



WELLNESS • RECOVERY • RESILIENCE



Mental Health Services
Oversight & Accountability Commission

Commission Packet

Commission Teleconference Meeting

May 26, 2022

9:00 AM – 12:30 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 May 26, 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: May 26, 2022

TIME: 9:00am – 12:30pm

LOCATION: 1812 9th Street, Sacramento, CA 95811

ZOOM ACCESS:

FOR COMPUTER/APP USE:

Link : <https://mhsoac-ca-gov.zoom.us/j/86547948044>

Meeting ID: 865 4794 8044

FOR DIAL-IN PHONE USE:

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

Meeting ID: 865 4794 8044

Additional Public Locations

**8730 Alden Drive
Los Angeles, CA 90048**

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

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

**4436 Calle Real
Santa Barbara, CA 93110**

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

Recognition

The Commission will honor former Chief Counsel Filomena Yeroshek for her dedication and many years of service to the Commission.

9:45 AM

Roll Call

Roll call will be taken.

9:55 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.

10:25 AM

Action

1: April 28, 2022 MHSOAC Meeting Minutes

The Commission will consider approval of the minutes from the April 28, 2022 teleconference meeting.

- Public Comment
- Vote

10:35 AM

Action

2: Consent Calendar

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

1. Kern County Innovation Project: Approval of \$1,632,257 in Innovation funding over four years to support joining the Early Psychosis Learning Health Care Network Multi-County Innovation project previously approved by the Commission on December 17, 2018.
2. Tri-City County Innovation Project: Approval of \$789,360 in innovation funding over three years to support joining the Psychiatric Advance Directives Multi-County Innovation Project previously approved by the Commission on June 24, 2021.
3. Contra Costa County Innovation Project: Approval of \$1,500,058 in innovation funding over three years to support joining the Psychiatric Advance Directives (PADs) Multi-County Innovation Project previously approved by the Commission on June 24, 2021.
 - Public Comment
 - Vote

10:50 AM

Action

3: Orange County Innovation Project Approval

Presenter: Sharon Ishikawa, PhD, Research Manager, Mental Health and Recovery Services, Orange County Health Care Agency

The Commission will consider approval of \$12,000,000 in innovation spending funding for Orange County's Examining Whether Integrating Early Intervention Services into a Specialized Court Improves the Well-Being of Justice-Involved Young Adult Men: A Randomized Controlled Trial Innovation Project.

- Public Comment
- Vote

11:30 AM

Action

4: Governor's Budget Revisions for 2022

Presenter: Norma Pate, Deputy Director

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

- Public Comment
- Vote

12:30 PM

Adjournment

AGENDA ITEM 1

Action

May 26, 2022 Commission Meeting

Approve April 28, 2022 MHSOAC Teleconference Meeting Minutes

Summary: The Mental Health Services Oversight and Accountability Commission will review the minutes from the April 28, 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: April 28, 2022 Meeting Minutes

Handouts: None.

Proposed Motion: The Commission approves the April 28, 2022 meeting minutes.

State of California

**MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION**

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

Minutes of Teleconference Meeting
April 28, 2022

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

Additional public locations included 1923 Gridiron Way, CMS 122, MC# 1768 Berkeley, CA 94720-1768; 20151 Nordhoff Street, Chatsworth, CA 91311; 4665 Business Center Drive, Fairfield, CA 94534; 811 Wilshire Boulevard, Suite 1000, Los Angeles, CA 90017; 8730 Alden Drive, Suite E-137, Los Angeles, CA 90048; 10474 Mather Boulevard, Mather, CA 95655; 2000 Embarcadero Cove, 4th Floor, Oakland, CA 94606; 10850 Gold Center Drive, Suite 325, Rancho Cordova, CA 95670; 1812 9th Street, Sacramento, CA 95811; 4434 Calle Real, Santa Barbara, CA 93110; 560 King Street, Charleston, SC 29403

Members Participating:

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

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

Members Absent:

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

Staff Present:

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

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

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CALL TO ORDER

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

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.

Amariani Martinez, Commission staff, reviewed the meeting protocols.

Chair Madrigal-Weiss gave the announcements as follows:

Announcements

- The next Commission meeting is scheduled for Thursday, May 26th. The location has yet to be determined.
- The March 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 Commission has moved to a new location in Sacramento. It is now located at 1812 9th Street, Sacramento, CA 95811. The new phone number is 916-500-0577.

