



WELLNESS • RECOVERY • RESILIENCE



Mental Health Services
Oversight & Accountability Commission

Commission Packet

Commission Teleconference Meeting

April 28, 2022

9:00 AM – 12:00 PM



1812 9th Street, Sacramento, California 95811
Phone: (916) 500-0577 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 April 28, 2022.**

This meeting will be conducted by teleconference as authorized by the Bagley-Keene Open Meeting Act according to Govt. Code Section 11123. The remote locations from which Commissioners will participate are listed below and are 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: April 28, 2022

TIME: 9:00 a.m. – 12:00 p.m.

LOCATION: San Diego County Office of Education
6401 Linda Vista Road, Room 306
San Diego, CA 92111

ZOOM ACCESS:

FOR COMPUTER/APP USE:

Link : <https://mhsoac-ca-gov.zoom.us/j/81491820468>

Meeting ID: 814 9182 0468

FOR DIAL-IN PHONE USE:

Dial-in Number: (408) 638-0968

Meeting ID: 814 9182 0468

Additional Public Locations

1812 9th Street
Sacramento, CA 95811

811 Wilshire Boulevard, Suite 1000
Los Angeles, CA 90017

4434 Calle Real
Santa Barbara, CA 93110

4665 Business Center Drive
Fairfield, CA 94534

8730 Alden Drive, Suite E-137
Los Angeles, CA 90048

20151 Nordhoff Street
Chatsworth, CA 91311

10474 Mather Boulevard
Mather, CA 95655

2000 Embarcadero Cove, 4th Floor
Oakland, CA 94606

1923 Gridiron Way,
CMS 122, MC# 1768
Berkeley, CA 94720-1768

560 King Street
Charleston, SC 29403

10850 Gold Center Drive, Suite 325
Rancho Cordova, CA 95670

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) 500-0577 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) 500-0577 or by emailing mhsoac@mhsoac.ca.gov. Requests should be made one (1) week in advance whenever possible.

AGENDA

Mara Madrigal-Weiss
Chair

Mayra E. Alvarez
Vice Chair

Commission Meeting Agenda

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

9:00 AM

Call to Order

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

9:15 AM

Roll Call

Roll call will be taken.

9:20 AM

General Public Comment

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

9:50 AM

Action

1: March 24th, 2022 MHSOAC Meeting Minutes

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

- Public Comment
- Vote

10:00 AM

Action

2: Butte County Innovation Plan Approval

- **Presenter: Holli Drobny, Program Manager and MHSa Coordinator, Butte County Behavioral Health**

The Commission will consider approval of \$3,510,520 in innovation spending funding for Butte County's Resilience Empowerment Support Team (REST) at Everhart Village.

- Public Comment
- Vote

10:40 AM

Action

3: City of Berkeley Innovation Plan Approval

- **Presenter: Karen Klatt, MHSa Coordinator, City of Berkeley Mental Health Division**

The Commission will consider approval of \$2,802,400 in innovation spending funding for the City of Berkeley's Encampment-Based Mobile Wellness Center Innovation Project.

- Public Comment
- Vote

11:20 AM

BREAK

11:30 AM

Action

4: 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

12:00 PM

Adjournment

AGENDA ITEM 1

Action

April 28, 2022 Commission Meeting

Approve March 24, 2022 MHSOAC Teleconference Meeting Minutes

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

Handouts: None.

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

State of California

**MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION**

Minutes of Teleconference Meeting
March 24, 2022

MHSOAC
1325 J Street, Suite 1700
Sacramento, CA 95814

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

Members Participating:

Mara Madrigal-Weiss, Chair
Mayra Alvarez, Vice Chair
Sheriff Bill Brown
Steve Carnevale
Shuonan Chen

David Gordon
Gladys Mitchell
Al Rowlett
Khaterra Tamplen

Members Absent:

Mark Bontrager
John Boyd, Psy.D.
Keyondria Bunch, Ph.D.

Assembly Member Wendy Carrillo
Senator Dave Cortese
Itai Danovitch, M.D.

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
Tom Orrock, Chief of Stakeholder

Engagement and Grants
Sharmil Shah, Psy.D., Chief of Program
Operations

[Note: Agenda Item 6 was taken out of order. These minutes reflect this Agenda Item as listed on the agenda and not as taken in chronological order.]

CALL TO ORDER

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

Chair Madrigal-Weiss 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 Celebration of Life service for Commissioner Tina Wooton will take place today at the Fair Oaks Presbyterian Church at 2:00 p.m.
- The Draft Racial Equity Plan will be moved to the end of today's meeting and will be presented after the Fiscal Transparency Tool. Public comment on the Racial Equity Plan will be held until it is brought back to the Commission at a future meeting. No action on this item will be taken today.
- The February 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.
- The next MHSOAC meeting is scheduled for Thursday, April 28th. This meeting is planned to be held in Ventura County. Staff will reach out to Commissioners about in-person or hybrid meeting formats. The goal is to resume traveling and connecting with local communities. The Commission hopes to visit a school wellness center in Ventura County that is student led.
- The Commission approved two innovation projects, each under \$1 million: The Stanislaus County project is focused on enhancing their community planning process and the Ventura County project is focused on strengthening their Full-Service Partnership. Each had a robust community review. Information on these projects was included in the meeting materials.

Chair Madrigal-Weiss invited Norma Pate and Tom Orrock to share recent staff changes.

Norma Pate, Deputy Director, stated three new staff have joined the Commission since the last Commission meeting. She announced that Victoria Bollinger will help with HR, personnel, and recruitment efforts.

Tom Orrock, Chief of Stakeholder Engagement and Grants, announced that Deanna Rivas, Health Program Specialist, will focus on supporting the Commission's early psychosis intervention efforts, and Dan Owens, Health Program Specialist, will focus on supporting the Mental Health Student Services Act Grants.

On behalf of the Commission, Chair Madrigal-Weiss welcomed the new staff members to the Commission.

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

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 CLCC met on March 10th and focused on the challenges of local organizations serving marginalized communities, particularly challenges related to sustainability and how, through the work of the Commission and in partnership with the CLCC, opportunities could be identified to strengthen the investment in local leadership.
- The bulk of the CLCC's meeting was dedicated to the presentation by the Prevention Institute. The Commission had allocated a portion of its \$2 million COVID Relief Funding to the Prevention Institute, an organization with a solid reputation for listening to the concerns of historically marginalized populations regarding access to appropriate mental health services. The Prevention Institute's associate director, Ruben Cantu, shared the goals of the project and the work being done to date to hear from key stakeholders about funding challenges and strategies for identifying common ground between county behavioral health departments and diverse populations.
- The goal of this contract is to engage county behavioral health leaders on the opportunities to adapt, expand, and replicate the work of effective local organizations in developing and testing the effectiveness of community defined evidence practices (CDEPs), which were designed to meet the needs of communities of color.
- During the meeting, everyone agreed that the CLCC will serve as a critical thought partner in this effort and committed to having the Prevention Institute come back to CLCC meetings to provide updates on findings and recommendations this project will present to the Commission so that the CLCC can provide input on the recommendations in an effort to coordinate activities in further support of the Commission's equity goals as part of the Racial Equity Plan.
- The next CLCC meetings are scheduled for Tuesday, April 19th, and Thursday, May 12th. The additional April meeting was scheduled in response to Committee Member interest to connect with each other as Committee Members and to have greater discussion on Committee goals, including providing guidance to Commission activity.

Children's Committee

Chair Madrigal-Weiss stated former Chair, Lynne Ashbeck, initiated a Children's Committee and outlined two goals: to enhance the integration of the Commission's work on children's mental health, and to support the Governor's Children and Youth Behavioral Health Initiative. Former Commissioners Ashbeck and Berrick have been appointed to this Committee. Commissioners Bontrager and Carnevale have also accepted to serve on this Committee. A Committee workplan is being developed and will be shared soon.

Roll Call

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

GENERAL PUBLIC COMMENT

Stacie Hiramoto, Executive Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), announced that Thursday, April 28th from 12:30 p.m. to 1:45 p.m., directly after the regular Commission meeting, in conjunction with the annual meeting of the California Reducing Disparities Project (CRDP), is a special celebration of the approval of the \$63 million to sustain and extend the CRDP last year. She invited everyone to join in this virtual celebration and update of the project and initial findings from Phase 2. More information, including the ZOOM access, will be provided soon.

Stacie Hiramoto stated the hope that the Commission will discuss Assembly Bill (AB) 1668, which affects the makeup of this Commission. In addition, Senate Bill (SB) 970 proposes significant changes to the Mental Health Services Act (MHSA), particularly at the county level. She stated the hope that the Commission will consider taking a position on this bill.

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 need 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 MHSA by declaring in their priorities that PEI can be used for two important programs that are already in the MHSA in Section 5813.5(f) – Laura's Law and diversion and reentry programs for severely mentally ill individuals who are either headed into or out of local jails, which is where they end up in overwhelming numbers and is the last place that is healthy for them.

Alej Fernandez Garcia, Community Advocacy Manager, California Pan-Ethnic Health Network (CPEHN), thanked the Commission for taking an explicit racial equity lens when thinking about the innovation component on pages 4 and 5 of the Racial Equity Plan. California's public mental health system does not adequately serve Black and indigenous people of color (BIPOC) and LGBTQ communities, which receive insufficient prevention and early intervention services and poor mental health programs that often lack cultural and linguistic appropriateness and the COVID-19 pandemic has exacerbated consumer needs for care across the board, but most programs have not been designed and tested with populations truly reflective of California's diversity. To address these disparities, CPEHN, #Out4MentalHealth, and the California Primary Care Association published a report in 2018 that looks explicitly at how to center racial equity through innovations. The speaker thanked the Commission for adopting the recommendations made in the report.

ACTION

1: February 24, 2022, MHSOAC Meeting Minutes

Chair Madrigal-Weiss stated the Commission will consider approval of the minutes from the February 24, 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.

Vice Chair Alvarez made a motion to approve the February 24, 2022, teleconference meeting minutes.

Commissioner Carnevale seconded.

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

- *The Commission approves the February 24, 2022, Teleconference Meeting Minutes as presented.*

Motion carried 7 yes, 0 no, and 2 abstain, per roll call vote as follows:

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

The following Commissioners abstained: Commissioners Brown and Tamplen.

ACTION

2: Kern County Innovation Project Approval

Presenter:

- Christina Rajlal, Ph.D., MBA, Behavioral Health Program Supervisor/MHSA Coordinator, Kern County Behavioral Health and Recovery Services

Chair Madrigal-Weiss stated the Commission will consider approval of \$8,774,098 in innovation spending funding for Kern County's Mobile Clinic with Street Psychiatry Innovation Project. She asked the county representative to present this agenda item.

Christina Rajlal, Ph.D., MBA, Behavioral Health Program Supervisor/MHSA Coordinator, Kern County Behavioral Health and Recovery Services, began her presentation with a land acknowledgement in respect to all ancestors and native populations and stated appreciation for the sharing of this land to continue to support individuals in their mental wellness and recovery journeys. She provided an overview, with a slide presentation, of the need, proposed project to address the need, community contribution, learning objectives, and budget of the proposed Mobile Clinic with Street Psychiatry Innovation Project.

