meeting, staff presented proposed modifications to Senate Bill 82/Mental Health Wellness Act grant program as a follow-up from its discussion in January.

- Modifications to Senate Bill 82/Mental Health Wellness Act
  The Commission was presented with the following modifications to the SB 82 Triage grant program to improve its alignment with the Commission's efforts to using short-term funding as incentive grants:

  - Release funds through a non-competitive process, where appropriate.
  - Engage a broader array of eligible partners.
  - Expand uses beyond personnel grants.
  - Allow investments in prevention and early intervention.
  - Allow matching fund requirements, where relevant.

Action: Staff will draft a proposal, work with the Legislature, and bring it back to the Commission by early June.

Position: The Commission supports the modifications to Senate Bill 82 as presented at the February 24, 2022 Commission meeting and directs staff to work with the Legislature and bring back specific language to the Commission at a later date.

Presenter(s): Norma Pate, Deputy Director

Enclosures: Assembly Bill 2281, Lackey (Introduced 2/16/22), AB 2281 Mental Health Preschool Act Fact Sheet

Handouts: None

ASSEMBLY BILL No. 2281

Introduced by Assembly Member Lackey
(Principal coauthors: Assembly Members Aguiar-Curry and Mathis)
(Coauthors: Assembly Members Chen, Flora, Eduardo Garcia, Nazarian, and Seyarto)
(Coauthors: Senators Newman and Ochoa Bogh)

February 16, 2022

An act to add Section 5887 to the Welfare and Institutions Code, relating to mental health.

legislative counsel's digest

AB 2281, as introduced, Lackey. Mental Health Preschool Services Act.

Existing law establishes the Mental Health Student Services Act, administered by the Mental Health Services Oversight and Accountability Commission. Existing law requires the commission to award grants to county mental health or behavioral health departments and to fund partnerships between educational and county mental health entities.

This bill, contingent upon an appropriation in the Budget Act, would establish the Mental Health Preschool Services Act, administered in a similar manner by the commission, to award grants to fund partnerships between qualified applicants and preschool and daycare programs for children from birth to 5 years of age, inclusive, to provide mental health services to those children, as specified.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 5887 is added to the Welfare and
2 Institutions Code, to read:
3 5887. (a) The Mental Health Preschool Services Act is hereby
4 established as a mental health partnership grant program for the
5 purpose of establishing mental health partnerships between
6 partners, including, but not limited to, qualified nonprofits, public
7 hospitals, and a county's mental health or behavioral health
8 departments and preschool and daycare programs for children from
9 birth to 5 years of age, inclusive, within the county.
10 (b) (1) The Mental Health Services Oversight and
11 Accountability Commission shall develop criteria for these
12 applicants to award grants to fund partnerships between preschool
13 and daycare programs and mental health entities. Subject to an
14 appropriation for this purpose, commencing with the 2022–23
15 fiscal year, the commission shall award a grant under this section
16 to applicants, as identified by the partnership that meets the
17 requirements of this section.
18 (2) Eligible applicants, in partnership with one or more preschool
19 and daycare programs, may apply for a grant to fund activities of
20 the partnership.
21 (c) The commission shall establish criteria for awarding funds
22 under the grant program, including the allocation of grant funds
23 pursuant to this section, and shall require that applicants comply
24 with, at a minimum, all of the following requirements:
25 (1) That all preschool and daycare programs have been invited
26 to participate in the partnership, to the extent possible.
27 (2) That applicants include with their application a plan
28 developed and approved in collaboration with participating
29 preschool and daycare program partners and that include a letter
30 of intent, a memorandum of understanding, or other evidence of
31 support or approval by the partners.
32 (3) That plans address all of the following goals:
33 (A) Preventing mental illnesses from becoming severe and
34 disabling.
35 (B) Improving timely access to services for underserved
36 populations.

1 (C) Providing outreach to families, employers, primary care
2 health care providers, and others to recognize the early signs of
3 potentially severe and disabling mental illnesses.
4 (D) Reducing the stigma associated with the diagnosis of a
5 mental illness or seeking mental health services.
6 (E) Reducing discrimination against people with mental illness.
7 (F) Preventing negative outcomes in the targeted population.
8 (4) That the plan includes a description of the following:
9 (A) The need for mental health services for children, including
10 onsite mental health services, as well as potential gaps in local
11 service connections.
12 (B) The proposed use of funds, which shall include, at a
13 minimum, that funds will be used to provide personnel support.
14 (C) How the funds will be used to facilitate linkage and access
15 to ongoing and sustained services, including, but not limited to,
16 objectives and anticipated outcomes.
17 (D) The partnership's ability to do all of the following:
18 (i) Obtain federal Medicaid or other reimbursement, including
19 Early and Periodic Screening, Diagnostic, and Treatment funds,
20 when applicable, or to leverage other funds, when feasible.
21 (ii) Collect information on the health insurance carrier for each
22 child, with the permission of the child's parent, to allow the
23 partnership to seek reimbursement for mental health services
24 provided to children, where applicable.
25 (iii) Engage a health care service plan or a health insurer in the
26 mental health partnership, when applicable, and to the extent
27 mutually agreed to by the partnership and the plan or insurer.
28 (iv) Administer an effective service program and the degree to
29 which mental health providers and preschool and daycare programs
30 will support and collaborate to accomplish the goals of the effort.
31 (v) Connect children to a source of ongoing mental health
32 services, including, but not limited to, through Medi-Cal, specialty
33 mental health plans, county mental health programs, or private
34 health coverage.
35 (vi) Continue to provide services and activities under this
36 program after grant funding has been expended.
37 (d) Grants awarded pursuant to this section shall be used to
38 provide support services that include, at a minimum, all of the
39 following:
40 (1) Services provided onsite, to the extent practicable.

1 (2) Suicide prevention services.
2 (3) Outreach to high-risk children, including, but not limited
3 to, foster children and children who have experienced trauma.
4 (4) Placement assistance and development of a service plan that
5 can be sustained over time for children in need of ongoing services.
6 (e) Funding may also be used to provide other prevention, early
7 intervention, and direct services, including, but not limited to,
8 hiring qualified mental health personnel, professional development
9 for staff on trauma-informed and evidence-based mental health
10 practices, and other strategies that respond to the mental health
11 needs of children, as determined by the commission.
12 (f) The commission shall determine the amount of grants and
13 shall take into consideration the level of need and the number of
14 children in participating entities when determining grant amounts.
15 In determining the distribution of funds appropriated in the
16 2022–23 fiscal year, the commission shall take into consideration
17 any previous funding the grantee received under this section or
18 Section 5886.
19 (g) The commission may establish incentives to provide
20 matching funds by awarding additional grant funds to partnerships
21 that do so.
22 (h) If the commission is unable to provide a grant to a
23 partnership in a county because of a lack of applicants or because
24 no applicants met the minimum requirements within the timeframes
25 established by the commission, the commission may redistribute
26 those funds to other eligible grantees.
27 (i) Partnerships currently receiving grants from the Investment
28 in Mental Health Wellness Act of 2013 (Part 3.8 (commencing
29 with Section 5848.5)) are eligible to receive a grant under this
30 section for the expansion of services funded by that grant or for
31 the inclusion of additional partners within the mental health
32 partnership.
33 (j) Grants awarded pursuant to this section may be used to
34 supplement, but not supplant, existing financial and resource
35 commitments of the county, city, or multi-county mental health
36 or behavioral health departments, or a consortium of those entities,
37 or preschool and daycare programs that receive a grant.
38 (k) (1) The commission shall develop metrics and a system to
39 measure and publicly report on the performance outcomes of
40 services provided using the grants.

1 (2) (A) The commission shall provide a status report to the
2 fiscal and policy committees of the Legislature on the progress of
3 implementation of this section no later than March 1, 2024, and
4 provide an updated report no later than March 1, 2026. The reports
5 shall address, at a minimum, all of the following:
6 (i) Successful strategies.
7 (ii) Identified needs for additional services.
8 (iii) Lessons learned.
9 (iv) Numbers of, and demographic information for, the children
10 served.
11 (v) Available data on outcomes, including, but not limited to,
12 linkages to ongoing services and success in meeting the goals
13 identified in paragraph (3) of subdivision (c).
14 (B) The reports to be submitted pursuant to this paragraph shall
15 be submitted in compliance with Section 9795 of the Government
16 Code.
17 (*l*) The commission may enter into exclusive or nonexclusive
18 contracts, or amend existing contracts, on a bid or negotiated basis
19 in order to implement this section. Contracts entered into or
20 amended pursuant to this subdivision are exempt from Chapter 6
21 (commencing with Section 14825) of Part 5.5 of Division 3 of
22 Title 2 of the Government Code, Section 19130 of the Government
23 Code, and Part 2 (commencing with Section 10100) of Division
24 2 of the Public Contract Code, and shall be exempt from the review
25 or approval of any division of the Department of General Services.
26 (m) This section shall be implemented only to the extent moneys
27 are appropriated in the annual Budget Act or another statute for
28 purposes of this section.

O

Assemblyman Tom Lackey 36th District

AB 2281: Mental Health Preschool Services Act

Background

The American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry and Children's Hospital Association have declared a national emergency in Child and Adolescent Mental Health.

The COVID-19 pandemic has exacerbated a pre-existing mental health crisis for our youth.

The Mental Health Services Oversight and Accountability Commission awards grants to fund partnerships between educational and county mental health entities.

The Problem

The Commonwealth Fund's Health System Delivery Data Center ranked California 48th for providing mental health services to children.

Access to care is limited by the behavioral health workforce shortage. Minority and low-income individuals often have more difficulty reaching providers when they are available.

The CDC reports that in early 2021 emergency department visits for suspected suicide attempts were 51% higher for adolescent girls and 4% higher for adolescent boys compared to the same temporal period in 2019.

The children returning to school after observing social distancing protocols and learning through remote access are experiencing absenteeism and behavioral issues. For so long, they were separated from individuals mandated to report suspicion of abuse or neglect.

Solution

A focus on addressing young children's mental health would reduce the toxic stress, trauma, and anxiety during a crucial developmental period.

Research shows that half of all lifetime cases of diagnosable mental illnesses begin by age 14, three-fourths begin by age 24, and most substance use begins in adolescence, emphasizing the need to strengthen prevention and early identification and intervention services.

Thankfully, California's Surgeon General has developed protocols and training for mandated reporters to assist with detection of children suffering from Adverse Childhood Experiences (ACEs) and California has invested $4.4 billion in the Children and Youth Behavioral Health Initiative.

While we are moving to a statewide, inclusive, and comprehensive approach to tackling this long-term problem, individual counties need support in expanding services to children suffering at a younger age.

What This Bill Will Do

This bill would establish the Mental Health Preschool Services Act, administered by the Mental Health Services Oversight and Accountability Commission, to award grants to mental health entities funding partnerships between these entities and preschool and daycare programs for children from birth to 5 years of age.

Staff Contact

Andrew Mendoza
(916) 319-2036
Andrew.Mendoza@asm.ca.gov

AGENDA ITEM 4

Action

March 24, 2022 Teleconference Commission Meeting

Mental Health Student Services Act Outline and Authority to Award Grants

Summary: The Commission will consider approval of an outline for a Request for Application (RFA) designed to award grant funds to support mental health partnerships between city or county mental or behavioral health departments and schools. Funding for these grants was made available by the Mental Health Student Services Act (MHSSA), Senate Bill 75, Statutes of 2019 and Senate Bill 129, Statutes of 2021. This Request for Application for MHSSA funding will be the third issued by the Commission and is designed to award the remaining $48,007,455 in funding that is available after the first two procurements. These grants will be issued for a 4-year term under a competitive procurement process.

Background: In 2019 the Commission allocated $75 million ($40 million one-time funds and $35 million ongoing funds) to provide grants to partnerships that provide school-based mental health services. Through that procurement, 38 applications were received and 18 grants were awarded. The 20 applicants that were not awarded funds were offered funding through the Budget Act of 2021, which made $95 million available for grants. 19 of the 20 applicants accepted the funding.

The Budget Act of 2021 also included $100 million which was designated for MHSSA programs to address the immediate impact of COVID-19 on Mental Health Services. From this funding, $85 million was designated for grants through a competitive procurement to the 20 remaining counties that did not apply for the previous MHSSA funds. 17 additional grants were awarded. In all, 55 county or city behavioral health departments have been awarded MHSSA funding to build out school based mental health programs through partnerships with educational entities.

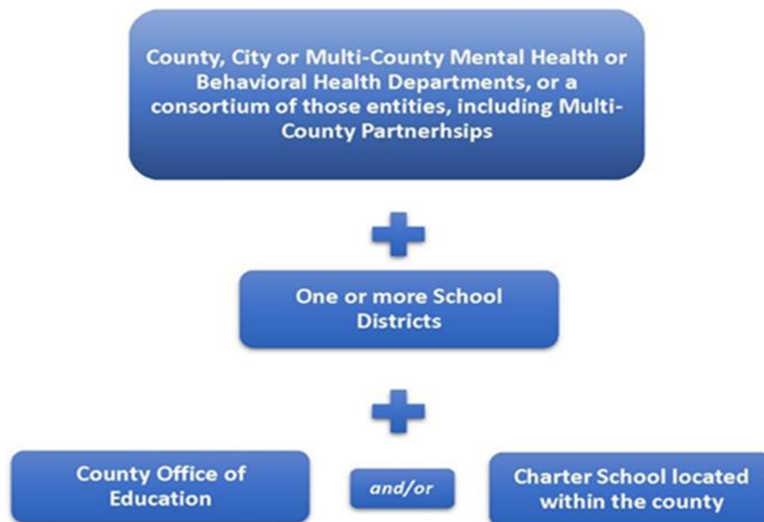
This RFA will make funds available to the four counties which do not currently have an MHSSA program. The remaining funds will be made available to existing MHSSA programs to expand or enhance their current programs.

	Available	Awarded	Remaining
Round 1/ Phase 1: 2019	$75,000,000	$74,849,047	$ 150,953
Round 1/ Phase 2: 2021	$95,000,000	$77,553,078	$17,446,922
Round 2: 2021	$85,000,000	$54,910,420	$30,089,580
Additional 22/23 Funds			$ 320,000

Total Available	$48,007,455

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

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



Timeline:

Release Request for Application	April, 2022
Intent to Award	July, 2022
Contracts executed	September 2022

Presenter: Tom Orrock, Chief of Stakeholder Engagement and Grants

Enclosures (3): (1) Proposed Outline of Request for Applications for the MHSSA grants; (2) MHSSA Funding Table; (3) MHSSA Text

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

Motion: The Commission authorizes the staff to initiate a competitive bid process and award grants to the highest scoring applicants based on the proposed outline.