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

Client and Family Leadership Committee Update

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

- This past Tuesday, the CFLC had a panel presentation on the proposed Community Assistance, Recovery, and Empowerment (CARE) Court, Senate Bill (SB) 1338, which is based on a plan by the Governor to get Californians who are in crisis off the streets and into housing and treatment through a court order.
- Sally Zinman, Former Executive Director of the California Association of Mental Health Peer-Run Organizations (CAMHPRO), and Keris Myrick, Co-Director of S2i, the Mental Health Strategic Impact Initiative and Former President of the National Alliance on Mental Illness (NAMI) National, presented on the feedback they have received on the CARE Court Initiative.
- Panel Members presented from an equity perspective on those who are impacted directly by the plan. They spoke about concerns that mental health peers and consumers of color, specifically Black and brown communities, have with this plan. They shared their opposition to the CARE Court bill as it is currently presented and outlined several concerns.

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- Many individuals are concerned with what they see as forced treatment by the courts. Panel Members talked about viable alternatives such as system-based voluntary services similar to the Trieste Model that targets the same population without coercion.
- There was discussion about how public participation is vital and more information is needed on how to get involved with this plan. The bottom line was that all of the services being described in the plan could be offered without the courts and coercion.
- Committee Members and public comment was overwhelmingly opposed to the bill. NAMI California spoke in favor of the bill as a mechanism to help individuals and their families. NAMI California noted that they wanted voluntary participation first.
- While material was provided from the administration and feedback was received from participants, it was noted that the panel should have included both pro and con viewpoints. Conversations will continue about this fast-paced plan to ensure that voices and an equity approach is uplifted. Presenters from the administration, who are in favor of the bill, will be invited to the next Committee meeting to continue the conversation.
- The next CFLC meeting is scheduled for Tuesday, May 24th, from 1:00 p.m. to 4:00 p.m.

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 last Wednesday and spent the time building community, getting to know each other better, hearing from each other about the individuals who have inspired them in their work, what solidified interest in the Committee, and the Committee goals that should guide the remainder of the work this year.
- The Committee goals continue to be to provide input on the Commission's Racial Equity Action Plan and efforts to address inequities, internal processes, and grant programs; to identify ways to document and communicate inequities in California's mental health systems that will inform policy and practice; and to identify policy and practice reforms and explore existing efforts in model programs that address inequities.
- Committee Members made suggestions for future focus areas around how to ensure supporting the delivery of culturally and linguistically competent services, included the importance of language access, community leadership, and disaggregated data.
- The Committee also discussed how to lift up what works, such as Solano County's nationally recognized initiative involving the UC Davis Center for Reducing Disparities and the Clinical and Translational Science Center. The initiative is focused on community engagement and quality improvement for marginalized non-English-speaking communities.

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- The next CLCC meeting is scheduled for May 12th.

Vice Chair Alvarez gave special thanks to Commissioner Rowlett for joining in the conversation with the Committee.

Research and Evaluation Committee Update

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

- Commissioner Steve Carnevale has officially joined the Committee and will serve as Vice Chair.
- The MHSOAC Research and Evaluation Division is in the process of looking for a replacement for its director. More information is expected soon.
- The next Research and Evaluation Committee meeting is scheduled for May 12th. The focus of the meeting will be to review what the Committee has done over the last cycle.

Roll Call

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

GENERAL PUBLIC COMMENT

Keris Myrick stated one of the issues of the CARE Court bill is the continued disparities for Black and brown individuals, who are overrepresented in homelessness and Schizophrenia diagnoses. Using a court system in order to address structural issues will not be effective. The speaker questioned why a court, especially one with no power, is necessary.

Keris Myrick stated individuals who are opposed to the CARE Court bill have not been a part of the process of meeting with the Governor, Secretary Ghaly, and the Administration, to work alongside those who are in support. It is critically important that both sides work together.

Keris Myrick asked about the role of the Commission in order to ensure that all voices, sides, and opinions are taken into consideration, especially from those with lived experience, coming from racial and ethnic backgrounds, and who are opposed to the bill.

Stacie Hiramoto, Executive Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), invited everyone to a celebration of the California Reducing Disparities Project (CRDP), which will be held later today.

Stacie Hiramoto echoed Keris Myrick's comments. She stated the hope that the Commission will study this major issue and take a position. REMHDCO has an official oppose position for the reasons outlined by Keris Myrick.

Chris Schildt, Board Member, Supportive Housing Community Land Alliance (SHCLA), a new land trust in Alameda County, is a family member and advocate for housing for individuals

with severe mental illness. The speaker thanked the Commission for its support in this work. The speaker summarized the role of the SHCLA and asked the Commission to partner with the SHCLA in helping them work through challenges.

Teslim Ikharo, Executive Director, SHCLA, stated the SHCLA is focused on providing supportive housing to individuals with severe mental health issues using the Land Trust Model. The SHCLA recently completed a strategic planning process, is entering phase two, which is the conclusion of project incubation through its partner Northern California Land Trust (NCLT), and is moving into a period of relative independence as a newly-formed organization. The speaker asked for support to help bridge gaps in the work of the SHCLA.