Commissioner Questions

Commissioner Carnevale asked if this kind of program has been deployed elsewhere in the state.

Sharmil Shaw, Psy.D., Chief of Program Operations, stated there are several mobile clinic models across the state. Staff has discussed these programs with the county. She noted that the unique component of the proposed project is the focus on psychiatric services.

Commissioner Carnevale asked what success would look like.

Dr. Rajlal stated the project is trying to fight the stigma against behavioral health and substance use support and to reach out to the hard-to-reach population by bringing the clinic to them and engaging in street psychiatry. She stated it takes an average of 17 interactions for individuals who are unsheltered or facing homelessness to seek services or to be willing to interact with staff.

Dr. Rajlal stated the proposed project will test the effectiveness of the Relational Stages of Outreach and Engagement Model (ROEM) in engaging with individuals facing homelessness. Success will be shown through the increased number of interactions and engagement with individuals on the street, and, as a result, the number of individuals who access treatment, care, or other resources that behavioral health provides.

Commissioner Carnevale suggested, along with the numbers of individuals served, including reasonable objectives and outcomes expected out of the program that can be measured against. There may not be a particular result, but it is nice to know those hoped-for objectives in order to measure how well the project performed. He asked staff to add this into the program.

Commissioner Mitchell asked how the unhoused population will know about this model.

Michelle Culy, Kern County Behavioral Health and Recovery Services, stated the county has existing referral networks with outreach workers.

Commissioner Rowlett asked if the budget is sufficient to satisfy the goals of the project and if inflation has been taken into account.

Candee Del Rio, Finance Manager, Kern County Behavioral Health and Recovery Services, spoke about budget sustainability planning. She stated Medi-Cal Billing will allow leveraging additional funds and also the county will have access to unutilized funds from other programs.

Commissioner Tamplen stated the Peer Recovery Model is about meeting individuals where they are. She asked how the county will support individuals who want peer support but do not want medications.

Dr. Rajlal stated peers are integrated throughout the system of care and will be included in the proposed project. She stated this model also utilizes a recovery specialist and substance use and behavioral health counselor. Peers are well utilized in these areas as well.

Commissioner Tamplen stated the importance of peers not being seen as “mini-clinicians” but that they will be advocates for individuals in whatever their life goals and strengths are. It is important that the clinical staff understands the role of the peer supporter and allow them to speak up around issues that might not align with what the clinical staff thinks but that are aligned with what the individual wants.

Robin Taylor, Deputy Director, Kern County Behavioral Health and Recovery Services, stated one of the great things about the proposed project and the ROEM is that peers will be comfortable in their work. She stated the medical staff will learn from the peers in this recovery model about skills in building relationships, aligning, working where the person is, focusing on engagement, and using recovery language.

Commissioner Brown asked, of the 8,300 individuals in need of housing support, how many are actually homeless.

Dr. Rajlal stated the data was pulled from the Homeless Management Information System (HMIS) report, which includes the data points “homeless” versus “chronic homeless,” but she did not have that information with her today.

Commissioner Brown asked if two mobile clinics will be adequate to support the chronically homeless population in the county.

Dr. Rajlal stated the proposed project is meant to expand and enhance the county’s services that support this population as an additional component to homeless outreach and engagement to test the success of this model over five years.

Commissioner Brown asked why the county logo is on one mobile unit but not on the other.

Dr. Rajlal stated there was significant feedback from stakeholders on branding versus not branding the units. The county chose to have the brand as removable magnets that can be applied when going to outreach events focused on this population so people can see what the model looks like. The logo can be removed so the units are more discrete when reaching out and trying to engage with individuals in the field.

Public Comment

Jan Hefner, Administrative Consultant, Center for Sexuality and Gender Diversity, spoke in support of the proposed Kern County Innovation Project.

Sharon Woolfolk, President, National Alliance on Mental Illness (NAMI), Kern County, spoke in support of the proposed Kern County Innovation Project.

Jim Wheeler, Executive Director, Flood Ministries, spoke in support of the proposed Kern County Innovation Project.

Garth Olango, M.D., Medical Director, Kern County Behavioral Health and Recovery Services, spoke in support of the proposed Kern County Innovation Project.

Juan Padilla spoke in support of the proposed Kern County Innovation Project.

Lauren Skidmore, CEO, Bakersfield Homeless Center and Alliance Against Family Violence and Sexual Assault, spoke in support of the proposed Kern County Innovation Project.

Anna Laven, Executive Director, Bakersfield-Kern Regional Homeless Collaborative, spoke in support of the proposed Kern County Innovation Project.

Hannah Bichkoff, Policy Director, Cal Voices, spoke in support of the proposed Kern County Innovation Project.

Jayme Stuart, Coordinator, Kern County Network for Children Dream Center, spoke in support of the proposed Kern County Innovation Project.

Avery Hulog-Vicente, Advocacy Coordinator, California Association of Mental Health Peer-Run Organizations (CAMHPRO), spoke in support of the proposed Kern County Innovation Project.

Dalia Fontaine, Healthcare for Homeless Administrator, Clinica Sierra Vista, spoke in support of the proposed Kern County Innovation Project.

Julie Snyder, Director of Governmental Affairs, Steinberg Institute, spoke in support of the proposed Kern County Innovation Project.

Commissioner Discussion

Commissioner Tamplen uplifted the comment from Juan Padilla that individuals do not have access to phones. She stated the need for individuals to have a way to communicate if there is a side effect to medication.

Dr. Rajlal stated phones are not planned in the proposal but county partners and community-based organizations have services that provide free phones.

Chair Madrigal-Weiss asked for a motion to approve Kern County's Mobile Clinic with Street Psychiatry Innovation Project.

Vice Chair Alvarez stated appreciation for the public comments. One of the fundamental principles of equity is to allow those most impacted by the problems to lead the solutions. The showing of public comment on this proposal is direct evidence of that. She stated

appreciation for the work that Kern County is doing with the community partners and lifting up their leadership as an example of that commitment to equity. She moved approval of the proposed project.

Commissioner Mitchell seconded.

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

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: Five (5) Years

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

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

ACTION

3: Legislative Priorities for 2022

Presenter:

- Norma Pate, Deputy Director

Chair Madrigal-Weiss stated the Commission will consider legislative and budget priorities for the current legislative session. She asked staff to present this agenda item.

Norma Pate, Deputy Director, stated AB 2281 would create the Mental Health Preschool Services Act, to be administered by the Commission. It is modeled after the Mental Health Student Services Act and would create a grant process to improve access to services for children ages 0-5. If funding is made available, it would authorize the Commission to release this funding to support the mental health needs of the youngest Californians.

Commissioner Questions and Discussion

Vice Chair Alvarez stated the Commission has been able to use grant funding like the Mental Health Student Services Act and Triage to strengthen services. The Commission has also talked at length about the need to pay attention to the 0-5 population and, although great efforts are being seen on the school side, there is more to be done to support the youngest residents and their families. She made a motion to support AB 2281 and direct staff to work with the author's office and the policy committees on this bill.

Commissioner Gordon seconded.

Public Comment

Angela M. Vazquez, Mental Health Policy Director, Children's Partnership, spoke in support of the motion.

Hanna Bichkoff spoke in support of the motion; however, she stated the need for explicit callout to the ethnic and racial disparities within the 0-5 population and the ways in which young Californians can often be routed to the school-to-prison pipeline unless specific outreach is targeted for BIPOC populations within this demographic.

Hanna Bichkoff stated specific language should be added to address the unique needs to BIPOC preschoolers and their families. Cal Voices believes that within the demographic there should be specific outreach for children of incarcerated parents and that further supports should be available to that group.

Hanna Bichkoff stated there is no mention of collateral or family work within the bill, which is an evidence-based practice and is extremely meaningful for young children. She stated Cal Voices intends to share these comments with the author.

Stacie Hiramoto echoed Hanna Bichkoff's comments and noted that this bill has good intent.

Rachel Rodriguez, Civil Rights Coordinator, NAACP, and here on behalf of Self-Awareness and Recovery (SAR), asked how to ensure that nonprofits, which are essential organizations, are included in the funding.

Maria Wyatt, Imperial County Behavioral Health, spoke in support of the motion.

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

- *The Commission* supports Assembly Bill 2281 and directs staff to work with the author's office and the policy committees on this bill.

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

The following Commissioners voted "Yes": Commissioners Brown, Carnevale, Gordon, Mitchell, Rowlett, and Tamplen, Vice Chair Alvarez, and Chair Madrigal-Weiss.

BREAK

ACTION

4: Mental Health Student Services Act Outline and Authority to Award Grants

Presenter:

- Tom Orrock, Chief of Stakeholder Engagement and Grants

Chair Madrigal-Weiss and Commissioner Gordon recused themselves from the discussion and decision-making with regard to this agenda item pursuant to Commission policy.

Chair Madrigal-Weiss asked Vice Chair Alvarez to facilitate this item.

Vice Chair Alvarez stated the Commission will consider approval of an outline and authorization for Commission staff to enter into contracts to release the remaining funds for school county partnership grants authorized by the Mental Health Student Services Act. She asked staff to present this agenda item.

Tom Orrock, Chief of Stakeholder Engagement and Grants, provided an overview, with a slide presentation, of the background, eligibility, potential expansion/enhancement options, and timeline of the Request for Applications (RFA) for Mental Health Student Services Act Grants.

Commissioner Questions and Discussion

Vice Chair Alvarez asked if there is a plan for the Commission to address the three options for counties to expand or enhance their programs – to expand services to additional students/school districts, to create a mechanism to enhance youth voice and participation, or to expand the existing service model.

Mr. Orrock stated staff has ongoing collaboration meetings with current grantees where counties can interact with one another. Staff learns about county programs and who is doing what and found that most counties fall into general areas such as operating wellness centers, screenings, and the best ways to build out and sustain these partnerships after the grant period ends. New grantees will be connected to counties with like programs so they can learn from each other.

Commissioner Mitchell asked if counties are running programs in the schools and if there are best-practice programs. She asked how to ensure that schools are getting the help that they need.

Mr. Orrock stated the greatest assurance of programs being relevant in the schools is that this is a partnership, which is the cornerstone of these programs. The additional funding will be helpful so counties can enhance those programs.

Vice Chair Alvarez asked for a motion to approve the staff recommendation.

Commissioner Carnevale made a motion to authorize staff to initiate a competitive bid process and award grants to the highest scoring applicants based on the proposed outline.

Commissioner Mitchell seconded.

Public Comment

Elia Gallardo, Director of Governmental Affairs, County Behavioral Health Directors Association (CBHDA), stated the CBHDA would love to provide more information on the many promising practices that have historically been serving in schools. The CBHDA also supports expanding on the existing grants to build on promising practices that the MHSSA is building upon. She suggesting seeing if AB 638 changes might influence this and allow for the expanding of these services to support substance use disorder services. She spoke in support of the motion.

Rachel Rodriguez stated programs like SARS are already doing this work in the communities on behalf of counties, but they are not “feeling the funding” that the Commission is giving out to counties and schools, although SARS is in the schools. The speaker asked how SARS can get a seat at the table or ensure that they meet the criteria to apply for this funding as well, since SARS is already doing this work.