Outline of
Mental Health Student Services Act (MHSSA)
Request for Applications #3

Background

The Budget Act of 2019 (SB 75) established the Mental Health Student Services Act (MHSSA) to establish mental health partnerships between County Mental Health or Behavioral Health Departments and educational entities. The first round of MHSSA grants funded 18 counties through a competitive procurement.

The Budget Act of 2021 provided an additional $95 million to fund applicants who applied to the first round of funding but did not receive a grant. The result was an additional 20 counties were provided grants.

The Mental Health Services Fund provided $100 million in which $85 million is available for grants to fund the remaining 20 counties in establishing an MHSSA program. This funding stream provided grants to an additional 17 counties to implement MHSSA programs with an emphasis on Economically Disadvantaged Communities.

After the first two procurements $48,007,455 remains available to be awarded to County Mental Health or Behavioral Health Departments to implement, enhance or expand MHSSA programs.

	Available	Awarded	Remaining
Round 1/ Phase 1: 2019	$75,000,000	$74,849,047	$ 150,953
Round 1/ Phase 2: 2021	$95,000,000	$77,553,078	$17,446,922
Round 2: 2021	$85,000,000	$54,910,420	$30,089,580
Additional 22/23 Funds			$ 320,000

Total Available	$48,007,455

The MHSSA

The MHSSA incentivizes partnerships between behavioral health departments and education agencies for the purpose of increasing access to mental health services in locations that are easily accessible to students and their families. The MHSSA is a

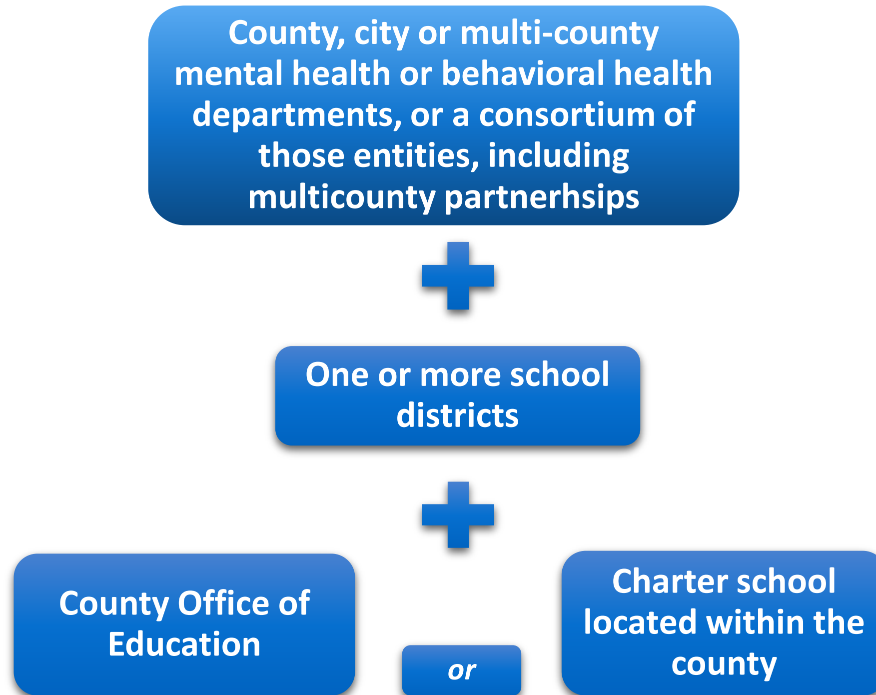
competitive grant program. The Commission has awarded grants to all but 4 county mental health or behavioral health departments to fund the partnerships between educational and county mental health agencies.

Grants are to be used to provide support services that include, at a minimum, services provided on school campuses, suicide prevention services, drop-out prevention services, placement assistance and service plan for students in need of ongoing services, and outreach to high-risk youth, including foster youth, youth who identify as LGBTQ, youth who have been expelled or suspended from school and students residing in economically disadvantaged communities.

Grants may be used to supplement, but not supplant, existing financial and resource commitments. Funding also may be used to hire qualified mental health personnel, professional development for school staff and other strategies that respond to the mental health needs of children and youth, as determined by the Commission.

Eligibility

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



Survey of Current Grantees

Commission staff released a survey to current grantees asking if they had interest in additional funds, capacity and workforce to expand or enhance their programs, and how they would use additional funds. 92% of respondents indicated that they had interest in additional funds. 75% of respondents indicated that they have the workforce capacity to expand or enhance programs, and most respondents indicated that they would expand the existing service model or expand services to additional students/school districts.

Funding

The remaining funds of $48,007,455 will be made available to accomplish two goals: 1) Provide an opportunity for the 4 remaining counties that do not have a grant to implement an MHSSA program, and 2) Augment existing MHSSA programs to expand or enhance current programs.

Key Action Dates

ACTION	DATE
RFA Release	April 2022
Intent to Award	July 2022
Contract Execution	September 2022

Allowable Costs

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

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

MHSSA Funding Table (3/16/22)

County	Size	Phase 1: Budget Act of 2019 (original 18 grantees) (blue = executed contract)	Phase 2: Budget Act of 2021 (all who applied and are receiving State MHSSA funds) (green = executed contract)	Phase 3: Budget Act of 2021 (all who did not apply and are eligible to receive federal SFRF funds)	No Contract	Grand Total
Alameda	Large			$ 6,000,000		
Alpine	Small				n/a	
Amador	Small		$ 2,487,384			
Berkeley City	Small			$ 2,500,000		
Butte	Medium			$ 4,000,000		
Calaveras	Small	$ 2,500,000				
Colusa	Small			$ 2,500,000		
Contra Costa	Large		$ 5,995,421			
Del Norte	Small				n/a	
El Dorado	Small			$ 4,000,000		
Fresno	Large	$ 6,000,000				
Glenn	Small		$ 2,500,000			
Humboldt	Small	$ 2,500,000				
Imperial	Small		$ 2,500,000			
Inyo	Small			$ 2,499,444		
Kern	Large	$ 6,000,000				
Kings	Small			$ 2,500,000		
Lake	Small		$ 2,499,450			
Lassen	Small			$ 2,274,040		
Los Angeles	Large		$ 6,000,000			
Madera	Small	$ 2,499,527				
Marin	Medium		$ 4,000,000			
Mariposa	Small				n/a	
Mendocino	Small	$ 2,500,000				
Merced	Medium			$ 4,000,000		
Mono	Small			$ 2,500,000		
Monterey	Medium		$ 3,999,979			
Napa	Small			$ 2,500,000		
Nevada	Small		$ 2,499,448			
Orange	Large	$ 6,000,000				
Placer	Medium	$ 4,000,000				
Plumas	Small			$ 1,749,800		
Riverside	Large		$ 5,862,996			
Sacramento	Large		$ 6,000,000			
San Benito	Small				n/a	
San Bernardino	Large		$ 5,998,000			
San Diego	Large		$ 6,000,000			
San Francisco	Large		$ 6,000,000			
San Joaquin	Large			$ 6,000,000		
San Luis Obispo	Medium	$ 3,856,907				
San Mateo	Large	$ 5,999,999				
Santa Barbara	Medium	$ 4,000,000				
Santa Clara	Large	$ 6,000,000				
Santa Cruz	Medium		$ 4,000,000			
Shasta	Small		$ 2,500,000			
Sierra	Small			$ 1,566,204		
Siskiyou	Small			$ 2,500,000		
Solano	Medium	$ 4,000,000				
Sonoma	Medium		$ 4,000,000			
Stanislaus	Medium			$ 4,000,000		
Sutter-Yuba	Small		$ 2,215,438			
Tehama	Small	$ 2,500,000				
Tri-City	Medium			$ 3,820,932		
Trinity-Modoc	Small	$ 2,492,684				
Tulare	Medium	$ 4,000,000				
Tuolumne	Small		$ 2,494,962			
Ventura	Large	$ 5,999,930				
Yolo	Medium	$ 4,000,000				
TOTALS		**$ 74,849,047**	**$ 77,553,078**	**$ 54,910,420**		**$ 207,312,545**

WELFARE AND INSTITUTIONS CODE - WIC

DIVISION 5. COMMUNITY MENTAL HEALTH SERVICES [5000 - 5961.5] *(Division 5 repealed and added by Stats. 1967, Ch. 1667.)*

PART 4. THE CHILDREN'S MENTAL HEALTH SERVICES ACT [5850 - 5886] *(Part 4 repealed and added by Stats. 1992, Ch. 1229, Sec. 2.)*

CHAPTER 3. Mental Health Student Services Act [5886- 5886.] *(Chapter 3 added by Stats. 2019, Ch. 51, Sec. 67.)*

5886. (a) The Mental Health Student Services Act is hereby established as a mental health partnership grant program for the purpose of establishing mental health partnerships between a county's mental health or behavioral health departments and school districts, charter schools, and the county office of education within the county.

(b) The Mental Health Services Oversight and Accountability Commission shall award grants to county mental health or behavioral health departments to fund partnerships between educational and county mental health entities. Subject to an appropriation for this purpose, commencing with the 2021–22 fiscal year, the commission shall award a grant under this section to a county mental health or behavioral health department or another lead agency, as identified by the partnership within each county that meets the requirements of this section.

(1) County, city, or multicounty mental health or behavioral health departments, or a consortium of those entities, including multicounty partnerships, may, in partnership with one or more school districts and at least one of the following educational entities located within the county, apply for a grant to fund activities of the partnership:

(A) The county office of education.

(B) A charter school.

(2) An educational entity may be designated as the lead agency at the request of the county, city, or multicounty department, or consortium, and authorized to submit the application. The county, city, or multicounty department, or consortium, shall be the grantee and receive any grant funds awarded pursuant to this section even if an educational entity is designated as the lead agency and submits the application pursuant to this paragraph.

(c) The commission shall establish criteria for awarding funds under the grant program, including the allocation of grant funds pursuant to this section, and shall require that applicants comply with, at a minimum, all of the following requirements:

(1) That all school districts, charter schools, and the county office of education have been invited to participate in the partnership, to the extent possible.

(2) That applicants include with their application a plan developed and approved in collaboration with participating educational entity partners and that include a letter of intent, a memorandum of understanding, or other evidence of support or approval by the governing boards of all partners.

(3) That plans address all of the following goals:

(A) Preventing mental illnesses from becoming severe and disabling.

(B) Improving timely access to services for underserved populations.

(C) Providing outreach to families, employers, primary care health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses.

(D) Reducing the stigma associated with the diagnosis of a mental illness or seeking mental health services.

(E) Reducing discrimination against people with mental illness.

(F) Preventing negative outcomes in the targeted population, including, but not limited to:

(i) Suicide and attempted suicide.

(ii) Incarceration.

(iii) School failure or dropout.

(iv) Unemployment.

(v) Prolonged suffering.

(vi) Homelessness.

(vii) Removal of children from their homes.

(viii) Involuntary mental health detentions.

(4) That the plan includes a description of the following:

(A) The need for mental health services for children and youth, including campus-based mental health services, as well as potential gaps in local service connections.

(B) The proposed use of funds, which shall include, at a minimum, that funds will be used to provide personnel or peer support.

(C) How the funds will be used to facilitate linkage and access to ongoing and sustained services, including, but not limited to, objectives and anticipated outcomes.

(D) How the partnership will collaborate with preschool and childcare providers, or other early childhood service organizations, to ensure the mental health needs of children are met before and after they transition to a school setting.

(E) The partnership's ability to do all of the following:

(i) Obtain federal Medicaid or other reimbursement, including Early and Periodic Screening, Diagnostic, and Treatment funds, when applicable, or to leverage other funds, when feasible.

(ii) Collect information on the health insurance carrier for each child or youth, with the permission of the child or youth's parent, to allow the partnership to seek reimbursement for mental health services provided to children and youth, where applicable.

(iii) Engage a health care service plan or a health insurer in the mental health partnership, when applicable, and to the extent mutually agreed to by the partnership and the plan or insurer.

(iv) Administer an effective service program and the degree to which mental health providers and educational entities will support and collaborate to accomplish the goals of the effort.

(v) Connect children and youth to a source of ongoing mental health services, including, but not limited to, through Medi-Cal, specialty mental health plans, county mental health programs, or private health coverage.

(vi) Continue to provide services and activities under this program after grant funding has been expended.

(d) Grants awarded pursuant to this section shall be used to provide support services that include, at a minimum, all of the following:

(1) Services provided on school campuses, to the extent practicable.

(2) Suicide prevention services.

(3) Drop-out prevention services.

(4) Outreach to high-risk youth and young adults, including, but not limited to, foster youth, youth who identify as lesbian, gay, bisexual, transgender, or queer, and youth who have been expelled or suspended from school.

(5) Placement assistance and development of a service plan that can be sustained over time for students in need of ongoing services.

(e) Funding may also be used to provide other prevention, early intervention, and direct services, including, but not limited to, hiring qualified mental health personnel, professional development for school staff on trauma-informed and evidence-based mental health practices, and other strategies that respond to the mental health needs of children and youth, as determined by the commission.

(f) The commission shall determine the amount of grants and shall take into consideration the level of need and the number of schoolage youth in participating educational entities when determining grant amounts. In determining the distribution of funds appropriated in the 2021–22 fiscal year, the commission shall take into consideration any previous funding the grantee received under this section.

(g) The commission may establish incentives to provide matching funds by awarding additional grant funds to partnerships that do so.

(h) If the commission is unable to provide a grant to a partnership in a county because of a lack of applicants or because no applicants met the minimum requirements within the timeframes established by the commission, the commission may redistribute those funds to other eligible grantees.

(i) Partnerships currently receiving grants from the Investment in Mental Health Wellness Act of 2013 (Part 3.8 (commencing with Section 5848.5)) are eligible to receive a grant under this section for the expansion of services funded by that grant or for the inclusion of additional educational entity partners within the mental health partnership.

(j) Grants awarded pursuant to this section may be used to supplement, but not supplant, existing financial and resource commitments of the county, city, or multi-county mental health or behavioral health departments, or a consortium of those entities, or educational entities that receive a grant.

(k) (1) The commission shall develop metrics and a system to measure and publicly report on the performance outcomes of services provided using the grants.