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

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

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

The following Commissioners voted “Yes”: Commissioners Brown, Carnevale, Chen, Mitchell, Rowlett, and Tamplen, and Vice Chair Alvarez.

Chair Madrigal-Weiss and Commissioner Gordon rejoined the meeting.

[Note: Agenda Item 6 was taken out of order and was heard prior to Agenda Item 5.]

ACTION

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

Presenters:

- Anna Naify, Consulting Psychologist
- Lauren Quintero, Chief of Administrative Services

Chair Madrigal-Weiss stated the Commission will hear a presentation on the work being done on the Draft Racial Equity Plan (REP). Public comment on the REP will be held until this item is brought back to the Commission at a future meeting, where the Commission will have a detailed discussion and consider adoption. No action on this item will be taken today. She asked staff to present this agenda item.

Anna Naify, Consulting Psychologist, provided an overview, with a slide presentation, of the Commissioner’s commitment to transformation change in mental health, the Capitol Collaborative on Race and Equity (CCORE), work to date, and racial equity tools. She thanked the CLCC and the Client and Family Leadership Committee (CFLC) for their suggestions and feedback on the REP during the planning process.

Commissioner Questions

Vice Chair Alvarez asked about the opportunities for providing feedback prior to the second read of the REP at a future Commission meeting.

Dr. Naify stated feedback in writing is welcome.

Public Comment

Stacie Hiramoto stated she feels more comfortable knowing that the CLCC will have another opportunity to provide feedback on the REP. She stated she wished that the presenter had gone over the plan briefly with the Commission instead of speaking about its development.

Stacie Hiramoto suggested more specifics on pages 4 to 6. There are goals and objectives, but it is unclear who will be responsible for implementing them and there are no dates attached to what the Commission will do.

Stacie Hiramoto suggested that the Commission take positions on bills that have a direct influence on affecting reducing health disparities for people of color, such as SB 17, which declares racism as a health crisis.

Stacie Hiramoto stated she did not see training on explicit bias, white privilege, or timely or relevant topics for staff or the Commission. She noted that, previously, the Commission undertook a one-hour training that was developed by the CLCC every year regarding cultural competence. No trainings have occurred in recent years.

Stacie Hiramoto recommended appointing a point person for the REP so the public can continue to direct questions after the plan has been implemented.

ACTION

6: Fiscal Transparency Tool Presentation

Presenters:

- Toby Ewing, Executive Director
- Phebe Bell, Director, Department of Behavioral Health, Nevada County, and President, County Behavioral Health Directors Association

Chair Madrigal-Weiss stated the Commission will be presented with an update on the most up-to-date fiscal data on the mental health system. She asked the presenters to give their presentations.

Executive Director Ewing stated the Fiscal Transparency Tool provides point-and-click access to existing public information about revenues, expenditures, and available balances for individual counties and statewide. It is updated monthly as new reports are submitted. He stated changes have been made to address concerns expressed by counties and other partners on how the data was displayed.

Executive Director Ewing demonstrated the components of the Fiscal Transparency Tool and noted that an Innovation Encumbrance tab was added to help counties avoid innovation reversion. The tool keeps track of the funds as reported in the accounts, and as encumbered through the Commission's approval process.

Executive Director Ewing stated the Fiscal Transparency Tool is part of a broader strategy to do three things: create clarity on funding, provide access to clear and reliable information on available programming, and provide compelling information on the outcomes being achieved through those programs.

Guest presenter Phebe Bell provided an overview, with a slide presentation on: the county MHSAs spending goal of good fiscal stewardship, post-COVID landscape, unpredictable and inaccurate funding estimates, county spending cycles, MHSAs funding requirements, and county responses to unanticipated growth.

Ms. Bell stated she appreciated the additional content in response to county concerns. She requested to reflect all encumbered funds and noted that there are places where unencumbered funds are recognized and others where they are not. Unencumbered funds are not available to expand or increase services. She also requested to put fund balances and expenditures in three-year planning cycles.

Ms. Bell stated the COVID-19 pandemic has exposed structural challenges about the MHSAs as a funding stream. She stated the CBHDA would like to partner with the Commission and other partners to develop solutions to allow for policy changes that mitigate some of those structural challenges. The CBHDA would also like to partner with the Commission on ways to communicate what is going on with the funds, which is ultimately the point of the Transparency Tool – to tell a full and complete story of the work being done to provide solid, ethical, meaningful stewardship of these important dollars.

Commissioner Questions

Commissioner Rowlett stated he recognized unique challenges associated with managing community-based organizations and working with county partners in a volatile environment. The Commissioner said this was especially true when associated with attracting and retaining a workforce to do this important work, given the inflationary factors being faced today, and the unknowns going forward. Yet, in the midst of those challenges, Commissioner Rowlett wanted to underscore the pillars that Ms. Bell initially illustrated and the importance of those pillars as it relates to this tool. He stated the hope that this tool will be endorsed by county behavioral health as well as the Commission.

Commissioner Carnevale stated these struggles are not new but there is one tool that businesses use that was not mentioned - the balance sheet. The balance sheet contains all critical information on problems and opportunities. Without being able to see the various assets and liabilities that are contained in the system, such as what has and has not been encumbered and what is short- and long-term, it is difficult to tell the complete story. The only constant is change.

Commissioner Carnevale stated something is missing in the planning cycle between the cooperation of the counties and the state to drive decisions. What has been created is fantastic, but what would finish it to allow the full story to be told is a balance sheet. Saving money is not the answer. Money is created to solve problems. Saving it because counties are

not sure they will have it in the future is not the right answer. He stated the need for systems that would allow counties to project and manage those various deficits. Those are possible to create.

Commissioner Mitchell agreed with the need to explore tools to help with projection work so counties can expend the funds for programs that are serving the neediest individuals in the state.

Vice Chair Alvarez stated the need to explore the structural challenges with MHSA resources in order to be more effective in the delivery of resources to communities in need.

Commissioner Gordon stated that Commissioner Carnevale is raising issues that need to be considered. Transparency contributes to strong relationships across school agencies and county health agencies. He stated pushing on the end of results and outcomes and what is being looked for would contribute to more collaboration among agencies, nonprofit partners, and clients.

Executive Director Ewing stated the goal is to help the community understand the volatility in the revenue and the decisions being made. It is about informed consent and ensuring a robust community planning process. Staff is trying to push on the outcomes piece, which has come up every time the Commission meets, particularly around approving innovation plans. How to know if conditions have improved, if outcomes are better, or if individuals are better served as a result of these investments is difficult to learn, but the Fiscal Transparency Tool is a foundational step in that direction.

Executive Director Ewing stated he would love to work with Commissioner Carnevale to understand the balance sheet and how that works in the public sector. He stated he will reach out to him offline to better understand the pieces that are missing.

Executive Director Ewing stated what is not reflected here is prudent reserve amounts. The average of 33 percent of the average five-year balance of funds from the Community Services and Supports (CSS) component of the MHSA can be held in a prudent reserve account. This may be low, given the exceptional volatility highlighted by the data particularly relative to other funding streams.

Executive Director Ewing stated another challenge is that counties do not have easy access to those funds. There are considerable limits on access, which are tied to the economy, not the need. He stated an area worth exploring may be to strengthen the ability of counties to address volatility and, in doing so, learn if that frees up opportunities for county boards of supervisors and their community partners to make more dynamic use of dollars. The volatility in the fund will not be addressed in the Fiscal Transparency Tool but maybe the Commission can address the flexibility with which counties have access to those dollars.

Executive Director Ewing stated this tool displays MHSA revenues. The MHSA is a component of overall public behavioral health funding. One of the things the Commission has been trying to do is to tell the complete picture of mental health revenues and expenditures, which would help communities understand that counties are generally making reasonable decisions

within the constraints that they have. Sometimes those decisions are hard to see because of the information that is not included such as encumbrances, volatility, or what is happening in the other funding sources that counties rely on.

Ms. Bell agreed that there is value in exploring expanded access to, definition of, and utilization of a more viable prudent reserve. She asked to be included in the dialogue of what that would look like and what is prudent and thoughtful that everyone can agree on so that everyone can help share that story collectively to the broader community, and can help ensure that these funds are used for what they were meant to be used for and to the intense need.

Public Comment

Ryan Quist, Sacramento County Behavioral Health Director, and Vice President, CBHDA, echoed Ms. Bell's comments supporting prudent reserve and other solutions being discussed. The speaker shared examples illustrating experiences and successes in Sacramento County.

Michelle Cabrera, Executive Director, CBHDA, agreed with Commissioner Carnevale's comments. She stated she reviewed a Fitch Bond Rating of the No Place Like Home MHSA bonds, which was financed through county behavioral health. Fitch, one of the premier fiscal forecasting entities in the world, talks about MHSA's volatility and how sensitive the millionaires' tax is.

Michelle Cabrera stated appreciation for the creative problem-solving approach that Executive Director Ewing is taking in trying to address issues brought on or exacerbated by the COVID-19 pandemic. She stated the CBHDA looks forward to partnering with the Commission on the further exploration of those ideas.

Tracy Hazelton, MHSA Director, Alameda County Behavioral Health Care Services, stated appreciation for the work of the Commission and the disclaimers that have been added to the Fiscal Transparency Tool based on previous county concerns; however, the county still has concerns in that the tool can be complicated to read with the disclaimers. She asked that counties be notified of the date the tool will go live so counties can start to engage in discussions with communities.

Tracy Hazelton agreed with exploring prudent reserve and potentially making that a lower barrier for counties to utilize those funds and then plan for volatility. She agreed with Commissioner Mitchell's comments about new or enhanced projection tools. She noted that counties can plan farther out and get as much money into the community as possible with better projection tools.

Steve McNally, family member and Member, Orange County Behavioral Health Advisory Board, asked why the "shalls" are not being done across the state as mandated in Welfare and Institutions Code Section 5604.2. Compliance with that code section would affect and correct many things.

Steve McNally stated, speaking as an individual, his county's CEO is handling all the financial reporting. This is important because county plans do not have cash flow in them. Counties do not report expenditures on a monthly basis, although they collect the information from contracted providers around the 20th of the month. The public must go to the county controller or auditor to figure out the cash balance through their comprehensive annual review reports to see what is going on. The CEO in his county can always provide the cash balance, if asked for this information.

As such, Steve McNally stated the balance sheet can be done as part of the proposed Fiscal Transparency Tool. The issue here is transparency and managing expectations. Families are not making it through the journeys intact. They are not making it through alive. He stressed the need for urgency in addressing these problems. He stated responsive funding mechanisms that allow small organizations and ethnic communities to get outside of county procurement and have informed but not necessarily evidence-based solutions will allow them to participate. He stated the need to get focused on what the MHSA is about – the sickest, most vulnerable people in the state.

ADJOURNMENT

Chair Madrigal-Weiss stated the next Commission meeting will take place on Thursday, April 28th. There being no further business, the meeting was adjourned at 12:47 p.m.