(2) (A) The commission shall provide a status report to the fiscal and policy committees of the Legislature on the progress of implementation of this section no later than March 1, 2022, and provide an updated report no later than March 1, 2024. The reports shall address, at a minimum, all of the following:

(i) Successful strategies.

(ii) Identified needs for additional services.

(iii) Lessons learned.

(iv) Numbers of, and demographic information for, the schoolage children and youth served.

(v) Available data on outcomes, including, but not limited to, linkages to ongoing services and success in meeting the goals identified in paragraph (3) of subdivision (c).

(B) The reports to be submitted pursuant to this paragraph shall be submitted in compliance with Section 9795 of the Government Code.

(l) This section does not require the use of funds allocated for the purpose of satisfying the minimum funding obligation under Section 8 of Article XVI of the California Constitution for the partnerships established by this section.

(m) The commission may enter into exclusive or nonexclusive contracts, or amend existing contracts, on a bid or negotiated basis in order to implement this section. Contracts entered into or amended pursuant to this subdivision are exempt from Chapter 6 (commencing with Section 14825) of Part 5.5 of Division 3 of Title 2 of the Government Code, Section 19130 of the Government Code, and Part 2 (commencing with Section 10100) of Division 2 of the Public Contract Code, and shall be exempt from the review or approval of any division of the Department of General Services.

(n) This section shall be implemented only to the extent moneys are appropriated in the annual Budget Act or another statute for purposes of this section.

(Amended by Stats. 2021, Ch. 143, Sec. 354. (AB 133) Effective July 27, 2021.)

AGENDA ITEM 5

Action

March 24, 2022 Commission Meeting

Elevating the Commission's Voice on Racial Equity
Draft Racial Equity Plan (REP)

Summary: The Mental Health Services Oversight and Accountability Commission will consider the adoption of the Racial Equity Plan to acknowledge and address structural racism in California's mental health system, and intentionally build racial equity strategies into Commission operations and priorities.

Background: A goal of the Mental Health Services Act is to address mental health disparities and support equity across California's diverse populations. In alignment with that aim the Commission joined the Capitol Collaborative on Race and Equity (CCORE) in August 2020. CCORE is an initiative championed by the California Strategic Growth Council and is led by Race Forward, a non-profit organization focused on support racial equity in government, with support from the Government Alliance on Race and Equity (GARE), the Public Health Institute, and the California Endowment.

The Commission engaged the Cultural Linguistic Competence Committee and the Client and Family Leadership Committee, along with other stakeholders in the development of this plan. The Commission also consulted with other State agencies and subject matter experts to gather information on community needs and best practices for inclusion in this plan.

The Commission has the opportunity in this first Racial Equity Plan to leverage the strategies identified for transformational change identified in its Strategic Plan 2020-23.

Presenters:
Anna Naify, PsyD, Consulting Psychologist
Lauren Quintero, Chief of Administrative Services

Enclosure: Elevating the Commission's Voice on Racial Equity: Racial Equity Plan (Draft)

Handouts: The presentation will be supported by Power Point.

ELEVATING THE COMMISSION'S VOICE ON RACIAL EQUITY

Mental Health Services Oversight and Accountability Commission

Racial Equity Plan

DRAFT

ABOUT THE COMMISSION

The Mental Health Services Oversight and Accountability Commission (the Commission) was created in 2004 by voter-approved Proposition 63, the Mental Health Services Act (MHSA). The Commission provides oversight, accountability, and leadership to guide the transformation of California's mental health system. The 16-member Commission includes one Senator, one Assembly member, the State Attorney General (or a designee), the State Superintendent of Public Instruction (or a designee), and 12 public members appointed by the Governor. By law, the Governor's appointees are people who represent different sectors of society, including mental health peers, family members of people with mental health needs, law enforcement, education, labor, business, and the mental health profession.

COMMISSIONERS

MARA MADRIGAL-WEISS; Chair; *Executive Director, Student Wellness and School Culture, Student Services and Programs Division, San Diego County Office of Education*
MAYRA E. ALVAREZ; Vice Chair; *President, The Children's Partnership*
MARK BONTRAGER; *Director of Regulatory Affairs, Partnership HealthPlan of California*
JOHN BOYD, Psy.D.; *Chief Executive Officer, Hospital Division Rogers Behavioral Health*
BILL BROWN; *Sheriff, County of Santa Barbara*
KEYONDRIA BUNCH, Ph.D.; *Clinical Psychologist, Emergency Outreach Bureau, Los Angeles County Department of Mental Health*
STEVE CARNEVALE; *Executive Chairman, Sawgrass*
WENDY CARRILLO; *California State Assemblywoman, District 51*
SHUO (SHUONAN) CHEN; *General Partner, Innovation Overflow-IOVC*
DAVE CORTESE; *California State Senator, District 15*
ITAI DANOVITCH, M.D.; *Chair, Department of Psychiatry and Behavioral Neurosciences, Cedars-Sinai Medical Center*
DAVID GORDON; *Superintendent, Sacramento County Office of Education*
GLADYS MITCHELL; *Staff Services Manager, California Department of Health Care Services and California Department of Alcohol and Drug Programs (Retired)*
ALFRED ROWLETT; *CEO, Turning Point Community Programs*
KHATERA TAMPLEN; *Consumer Empowerment Manager, Alameda County Behavioral Health Care Services*

ANNA NAIFY, PSY.D.; *Consulting Psychologist*
LAUREN QUINTERO, *Chief, Administrative Services*
TOBY EWING, Ph.D.; *Executive Director*

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ACKNOWLEDGEMENTS

The Commission wants to thank those who dedicated their time and creative energy to this Racial Equity Plan. Thank you to Vice chair Mayra E. Alvarez and Executive Director Toby Ewing who championed this work. Without their support this plan would not have been possible. Meaningful discussions on race can be challenging in the current social environment. We appreciate the efforts of many to develop this plan including:

Anna Naify (co-lead)
Lauren Quintero (co-lead)
Andrea Anderson
Marcus Galeste
Latonya Harris
Vicque Kimmel
Kayla Landry
Amanda Lawrence
Kai LeMasson
Tom Orrock
Norma Pate
Grace Reedy
Lester Robancho
Cody Scott
Sharmil Shah
Reem Shahrouri

This Racial Equity Plan was developed by Commission staff with input and guidance from the Commission's Cultural and Linguistic Competence Committee and the Client and Family Leadership Committee, along with many other stakeholders who have provided valuable input into this planning process for which the Commission is grateful.

As a member of The Capitol Collaborative on Race & Equity (CCORE) network, the Commission shared learning with the other State agencies and departments in the 2020–2021 CCORE cohort. Those agencies are listed in Appendix A. The Commission would like to thank all the agencies and departments in the CCORE cohort for their guidance and thoughtful feedback during the planning process.

Special thanks are also given to Tamu Green, PhD, who served as a consultant to support the team in developing of this plan and enhancing learning opportunities. Dr. Green met with the team every other week for over a year to provide supplemental training and to create a safe and brave space for staff to discuss racial equity with colleagues.

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INTRODUCTION

The Mental Health Services Oversight and Accountability Commission (the Commission) seeks to address structural racism and disparities by recognizing that California's mental health system has not been designed with an equity lens. Bias and discrimination in our communities, including within the mental health system, must be addressed, and cultural competency and attention to disparities must inform mental health programs and practices. Through this Racial Equity Plan, the Commission can acknowledge and address structural racism in mental health. The Commission also understands that race is one element of our intersectional lives, and we are impacted by multiple, intersecting layers of opportunities, biases, and challenges. Thus, the Commission acknowledges that to truly transform California's mental health system, our work cannot stop with racial equity and must be applied to other disparities that meaningfully impact the lives of all Californians. This plan is designed to intentionally build racial equity strategies into Commission operations and priorities.

Disparities Persist as a Result of Structural Racism

Structural racism results in and supports continued disadvantages to people of color including access to basic needs, housing, and education, and even impacts how climate change affects neighborhoods. Structural racism also is widespread in the U.S. physical and mental healthcare systems, which has led to distrust of health care among communities of color. That distrust, paired with additional challenges tied to bias and discrimination, leads to lower rates of screening, diagnosis, and service utilization, which collectively lead to poorer health outcomes.

Mental Health Services Act

The Mental Health Services Act (MHSA) was designed to drive transformational change in California's mental health system. The Commission is charged with oversight, advising the Governor and Legislature, and supporting transformational change. Included in the goal of transformational change is prioritizing cultural humility, community engagement, wellness and recovery, and prevention and early intervention.

Capitol Collaborative on Race and Equity

To support the goal of advancing racial equity, in 2020 the Commission joined the Capitol Collaborative on Race and Equity (CCORE), an initiative championed by the California Strategic Growth Council. CCORE is led by Race Forward, a non-profit organization supporting racial equity in government. CCORE enjoys support from the Government Alliance on Race and Equity, the Public Health Institute, and the California Endowment.

The CCORE initiative has engaged 37 state agencies to date to improve their knowledge and understanding of racial equity, implicit bias, and how to dismantle structural racism that creates disparities. Those agencies are listed in Appendix A. The CCORE initiative is designed to educate and encourage state agencies to develop Racial Equity Plans and, through this strategic planning process, recognize opportunities to address disparities and support racial equity.

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Statewide Efforts on Racial Equity
The Commission's work in this area is aligned with statewide efforts to address racial equity. In March 2021, representatives from California's county behavioral health, human services, public health, and public hospital systems released a statement declaring that racism is a public health crisis. In their statement, these community leaders acknowledged the persistence of racism as a social determinant of health that directly impacts diverse communities (County Leaders Statement on Racism as a Public Health Crisis, 2021).

California's former Surgeon General, Dr. Nadine Burke Harris advocated for increased attention to systemic racism and its impact on health outcomes. She highlighted how segregated communities and employment discrimination lead to unequal distribution of resources and health access. Toxic stress and exposure to adverse childhood experiences resulting from the uneven distribution of resources lead to long-term health problems. In a 2020 article, she wrote that "Racist oppression ensures that black and brown children bear a disproportionate burden of dehumanizing and traumatic experiences. Science shows it is sickening them and killing them" (Harris, 2020).

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TRANSFORMATIONAL CHANGE IN MENTAL HEALTH

The Commission's strategic plan, developed in consultation with clients and families, community advocates, providers, and others, affirms the Commission's commitment to using its authorities, resources, and passion to reduce the adverse outcomes of unmet mental health needs and promote the wellbeing of all Californians. As part of its strategic plan, the Commission's mission statement reflects its vision and values:

MISSION STATEMENT

The Commission works through partnerships to catalyze transformational changes across service systems so that everyone who needs mental health care has access to and receives effective and culturally competent care.

To be successful, it is essential to acknowledge and address the racial inequities and structural racism that impede pursuit of that mission.

RACIAL EQUITY PLAN

One of the most powerful tools the Commission has is its voice. To begin this work, the Commission endorses the following racial equity declaration. This declaration marks a commitment to the overarching goal of racial equity in mental health in California.

RACIAL EQUITY DECLARATION

The Commission acknowledges that racism, discrimination, and bias have negatively impacted mental health outcomes in California both historically and persistently. The Mental Health Services Act explicitly calls for addressing disparities and racial equity in mental health. The Commission commits to recognizing historic harm, to working in collaboration with California's diverse communities to remedy this harm and strive for equity in all our work.

PRIORITIZING EQUITY IN THE COMMISSION'S WORK

To promote racial equity in California's mental health system, the Commission will leverage its internal operations, as well as its work in policy research and development, grantmaking, data and evaluation research, communications, and community outreach and support, as follows:

COMMISSION MEETINGS

The Commission will address racial equity in its core operations, namely in planning for Commission meetings themselves. The Commission meets 10 times each year all over California. By prioritizing racial equity in meeting planning, the Commission has the opportunity to impact local communities and institute practices that promote equity.

Land Acknowledgements

The Commission will honor Indigenous people as traditional stewards of California's lands by opening public meetings with a formal statement of recognition and respect, referred to as a "Land Acknowledgement." Land Acknowledgements bring Indigenous voices into a historical narrative that previously erased them, and they are the first step in recognizing and respecting the relationship that exists between the Indigenous people as the original stewards of the land and their traditional territories.

The Commission is committed to recognizing the importance of collaboration and enhanced relationships with sovereign, self-governing agencies such as Native American tribal governments who are responsible for the health, safety, and welfare of their citizens and communities. Constrained resources highlight the need for intergovernmental coordination efforts between tribes and states and effective tribal–state relationships are essential for providing indispensable mental health services for all Californians.

Additional strategies to address equity in Commission meeting planning include:

- ✓ Identifying meeting locations and site visits within diverse communities to increase public accessibility.
- ✓ Ensuring translation services are available.
- ✓ Engaging minority-owned businesses in contracting.
- ✓ Identifying speakers who represent local community members.

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DIVERSITY, EQUITY, AND INCLUSION IN COMMISSION STAFFING
Considering its own personnel operations is foundational to the Commission's endeavor to address racial inequity. By implementing best practices to recruiting, hiring, and retaining diverse staff, Commission staff will be able infuse diverse perspectives and practices into work. This focus will lead to accessing a greater range of talent, insight into needs and motivations of all consumers, attunement to blind spots, and ultimately better decision making. The Commission will:

- ✓ Review and implement best practices in diversity, equity, and inclusion in recruiting, hiring, training, promoting, and retaining its staff and supporting professional development.
- ✓ Partner with other state agencies, leading organizations, and others embracing diversity, equity, and inclusion standards to achieve excellence in those standards.
- ✓ Measure and monitor progress in achieving excellence in diversity, equity, and inclusion standards for the Commission's workforce.

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INCENTIVIZING RACIAL EQUITY IN GRANT FUNDING
The Commission is a major grant provider to California's mental health system and the Commission has used its grantmaking authority to incentivize transformational change and improved outcomes. The Commission is committed to addressing racial equity through its grantmaking role. The Commission will:

- ✓ Review and implement best practices in supporting racial equity through contracting and grantmaking, including engaging California's foundation community to replicate successful practices focusing on achieving racial equity.
- ✓ Review State contracting rules and requirements to ensure contracting work is consistent with the law, and solicit support from the Department of General Services and other control agencies to understand and implement best practices in contract and grantmaking operations.
- ✓ Work with our diverse racial and ethnic stakeholder contractors to collect recommendations from communities of color for opportunities to reduce racial disparities through grants and contracts.
- ✓ Provide technical assistance to grant applicants and contractors approved for funding as needed to support them in developing methods to measure and reduce racial disparities and establish a staff working group to support this work. Technical assistance will also include strategies to create awareness of effective practices to enhance community engagement in community funding opportunities.
- ✓ Measure, monitor, and publicly report progress on this goal as consistent with best practices.