AGENDA ITEM 2

Action

April 28, 2022 Commission Meeting

Butte County Innovation Plan

Summary: The Commission will consider approval of the Butte County request to expend up to \$3,510,520 in MHS Innovation funds over five years for the following innovation project:

- **Resilience Empowerment Support Team (REST) at Everhart Village**

Butte County requests authorization for use up to \$3,510,520 in Innovation funding over five years to develop, implement, and evaluate the Resilience Empowerment Support Team (REST) which will provide both field-based, county-wide outreach and engagement and services onsite at Everhart Village for individuals experiencing homelessness and serious mental illness.

The County states that a variety of individual level and provider level barriers have severely impaired the County's ability to reach and engage their community. Factors such as devastating community fires resulting in loss of life and homes, a homelessness crisis, high rates of co-occurring disorders, and increased demand for crisis services, requires innovative action to develop best practices and reduce barriers to treatment.

The REST team will provide intensive outreach and engagement utilizing an engagement team that will include a Clinical Supervisor, Clinician, Counselor/Peer Counselors, Peer Support Specialists, a Medical Records Technician, a Psychiatrist, and a Nurse.

Through REST, the County will build a collective framework to promote engagement in services by offering a "menu of services and support" including an emergency shelter of tiny house style sleeping cabins embedded within Everhart Village and supportive services and care coordination provided through partnerships with community-based organizations, including Ampla Health who will offer comprehensive healthcare. All services provided will be voluntary and guided by recovery and wellness principles through a whole-person care approach.

This proposal makes a change to Butte 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 providing services to support permanent housing.

Butte held a public comment period from December 20, 2021 through January 19, 2022 followed by their local Mental Health Board hearing on January 19, 2022 and received approval from Board of Supervisors on March 8, 2022. The County has provided a summary of comments

received by their community, the County's response and any changes made to the project as a result of received comments (see *project pgs 37-38, link to project provided below*).

The initial project plan was shared with the Commission's listserv, stakeholder contractors and the Client and Family Leadership and Cultural and Linguistic Competence Committees on January 5, 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 again shared with the same groups on March 28, 2022.

No comments were received in response to Commission sharing the initial plan or the final plan with stakeholder contractors, the listserv, and the Committees; however, a letter of support was received from Butte County Sheriff's Department on April 12, 2022 and has been provided for Commissioners as handouts.

Presenter for Butte County's Innovation Project:

- Holli Drobny, Program Manager and MHSA Coordinator, Butte County Behavioral Health

Enclosures (4): (1) Commission Community Engagement Process; (2) Biography for Butte County's Presenter; (3) Staff Analysis: Resilience Empowerment Support Team (REST) at Everhart Village; (4) Letter of Support

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/wp-content/uploads/Butte-County_INN-Project-Plan_REST-at-Everhart-Village_02.23.2022_FINAL.pdf

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

Name: Resilience Empowerment Support Team (REST) at Everhart Village
Amount: Up to \$3,510,520 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**
 - i. Innovation project is initially shared while County is in their public comment period
 - ii. County will submit a link to their plan to Commission staff
 - iii. **Commission staff will then share the link for innovation projects with the following recipients:**
 - Listserv recipients
 - Commission contracted stakeholders
 - The Client and Family Leadership Committee (CFLC)
 - The Cultural and Linguistic Competency Committee (CLCC)
 - iv. Comments received while County is in public comment period will go directly to the County
 - v. Any substantive comments must be addressed by the County during public comment period
- **Procedure – Final Sharing of INN Projects**
 - i. **When a final project has been received and County has met all regulatory requirements and is ready to present finalized project (via either Delegated Authority or Full Commission Presentation), this final project will be shared again with stakeholders:**
 - Listserv recipients
 - Commission contracted stakeholders
 - The Client and Family Leadership Committee (CFLC)
 - The Cultural and Linguistic Competency Committee (CLCC)
 - ii. The length of time the final sharing of the plan can vary; however, Commission tries to allow stakeholder feedback for a minimum of two weeks
- **Incorporating Received Comments**
 - i. Comments received during the final sharing of the INN project will be incorporated into the Community Planning Process section of the Staff Analysis.
 - ii. Staff will contact stakeholders to determine if comments received wish to remain anonymous
 - iii. Received comments during the final sharing of INN project will be included in Commissioner packets
 - iv. Any comments received after final sharing cut-off date will be included as handouts



Resiliency Empowerment Support Team (REST) at Everhart Village Innovation Project

Holli Drobny is a Program Manager at Butte County Behavioral Health and serves as the MHSa Coordinator and Public Information Officer for the Department. Holli began her career at Behavioral Health in the Systems Performance, Research and Evaluation Unit as an Administrative Analyst where she gained experience as a key part of the implementation and evaluation team for various projects. Holli is passionate about supporting the public mental health system because of her lived experience as a family member of someone living with a severe mental health diagnosis. Holli holds a Bachelor's degree in Communication Studies with an emphasis on Organizational Communication from California State University, Chico.



STAFF ANALYSIS – Butte County

Innovation (INN) Project Name:	Resilience Empowerment Support Team (REST) at Everhart Village
Total INN Funding Requested:	\$3,510,520
Duration of INN Project:	Five (5) Years
MHSOAC consideration of INN Project:	April 28, 2022

Review History:

Approved by the County Board of Supervisors:	March 8, 2022
Mental Health Board Hearing:	January 19, 2022
Public Comment Period:	December 20, 2021- January 19, 2022
County submitted INN Project:	February 23, 2022
Date Project Shared with Stakeholders:	January 5, 2022 & March 28, 2022

Project Introduction:

Butte County requests authorization for use up to \$3,510,520 in Innovation funding over five (5) years to develop, implement, and evaluate the Resilience Empowerment Support Team (REST) which will provide both field-based, county-wide outreach and engagement and services onsite at Everhart Village for individuals experiencing homelessness and serious mental illness.

The County states that a variety of individual level and provider level barriers have severely impaired the County’s ability to reach and engage their community. Factors such as devastating community fires resulting in loss of life and homes, a homelessness crisis, high rates of co-occurring disorders, and increased demand for crisis services, requires innovative action to develop best practices and reduce barriers to treatment.

The REST team will provide intensive outreach and engagement utilizing an engagement team that will include a Clinical Supervisor, Clinician, Counselor/Peer Counselors, Peer Support Specialists, a Medical Records Technician, a Psychiatrist, and a Nurse.

This proposal makes a change to Butte 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 providing services to support permanent housing.

What is the Problem (Pages 2-7)

Butte County identifies a need for an intensive, field-based outreach and engagement team for people experiencing homelessness with mental illness and/or substance use challenges. Like other counties, Butte has been experiencing an increase in individuals experiencing homelessness and mental health needs.

The Butte County Board of Supervisors declared a shelter crisis on September 25, 2018, adopting a resolution to allow the use of vacant or underutilized County property for emergency shelter use on a case-by-case basis and the flexibility to utilize alternate housing and safety standards in lieu of state and local statutes, regulations, and ordinances. This resolution was again adopted in 2021, extending the shelter crisis declaration to June 30, 2024.

Shortly after the Board declared a shelter crisis, the Camp Fire struck, resulting in more individuals becoming homeless. The Camp Fire occurred in November 2018, and:

- Destroyed the town of Paradise (population 26,218) and surrounding communities of Magalia and Concow
- Killed 85 individuals
 - 13,000 homes lost resulting in nearly 20% of County’s housing being destroyed

Following the Camp Fire, the bi-annual 2019 Homeless Point in Time Count reflected:

- 2,304 homeless individuals
 - 891 unsheltered
 - 420 sheltered
 - 993 sheltered with support from FEMA
 - These figures are 16% higher compared with rates from 2011
- 22% self-disclosed a serious mental illness
- 12% disclosed a substance use disorder

Butte County believes the high rate of homelessness directly correlates with a subset of the population who are reluctant to engage in behavioral health services and who need new approaches to engagement.

Homelessness continued to increase after a second deadly fire, the North Complex Fire, occurred in September 2020, resulting in:

- Destroyed town and nearly all homes of Berry Creek (population 1,300)
- Killed 15 individuals

Additional County challenges include:

- Service delivery structure and state regulations for substance use disorder services create significant barriers for homeless individuals living with co-occurring disorders

- One of the highest Adverse Childhood Experiences (ACEs) scores within California, indicating a correlation between childhood trauma and poor mental and physical health outcomes.
- Challenges in access to care due to the County’s rural nature, inadequate public transportation
- Lack of service providers

The County currently has several outpatient programs that appear to be effective for individuals with lower levels of need and in supporting individuals when they are in crisis (see page 5 for current County programs); however, **the County estimates that they are only providing ongoing, outpatient treatment to 19% of individuals living with serious mental illness and experiencing homelessness in the county.** New approaches are needed to engage individuals who have not been successful with ongoing outpatient mental health services.

To develop this Innovation project, the County worked collaboratively, leveraging strong local partnerships. They utilized outcomes from recently piloted programs that have tested the viability of engagement and treatment of those who are severely mentally ill and not engaged in outpatient mental health services (see pgs. 6-7 for detailed pilot programs and lessons learned). Outcomes revealed that conventional services are not effective at reaching and stabilizing this population, but that the County does have the capability to provide needed whole person care services. To overcome challenges with limited staffing and siloed resources affecting their ability to provide effective services to unengaged individuals, the County proposes the REST Innovation project.

How this Innovation project addresses this problem (Pages 8-24)

Butte County intends to utilize Innovation funding to create the Resilience Empowerment Support Team (REST), a tailored team adapted from the Assertive Community Treatment (ACT) model, to provide outreach, engagement, referrals and appropriate linkages and services for individuals who are homeless and have not been able to engage in behavioral health services. While similar in structure to ACT, REST is more flexible in response to local needs while still utilizing the identified good practices shown to be effective under the ACT model (see pages 22-23).

Through REST, the County will build a collective framework to promote engagement in services by offering a “menu of services and support” including an emergency shelter of tiny house style sleeping cabins embedded within Everhart Village and supportive services and care coordination provided through partnerships with community-based organizations, including Ampla Health who will offer comprehensive healthcare. All services provided will be voluntary and guided by recovery and wellness principles through a whole-person care approach.

Target Population

The County will meet folks experiencing homelessness 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.

This project will serve the following target population:

- Individuals who are homeless or at risk of homelessness
- Individuals with high utilization of crisis services, including emergency rooms
- Individuals with frequent contact with law enforcement (see pg. 8 for crisis utilization data)
- Individuals with mental health and substance use challenges struggling with engagement and treatment

Referrals will be received from the community, providers, street outreach team or family members through the Butte County Behavioral Health Access Line or email.

Daily Operations

REST Team Staffing (see pgs. 9-10 for individual roles and responsibilities)

Innovation funding will be used to fully staff the REST team, including a supervisor, a clinician, three behavioral health counselors, one peer support counselor, three peer support specialists, a nurse, psychiatry hours and support from a medical records technician and administrative analyst. The REST team will provide both field-based outreach and engagement and services onsite at Everhart Village.

To truly meet individuals where they are at, REST will work with existing homeless services teams (including the Full-Service Partnership, SEARCH) operating at Everhart Village to tailor engagement and services to each individual. **While SEARCH provides intensive outreach services for existing clients, REST will provide intensive outreach services to engage potential clients.** A blended team will provide services depending on the level of individual need. REST staff will also provide “in-progress” case management services to those individuals who have agreed to services but are not yet ready to fully engage.

Outreach and Engagement

Within the REST Team, the Intensive Outreach Team (IOT) will be tasked with providing outreach and engagement throughout Butte County. Operating daily, this IOT will be comprised of counselors, peer counselors and peer support specialists. The overarching goal of the IOT will be to build trust and rapport in an effort to provide linkages to services including shelter, access to more permanent housing, community supports, counseling, medication, and assisting clients to navigate available resources within the County.

IOT members will not be dressed in clothing that will draw attention to blend in without triggering possible stigma in clients. Flex funding will be utilized by the IOT to develop

relationships and build trust by providing necessities or desires of daily living (blankets, coffee, food, hygiene supplies, etc.).

It is the County's hope that the continued development of relationships and trust building will result in the individual's voluntary engagement to receive supports and services leading to overall wellness and recovery.

Innovation funding will also be used to purchase two vehicles to allow staff to provide outreach and engagement.

Everhart Village

Everhart Village is a housing community located adjacent to the Behavioral Health clinics in Chico with Butte County Behavioral Health as the referral source. The County will provide a “no wrong door” approach for the target population described above and currently operates various supportive services on-site. *For information on initial acquisition of Everhart Village, see page 12.*

It is estimated that REST residents will stay at Everhart Village for approximately 6 months as they make the transition towards permanent housing while obtaining mental health supports and services. There will be 15 tiny house style sleeping cabins (with the ability to expand to 20) available for individuals and the County anticipates providing housing for 30 individuals per year. *For detailed steps regarding the enrollment and referral process, see pages 12-15 of project plan.*

Behavioral Health services available to residents at Everhart Village

Core services will be provided through REST and the SEARCH FSP team with additional substance use disorder services offered at outpatient centers located in the adjacent Behavioral Health building. REST also hopes to offer field-based Medication Assisted Treatment.

Additional REST services at Everhart Village

This project aims to provide services specifically to residents living in Everhart Village, however, the County states the amenities located in Everhart Village will be accessible for the entire community:

- Computer Lab – will provide participants and the community with access to the internet as well as therapeutic art activities as determined by the REST Supervisor
- On-site Pharmacy – pharmacy staff and pharmacists will offer medication needs specializing in mental health, as needed
- Community Resource Center – this space allows for clients to meet with their case managers and will also have the following amenities:
 - Kitchen
 - Recreation room
 - Showers

- Laundry Machines

By bringing services, including peer support and medication delivery to clients living at Everhart Village, this project seeks to eliminate transportation and other barriers preventing people from engaging in and receiving mental health services and supports.

The County states this project brings the following innovative components to this project, not typically seen in a rural setting:

- Meeting individuals where they are by providing services on-location
- Individuals will reside in “tiny homes” co-located on the Behavioral Health Campus, known as Everhart Village
- Integrated whole person care, co-located at Everhart Village
- Intensive outreach and engagement with flex funding to fill basic needs
- Approach is proactive rather than reactive as IOT will engage individuals who are not able to seek services, and have not been engaged in behavioral health services, due to barriers

For more information on the County’s efforts to address barriers with the innovative components of this project, see pages 19-20.

Butte County’s offer of immediate access to care through 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. Kern County’s Mobile Clinic with Street Psychiatry innovation project, recently approved by the Commission on March 24, 2022, does provide similar services as this project; however, Kern’s project does not focus on housing needs. Butte County would like to leverage learning from this project and has committed to disseminating lessons learned throughout project implementation.

Community Planning Process (Pages 32-38)

Local Level

Butte County provides documentation of robust community engagement beginning in 2019 with a transition to virtual engagement after March 2020:

- 2019 – 5 community meetings and 10 focus groups (201 completed surveys received)
- 2020 – 8 community meetings and 4 staff stakeholder meetings (116 completed surveys received)

Homelessness and supports for those who are homeless were identified as recurring themes which led to the development of this project. See pages 32-36 for identified community needs.

Butte held a public comment period from December 20, 2021 through January 19, 2022 followed by their local Mental Health Board hearing on January 19, 2022 and received approval from Board of Supervisors on March 8, 2022. The County received 35 responses during the public comment period reflecting support of this project along with a few suggested modifications. The County has provided a summary of comments received by their community, the County's response and any changes made to the project as a result of received comments (see pages 37-38).

Butte County has committed to working with various diverse members within the community for continued review of this project by developing a work group to meet quarterly. This project will be available to serve all clients regardless of cultural and individual identities and the diversity of the County will be reflected by the hiring of bilingual and multi-cultural staff. Additionally, the County indicates serving the LGBTQ+ population is a priority as this community has a high rate of homelessness and trauma with transgender individuals encountering additional challenges. Butte County acknowledges the needs of this community and will receive trainings on appropriate supports for the LGBTQ+ population.

A final plan, incorporating stakeholder input and MHSOAC technical advice, was submitted to Commission staff on February 23, 2022.

Commission Level

The initial project plan was shared with the Commission's listserv, stakeholder contractors and the Client and Family Leadership and Cultural and Linguistic Competence Committees on January 5, 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 again shared with the same groups on March 28, 2022.

No comments were received in response to Commission sharing the initial plan or the final plan with stakeholder contractors, the listserv, and the Committees; however, a letter of support was received from Butte County Sheriff's Department on April 12, 2022 and has been provided for Commissioners as handouts.

Learning Objectives and Evaluation (pages 24-31)

Butte County anticipates serving 44 individuals per year through outreach and mobile service delivery over the course of the five-year project by the Intensive Outreach Team, while the average length of stay at Everhart Village is estimated to be six (6) months, while 30 individuals are estimated to reside Everhart Village annually.

Butte presents six learning goals to guide this project, with outcomes being designated as short-term, intermediate, or ultimate:

Learning Goal #1:

Is intensive outreach effective for engaging the target population in services?

Learning Goal #2:

Does on-site housing facilitate client engagement?

Learning Goal #3:

Is the overall REST approach of intensive outreach, coordinated care, and onsite housing, effective for engaging the target population in services?

Learning Goal #4:

Does continuous quality improvement improve program and clinical practices and thereby improve client engagement?

Learning Goal #5:

Will Butte County Department of Behavioral Health be able to help the REST target population with mental health, substance use, and functional impairments?

Learning Goal #6:

Will Butte County Department of Behavioral Health be able to help the REST target population to obtain stable long-term housing, reduce its utilization of crisis services and hospitalizations, lower arrests, and raise employment?

The County has included the following measures to assess desired outcomes:

- Number of clients in intensive outreach
- Number of clients enrolled in mental health, medical health, job-seeking and enrolled in Everhart Housing
- Number of clients screened

The County has provided the following outcomes desired:

- Improvement in mental health symptoms
- Decrease in substance use
- Improvement in functional impairments
- Stabilized long-term housing outside of program
- Reduction in number of those in crisis and psychiatric hospitalizations
- Reduction in number of arrests
- Stability in number of those employed

The County has provided detailed variables and performance measures for each of the learning questions as well as how they will be evaluation (see pages 26-29), including a statistical analysis of learning questions #5 and #6. Butte has also submitted a program logic model and detailed performance measures (see Appendix A pgs. 52-56).

The Budget

5 Year Budget	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	TOTAL
Personnel	\$ 733,102.00	\$ 733,102.00	\$ 733,102.00	\$ 733,102.00	\$ 366,558.00	\$ 3,298,966.00
Operating Costs	\$ 39,078.00	\$ 36,000.00	\$ 36,000.00	\$ 36,000.00	\$ 36,000.00	\$ 183,078.00
Non-recurring costs	\$ 133,000.00	\$ -	\$ -	\$ -	\$ -	\$ 133,000.00
Consultant / Contracts	\$ 247,260.00	\$ 247,260.00	\$ 247,260.00	\$ 247,260.00	\$ 247,260.00	\$ 1,236,300.00
Other Expenditures	\$ 130,904.00	\$ 196,355.00	\$ 196,355.00	\$ 196,355.00	\$ 130,904.00	\$ 850,873.00
Administrative Costs	\$ 105,319.00	\$ 112,675.00	\$ 112,675.00	\$ 112,675.00	\$ 64,295.00	\$ 507,639.00
Evaluation Costs	\$ 41,943.00	\$ 41,943.00	\$ 41,943.00	\$ 41,943.00	\$ 20,972.00	\$ 188,744.00
						\$ -
Total	\$ 1,430,606.00	\$ 1,367,335.00	\$ 1,367,335.00	\$ 1,367,335.00	\$ 865,989.00	\$ 6,398,600.00

Funding Source	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	TOTAL
MHSA Innovation Funds	\$ 998,403.00	\$ 664,039.00	\$ 664,039.00	\$ 664,039.00	\$ 520,000.00	\$ 3,510,520.00
Medi-Cal FFP	\$ 432,203.00	\$ 703,296.00	\$ 703,296.00	\$ 703,296.00	\$ 345,989.00	\$ 2,888,080.00
						\$ -
Total	\$ 1,430,606.00	\$ 1,367,335.00	\$ 1,367,335.00	\$ 1,367,335.00	\$ 865,989.00	\$ 6,398,600.00

The County is requesting authorization to spend up to \$3,510,520 in MHSA Innovation funding for this project over a period of five (5) years to improve outcomes for clients experiencing homelessness. The total project cost is estimated to be \$6,398,600 (see page 46 for budget narrative) with Medi-Cal/ Federal Financial Participation (FFP) funding the remaining amount.

Personnel costs total \$3,298,966 (52% of total budget) and includes the following positions to create the REST team:

- 1.0 FTE Supervisor
- 1.0 FTE Clinician
- 3.0 FTE Behavioral Health Counselors
- 1.0 FTE Peer Support Counselor
- 2.0 FTE Peer Support Specialists
- 0.5 FTE Peer Support Specialists (2 positions)
- 0.5 FTE Medical Records Technician
- 0.5 FTE Administrative Analyst
- 0.25 FTE Psychiatrist
- 1.0 FTE Nurse

Operating Costs total \$183,078 (3% of total budget) and include:

- Building lease to house computer lab
- Flex funds to offer clients
- Emergency housing funds for REST participants living outside of Chico – may be utilized for hotels in closer proximity

Non-Recurring costs total \$133,000 (7% of total budget) to purchase:

- Technology for staff and computer lab
- Two vehicles for outreach and engagement in the field

Consultant costs total \$1,236,300 (19% of total budget) and will covers associated with specialized training needs.

Other expenditures total \$850,873 (13% of total budget) to include medical malpractice insurance, information technology support, etc.

Administration costs total \$507,639 (8% of total budget) and will cover costs associated with purchase of supplies, tracking grant funds, records retention, and reporting.

Evaluation costs total \$188,744 (3% of total budget) and will allow for the evaluation of the project.

The County will leverage the use of Federal Financial Participation funding in the amount of \$2,888,080.

Sustainability Plan

Prior to completion of the project, the County will compile all feedback from stakeholder meetings and data collected from outcome measurements to determine overall successes and long-term sustainability for this project. The County hopes to continue this project by leveraging funding streams such as the CalAim initiatives and Medi-Cal.