INNOVATION
The MHSA includes a rare and explicit commitment to fostering innovation in providing services and supports. The primary purpose of innovation funds is to increase access to mental health services to unserved and underserved communities, promote interagency and community collaboration related to mental health services, and increase the quality of mental health services and measurable outcomes, including outcomes related to homelessness, incarceration,

suicide, and unemployment. To promote racial equity in innovation, the Commission has identified two strategies:

- ✓ Facilitate opportunities for counties to join the Multi-County Innovation Collaborative on Reducing Disparities in Mental Health, a strategy that is already underway.
- ✓ Provide technical assistance to help counties consider disparities and racial equity during the innovation planning process.

The Commission will offer a tool for counties to use when submitting their innovation projects for review and approval. The following are examples of questions that relate to equity:

- Defining the problem: Describe how racial disparities were assessed when determining the need for this project.
- What is the innovation: How will the innovation aim to reduce racial disparities?
- Evaluation: How will the evaluation assess the impact of the innovation on racial disparities? Are the evaluation measures culturally appropriate?

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RESEARCH AND EVALUATION

The Commission uses data to provide information to the public and inform decision making. To address equity in research and evaluation the Commission will:

- ✓ Ensure that diverse voices guide the Commission's research and data work, including research on disparities and equity.
- ✓ Recognize racial equity in all aspects of the Commission's research and analysis.
- ✓ Leverage and publicize data that identifies racial and ethnic disparities, and advocate for data collection to understand those disparities.

POLICY RESEARCH

The Commission has completed policy projects in the areas of criminal justice, suicide prevention, and school mental health. Currently, the Commission is working on projects regarding prevention and early intervention in mental health and workplace mental health. All policy projects include engagement with diverse communities to inform the work. In the Commission's current work and moving forward it will:

- ✓ Ensure the voices of diverse communities inform policy research.
- ✓ Work with subject-matter experts to identify best practices to ensure policy research addresses disparities.
- ✓ Explore and describe structural racism in policies related to the mental health system.
- ✓ Emphasize solutions with the potential to reduce disparities and negative outcomes among diverse racial/ethnic groups when formulating policy recommendations.

COMMUNICATIONS

Communication strategies are powerful tools to address disparities and stigma about mental health. Videos, social media strategies, testimonials, and printed materials can tell stories that are relatable and convey powerful messages to the public about race. To leverage communication tools to address racial equity, the Commission will:

- ✓ Engage diverse stakeholders in storytelling and developing communication strategies.

- ✓ Elicit expertise from various communications media professionals to inform best practices in reaching diverse audiences, representing diversity and inclusion in communications materials, and communicating about race.
- ✓ Leverage media to communicate about disparities in mental health, stigma, and opportunities to advance racial equity.

ACCOUNTABILITY AND NEXT STEPS

The Commission acknowledges that this plan is only an initial step in eliminating disparities in California's mental health system. There is more work to be done in collaboration with other state departments and communities to further this effort. While working on the steps outlined in this document, the Commission will strive to enhance communication on strategies to address racial disparities and engage stakeholders to assess progress and to troubleshoot emergent barriers. The Commission will revisit this plan to make any changes needed and identify additional work necessary to meet its racial equity vision. Equity work is never finished, and the Commission will strive to address equity for all Californians while working toward its overall goal: to transform the mental health system so that everyone who needs mental health care has access to and receives effective and culturally competent care.

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Appendix A: CCORE Participating State Departments and Agencies

2020-2021 Learning Cohort

Department of Aging
Department of Conservation
Conservation Corps
Fi$cal
Department of Fish & Wildlife
Department of Food & Agriculture
Department of Forestry & Fire Protection
Housing Finance Agency
Mental Health Services Oversight & Accountability Commission
Office of Planning & Research
Public Utilities Commission
Tahoe Conservancy
Transportation Agency
High Speed Rail Authority
Highway Patrol
Department of Motor Vehicles
New Motor Vehicle Board
Office of Traffic Safety
Caltrans
Transportation Commission
Department of Water Resources

2018-2019 Learning and Implementation Cohorts

California Arts Council
California Coastal Commission
California Department of Public Health
California Department of Housing and Community Development
California Department of Transportation
California Department of Education
California Department of Corrections and Rehabilitation
California Department of Community Services and Development
California Department of Social Services
California Environmental Protection Agency
Air Resources Board
CalRecycle
Department of Pesticide Regulation
Department of Toxic Substances Control
Office of Environmental Health Hazard Assessment
State Water Resources Control Board
California State Lands Commission
California Strategic Growth Council & Governor’s Office of Planning and Research

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AGENDA ITEM 6

Action

March 24, 2022 Commission Meeting

Fiscal Transparency Tool Presentation

Summary: The Commission will hear an update on the Commission's Fiscal Transparency Tool and strategies to support public understanding of revenues from the Mental Health Services Act, county MHSA expenditures and closing balances. The Commission also will hear comments on the Tool from the Department of Healthcare Services and the County Behavioral Health Directors Association.

Background: In 2017 the Commission authorized the release of a Fiscal Transparency Tool on the Commission's website. The Fiscal Transparency Tool is designed to provide easily accessible information on MHSA finances. The information presented in the Tool was informed by discussions with the Commission's former Fiscal Oversight Committee, which called for valid and reliable information on revenues, expenditures, and unspent funds for each of the MHSA components, for each county, and well as statewide information, and for each fiscal year.

Information for the Tool is drawn from county Revenue and Expenditure Reports that are submitted to the state following the close of each fiscal year. The Fiscal Transparency Tool is one of several data visualization tools that make up the Commission Transparency Suite. That broader effort is designed to provide valid and reliable information on mental health funding, programming, and outcomes.

The Mental Health Services Act calls for county behavioral health departments to engage the public in a community planning process. The Commission's Transparency Suite is intended to support that community planning process by assisting the public to understand the status of MHSA revenues in their county and statewide, the programs that are presently operating, and the outcomes being achieved.

The Commission began this work with a focus on fiscal transparency and has released limited additional information on persons served and outcomes. Work is underway to meet the broader goals of documenting existing mental health services and outcomes. Those efforts are hampered by the complexity of California's mental health system and data challenges.

In 2019, updates to the Fiscal Transparency Tool were suspended to address concerns that the design of the tool did not accurately reflect the fiscal realities facing counties. In

response, staff revised the design, worked with the Department of Health Care Services to address anomalies in the data, and to resolve differences in interpreting the data.

Former Chair Ashbeck facilitated discussions with county behavioral health leaders to improve the clarity of the data, and to better understand county concerns that the public may misinterpret the data.

In response, staff have made changes to the Fiscal Transparency Tool but have not satisfied all the concerns raised.

During the Commission's February 2022 meeting, Chair Madrigal-Weiss asked staff to provide an update on the status of the Fiscal Transparency Tool.

Presenters: Toby Ewing, Executive Director, Phebe Bell, Behavioral Health Director, Nevada County and President, County Behavioral Health Directors Association.

Enclosure: None

Handouts: None

MISCELLANEOUS ENCLOSURES

March 24, 2022 Commission Meeting

Enclosures (8):

(1) Delegated Authority – Stanislaus County Innovative Plan Update and Staff Analysis
(2) Delegated Authority – Ventura County Innovative Plan Additional Funding Request and Staff Analysis
(3) Sonoma County Innovation Update
(4) February 24, 2022 Motions Summary
(5) Evaluation Dashboard
(6) Innovation Dashboard
(7) Department of Health Care Services Revenue and Expenditure Reports Status Update
(8) Calendar of Tentative Commission Meeting Agenda Items
(9) Tentative Upcoming MHSOAC Meetings and Events

Stanislaus County
Behavioral Health and Recovery Services

Mental Health Services Act

PLAN UPDATE

FY 2021-2022 Funding for Innovations
Community Planning Process and Stakeholder Input

DECEMBER 2021

WELLNESS • RECOVERY • RESILIENCE

Stanislaus County Behavioral Health and Recovery Services
800 Scenic Drive, Modesto, 95350, 209.525.6247

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COUNTY COMPLIANCE CERTIFICATION

County: Stanislaus

County Mental Health Director	Project Lead
Name: Ruben Imperial, MBA Telephone Number: 209-525-6225 E-mail: Rimperial@stanbhrs.org	Name: Carlos Cervantes Telephone Number: 209-525-6247 E-mail: ccervantes@stanbhrs.org
Mailing Address: Stanislaus County Behavioral Health and Recovery Services 800 Scenic Drive Modesto, CA 95350	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the county has complied with all pertinent regulations, laws and statutes for this annual update/plan update. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

This Plan Update has been developed with the participation of stakeholders, in accordance with Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Funding for Community Planning Process and Stakeholder Input for Increased Innovation Planning, Design and Implementation was circulated to representatives of stakeholder interests and any interested party for 30 days for public review and comment. All input has been considered with adjustments made, as appropriate.

A.B. 100 (Committee on Budget – 2011) significantly amended the Mental Health Services Act to streamline the approval processes of programs developed. Among other changes, A.B. 100 deleted the requirement that the three year plan and updates be approved by the Department of Mental Health after review and comment by the Mental Health Services Oversight and Accountability Commission. In light of this change, the goal of this update is to provide stakeholders with meaningful information about the status of local programs and expenditures.

A.B. 1467 (Committee on Budget – 2012) significantly amended the Mental Health Services Act which requires three-year plans and Annual Updates to be adopted by the County Board of Supervisors; requires the Board of Supervisors to authorize the Behavioral Health Director to submit the annual Plan Update to the Mental Health Services Oversight and Accountability Commission (MHSOAC); and requires the Board of Supervisors to authorize the Auditor-Controller to certify that the county has complied with any fiscal accountability requirements and that all expenditures are consistent with the requirements of the Mental Health Services Act.

The information provided for each work plan is true and correct.

All documents in the attached Funding for Community Planning Process and Stakeholder Input for Increased Innovation Planning, Design and Implementation are true and correct.

Ruben Imperial

Mental Health Director/Designee (PRINT) Signature Date

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Stanislaus

☐Three-Year Program and Expenditure Plan
☐Annual Update
☐Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller/ City Financial Officer
Name: Ruben Imperial, MBA	Name: Kashmir Gill
Telephone Number: (209) 525-6225	Telephone Number: (209) 525-7507
E-mail: RImperial@stanbhrs.org	E-mail: GillK@stancounty.com
Local Mental Health Mailing Address: 800 Scenic Drive Modesto, CA 95350	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

Ruben Imperial
Local Mental Health Director (PRINT)

Signature Date

I hereby certify that for the fiscal year ended June 30, 2021, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, 2020. I further certify that for the fiscal year ended June 30, 2021, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a). in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Kashmir Gill
County Auditor Controller / City Financial Officer (PRINT)

Signature Date

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

December 2021 Funding for Innovations Community Planning Process and Stakeholder Input

Introduction

Stanislaus County Behavioral Health and Recovery Services (BHRS) is fully committed to investing in and sustaining a dynamic and robust Community Planning Process (CPP). BHRS recognizes that community involvement and meaningful stakeholder engagement is vital to Innovation (INN) planning and program development across the County's programs and services. BHRS has had a CPP in place that has grown and evolved because of Proposition 63, Mental Health Services Act, passed by voters in 2004 but acknowledges that there is greater opportunity and need to expand efforts to ensure the Department is engaging and reflecting the diverse needs of the community including those that are unserved and the underserved. The insights gathered will inform program planning and service delivery and maximize the community partnerships. BHRS is dedicated to developing a revitalized and improved approach to ensure more meaningful input from all individuals living in the county.

What Has Been Done

BHRS has engaged in CPPs for years to ensure the County's diverse communities' needs are provided for and addressed in the Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plans (PEP) and Annual Updates. The Department wishes to continue to invest in revitalizing and improving its community planning process to develop a more comprehensive plan.

Why the Need

Current INN projects have been developed through a targeted CPP with most approved projects being multi-year projects. The conclusion of a planning process several years ago, and the subsequent allocation of additional funding, leaves BHRS absent of viable Innovations ideas and highlights the need and opportunity to invest more into a CPP that focuses on promising opportunities while ensuring active engagement across diverse community stakeholders.

BHRS in its community planning for the MHSA Three-Year PEP for Fiscal Years 2020-2021, 2021-2022 and 2022- 2023 became acutely aware that INN planning requires a committed amount of time and effort, as well as stakeholder input, to develop and implement projects in comparison to the other MHSA components. All Stanislaus County INN projects have been developed through the CPP. The process of taking stakeholder and community ideas to fruition of a completed project, requires ongoing input from a diverse array of stakeholders (i.e., community members, consumers and peers with lived experience, family members with lived experience and providers). These efforts require a more robust, streamlined, and continuous planning process with dedicated resources.

BHRS is mindful of the importance of including stakeholders and maintaining their input for the application of developing effective INN projects. The Department would like to revitalize its

stakeholder process to be more robust, especially in seeking new INN ideas. Moreover, BHRS wants to be able to continue to demonstrate that meaningful community planning has occurred and safeguard that it is representative of all the community's needs.

The Plan

BHRS is requesting approval from the Mental Health Services Act Oversight and Accountability Commission (MHSOAC) to earmark use of INN funds for community planning activities involving stakeholders, most directly, individuals in the unserved and underserved communities of Stanislaus County. These planning funds will specifically support the design, development and implementation of new INN ideas brought forth through the CPP. Under MHSA regulation ((WIC 5892(c)), Counties may use up to 5% of their total MHSA allocation to fund community program planning, and designate positions for oversight and support.

BHRS is seeking approval from the MHSOAC to utilize approximately $425,000 for Innovations Planning over a period 5 years. The request represents roughly 5% of the estimated Innovation allocation for the next 5 years. These funds will be dedicated to redesigning a more informed CPP that will allow the Department to revitalize its current process and have a specific focus on Innovation and innovative ideas. Dedicated funding for Innovation planning will be used to bolster the support of existing staff in CPP development and/or be used to bring on a dedicated consultant to lead that process.

Budget

Stanislaus County BHRS is requesting Commission approval and authorization to use 5% of the Innovations funding over the next five years related community planning. In Fiscal Year 2021-2022, the amount estimated to be dedicated to planning is $83,211 and for Fiscal Year 2022-2023, it is estimated to be $69,938. Future fiscal year Innovations Planning funds will be calculated as allocations as known. The Three-Year Program and Expenditure Plan (PEP) Funding Summary and Innovations Component Worksheet have been updated accordingly and are shown on pages 10 and 11.

Outcomes

BHRS is committed to its stakeholders and is also committed to observing all regulations, with transparency and transformation. The Department, with a reinvigorated, robust CPP, will be able to track specific efforts more easily. The efforts to be tracked will include, but not be limited to:

- What efforts were utilized each year in community planning
- Types of advertising utilized
- How many community members participated
- How many community planning events were held and when
- Event target population(s)
- What INN projects arose through these events and activities
- How BHRS' efforts produced an INN plan that resulted in a successful approval by the Commission

Community Program Planning

Welfare and Institutions Code (W&IC) Sections 5813.5(d), 5892(c), and 5848 define the Community Program Planning (CPP) and is the process to be used by the County to develop the Three-Year Program and Expenditure Plans, and Updates in partnership with stakeholders to:

- Identify community issues related to mental illness resulting from a lack of community services and supports, including any issues identified during the implementation of the Mental Health Services Act
- Analyze the mental health needs in the community
- Identify and re-evaluate priorities and strategies to meet those mental health needs

Each Plan and Update shall be developed with local stakeholders, including adults and seniors with severe mental illness, families of children, adults, and seniors with severe mental illness, providers of services, law enforcement agencies, education, social services agencies, veterans, representatives from veterans' organizations, providers of alcohol and drug services, health care organizations, and other important interests.

Counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations.

A draft Plan and Update shall be prepared and circulated for review and comment for at least 30 days to representatives.

Local Review

Over the years, planning by BHRS for MHSA funds has included collaborative partnerships with local community members and agencies. Several key elements are central to the mission of BHRS to be successful in these processes, strive to present information as transparently as possible, manage expectations in public planning processes related to what can reasonably and legally be done within a government organization, follow the guidelines given by the State, honor community input, ensure that when plans are posted for public review and comment, stakeholders can recognize community input in the plan, post documents and conduct meetings in understandable language that avoids use of excessive technical jargon and provides appropriately fluent speakers for diverse populations when needed.

Compelling community input obtained at the original launch of MHSA community planning in 2005 developed core guiding principles that serve to inform all subsequent planning processes. Whenever feasible, MHSA plans, processes, and programs should address inclusion and service to all age groups and all geographic areas of the county, be based on existing community assets, not exceed the community's or BHRS' capacity to sustain programs and be compatible with the statutory responsibility BHRS holds to administer MHSA funds organizationally or fiscally.

The Representative Stakeholder Steering Committee (RSSC) is actively engaged in identifying needs, priorities, and guiding principles during planning processes. The RSSC is comprised of

approximately 42 individuals representing a diverse spectrum of community interests in accordance with MHSA guidelines.
In Stanislaus County, diverse participants have included, but are not limited to

- Consumers
- Family members
- MHSA Priority Populations such as:
  - African American
  - Assyrian
  - Criminal Justice Involved
  - LGBTQ
  - Punjabi
  - Rural
  - South East Asian
  - Spanish/Latino
- Contract Providers of Public Mental Health or Substance Use Disorder Treatment Services
- Collaborative Treatment Partners such as:
  - Community Assessment, Response and Engagement (CARE)
  - Community Services Agency
  - Courts
  - District Attorney
  - Health Care/Managed Care Plans
  - Housing Providers
  - Law Enforcement
  - Probation
  - Senior Service Providers
  - Shelters
  - Social Services/Family Resource Centers
- Collaborative Partners such as:
  - Philanthropy
  - Education
  - Faith Based Organizations
  - Health Care/Federally Qualified Health Centers
  - Health Care/Health Services Agency
  - Veteran Service Organizations
  - Behavioral Health Board
  - Chief Executive Office

The primary language spoken in these meetings is English unless other languages or methods of communication are requested.

Representative Stakeholder's role includes giving input on all plans and updates to be submitted, reviewing outcome data in the annual update, and sharing information about MHSA plan processes and results with the constituency/community they represent.

A formal RSSC meeting was held on January 26, 2022 and had 49 attendees. RSSC members received a detailed presentation of the draft Plan Update for FY 2021-2022 and subsequent

discussion. RSSC members received a copy of the draft Plan Update for FY 2021-2022. Comments to the draft Plan Update document were solicited, and were accepted in the following manner:

- Faxed to (209) 558-4326
- Sent via U.S. mail to 800 Scenic Drive, Modesto, CA 95350
- Sent via email to mbhrs@stanbhrs.org
- Provided by calling (209) 525-6247

The draft Plan Update was posted for 30-day Public Review on December 7, 2021. Notification of the public review dates and access to copies of the draft Plan Update were made available through the following methods:

- An electronic copy of the Plan Update was posted on the County's MHSA website: www.stanislausmhsa.com
- Paper copies of the Plan Update were delivered to Stanislaus County Public Libraries
- Electronic notification was sent to all BHRS service sites with a link to www.stanislausmhsa.com, announcing the posting of the Plan Update
- Representative Stakeholder Steering Committee, Behavioral Health Board members, as well as other community stakeholders were sent the Public Notice informing them of the start of the 30-day review, and how to obtain a copy of the Plan Update
- Public Notices were posted in newspapers throughout Stanislaus County. The Public Notice included access to the Plan Update on-line at www.stanislausmhsa.com and a phone number to request a copy of the document.

The public comment period was concluded with a public hearing conducted by the Stanislaus County Behavioral Health Board via Zoom on January 27, 2022 at 5:00 p.m. All community stakeholders were invited to participate. No substantive public comments were received during the public comment period. During the RSSC meeting on January 26, 2022, members expressed support for the Plan. At the public hearing on January 27, 2022, a Behavioral Health Board member expressed support for the Plan.

Conclusion

BHRS plans to take this funding request to the Stanislaus County Board of Supervisors (BOS) for approval on February 15, 2022. Upon BOS approval, this funding request will be presented to the MHSOAC for approval.

Three-Year Program and Expenditure Plan (PEP) Funding Summary

FY 2020-21 Through 2022-23 Mental Health Services Act Expenditure Plan

Funding Summary

County: Stanislaus | Date: 12/3/2021

	MHSA Funding							
	A	B	C	D	E		F	G
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Housing (Returned from CalHFA)	Prudent Reserve	Total
A. Estimated FY2020/21 Funding								
1. Estimated Unspent Funds from Prior Fiscal Years	12,190,645	5,955,622	3,842,297	317,276	386,736	17,152	500,000	23,209,725
2. Estimated New FY2020/21 Funding + Interest	28,803,601	7,241,194	1,949,286	2,575	2,791	26,834		38,026,280
3. Transfer in FY2020/21[a/]	(900,000)			250,000	650,000			0
4. Access Local Prudent Reserve in FY2020/21							0	0
5. Estimated Available Funding for FY2020/21	40,094,246	13,196,816	5,791,582	569,850	1,039,526	43,985		60,736,006
B. Estimated FY2020/21 Expenditures	24,250,989	5,308,930	332,431	344,788	645,261	0		30,882,400
C. Estimated FY2021/22 Funding								
1. Estimated Unspent Funds from Prior Fiscal Years	15,843,257	7,887,885	5,459,151	225,062	394,265	43,985	500,000	30,353,606
2. Estimated New FY2021/22 Funding + Interest	25,311,656	6,331,122	1,668,690	191	222	10,000		33,321,881
3. Transfer in FY2021/22[a/]	(750,000)			425,000	325,000			0
4. Access Local Prudent Reserve in FY2021/22							0	0
5. Estimated Available Funding for FY2021/22	40,404,913	14,219,007	7,127,841	650,253	719,487	53,985		63,175,487
D. Estimated FY2021/22 Expenditures	27,983,486	9,405,203	4,040,864	400,755	334,557	10,000		42,174,865
E. Estimated FY2022/23 Funding						0		
1. Estimated Unspent Funds from Prior Fiscal Years	12,421,427	4,813,804	3,086,977	249,498	384,930	43,985	500,000	21,500,622
2. Estimated New FY2022/23 Funding + Interest	21,265,838	5,337,709	1,431,766	1,400	1,000	10,000		28,047,713
3. Transfer in FY2022/23[a/]	(500,000)			175,000	325,000			0
4. Access Local Prudent Reserve in FY2022/23							0	0
5. Estimated Available Funding for FY2022/23	33,187,265	10,151,513	4,518,743	425,898	710,930	53,985		49,048,335
F. Estimated FY2022/23 Expenditures	27,983,486	9,405,203	3,602,203	204,313	334,557	10,000		41,539,762
G. Estimated FY2022/23 Unspent Fund Balance	5,203,779	746,310	916,540	221,585	376,373	43,985	500,000	8,008,573

Innovation Component Worksheet

FY 2020-21 Through 2022-23 Mental Health Services Act Expenditure Plan						
Innovations (INN) Component Worksheet						
County: Stanislaus					Date:	12/3/21

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Innovations Planning	0					
2. INN-18 NAMI on Campus High School Innovation P	171,819	171,819				
3. New Requests for Proposals	0	0				
INN Administration	160,630	160,612				18
Total INN Program Estimated Expenditures	332,449	332,431	0	0	0	18

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. NAMI on Campus High School Innovation Plan	200,000	200,000				
2. Full-Service Partnership (FSP) Multi-County Collaborative	412,729	412,729				
3. Early Psychosis Learning Health Care Network (LHCN) Multi-County Collaborative	340,777	340,777				
4. New Requests for Proposals	1,046,494	1,046,494				
5. Planning	83,211	83,211				
INN Administration	1,957,653	1,957,653				
Total INN Program Estimated Expenditures	4,040,864	4,040,864	0	0	0	0

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. NAMI on Campus High School Innovation Plan	200,000	200,000				
2. Full-Service Partnership (FSP) Multi-County Collaborative	838,017	838,017				
3. Early Psychosis Learning Health Care Network (LHCN) Multi-County Collaborative	318,091	318,091				
4. New Requests for Proposals	643,892	643,892				
5. Planning	69,838	69,838				
INN Administration	1,532,365	1,532,365				
Total INN Program Estimated Expenditures	3,602,203	3,602,203	0	0	0	0

STAFF ANALYSIS – Stanislaus County

Innovation (INN) Project Name:	**Funding for Community Planning Process and Stakeholder Input for Increased Innovation Planning, Design and Implementation**
Total INN Funding Requested:	**$425,000**
Duration of INN Project:	**Five Years**
MHSOAC consideration of INN Project:	**February 2022**

Review History:

Approved by the County Board of Supervisors:	February 15, 2022
Mental Health Board Hearing:	January 27, 2022
Public Comment Period:	December 6, 2021-January 5, 2022
County submitted final INN Project:	January 31, 2022
Date Project Shared with Stakeholders:	December 8, 2021

Project Introduction:

Stanislaus County is requesting up to $425,000 of Innovation spending authority to support the Innovation-related Community Program Planning Process (CPPP). The County has stated in their proposal that they would like to expand their efforts to reflect the diversity of their community while ensuring inclusivity of both unserved and underserved communities.

This process requires continuous quality improvement at the county level, and in order to bring those ideas to fruition, the county is proposing to hire a consultant to design, develop and implement a more robust, streamlined and revitalized community planning process.

Summary

The MHSA Three-Year Planning community efforts held in previous fiscal years revealed the innovation component requires more time and effort in comparison with other MHSA components. Additionally, the community planning process that contributes to the idea and continued development of an innovation project requires stakeholder and community-wide efforts and must be inclusive of diversity. The County states that there is need for meaningful

stakeholder engagement and has acknowledged their continued struggle in reaching diverse communities who remain unserved and underserved.

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

Stanislaus County hopes this project will allow its community and stakeholder process to be more robust and ultimately aid in efforts to solicit new innovation ideas. Any learnings gathered from this community planning project will hopefully capitalize and leverage partnerships to maximize service delivery resulting in meaningful input from all individuals within their community.

Stanislaus County's project plan does not indicate that a formal community planning process was conducted to create this project, however, the County indicates that their stakeholders want to be included and that their input be considered in creating meaningful innovative projects. As a result, Stanislaus County proposes to develop a more robust and innovative stakeholder process that meets the needs of their communities.

Community Planning Process (*see pgs 7-9 of original plan*)

Local Level

The County's Representative Stakeholder Steering Committee (RSSC) is comprised of approximately 42 individuals representing a diverse array of community members (*for a complete list of members, see page 8 of plan*). On January 26, 2022, members of the RSSC received a detailed presentation of this project as well as the drafted Plan Update for FY 2021/2022. Members of this Committee expressed support for the plan.

Stanislaus County's Plan Update containing this project was shared during their 30-day public comment period beginning December 7, 2021 through January 6, 2022; followed by the County Behavioral Health Board public hearing on January 27, 2022. *No substantive comments were received during the public comment period*. During the public hearing, support was also expressed for the Plan. This project will be presented to Stanislaus' Board of Supervisors on February 15, 2022 and is expected to receive approval.

Commission Level

Commission staff originally shared this project with its six stakeholder contractors and the listserv on December 8, 2021 while the County was in their 30-day public comment period and comments were to be directed to the County. *The County states no substantive comments were received during the public comment period as a result of Commission sharing this project.* Additionally, this project was shared with both the Client and Family Leadership and Cultural and Linguistic Competence Committees; no letters of support or opposition were received.

Learning Objectives and Evaluation:

Lastly, this project has set forth specific strategic outcomes the County may utilize for a more meaningful and robust CPP process:

- Types of advertising that was utilized
- The efforts that were utilized annually during the CPPP process
- Number of stakeholders that participated
- Number, location, and date of local community planning events held
- Target populations of events held
- Themes or ideas that surfaced through held events
- County efforts that shaped any innovation project to be brought forward

The County hopes the learnings will be applied toward a more improved and robust CPP process overall.

The Budget

The County is requesting authorization to spend up to $425,000 in MHSA Innovation funding for this project over a period of five years. Stanislaus County's annual innovation funding is approximately $1.7 million annually for an approximate total of $8.5 million over a five-year period. Annual costs are approximately $85,000, or 5% of their annual innovation revenue.