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



KORY L. HONEA
SHERIFF - CORONER

April 7, 2022

Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

RE: Resiliency Empowerment Support Team (REST) Mental Health Services Act Innovation Project

Dear Commissioners,

I would like to express my overwhelming support for the Resiliency Empowerment Support Team (REST) Innovation Project that is being presented by Butte County Behavioral Health (BCBH) on April 28, 2022.

In Butte County, a combination of local wildfires, a global pandemic, high rates of homelessness, and significant prevalence of co-occurring mental illness and substance use disorders have severely impacted our community. These circumstances have exacerbated barriers at both an individual and provider level that impede the ability of BCBH to engage and serve vulnerable community members eligible for Behavioral Health services.

I support REST's innovative approach to create a collective framework to reduce negative outcomes of untreated mental illness and/or co-occurring disorders. This framework includes an intensive outreach and engagement team to connect with individuals experiencing homeless and who would benefit from various health interventions. The REST project will be the direct referral source to Everhart Village, an emergency shelter consisting of sleeping cabins co-located next the largest BCBH service site in Butte County. REST participants will have access to a menu of services and support; including mental health treatment, substance use treatment providers, peer support specialist care coordination, housing case managers, field-based psychiatry and nursing, medication support, onsite pharmacy, community resource center and a computer lab. REST participants with complex medical conditions will be linked, with the assistance of a Peer Support Specialists, to primary care treatment and dental care to ensure the whole person is cared for.

Thank you for your consideration of the REST project. I am hopeful that you will approve this request and allow for this innovative project to make an impactful change in our community.

Best regards,

Kory L. Honea
Sheriff-Coroner

AGENDA ITEM 3

Action

April 28, 2022 Commission Meeting

City of Berkeley Innovation Plan

Summary: The Commission will consider approval of the City of Berkeley's (Berkeley Mental Health) request to expend up to \$2,802,400 in MHS Innovation funds over five years for the following innovation project:

- **Encampment-Based Mobile Wellness Center**

Berkeley Mental Health proposes to test the efficacy of utilizing a mobile wellness center that would provide a customizable menu of services (p. 6) that is supported by the members of the homeless encampments. This project, developed by the community as well as by those with lived experience of homelessness, will offer the following:

- Customized services led by peers with lived experience
- Services based on needs and supports identified by the unhoused individuals
- Onsite services at homeless encampments

Berkeley Mental Health has identified a need to bring supportive services to unhoused individuals living in the community and has acknowledged efforts to address this need by organizing outreach teams in order to connect unhoused individuals with mental health services. Although multiple efforts to outreach and engage with this population have been done, they have experienced challenges in doing so, bringing the need for this innovation project as a key priority.

This project proposes to bring services directly to various homeless encampments by way of a mobile wellness center that will offer a menu of services, developed by the homeless individuals themselves.

The Mobile Wellness Center will be led by peers with lived experience of homelessness and through a focus on outreach and engagement, the City proposes to meet individuals where they are by creating relationships that may take several interactions before a connection is made.

This project does not aim to solely focus on providing clinical and psychiatric services, rather, it intends to leverage collaboration among individuals living in those homeless encampments to promote overall wellness via non-clinical means and focus on the specific daily needs that are not being met.

“It’s not a psychiatrist they need, it’s not a behavioral modification they need; what they need is the basics of life – the ability to eat, wash themselves, read a book, meditate, drink water, take a walk, be around the people who you want to be around, go to the library. If those things were guaranteed, it would support mental health and head off the cases where people develop more deeply entrenched conditions, where they start evidencing behaviors that people assume are intrinsic – not realizing [these behaviors] are from all the times when they don’t know where they will be eating, will they have to eat out of a trash can, if when they sleep will someone kick them in the head.”

- Berkeley community member experiencing homelessness (pg. 6)

Innovation funding will be used to fully staff the Mobile Wellness team that will include:

- 0.10 FTE Program Director
- 1 FTE Program Manager
- 3 FTE Peer providers

This project will utilize members of the encampment community in order to promote and incentivize potential unhoused individuals to connect with the services provided by the Mobile Wellness Center, encourage participation, as well as provide updates to the menu of services offered to the unhoused community in that encampment.

The four service areas are:

- Food and Hygiene
- Benefits Enrollment and Service Navigation
- Trauma-Informed Wellness
- Enrichment and Community Services

City of Berkeley held their public comment from November 18, 2021 through January 26, 2022 allowing extra time due to the Holiday Season. The local Mental Health Board hearing was held on January 27, 2022; they are scheduled to appear before their City Council on April 12, 2022.

Commission staff originally shared this project with its six stakeholder contractors, its listserv, and the Client and Family Leadership and Cultural and Linguistic Competence Committees 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 the above partners on March 10, 2022.

There was one comment received by a Client Family Leadership Committee Member during the City of Berkeley’s public comment period. This comment went directly to the City of Berkeley and will be included in Commissioner packets.

Presenter for City of Berkeley’s Innovation Project:

- Karen Klatt, MHSA Coordinator, Berkeley Mental Health

Enclosures (4): (1) Commission Community Engagement Process; (2) Biography for City of Berkeley’s Presenter; (3) Staff Analysis: Encampment-Based Mobile Wellness Center; (4) Comment received from Committee member

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/wp-content/uploads/City-of-Berkeley_INN-Project-Plan_Encampment-Based-Mobile-Wellness-Center_4.1.2022_FINAL.pdf

Proposed Motion: The Commission approves City of Berkeley’s Innovation Project, as follows:

Name: Encampment-Based Mobile Wellness Center
Amount: Up to \$2,802,400 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**
 - i. Innovation project is initially shared while County is in their public comment period
 - ii. County will submit a link to their plan to Commission staff
 - iii. **Commission staff will then share the link for innovation projects with the following recipients:**
 - Listserv recipients
 - Commission contracted stakeholders
 - The Client and Family Leadership Committee (CFLC)
 - The Cultural and Linguistic Competency Committee (CLCC)
 - iv. Comments received while County is in public comment period will go directly to the County
 - v. Any substantive comments must be addressed by the County during public comment period
- **Procedure – Final Sharing of INN Projects**
 - i. **When a final project has been received and County has met all regulatory requirements and is ready to present finalized project (via either Delegated Authority or Full Commission Presentation), this final project will be shared again with stakeholders:**
 - Listserv recipients
 - Commission contracted stakeholders
 - The Client and Family Leadership Committee (CFLC)
 - The Cultural and Linguistic Competency Committee (CLCC)
 - ii. The length of time the final sharing of the plan can vary; however, Commission tries to allow stakeholder feedback for a minimum of two weeks
- **Incorporating Received Comments**
 - i. Comments received during the final sharing of the INN project will be incorporated into the Community Planning Process section of the Staff Analysis.
 - ii. Staff will contact stakeholders to determine if comments received wish to remain anonymous
 - iii. Received comments during the final sharing of INN project will be included in Commissioner packets
 - iv. Any comments received after final sharing cut-off date will be included as handouts



Biography for City of Berkeley Presenter

INN Project: Encampment-based Mobile Wellness Center Project

Karen Klatt, MEd

City of Berkeley, Mental Health Services Act Coordinator

Ms. Klatt has worked for the City of Berkeley since 2007 in the role of the Mental Health Services Act Coordinator.

Prior to working for the City of Berkeley, Ms. Klatt previously held positions with NPC Research, Northrup Grumman, and Caliber Associates providing consulting services on various Substance Abuse Mental Health Services Administration (SAMHSA) federally-funded projects.

Additional work experience includes: program management and direct service provision in community, schools and public settings; program design, development and implementation; coordination with various agencies and individuals for change initiatives; counseling and group facilitation; research and evaluation; database management; and grant writing.



STAFF ANALYSIS – City of Berkeley

Innovation (INN) Project Name:	Encampment-Based Mobile Wellness Center
Total INN Funding Requested:	\$2,802,400
Duration of INN Project:	Five years
MHSOAC consideration of INN Project:	April 28, 2022

Review History:

Approved by the City Council:	April 12, 2021 (<i>tentatively scheduled</i>)
Mental Health Board Hearing:	January 27, 2022
Public Comment Period:	November 18, 2021 – December 17, 2021
County submitted INN Project:	April 1, 2022
Date Project Shared with Stakeholders:	December 3, 2021 and March 10, 2022

Project Introduction:

The City of Berkeley’s Mental Health Division is requesting up to \$2,802,400 of Innovation spending authority to test the efficacy of utilizing a mobile wellness center that would provide a customizable menu of services (p. 6) that is supported by the members of encampments themselves. This project, developed by the community as well as by those with lived experience of homelessness, will offer the following:

- Customized services led by peers with lived experience
- Services based on needs and supports identified by the unhoused individuals
- Onsite services at homeless encampments

What is the Problem? (pg 4)

By means of community input, the Berkeley Mental Health (BMH) has identified a need to bring supportive services to unhoused individuals living in the community. Data reveals approximately 1% of Berkeley’s total population is homeless (sheltered and unsheltered), equivalent to 1,100 unhoused individuals, and of those, 64% have reported they have currently been homeless for more than one year.

BMH has acknowledged efforts to address this need by organizing outreach teams in order to connect unhoused individuals with mental health services; however, **multiple efforts to outreach and engage with this population have been challenging, bringing the need for this innovation project as identified by their community as a key priority.**

BMH has developed, in partnership with their community, a project that will bring services directly to various homeless encampments by way of a mobile wellness center that will offer a menu of services, developed explicitly by homeless individuals themselves.

How this Innovation project addresses this problem (Pages 4-10)

In order to address the needs identified by the community, BMH proposes to utilize a mobilized wellness center to visit various homeless encampment locations in order to provide and bring customized services, resources, and linkages to meet individuals where they are. BMH will select and work closely with a Community Based Organization with extensive knowledge of the local unhoused community and will also be knowledgeable in all areas of service provision described below.

Additionally, the mobile wellness center will be led by peers with lived experience of homelessness and the customized delivery of services has been proposed directly from individuals with lived experience, as they are most familiar with the services and needs of those experiencing homelessness. Through a focus on outreach and engagement, BMH proposes to meet individuals where they are by creating relationships that may take several interactions before a connection and/or trust is made.

This project does not aim to solely focus on providing clinical and psychiatric services, rather, it intends to leverage collaboration among individuals living in homeless encampments to promote overall wellness via non-clinical means and focus on the specific daily needs that are not being met which have been identified by unhoused community members.

“It’s not a psychiatrist they need, it’s not a behavioral modification they need; what they need is the basics of life – the ability to eat, wash themselves, read a book, meditate, drink water, take a walk, be around the people who you want to be around, go to the library. If those things were guaranteed, it would support mental health and head off the cases where people develop more deeply entrenched conditions, where they start evidencing behaviors that people assume are intrinsic – not realizing [these behaviors] are from all the times when they don’t know where they will be eating, will they have to eat out of a trash can, if when they sleep will someone kick them in the head.”