Additional Regulatory Requirements

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

VENTURA COUNTY
BEHAVIORAL HEALTH

A Department of Ventura County Health Care Agency

Sevet Johnson, PsyD
Director

Jason Cooper, MD
Interim Medical Director

To: mhsoac@mhsoac.ca.gov

Cc: County Liaison [Wendy]; Dr. Sharmil Shah

Dear Dr. Ewing:

Ventura County Behavioral Health is requesting additional Innovation funding for the Multi-County FSP Innovation Project. These additional funds will support the full implementation of improvements to Ventura's Adult system of care that were begun in the original phase of work but require additional time to operationalize, as well as similar improvements to the county's Child system of care. Additional funding would support Ventura's staff capacity and Third Sector's technical assistance. Please see below for more detail.

APPROVAL

Date of original approval: 6/5/2020

Did the original plan meet all of the required elements of an Innovative proposal? Yes

What was the Start Date? 6/5/2020

Did the commissioners approve the original plan? Yes, through the Commission Chair's Delegated Authority

COMMUNITY PLANNING PROCESS

Is there documentation that the county completed a community planning process for the request of an extension? VCBH held two community planning meetings in November 2021 for consumers and the public to hear about the project extension and offer feedback.

- **Date:** Community meetings were held on November 9 and 18.
- **Location:** Both meetings were conducted virtually.
- **Attendees:** Over 80 community members attended the event, including representatives of the educational system, peer community, community-based organizations, local community colleges, mental health boards, and family members of consumers of mental health services.
- **Presentation Summary:** The goals of the MHSA Community Update were to ensure the community is aware of how MHSA is funded, the different components of the funding, and to the importance of community involvement in the process. VCBH presented information regarding changes in the Annual Update from the previous Three-Year Plan. Modifications included an increase in funding needed for housing and for the Multi-County FSP Innovation Project, as well as a brief overview of Innovation

programs which were sunsetting and proposed new programs. A tape recording of the information session is available on the Wellness Everyday website (www.wellnesseveryday.org).

- **Community Responses:** Responses to the Multi-County FSP Innovation Project presentation were generally positive. Community members expressed appreciation for the information VCBH shared about future programming, budgets, and data reporting. There was one post-session survey response from a participant who did not feel VCBH was open to questions or comments. Ample time was provided to ask questions and for attendees to provide feedback at the conclusion of the webinar both verbally and via chat. After all questions were responded to and there were no additional questions the webinar concluded. For individuals who preferred not to share in a public forum or for additional feedback/questions, attendees were provided with the MHSA email address.

Is there documentation the county has obtained local approval for the request of an extension? VCBH presented the request for additional funding at the Behavioral Health Advisory Board (BHAB) with a short PowerPoint and opened the public posting on November 15th, 2021. The document was posted from November 15, 2021 - December 17, 2021. The BHAB held the public hearing and voted to approve the project at the general meeting on December 20, 2021. The Board of Supervisors approved the project on January 11th, 2021, contingent on MHSOAC approval.

REQUESTS FOR ADDITIONAL TIME

Is the extension for additional time? No, this extension adds funding to an existing Innovation Project within the project's 4 ½ year timeframe. That is, the project will continue through June 2024 as planned; the request is for additional funding within FY21-22 and FY22-23.

Does the additional time request exceed the 5-year limitation? No

Is the extension because the plan did not start when estimated in the original INN proposal? No

REQUESTS FOR ADDITIONAL FUNDING

Is the extension request to increase funding for the Innovation? Yes

What was the original amount approved? $979,634

What is the reason for the additional funds? Additional support to operationalize Adult FSP implementation activities (outlined in the approved Multi-County FSP Innovation Plan) and expand the data-driven transformation efforts to support Child FSP programming (inspired by Ventura's Adult-focused and San Mateo's child-focused efforts during this Multi-County FSP Innovation project):

- Ventura did not have as much capacity as anticipated to implement the Adult FSP improvements due to the COVID-19 pandemic and vaccine rollout. This additional funding will support Ventura's staff and add local capacity to implement these changes.

- Ventura realized similar improvements were needed across its Child system of care, including a comprehensive program redesign with clarified guidelines for eligibility and services and additional input from FSP clients and families. This additional funding will support Ventura's Youth and Family staff time to participate in the redesign process and implementation.

What will the county be purchasing with the new funding? Third Sector technical assistance

Has the evaluation budget changed? No

LEARNING OBJECTIVE

Has the primary purpose changed? No

What were the original learning objectives?

The Multi-County FSP Innovation Project sought to answer these following questions, in order to assess the "systems-level" impacts of changes to FSP programs and practices, both within and across counties:

1. What was the process that counties and Third Sector took to identify and refine FSP program practices?
2. What changes to counties' original FSP program practices were made and piloted?
3. Compared to current FSP program practices, do practices developed by this project streamline, simplify, and/or improve the overall usefulness of data collection and reporting for FSP programs?
4. Has this project improved how data is shared and used to inform discussions within each county on FSP program performance and strategies for continuous improvement?
5. How have staff learnings through participation in this FSP-focused project led to shared learning across other programs and services within each participating county?
6. What was the process that counties and Third Sector took to create and sustain a collaborative, multi-county approach?
7. What concrete, transferrable learnings, tools, and/or recommendations for state level change have resulted from the outcomes-driven FSP learning community and collective group of participating counties?
8. Which types of collaborative forums and topics have yielded the greatest value for county participants?

The project also sought to understand how FSP changes would impact individuals at a "client-level":

9. What impacts has this project and related changes created for clients' outcomes and clients' experiences in FSP?

Has the learning objective changed? No. The project will not add a new learning goal, but instead apply the existing learning goals to the Child FSP population for consistency and alignment of project goals and impact across all age groups.

Has the target population changed? (i.e. larger or new population) No

What is the added value in learning with the extension?

This added funding provides additional capacity for Ventura to complete the activities of the Multi-County FSP Innovation Project, implementing data-driven and client-centered improvements to Adult FSP programs (e.g., new guidelines for FSP eligibility, services, and stepdown) and expanding efforts to the Child FSP program. These new program improvements will be evaluated as referenced in learning objectives 2-4 and 9 (above). The additional funding is therefore needed to complete the learning objectives of the original Innovation Plan.

Alongside Adult FSP program improvements, Ventura will use the additional funds to pursue a new Child FSP transformation, broadening the scale of the activities referenced in learning objective 2. This dedicated focus will allow Ventura to pilot changes from the Adult implementation work across a different population (i.e., younger children), increasing the reach and impact of these programmatic changes.

Finally, this funding will help Ventura understand the impact of both Child and Adult FSP program improvements by allowing additional capacity for the county to assess impact on the FSP client experience (learning objective 9) and continuously improve programs over the long term using new data and new data-driven continuous improvement processes (learning objectives 3-4). This additional funding represents a valuable opportunity for the county to measure and communicate how individuals receiving FSP services are "better off" as a result of changes implemented through this Innovation Project.

Note that Ventura has completed learning objective 1 by clearly documenting the process it took with Third Sector to identify programmatic improvements to FSP. Ventura also completed the activities referenced in learning objectives 5-8 through collaboration across the six participating counties. The work of evaluating these activities for impact will continue for another two years with RAND's technical assistance.

OTHER

How did the county originally plan on sustaining a successful INN plan in the original proposal?

Ventura had reserved the final two months of the Third Sector's original technical assistance period (October and November 2021) for dedicated sustainability planning. This period planned to focus on understanding the success of the changes to-date and confirm strategies to sustain and build on new data-driven approaches, within and across counties in the Multi-County Innovation Plan. Given the capacity constraints that Ventura has faced, and the addition of a new Child FSP workstream, this conversation will move to next year (and contingent on the approval of this funding), and Ventura will in the near-term focus on implementing the specific desired FSP improvements.

Additionally, during the RAND evaluation period of the project (the last 2.5 years of the project), Ventura will leverage the findings from RAND's evaluation to identify specific practices that are most effective for achieving the client- and systems-level impacts that the project would measure, prioritizing these for continuation in future years. This was part of the original plan and will continue as hoped.

If the county is saying the original INN plan is going well, and requesting for an extension, the county will need to explain the additional value added to their successful program by seeking an extension.

Through this project, Ventura County began a process of making substantial changes to Adult FSP programs and services, which will have a positive long-term impact on consumer experiences and outcomes within FSP. Activities have included gathering in-depth feedback from consumers and providers, defining person-

centered outcomes, identifying data-informed and evidence-based program adjustments (e.g., making FSPs more ACT-like), and developing guidelines to support a unified standard of care across eligibility, services, and graduation. Understanding the potential for harm, Ventura and Third Sector pursued a collaborative, client-centric process, designing changes with feedback and participation from over 60 stakeholders, including FSP clients and family members.

Many of these improvements to Adult programs are still in the early stages of implementation and will require additional time to operationalize, for two primary reasons: 1) The simultaneous COVID-19 pandemic reduced Ventura's capacity, as staff were reassigned to crisis response teams and vaccine clinics. 2) The scope of these changes is significant and system-wide, involving further integration with referral processes and data collection, staff hiring and training, and policy and procedure documentation.

Through this transformative process, Ventura realized that its Child programs would benefit from a similar undertaking. This extension will allow the county to make Child FSP services and staffing more ACT-like, engage clients, families, and staff in the redesign process, and develop guidelines for eligibility and services, leading to more responsive, data-informed, and client-centered programs.

This extension seeks additional Innovation funding for Ventura's staff time and Third Sector's technical assistance to complete the implementation process. When complete, this extension to the Multi-County Innovation Project will positively impact the 575 individuals who receive FSP services in Ventura County and help the county deliver on the promise of "whatever it takes."

County Budget Request & Expenditures by Fiscal Year & Budget Category

Ventura County will contribute $48,227 in additional MHSA Innovation funds during FY21-22 and FY22-23 to support this statewide project. As of this time, Ventura County intends to use funding subject to reversion at the end of FY20-21 for the entirety of this contribution.

The table below represents the additional funding for this project that Ventura County is requesting. There are already-approved costs for the Multi-County FSP Innovation Project in FY21-22 through FY23-24. This additional funding will support Ventura County's staff time and technical assistance from CalMHSA and Third Sector.

- *County Administrative Costs:* Based on current rates for administrative costs, Ventura County will allocate $48,227 during FY21-22 and FY22-23 for personnel costs. The following positions have been allocated at a few hours during this time period in order to achieve the project goals of system change.
    - **Program Administrator:** This position will be responsible for day-to-day project coordination from the VCBH side, including calendaring, interfacing with program-level staff, and managing Community Planning Process updates. Third Sector will provide the majority of project management and facilitation technical assistance (TA) to support this staff member.
    - **Senior Project Manager:** This position will be responsible for communicating project updates within VCBH and obtaining senior-level VCBH staff support, particularly for activities requiring budgetary approval (e.g., hiring additional FSP staff to support team-based staffing). Third Sector will develop tools and frameworks to support this person in the ongoing implementation of Adult and Child FSP activities.

- **Quality Assurance Manager:** This position will be responsible for bringing a quality-improvement lens to the ongoing Adult and Child FSP work. Third Sector will support this staff member in developing a data-driven continuous improvement process, helping VCBH understand and tell the story of FSP program impact.
- **Cultural Competence Manager:** This position will bring an equity lens to the ongoing implementation of Adult and Child FSP activities. Third Sector will work together with this individual to design and implement culturally competent processes for FSP staff and programs, including recovery-oriented guidelines for FSP eligibility, services, and stepdown.
- **Behavioral Health Clinician:** This position will bring a practitioner lens to proposed programmatic and operational changes within FSP. Third Sector will support this individual by engaging consumers, family members, and providers in transforming FSP services for children in Ventura County.

- *Technical Assistance Costs:* The remaining amount, $654,000, will support project management and technical assistance (e.g., Third Sector's technical assistance in project implementation) and fiscal intermediary costs.

BUDGET BY FUNDING SOURCE AND FISCAL YEAR					
EXPENDITURES					
Personnel Costs **(salaries, wages, benefits)**		**FY 21/22**	**FY 22/23**	**FY 23/24**	**Total**
1	Salaries	$19,749	$28,478	$0	$48,227
2	Direct Costs	$0	$0	$0	$0
3	Indirect Costs	$0	$0	$0	$0
4	Total Personnel Costs	$19,749	$28,478	$0	$48,227
Operating Costs **(travel, hotel)**		**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**
5	Direct Costs	$0	$0	$0	$0
6	Indirect Costs	$0	$0	$0	$0

7	Total Operating Costs	$0	$0	$0	$0
Non-Recurring Costs **(technology, equipment)**		**FY 21/22**	**FY 22/23**	**FY 23/24**	**Total**
8	Direct Costs	$0	$0	$0	$0
9	Indirect Costs	$0	$0	$0	$0
10	Total Non-Recurring Costs	$0	$0	$0	$0
Consultant Costs/Contracts **(training, facilitation, evaluation)**		**FY 21/22**	**FY 22/23**	**FY 23/24**	**Total**
11a	Direct Costs (Third Sector)	$250,000	$350,000	$0	$600,000
11b	Direct Costs (CalMHSA)	$22,500	$31,500	$0	$54,000
11c	Direct Costs (Evaluator)	$0	$0	$0	$0
12	Indirect Costs	$0	$0	$0	$0
13	Total Consultant Costs	$272,500	$381,500	$0	$654,000
Other Expenditures **(explain in budget narrative)**		**FY 21/22**	**FY 22/23**	**FY 23/24**	**Total**
14	Program/Project Cost	$0	$0	$0	$0
15		$0	$0	$0	$0
16	Total Other Expenditures	$0	$0	$0	$0

EXPENDITURE TOTALS				
Personnel	$19,749	$28,478	$0	$48,227
Direct Costs	$272,500	$381,500	$0	$654,000
Indirect Costs	$0	$0	$0	$0
Total Individual County Innovation Budget*	$292,249	$409,978	$0	$702,227
CONTRIBUTION TOTALS				
Individual County Contribution	$292,249	$409,978	$0	$702,227
Additional Funding for County-Specific Project Costs	$0	$0	$0	$0
Total County Funding Contribution	$292,249	$409,978	$0	$702,227

This letter will be reviewed by Ventura County's Executive Office, Board of Supervisors, and Behavioral Health Advisory Board. If you have any questions regarding this item, please contact VCBH Director Sevet Johnson.