- Berkeley community member experiencing homelessness (pg 6)

Target Population

The project emphasis is to provide an array of services for individuals who are unhoused and living in encampments and will be open to all diversities of race, ethnicities, and communities that may include but are not limited to: Black/African American, LGBTQ+, TAY population, Adults, and Older Adults. It is *estimated* the wellness center will deliver services for up to 250 individuals each year (roughly 25% of the current unhoused population)

The Mobile Wellness Center

Location

The Mobile Wellness Center will visit various locations within the City where there are encampment sites or will visit where unhoused individuals are staying. Additionally, should a homeless encampment be relocated, the Mobile Wellness Center will change locations to ensure services are continued.

Staffing

Innovation funding will be used to fully staff the Mobile Wellness team that will include (see *budget section in analysis for specific salary information*):

- 0.10 FTE Program Director
- 1 FTE Program Manager
- 3 FTE Peer providers

Peer providers, hired by the Community Based Organization (CBO) implementing this project, will be utilized to staff the wellness center and will be tasked with coordinating and delivering wellness center services. All peer providers will be trained in trauma- informed care and will be responsible for the following (see *page 10 for complete list of key duties*):

- **Outreach and enrollment** – assist unhoused individuals with enrollment into permanent housing, nutrition, health insurance programs, as well as offering day to day survival tips and discussing concerns as identified by the client
- **Navigation** – helping unhoused individuals file and complete paperwork to navigate systems such as Medicaid, Veterans Services, Medicare; will schedule appointments for clients and provide transportation if needed along with accompaniment to appointments as a show of support
- **Advocacy and Education** – peers will work with partners from the encampment community to identify issues and challenges that are being faced and will collaborate to identify any changes to the menu of services that will serve unhoused individuals best for that moment in time

This project will also utilize **members of the encampment community** in order to promote and incentivize potential unhoused individuals to connect with the services provided by the Mobile Wellness Center, encourage participation, as well as provide updates to the menu of services offered to the unhoused community in that encampment. The selected CBO will

recruit and provide stipends, cash or cash equivalent, to selected members of the encampment community who will assist in identifying service needs and supports that may be needed at that site. BMH will work with the selected CBO to ensure the stipend is reasonable and in alignment with the overall project goals.

Proposed Service Areas (pgs 6-7)

BMH has proposed an array of customizable services that allows the focus to shift to areas other than solely providing clinical or mental health supports. The four areas of service are:

- Food and Hygiene
- Benefits Enrollment and Service Navigation
- Trauma-Informed Wellness
- Enrichment and Community Services

BMH has provided estimates based on the number of individuals that may access and utilize each of the four proposed service areas named above (see pg 7). Service provisions will be planned weekly and will change according to the needs of individuals living in the homeless encampments, guided by members of the encampment community.

Research and related programs (see pages 23-25 for more details)

BMH presents information that while most homeless outreach and engagement teams utilize peers among varying agencies, **no single program adapts homeless outreach services by bringing resources and assistance directly to the various homeless encampments with the services being informed by members of the encampment.**

Additional research performed by the BMH has informed the following comparisons with other programs within California:

- **San Bernardino County** – Wellness centers are housed in this County and offer an array of services (medical, recreational and supportive); however, these sites are in fixed locations and are not able to meet unhoused individuals where they are.
- **WeHOPE in San Mateo County** does provide onsite hygiene services to unhoused individuals but does not offer the array of customizable menu options informed by homeless individuals themselves.
- **The RAMS Peer Wellness Center** in San Francisco does provide similar services that this project will provide; however, this project does differ in that individuals living in homeless encampments will play a vital role in informing continued success and learning in this project.

Community Planning Process: (pgs 12-14)

Local Level

During the community planning process, BMH was purposeful in utilizing feedback solicited from those experiencing homelessness **first** in an effort to better inform project development, then engaged advocates primarily working in the realm of mental health and homelessness to

solicit additional feedback. The services that will be delivered have been informed directly from the community and those with lived experience of homelessness.

BMH has provided documentation of a thorough community engagement beginning in October 2020, holding a series of virtual outreach engagements:

- Virtual community meetings
- Online community surveys
- Interviews and surveys with individuals in the community experiencing homelessness
- Virtual meetings with stakeholders working with individuals experiencing homelessness
- Mental Health division staff surveys regarding project feedback
- MHSA Advisory Committee feedback

BMH held their public comment from November 18, 2021 through January 26, 2022 allowing extra time due to the Holiday Season. The local Mental Health Board hearing was held on January 27, 2022; they are scheduled to appear before their City Council on April 12, 2022.

A final plan, incorporating stakeholder input and technical assistance provided by Commission staff, was submitted on March 8, 2022. In addition to the plan, BMH submitted comments that were received during the public comment period (see pages 20-23).

In keeping with MHSA standards, BMH has committed to ensuring this project is culturally competent, client and family driven, and that the community has collaborated in the development of this project with the overarching goal of being recovery and resiliency focused.

Commission Level

Commission staff originally shared this project with its six stakeholder contractors, its listserv, and the Client and Family Leadership and Cultural and Linguistic Competence Committees 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 the above partners on March 10, 2022.

There was one comment received by a Client Family Leadership Committee Member during the BMH's public comment period. Comment went directly to BMH but has been provided below and will be included in Commissioner packets.

The City of Berkeley Mental Health Plan is well thought out and specific in its objective. Its goal of having a MOBILE wellness center that will travel to its constituents to provide a variety of much needed human services including mental health, dental and medical care, along with substance abuse treatment, and social services to a targeted group of people with the purpose of reducing homelessness in those that have been unhoused for longer periods of time. This is commendable work as I am a parent of a (now adult) child that developed mental health issues as a pre-teen. I know that life is long and that over time

our loved ones need a variety of health care options to live a healthy life. I am happy to read that your “Peer Providers” will come from the communities they will be serving.

Request: will you please include TAYs (ages 18-30) as one of your separate study categories?

The youth that age-out of the foster care system should be an area of focus because if we can get them into a job training program at an early age perhaps we can prevent a lifetime of homelessness. I look forward to reading your progress reports as perhaps this pilot program could warrant a second mobile unit for your Program.

- Email Comment received on Dec. 17, 2021 from CFLC Member to BMH

Learning Objectives and Evaluation: (pgs 11-12)

BMH estimates serving up to 250 individuals for each year of the project (1,250 total over five-year project, roughly 25% of Berkeley’s unhoused population). The evaluation will be completed internally by BMH Division staff and will inform project sustainability.

Three learning goals have been identified for this project and data (both qualitative and quantitative) will be collected prior to launching this program in order to establish a baseline:

Learning Goal #1: Do onsite wellness center services have an impact on consumers’ overall and/or mental health?

Data Collection Methods

- Pre and post self-reported surveys will be administered to measure consumer’s overall health and mental health
- Focus groups will be held with wellness center consumers
- Onsite observations will be conducted at wellness center locations

Proposed Outcomes

- Outcomes include self-reported changes in overall health, positive and negative
- Outcomes include self-reported changes in mental health, positive and negative

Learning Goal #2: Do onsite wellness center services increase take-up of mental health services more broadly among consumers?

Data Collection Methods

- Interviews will be conducted with the following:
 - Wellness center consumers
 - Wellness center staff
 - Community-based service providers
- Number of referrals and linkages to services

Proposed Outcomes

- Increase in number of new service referrals
- Increase in number of new linkages to services
- Increase in number of service engagement

Learning Goal #3: How does having individuals from the community help provide services shape delivery, including satisfaction with services?

Data Collection Methods

- Pre and post self-reported surveys will be administered to measure consumer’s overall health and mental health
- Focus groups will be held with wellness center consumers
- Onsite observations will be conducted at wellness center locations

Proposed Outcomes

- Outcomes include self-reported changes in overall health, positive and negative
- Outcomes include self-reported changes in mental health, positive and negative

The Budget (pgs 16-19)

5 Year Budget	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	Total
Personnel	\$ 197,500.00	\$ 395,000.00	\$ 395,000.00	\$ 395,000.00	\$ 395,000.00	\$ 1,777,500.00
Direct Costs	\$ 62,100.00	\$ 109,200.00	\$ 109,200.00	\$ 109,200.00	\$ 109,200.00	\$ 498,900.00
Indirect Costs	\$ 13,750.00	\$ 26,950.00	\$ 26,950.00	\$ 26,950.00	\$ 27,400.00	\$ 122,000.00
Non-recurring costs	\$ 239,000.00					\$ 239,000.00
Evaluation Costs	\$ 15,000.00	\$ 35,000.00	\$ 35,000.00	\$ 35,000.00	\$ 45,000.00	\$ 165,000.00
Total	\$ 527,350.00	\$ 566,150.00	\$ 566,150.00	\$ 566,150.00	\$ 576,600.00	\$ 2,802,400.00
Funding Source	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	TOTAL
Innovation Funds	\$ 527,350.00	\$ 566,150.00	\$ 566,150.00	\$ 566,150.00	\$ 576,600.00	\$ 2,802,400.00
Total	\$ 527,350.00	\$ 566,150.00	\$ 566,150.00	\$ 566,150.00	\$ 576,600.00	\$ 2,802,400.00

Berkeley Mental Health (BMH) is requesting authorization to spend up to \$2,802,400 in MHS Innovation funding for this project over a period of five (5) years to improve wellness and outcomes for clients experiencing homelessness.

Personnel costs total \$1,777,500 (63% of total budget) to fund the following positions:

- 1 FTE Program Manager (\$120,000 per year salary + benefits)
- 3 FTE Peer Providers (\$88,500 per year salary + benefits)
- 0.10 FTE Program Director (\$9,500 per year salary + benefits)

Direct costs total \$498,900 (18% of total budget) to include the following:

- Personnel benefits
- Program expenses
 - Materials and supplies, stipends, funding for client transportation, mileage costs

Indirect costs total \$122,000 (4% of total budget) for the following:

- City Behavioral Health administrative cost to monitor and manage evaluation contract
- Contracted CBO or service provider’s management and monitoring of contract

Evaluation costs total \$165,000 (6% of total budget) and includes the following components:

- Development of evaluation plan
- Development of data collection tool & data analysis
- Reporting
 - Evaluation reporting
 - Annual MHSOAC reporting
 - Final evaluation report

Non-recurring costs total \$239,000 (9% of total budget) to include the following:

- Procurement of mobile unit(s)
 - BMH will work with CBO to determine best method of mobile unit (i.e. multiple mobile units, single recreational vehicle, trailer with a hygiene station or equipped with a shower)
- Purchase materials and supplies needed for wellness center and related activities
- Technology for the wellness center (laptops, workstations, phone/tablets chargers, mobile cooling fans)
- Funding for localized marketing campaigns

Sustainability Plan

Through consultation with stakeholders through the City’s Community Program Planning Process, BMH will consider sustaining the program by utilizing the City’s General Funds, MHSA funding or taxes that are allocated specifically for homeless individuals.

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

From: Reedy_Grace@MHSOAC
To: Reedy_Grace@MHSOAC
Subject: FW: Comments to the MHSOAC Innovation Plan_Encampment-Based Mobile Wellness Center
Date: Tuesday, March 29, 2022 2:51:33 PM

From: [REDACTED]
Sent: Friday, December 17, 2021 5:02 PM
To: kklatt@ci.berkeley.ca.us
Cc: Reedy, Grace@MHSOAC <Grace.Reedy@mhsoc.ca.gov>;
Subject: Comments to the MHSOAC Innovation Plan_Encampment-Based Mobile Wellness Center

Good Afternoon,

Below are my comments to the following Innovation Plan as proposed by the City of Berkeley:

~~~~~

**City Name:** City of Berkeley  
**Project Title:** Encampment-based mobile wellness center for Berkeley's unhoused community members  
**Total Amount Requested:** \$2,802,400  
**Project Duration:** 5 years  
**Summary Statement:** Pilot an encampment-based mobile wellness center that offers a customizable menu of activities and services (i.e. food/hygiene, service navigation, trauma-informed wellness, and community/enrichment) and is staffed by a team of peers that can offer culturally-specific services, including individuals from encampment communities in Berkeley.

For its Innovation project, BMH is proposing an encampment-based mobile wellness center that would provide a menu of customizable services to Berkeley's unhoused population. The proposed project was developed using input obtained from community members with lived or adjacent experiences of homelessness during the community program planning (CPP) process. Through in-person and online surveys, 1:1 interviews and virtual community meetings, BMH collected robust input during the CPP process.

**General Requirement and Primary Purpose for Innovation Projects:**  
An Innovative Project must be defined by general criteria. This proposed project:

- Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population

An Innovative Project must have a primary purpose that is developed and

evaluated in relation to the general requirement. This proposed project:

- Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes.

~~~~~

My Comments:

The City of Berkeley Mental Health Plan is well thought out and specific in its objective.

Its goal of having a MOBILE wellness center that will travel to its constituents to provide a variety of much needed human services including mental health, dental and medical care, along with substance abuse treatment, and social services to a targeted group of people with the purpose of reducing homelessness in those that have been unhoused for longer periods of time.

This is commendable work as I am a parent of a (now adult) child that developed mental health issues as a pre-teen.

I know that life is long and that over time our loved ones need a variety of health care options to live a healthy life. I am happy to read that your “Peer Providers” will come from the communities they will be serving.

Request: will you please include TAYs (ages 18-30) as one of your separate study categories?

The youth that age-out of the foster care system should be an area of focus because if we can get them into a job training program at an early age perhaps we can prevent a lifetime of homelessness.

I look forward to reading your progress reports as perhaps this pilot program could warrant a second mobile unit for your Program.

Good Luck.



MHSOAC - Client Family Leadership Committee Member

AGENDA ITEM 4

Action

April 28, 2022 Commission Meeting

Legislative Priorities for 2022

Summary:

The Commission has prioritized an active role in the development of mental health policy. Commission staff regularly meet with 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 policy issues.

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.

Summary of Recent Legislative Positions

The Commission has directed staff to pursue the following legislative priorities:

Assembly Bill 748 (Carrillo)

The California Department of Education is directed to develop a model poster on student mental health themes for local schools and requires school sites in grades 6-12 to display posters on their campuses. The Commission voted to support AB 748 and to work with the author to ensure that students are engaged in the development of the model poster content. AB 748 has passed out of the Assembly is pending committee referral in the Senate.

Assembly Bill 2281 (Lackey)

AB 2281 creates the Mental Health Preschool Services Act, which would establish an incentive grant program to address mental health needs of young children, which would be administered by the Commission. The proposed program is modeled after the Mental Health Student Services Act and would target children ages 0-5. The Commission voted to support AB 2281. The Commission has communicated support for the bill and staff are working with the author's office and committee staff to address technical issues in the drafting of the bill.

School Mental Health Advocacy Funding

The Commission directed staff to seek advocacy funding to elevate the voice of youth on issues related to school mental health, consistent with other advocacy funding supported by the Commission. Staff are working with the Department of Finance and the budget committees to pursue this request.

Augmentation for Immigrant and Refugee Advocacy

In recognition of the influx of new immigrants from Afghanistan, the war in Ukraine and related needs, the Commission directed staff to seek additional funding for Immigrant and Refugee advocacy. Staff are working with the Department of Finance and the budget committees to pursue this request.

Modifications to Senate Bill 82/Mental Health Wellness Act

The Commission authorized staff to propose modifications to the Mental Health Wellness Act to better align the statute with community needs, including:

- Allowing investments in crisis prevention and early intervention, in addition to crisis response.
- Engaging a broad array of community partners, particularly in support of crisis prevention opportunities.
- Expand the use of funding beyond personnel grants.
- Permit non-competitive procurement strategies, where warranted, with emphasis on small counties and community providers who struggle to participate in competitive procurements.
- Permit matching funds where appropriate.

Commission staff are working with the Administration and legislative staff to pursue these modifications.

Presenter(s): Norma Pate, Deputy Director

Enclosures: None

Handouts: None

MISCELLANEOUS ENCLOSURES

April 28, 2022 Commission Meeting

Enclosures (6):

- (1) March 24, 2022 Motions Summary
- (2) Evaluation Dashboard
- (3) Innovation Dashboard
- (4) Department of Health Care Services Revenue and Expenditure Reports Status Update
- (5) Calendar of Tentative Commission Meeting Agenda Items
- (6) Tentative Upcoming MHSOAC Meetings and Events



Motions Summary

**Commission Meeting
March 24, 2022**

Motion #: 1

Date: March 24, 2022

Motion:

The Commission approves the February 24, 2022 meeting minutes.

Commissioner making motion: Vice Chair Alvarez

Commissioner seconding motion: Commission Carnevale

Motion carried 7 yes, 0 no, and 1 abstain, per roll call vote as follows:

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



Motions Summary

**Commission Meeting
March 24, 2022**

Motion #: 2

Date: March 24, 2022

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

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Commissioner Boyd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Bunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Carnevale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Chen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Cortese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Danovitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Rowlett	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Vice-Chair Alvarez	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Vice Chair Madrigal-Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Motions Summary

**Commission Meeting
March 24, 2022**

Motion #: 3

Date: March 24, 2022

Motion:

The Commission supports AB 2281 and directs staff to work with the author’s office and the policy committees on this bill.

Commissioner making motion: Vice Chair Alvarez

Commissioner seconding motion: Commissioner Gordon

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

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



Motions Summary

**Commission Meeting
March 24, 2022**

Motion #: 4

Date: March 24, 2022

Proposed 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.

Commissioner making motion: Commissioner Carnevale

Commissioner seconding motion: Commissioner Mitchell

Motion carried 7 yes, 0 no, and 2 abstain, per roll call vote as follows:

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

Summary of Updates

Contracts

New Contract: None

Total Contracts: 3

Funds Spent Since the March Commission Meeting

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

Contracts with Deliverable Changes

[17MHSOAC073](#)

[17MHSOAC074](#)

[21MHSOAC023](#)

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

MHSOAC Staff: Kai LeMasson

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

Total Contract Amount: \$2,453,736.50

Total Spent: \$1,834,627.20

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

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

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

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

MHSOAC Staff: Kai LeMasson

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

Total Contract Amount: \$2,453,736.50

Total Spent: \$1,810,822.70

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

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

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

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

MHSOAC Staff: Rachel Heffley

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

Total Contract Amount: \$5,414,545.00

Total Spent: \$707,371.68

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

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

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

INNOVATION DASHBOARD

APRIL 2022



UNDER REVIEW	Final Proposals Received	Draft Proposals Received	TOTALS
Number of Projects	3	9	12
Participating Counties (unduplicated)	3	7	10
Dollars Requested	\$7,758,094	\$40,790,810	\$48,548,904

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	10	10	\$24,865,767	10

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	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
Under Review	Tri-Cities	PADs-Multi-County Collaborative	\$789,360	3 Years	3/21/2022	Pending
Under Review	Contra Costa	PADs-Multi-County Collaborative	\$1,500,058	3 Years	4/3/2022	Pending
Under Review	Tulare	Semi-Statewide Enterprise Health Record System Improvement	\$5,261,135	5 Years	4/6/2022	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	Berkeley	Encampment -Based Mobile Wellness Center	\$2,802,400	5 Years	6/29/2021	2/24/2022
Under Final Review	Butte	Resilience Empowerment Support Team (REST) at Everhart Village	\$3,510,520	5 Years	1/3/2022	2/3/2022

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	Early Psychosis learning Health Care Network	\$795,088	4 Years	12/20/2021	3/24/2022

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
Kern	Mobile Clinic with Street Psychiatry	\$8,774,098	3/24/2022

DHCS Status Chart of County RERs Received
April 28, 2022 Commission Meeting

Below is a Status Report from the Department of Health Care Services regarding County MESA Annual Revenue and Expenditure Reports received and processed by Department staff, dated April 8, 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 MESA staff with weekly status updates of County RERs received, processed, and forwarded to the MESA. Counties also are required to submit RERs directly to the MESA. 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 MESA Revenue and Expenditure Reports by County FY 16-17.aspx](http://www.dhcs.ca.gov/services/MH/Pages/Annual_MESA_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/MESA-Fiscal-Oversight.aspx>.

DHCS Status Chart of County RERs Received
 April 28, 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	3/2/2022	3/2/2022	3/11/2022			
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	3/11/2022
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	3/21/2022	3/22/2022	4/6/2022
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		4/1/2022		
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	3/11/2022
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	3/25/2022		
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
 April 28, 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	3/11/2022
Sacramento	1/29/2021	2/1/2021	5/6/2021	1/31/2022	2/3/2022	3/11/2022
San Benito	7/28/2021	7/30/2021	8/3/2021			
San Bernardino	3/3/2021	3/4/2021	3/17/2021	3/23/2022	3/23/2022	3/29/2022
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	3/22/2022	3/23/2022	3/25/2022
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	2/15/2022	2/18/2022
Santa Cruz	3/29/2021	4/5/2021	4/15/2021	3/25/2022	3/25/2022	4/4/2022
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
 April 28, 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	59	57	58	51	46	48

Calendar of Tentative Commission Meeting Agenda Items

Proposed 04/19/2022

Agenda items and meeting locations are subject to change.

May 26, 2022: TBD

Potential Innovation Plan Approval

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

Legislative Priorities for 2022

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

Governor's Budget Revisions for 2022

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

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.

Workplace Mental Health Report Presentation

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

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.

Calendar of Tentative Commission Meeting Agenda Items

Proposed 04/19/2022

Agenda items and meeting locations are subject to change.

Legislative Priorities for 2022

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

September 2022: TBD

Potential Innovation Plan Approval

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

Legislative Priorities for 2022

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

Prevention and Early Intervention Report Presentation

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



Mental Health Services
Oversight & Accountability Commission

Tentative Upcoming MHSOAC Meetings and Events

Updated 4/10/2022

MAY 2022

- **5/10: COVID-19 Student MH Collaboration Meeting**
 - 1:00PM – 2:30PM
 - Closed
- **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 – 1:00PM
 - 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 – 1:00PM
 - Public

AUGUST 2022

- **8/11: Cultural and Linguistic Competency Committee Meeting**
 - 3:00PM – 5:00PM
 - Public
- **8/28: August Commission Meeting**
 - 9:00AM – 1:00PM
 - Public