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SEVET JOHNSON, PsyD Behavioral Health Director

Ventura County Behavioral Health

STAFF ANALYSIS—Ventura County
Extension

Innovation (INN) Project Name:	**Full-Service Partnership (FSP) Multi-County Collaborative**
Total Additional INN Funding Requested:	**$702,227**
Duration of INN Project:	**4.5 Years**
MHSOAC consideration of INN Project:	**Delegated Authority**

Review History:

Approved by the County Board of Supervisors:	January 11, 2022
Mental Health Board Hearing:	December 20, 2021
Public Comment Period:	November 15 -December 20, 2021
County submitted INN Project:	January 14, 2022
Date Project Shared with Stakeholders:	December 3, 2021: January 26, 2022

Project History:

A total of eight Counties are participating in the Full-Service Partnership (FSP) Multi-County Collaborative. The Counties participating include Fresno, Lake, Sacramento, San Bernardino, Siskiyou, Stanislaus, and Ventura, all have received Commission approval. San Mateo County is participating in the FSP Multi-County Collaborative utilizing CSS funding. The total Innovation investment to date for this Multi-County Collaborative is $6,631,415.

Third Sector (the Contractor) will work collaboratively with the above Counties by administratively guiding counties through development and implementation of sharing data driven strategies and providing critical technical assistance. This project is aimed at improving service delivery, operations, data collection, and FSP service evaluation. There will *NOT* be a disruption in FSP services; each contractor (Third Sector; CalMHSA and selected evaluators) will act in an administrative advisory capacity only. Participating counties will continue to provide FSP services throughout the duration of this project.

The value of the project will be examined through a statewide evaluation that will enhance meaningful outcomes and improve client experiences. The data-driven project goals will help with consistent implementation of FSP programs service eligibility, enrichment of client experiences and service delivery; moreover, providing structure to share newly created data-driven opportunities and learning to promote ongoing programmatic improvements. The project will allow shared data-driven criteria to

be evaluated, standardized, and implemented to provide consistency of FSP services for all counties in California**.**

Project Introduction:

Ventura County is requesting up to an additional $702,227 of Innovation spending authority to increase funding of the existing and Commission approved Full-Service Partnership (FSP), Multi-County Collaborative. ***The additional funding will provide continued critical technical assistance by Third Sector for the implementation of the results of the data obtained from the project to date. Ventura County will hire staff to assist with the implementation and operationalization of data-driven and client-centered improvements for Adult FSP programs, positions include Program Administrator, Senior Project Manager, Quality Assurance Manager, Cultural Competence Manager, and Behavioral Health Clinician. In addition, Ventura County in collaboration with Third Sector will expand the population to include Child FSP services.*** The project will not add a new learning goal, instead, they will apply the existing learning goals to the Child FSP population for consistency and alignment of the project goals and impact across all age groups. (*Potential of adding the Child FSP population was identified in the original proposal (p. 11*9).

The purpose of this project is to drive collective learning, improvement, and implementation for the "whatever it takes" approach to FSP services. The project supports statewide learning that will identify, and drive tested and proven approaches to reduce FSP consumers' rates of criminal justice involvement, homelessness, unnecessary hospitalizations, and other negative consequences of unmet and under-met mental wellness needs.

What is the Problem?

FSP programs have encountered two significant barriers in the facilitation and delivery of the "whatever it takes" model, interfering with the delivery of the FSP promise. (1) Specific FSP programs are difficult to establish, support, and treat underserved populations, (2) data collection coordination has not been established and/or consistently implemented. Delivering on the promise requires defining what components are essential and establish standardization for statewide FSP services. Service coordination to evaluate essential components of FSP service programs is limited by the lack of data collection, sharing and evaluation for establishing best practice service deliverables from the results. ***Ventura County wants to address these barriers in their Child FSP Programs to improve outcomes.***

How this Innovation project addresses this problem:

The FSP Innovation project established a process for collecting and analyzing data to allow counties to make outcome-driven decisions, provide incentive-based services, and improve the quality of FSP services. Third Sector Capital Partners developed a process for the following five distinct areas of focus:

1. Defining and Tracking Priority Outcomes: there is a strong need for FSP service program improvement through data collection and evaluation to help define and track past and current performance measures as well as outcomes. The data will assist in establishing a *best practice* approach to track, standardize, and apply measures consistently between counties and across programs for statewide consistency.

2. Develop and/or Strengthen Processes: establish new processes including supporting shared learning collaborations, accountability, develop and strengthen existing processes for continuous improvements, support meaningful comparisons, and utilize data to provide continuous improvements of FSP services for clients statewide.
3. Strategy to Track and Streamline Performance Measures: evaluate state-level and county-specific reporting tools to develop strategies for best tracking performance measures and outcomes.
4. Develop a Consistent FSP Framework: develop a *best practice* FSP framework and consistent interpretation of core components that allow adaptations for county specific needs.
5. Define Program Criteria: define clear and consistent eligibility, enrollment, referrals, and graduation criteria. Develop county and provider guidelines for dissemination of information and implementation protocols.

It has been over a decade since implementation of FSP programs and the County is dedicated to evaluating what is working, not working, areas in need of improvement, and inclusion of new and/or updated treatment modalities. ***With Third Sector's guidance and technical assistance, Ventura County is preparing to enter the implementation phase of the data-driven and client-centered improvements for the Adult-FSP Programs (e.g., new guidelines for FSP eligibility, services, and stepdown services) as well as expand efforts to the Child FSP program.***

The original plan indicated that Third Sector may increase efforts to include the Child FSP population. The additional funding will support Ventura's Youth and Family staff time to participate in the redesign and implementation process.

The County identified the following reasons for requesting additional funding:

- Expand to the Children's FSP population
- Hire staff to begin implementation of identified data-driven programmatic improvements
- Retain Third Sector's Critical Technical Assistance

Ventura County is requesting Commission approval of innovation funding to begin implementing Adult FSP data findings. Alongside the implementation of data-driven and client-centered improvements for the Adult FSP programs, the county intends to expand the data-driven transformation efforts to address a new population, Child FSP programmatic services. ***Expanding the project to include the Child FSP population with the existing learning goals will provide consistency and alignment of project goals and the impact across all age groups.***

Community Program Planning Process: **(***page 1 of the Extension Request)*

Local Level

Ventura County held two CPP Planning meetings to meet the requirements for the innovation extension process. The meetings were held on November 2, 2021, and November 15, 2021, and consisted of over 80 community members including representatives of the educational system, peer community, community-based organizations, local community colleges, mental health boards, and family members of mental health consumers.

Ventura County states that the responses from the CPP process were "generally positive," but did not receive any specific substantive comments. For individuals who preferred not to share in a public forum, the MHSA email address was provided to the public, no written comments were received.

The Innovation Extension document went through the 30-day public comment on November 15, 2021-December 20, 2021, and comments were to be directed to the county. The County reported that no public comments were received.

Commission Level

Commission staff originally shared this project with its six stakeholder contractors and on the listserv on December 3, 2021, while the County was in their 30-day public comment period and comments were to be directed to the County. The final version of this project was again shared with stakeholders on January 26, 2022. Additionally, this project was shared with both the Client and Family Leadership and Cultural and Linguistic Competence Committees.

Two comments were received in response to the Commission sharing plan with stakeholder contractors and the listserv:

- *"Ventura County wants to increase this Plan's budget by $702,227 which is a 60% increase*
- *In my experience as an IT Project Manager budget increase of this magnitude warrant extending the program end date out especially given the Work Effort as stated above.*
- ***An additional 6-months of scheduling would be a prudent measure in my opinion"***

County's Response: "*We believe that VCBH and Third Sector can accomplish the project activities by December 2022, since this additional Innovation funding supports dedicated time to operationalize activities begun in the initial phase of work (adult FSP transformation) and pilot these innovations across a new population (Child FSP). The additional funding will allow VCBH to complete the goals of the Multi-County FSP Innovation Project while remaining within the five-year timeline: VCBH will receive technical assistance from Third Sector to efficiently implement changes across its system of care, including support with project management, documentation of new processes and guidelines, staff training, feedback and engagement forums, data collection and reporting. Because of the collaborative nature of the project, VCBH can also reference tools and templates developed in other counties through the original Multi-County FSP Innovation Project (Fresno, Los Angeles, Sacramento, San Bernardino, San Mateo, and Siskiyou) and adapt these in response to local needs, rather than "starting from scratch."*

Stakeholder comment: "I shouldn't have been, but when I started this new job, I was a bit surprised regarding the data collection that was/is available in the mental health world. I applaud that you are working to improve that issue across the spectrum. I wish you well with your project. I see is as a needed continuation. Good luck to each of you."

Learning Objectives and Evaluation:

The target population for application of the collected data and restructured utilization of data-driven and client-centered improvements is for the Adult FSP population. Implementation includes application of new guidelines for FSP eligibility criteria, programmatic services, and stepdown treatment services. ***While the current findings will be applied to Adult FSP programs with the critical***

technical assistance of Third Sector, simultaneously Third Sector will provide evaluative technical assistance to begin, guide, and pursue Children's FSP transformation.

To guide their project: the counties have identified several learning questions that are centered on both systems-level and client level outcomes. The data from learning objectives 2-4 will be the evaluative focus of the new program improvement implementation process. Ventura County will pilot the changes for the Adult FSP implementation work with a new population (younger children), increasing the reach and impact of these programmatic changes. ***These learning questions have not changed from the original proposal but will be evaluated with the Children's FSP programs and include:***

1. What was the process that each participating county and Third Sector took to identify and refine FSP program practices?
2. What changes to counties' original FSP program practices were made and piloted?
3. Compared to current FSP program practices, do practices developed by this project streamline, simplify, and/or improve the overall usefulness of data collection and reporting for FSP programs?
4. Has this project improved how data is shared and used to inform discussion within each county on FSP program performance and strategies for continuous improvement?
5. How have staff learnings through participation in this FSP-focused project led to shared learning across other programs and services within each participating county?
6. What was the process that counties and Third Sector took to create and sustain a collaborative, multicounty approach?
7. What concrete, transferable learnings, tools, and/or recommendations for state level change have resulted from the outcomes-driven FSP learning community and collective group of participating counties?
8. Which types of collaborative forums and topics have yielded the greatest value for the county participants? (The Project also sought to understand how FSP changes would impact individuals at a "client-level?")
9. What impacts has this project and related changes created for clients' outcomes and clients' experience in FSP?

Ventura County clearly identified the process it took with Third Sector to identify programmatic improvements for FSP services, by completing objective number one (1). Alongside the other participating counties (6 of the 7), learning objectives 5-8 are completed and ready for implementation. With the guidance and technical assistance of Third Sector, Ventura County is in the early stages of implementation due to reduced staffing capacity during COVID-19 pandemic and the scope of changes that unveiled significant and system-wide changes requiring further integration and implementation with the referral process, data collection, hiring of staff, training, and preparation of policies and procedures documentation. In addition, with the expansion of evaluating Child FSP programs, Third Sector's continued technical assistance to augment these changes and challenges is pivotal to the success of the FSP Multi-County Collaborative.

The Budget

Ventura County is requesting approval to spend up to $702,227 in innovation spending authority over a period of 4.5 years for the implementation of data-driven and client-centered improvements to

Adult FSP programs while simultaneously expanding the scope to include evaluation of Child FSP programmatic services.

County	Total INN Approved Funding	Duration of INN Project
Fresno	$950,000	4
Sacramento	$500,000	4.5
San Bernardino	$979,634	4.5
Siskiyou	$700,001	4.5
Ventura	$979,634	4.5
Stanislaus	$1,757,146	4.5
Lake	$765,000	4.5
Total:	**$6,631,415**	

**San Mateo County is participating utilizing CSS funding.*

Ventura's Extension Budget

County	Personnel Costs	Third Sector	CalMHSA	Total
Ventura	**$48,227**	**$600,000**	**$54,000**	**$702,227**

The total INN investment for the Collaborative with this extension will be $7,333,642

Comments:

Senate Bill 465 (Eggman, Chapter 544, Statutes of 2021) Full-Service Partnership Authorizes the Commission to publicly report outcomes for people receiving community mental health services under a Full-Service Partnership (FPS) model and **to develop recommendations to strengthen the use of FSPs to reduce incarceration, hospitalization, and homelessness**.

The FSP Multi-County Collaborative will contribute to this work and continue to improve services that are consistent with this legislation.

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

MHSOAC
Mental Health Services
Oversight & Accountability Commission

STATE OF CALIFORNIA
GAVIN NEWSOM, Governor

MARA MADRIGAL-WEISS
Chair
MAYRA E. ALVAREZ
Vice Chair
TOBY EWING
Executive Director

MEMORANDUM

Date: March 16, 2022

To: ALL COMMISSIONERS

Cc: Toby Ewing, Executive Director
Norma Pate, Deputy Director of Fiscal, Program, and Legislative Operations

From: Sharmil Shah, Psy.D., Chief of Program Operations

Subject: Sonoma County's Response to Commission concerns regarding the Crossroads to Hope Innovation Project

At the February 24, 2022 Commission Teleconference Meeting, Sonoma County presented an Innovation proposal, Crossroads to Hope to the Commission for approval. There was fundamental support for the concept but concern about whether this particular use of the MHSA is allowed under the rules governing the use of these dollars for involuntary care.

During the meeting, the Commission moved forward and approved the Crossroads to Hope Innovation project, with recognition that the county is not authorized to use MHSA funds in a way that is inconsistent with the voluntary nature of MHSA services and asked the County to provide assurances in writing to the Commission to that effect within 30 days.

On March 9, 2022, Sonoma County provided staff with the attached letter to address the three concerns raised at the Commission meeting:

1. MHSA funds will only be used to support voluntary service.
2. Project partners will be notified of this condition prior to beginning service delivery
3. MHSA funding will be monitored by the County during the duration of this project to ensure funds are not being used for involuntary services.

sonoma county
DEPARTMENT OF HEALTH SERVICES

Tina Rivera – Director

March 9, 2022

Toby Ewing, Ph.D., Executive Director
Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

Dear Executive Director Ewing,

Sonoma County requests authorization for the use of up to $2,500,000 of Innovation funding over five years to expanding access to community-based treatment to improve outcomes for individuals who have a severe mental health illness and are diverted from the criminal justice system.

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 being found incompetent to stand trial. Crossroads is designed to provide a robust peer provider program within a short-term residential setting for diversion clients who voluntarily choose to live there for up to six months. The supported transitional housing beds, the first dedicated for diversion clients in Sonoma County, will be an invaluable resource providing a safe, stable and supportive environment for clients to begin their journey of recovery.

Innovation funding will pay for the peer support component. Peer providers, people with similar lived experience in mental health recovery and criminal justice involvement, will staff the residence serving a maximum of six individuals at one time (12-20 clients annually). The peer support component will complement ACT clinical services (these services are not funded by MHSA) by providing educational and emotional support, advocacy for self-determination, connection to community-based services and other peer services. 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.

On behalf of the Sonoma County Department of Health Services, Behavioral Health Division (DHS-BHD) stakeholders and staff, thank you for the conditional approval letter for the Crossroads to Hope Innovation Plan on February 24, 2022. The purpose of this letter is to address the Commission's three contingencies which are listed below:

1. Sonoma County MHSA funds will only be used to support voluntary service delivery in the Crossroads to Hope program.
2. Sonoma County will advise project partners of this condition before beginning service delivery.
3. Sonoma County must assure the Commission that they will be monitoring service delivery funded by MHSA through the duration of the project to ensure it is voluntary.

Sonoma County DHS-BHD's responses to the Commission's contingencies are listed below:

1. Sonoma County will only utilize Mental Health Services Act (MHSA) Innovation funds approved for the Crossroads to Hope program to support voluntary services that include supportive peer services, facility operating expenses, and program evaluation as stipulated in the Crossroads budget.

2. Before beginning service delivery, Sonoma County will advise project partners that MHSA funds will only be used to support voluntary service delivery in the Crossroads to Hope program.
3. Sonoma County will be monitoring the Crossroads to Hope program service delivered by MHSA Innovation funding through the duration of the project to ensure the services are voluntary. This monitoring will include quarterly and annual reviews and annual and final reports.

Sincerely,

Teresa "Sid" McColley, RN, CNS
Interim Behavioral Health Director
2227 Capricorn Way, Suite 203
Santa Rosa, CA 95407

MHSOAC
Mental Health Services
Oversight & Accountability Commission

Motions Summary

Commission Meeting
February 24, 2022

Motion #: 1

Date: February 24, 2022

Motion:

The Commission approves the January 27, 2022 meeting minutes as presented.

Commissioner making motion: Commissioner Carnevale

Commissioner seconding motion: Commissioner Rowlett

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

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

MHSOAC
Mental Health Services
Oversight & Accountability Commission

Motions Summary

Commission Meeting
February 24, 2022

Motion #: 2

Date: February 24, 2022

Motion:

The Commission approves Sonoma County's Innovation Project with recognition that the county is not authorized to use MHSA funds in a way that is inconsistent with the voluntary nature of MHSA services and to provide assurances in writing to the Commission to that effect within 30 days, as follows:

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

Commissioner making motion: Commissioner Mitchell

Commissioner seconding motion: Commissioner Rowlett

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	☒	☐	☐	☐	☐
2. Commissioner Boyd	☐	☐	☐	☒	☐
3. Commissioner Brown	☐	☐	☐	☒	☐
4. Commissioner Bunch	☒	☐	☐	☐	☐
5. Commissioner Carnevale	☒	☐	☐	☐	☐
6. Commissioner Carrillo	☐	☐	☐	☒	☐
7. Commissioner Chen	☒	☐	☐	☐	☐
8. Commissioner Cortese	☒	☐	☐	☐	☐
9. Commissioner Danovitch	☒	☐	☐	☐	☐
10. Commissioner Gordon	☒	☐	☐	☐	☐
11. Commissioner Mitchell	☒	☐	☐	☐	☐
12. Commissioner Rowlett	☒	☐	☐	☐	☐
13. Commissioner Tamplen	☐	☐	☐	☒	☐
14. Vice-Chair Alvarez	☒	☐	☐	☐	☐
15. Vice Chair Madrigal-Weiss	☒	☐	☐	☐	☐

MHSOAC
Mental Health Services
Oversight & Accountability Commission

Motions Summary

Commission Meeting
February 24, 2022

Motion #: 3

Date: February 24, 2022

Motion:

The Commission approves the Fiscal Year 2021-22 Mid-year expenditure plan.

Commissioner making motion: Vice Chair Alvarez

Commissioner seconding motion: Commissioner Mitchell

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

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

MHSOAC
Mental Health Services
Oversight & Accountability Commission

Motions Summary

Commission Meeting
February 24, 2022

Motion #: 4

Date: February 24, 2022

Proposed Motion:

The Commission supports the modifications to Senate Bill 82 (as shown in this Agenda Item 5) and directs staff to work with the Legislature and bring back specific language to the Commission at a later date.

Commissioner making motion: Commissioner Carnevale

Commissioner seconding motion: Commissioner Mitchell

Motion carried 7 yes, 0 no, and 0 abstain, per roll call vote as follows:

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

MHSOAC
Mental Health Services
Oversight & Accountability Commission

Motions Summary

Commission Meeting
February 24, 2022

Motion #: 5

Date: February 24, 2022

Proposed Motion:

The Commission supports the proposal recommended by Commissioner Tamplen to direct staff to engage the Governor and the Legislature to develop a strategy to ensure that peers have an appropriate leadership role in California state government.

Commissioner making motion: Commissioner Carnevale

Commissioner seconding motion: Commissioner Mitchell

Motion carried 7 yes, 0 no, and 0 abstain, per roll call vote as follows:

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

MHSOAC
Mental Health Services
Oversight & Accountability Commission

Summary of Updates

Contracts

New Contract: None

Total Contracts: 3

Funds Spent Since the February Commission Meeting

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

Contracts with Deliverable Changes

17MHSOAC073
17MHSOAC074
21MHSOAC023

MHSOAC
Mental Health Services
Oversight & Accountability Commission

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

MHSOAC Staff: Kai LeMasson

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

Total Contract Amount: $2,453,736.50

Total Spent: $**1,777,569.16**

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 Updated Formative/Process Evaluation Plan	Complete Complete	1/24/20 1/15/21	No No
Data Collection and Management Report	Complete	6/15/20	No

MHSOAC Evaluation Dashboard March 2022
(Updated March 11, 2022)

MHSOAC
Mental Health Services
Oversight & Accountability Commission

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

MHSOAC
Mental Health Services
Oversight & Accountability Commission

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

MHSOAC Staff: Kai LeMasson

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

Total Contract Amount: $2,453,736.50

Total Spent: **$1,668,822.70**

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 Updated Formative/Process Evaluation Plan	Complete Complete	1/24/20 1/15/21	No No
Data Collection and Management Report	Complete	6/15/20	No
Final Summative Evaluation Plan	Complete	7/15/20	No
Data Collection for Formative/Process Evaluation Plan Progress Reports (10 quarterly reports)	In Progress	1/15/21- 3/15/23	No

MHSOAC Evaluation Dashboard March 2022
(Updated March 11, 2022)

MHSOAC
Mental Health Services
Oversight & Accountability Commission

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

MHSOAC
Mental Health Services
Oversight & Accountability Commission

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

MHSOAC Staff: Rachel Heffley

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

Total Contract Amount: $5,414,545.00

Total Spent: **$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

MHSOAC
Mental Health Services
Oversight & Accountability Commission

INNOVATION DASHBOARD

MARCH 2022

UNDER REVIEW	Final Proposals Received	Draft Proposals Received	TOTALS
Number of Projects	2	8	**10**
Participating Counties (unduplicated)	2	6	**8**
Dollars Requested	$11,576,495	$62,545,865	**$74,122,360**

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	9	9	$16,091,669	9

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	Butte	Resilience Empowerment Support Team (REST) at Everhart Village	$3,510,520	5 Years	9/3/2021	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
Under Review	Ventura	Managing Assets for Security & Health (MASH) Senior Supports for Housing Stability	$966,706	5 Years	2/22/2022	Pending
Under Review	Orange	Clinical High Risk for Psychosis in Youth	$38,000,000	5 Years	2/26/2022	Pending
Under Review	Orange	Young Adult Court	$12,000,000	5 Years	2/26/2022	Pending
Under Review	Orange	CPP Planning Request	$950,000	5 Years	2/26/2022	Pending

FINAL PROPOSALS						
Status	County	Project Name	Funding Amount Requested	Project Duration	Draft Proposal Submitted to OAC	Final Project Submitted to OAC
Under Final Review	Kern	Mobile Clinic with Street Psychiatry	$8,774,095	5 Years	12/19/2021	2/23/2022
Under Final Review	Berkeley	Encampment -Based Mobile Wellness Center	$2,802,400	5 Years	6/29/2021	2/24/2022

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
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
Sonoma	Crossroads To Hope	$2,500,000	2/24/2022
Stanislaus	CPP Planning Request	$425,000	3/3/2022
Ventura	FSP Multi-County Collaborative-EXTENSION	$702,227	3/3/2022

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

Below is a Status Report from the Department of Health Care Services regarding County MHSA Annual Revenue and Expenditure Reports received and processed by Department staff, dated March 4, 2022. This Status Report covers FY 2019 -2020 through FY 2020-2021, all RERs prior to these fiscal years have been submitted by all counties.

The Department provides MHSOAC staff with weekly status updates of County RERs received, processed, and forwarded to the MHSOAC. Counties also are required to submit RERs directly to the MHSOAC. The Commission provides access to these for Reporting Years FY 2012-13 through FY 2020-2021 on the data reporting page at: https://mhsoac.ca.gov/county-plans/.

The Department also publishes County RERs on its website. Individual County RERs for reporting years FY 2006-07 through FY 2015-16 can be accessed at: http://www.dhcs.ca.gov/services/MH/Pages/Annual-Revenue-and-Expenditure-Reports-by-County.aspx. Additionally, County RERs for reporting years FY 2016-17 through FY 2020-21 can be accessed at the following webpage: http://www.dhcs.ca.gov/services/MH/Pages/Annual_MHSA_Revenue_and_Expenditure_Reports_by_County_FY_16-17.aspx.

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

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

DCHS MHSA Annual Revenue and Expenditure Report Status Update

County	FY 19-20 Electronic Copy Submission	FY 19-20 Return to County	FY 19-20 Final Review Completion	FY 20-21 Electronic Copy Submission	FY 20-21 Return to County	FY 20-21 Final Review Completion
Alameda	1/29/2021	2/1/2021	2/8/2021	1/26/2022	2/3/2022	2/8/2022
Alpine	7/1/2021		10/15/2021	1/26/2022	2/3/2022	2/15/2022
Amador	1/15/2021	1/15/2021	2/2/2021	1/27/2022	2/3/2022	2/10/2022
Berkeley City	1/13/2021	1/13/2021	1/13/2021	2/1/2022	2/3/2022	3/1/2022
Butte						
Calaveras	1/31/2021	2/1/2021	2/9/2021	1/31/2022	2/4/2022	2/8/2022
Colusa	4/15/2021	4/19/2021	5/27/2021	2/1/2022	2/4/2022	2/15/2022
Contra Costa	1/30/2021	2/1/2021	2/22/2021	1/31/2022	2/4/2022	2/17/2022
Del Norte	2/1/2021	2/2/2021	2/17/2021	1/28/2022	2/7/2022	2/23/2022
El Dorado	1/29/2021	1/29/2021	2/4/2021	1/28/2022	2/4/2022	2/9/2022
Fresno	12/29/2020	12/29/2021	1/26/2021	1/26/2022	2/7/2022	2/16/2022
Glenn	2/19/2021	2/24/2021	3/11/2021			
Humboldt	4/9/2021	4/13/2021	4/15/2021			
Imperial	2/1/2021	2/1/2021	2/12/2021	1/31/2022	2/4/2022	2/15/2022
Inyo	4/1/2021	4/2/2021				
Kern	2/2/2021	2/2/2021	2/8/2021	2/3/2022	2/7/2022	2/17/2022
Kings	1/4/2021	1/4/2021	3/11/2021	2/22/2022	2/22/2022	
Lake	2/9/2021	2/9/2021	2/17/2021	2/1/2022	2/8/2022	2/23/2022
Lassen	1/25/2021	1/25/2021	1/28/2021	2/2/2022	2/8/2022	2/17/2022
Los Angeles	3/11/2021	3/16/2021	3/30/2021	2/1/2022	2/7/2022	2/22/2022
Madera	3/29/2021	3/30/2021	4/15/2021			
Marin	2/2/2021	2/2/2021	2/17/2021	1/31/2022	2/7/2022	2/9/2022
Mariposa	1/29/2021	1/29/2021	3/11/2021	1/31/2022	2/7/2022	2/25/2022
Mendocino	12/30/2020	1/4/2021	1/20/2021	2/1/2022	2/7/2022	2/24/2022

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

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

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

County	FY 19-20 Electronic Copy Submission	FY 19-20 Return to County	FY 19-20 Final Review Completion	FY 20-21 Electronic Copy Submission	FY 20-21 Return to County	FY 20-21 Final Review Completion
Stanislaus	12/31/2020	1/5/2021	1/5/2021	1/31/2022	2/2/2022	2/15/2022
Sutter-Yuba	1/30/2021	2/1/2021	3/9/2021	2/9/2022	2/10/2022	2/15/2022
Tehama	4/27/2021	n/a	5/21/2021			
Tri-City	1/27/2021	3/4/2021	3/30/2021	1/31/2022	2/2/2022	
Trinity	2/1/2021	2/2/2021	2/17/2021			
Tulare	1/26/2021	1/27/2021	2/10/2021	1/31/2022	2/2/2022	2/10/2022
Tuolumne	6/2/2021	8/11/2021	8/11/2021	1/31/2022		2/4/2022
Ventura	1/29/2021	2/2/2021	2/16/2021	1/28/2022	2/2/2022	2/14/2022
Yolo	1/28/2021	2/2/2021	2/2/2021	1/31/2022	2/2/2022	2/2/2022
Total	**58**	**56**	**57**	**45**	**42**	**42**

Calendar of Tentative Commission Meeting Agenda Items

Proposed 03/15/2022

Agenda items and meeting locations are subject to change.

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.

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: 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.

Commission's Budget Expenditure Plan for 2022
The Commission will be presented with a spending plan for fiscal year 2022.

Prevention and Early Intervention Report Presentation
The Commission will consider the final report of the PEI project subcommittee for adoption.

Fellowship Program Approval
The Commission will consider approval of the Fellowship Program Plan.

August 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.

Tentative Upcoming MHSOAC Meetings and Events

Updated 3/10/2022

APRIL 2022

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

MAY 2022

- **5/12: Research and Evaluation Committee Meeting**
    - 9:00AM – 12:00PM
    - Public
- **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
- **7/28: July Commission Meeting**
    - 9:00AM – 1:30PM
    - Public