ACTION

1: March 24, 2022, MHSOAC Meeting Minutes

Chair Madrigal-Weiss stated the Commission will consider approval of the minutes from the March 24, 2022, teleconference meeting. She stated meeting minutes and recordings are posted on the Commission's website.

Public Comment

No public comment.

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

Commissioner Brown made a motion to approve the March 24, 2022, teleconference meeting minutes.

Commissioner Rowlett seconded.

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

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

Motion carried 9 yes, 0 no, and 2 abstain, per roll call vote as follows:

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

The following Commissioners abstained: Commissioners Bontrager and Bunch.

ACTION

2: Butte County Innovation Plan Approval

Presenter:

- Holli Drobney, Program Manager and MHSOAC Coordinator, Butte County Behavioral Health

Chair Madrigal-Weiss stated 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. She asked the county representative to present this agenda item.

Holli Drobny, Program Manager and MHSA Coordinator, Butte County Behavioral Health, provided an overview, with a slide presentation. This included the community's need and ongoing community contributions, learning goals and evaluation, and budget of the proposed REST at Everhart Village Project.

Commissioner Questions

Commissioner Rowlett referred to the letter of support from the African American Family and Cultural Center, which was included in the meeting materials, and suggested utilizing the perspectives of organizations that are embedded in the community to help facilitate the kind of outcomes referenced in the presentation.

Commissioner Rowlett stated, given the proximity of the program to specialty mental health services, the hope is that individuals who are engaged and supported would not be dependent upon those services throughout their lives but would look to their communities and flourish. He suggested reporting on the dynamic associated with having these individuals in close proximity to many services. Utilizing groups like the African American Family and Cultural Center, who wrote the letter of endorsement, would be helpful.

Commissioner Mitchell spoke in support of the proposed project.

Public Comment

Gretchen Bender, Director, Healthy Rural California, spoke in support of the proposed project.

Andrea Crook, Director of Advocacy, Cal Voices, spoke in support of the proposed project.

Avery Hulog-Vicente, Advocacy Coordinator, California Association of Mental Health Peer-Run Organizations (CAMHPRO), spoke in support of the proposed project. The speaker applauded the inclusion of peers in the planning process as well as building out the plan to include peers in its implementation.

Andrea Wagner, Interim Executive Director, CAMHPRO, as a part of CAMHPRO and as a community member, echoed Avery Hulog-Vicente's comments.

Commissioner Discussion

Commissioner Gordon stated he spoke to education colleagues in Butte County and noted that there is extraordinarily strong support for this project. He moved approval of the proposed innovation project.

Commissioner Tamplen seconded.

Commissioner Brown stated the project was very well conceived, written, and presented. It was one of the best presentations he has seen in front of this group. The project takes several

different problems and combines them in a way that can become a model for other communities.

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

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: Five (5) Years

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

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

ACTION

3: City of Berkeley Innovation Plan Approval

Presenter:

- Karen Klatt, MHSA Coordinator, City of Berkeley Mental Health Division

Chair Madrigal-Weiss stated 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. She asked the county representative to present this agenda item.

Karen Klatt, MHSA Coordinator, City of Berkeley Mental Health Division, provided an overview, with a slide presentation, of the need, proposed project to address the need, community contribution, learning objectives, evaluation, and budget of the proposed Encampment-Based Mobile Wellness Center Innovation Project.

Commissioner Questions

Commissioner Carnevale spoke in support of the proposed project. He stated, if mobile service delivery is innovative and effective, it should be looked at on a larger system basis. He suggested: finding out who is or is not doing mobile services, collecting best practices, and finding a way to benchmark against them in order to measure the ones that are most effective as standard practices to help catalyze these good ideas across the state.

Commissioner Tamplen spoke in support of the proposed project.

Chair Madrigal-Weiss stated appreciation for the project peer staff members and for tapping into the community the county is working with.

Public Comment

Mark Karmatz asked if the Pool of Consumer Champions is involved in this project and, if not, why not.

Commissioner Tamplen stated they are supportive and involved in this project. She noted that the Pool of Consumer Champions has changed its name to Peers Organizing Community Change (POCC).

Andrea Crook echoed Commissioners' sentiments on this plan and gave full support to the plan.

Avery Hulog-Vicente echoed Andrea Crook's and Commissioner Tamplen's comments.

Commissioner Discussion

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

Commissioner Bunch moved approval of the staff recommendation.

Commissioner Mitchell seconded.

Commissioner Bunch stated Los Angeles County also has a mobile unit. One of the things to think about and prepare for is issues of safety.

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

The Commission approves the 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: Five (5) Years

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

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

BREAK

ACTION

4: 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, summarized the staff memo on the Commission's recent legislative positions, which was included in the meeting materials.

- Assembly Bill 748 is currently assigned to the Senate Policy Committee.
- Assembly Bill 2281 was amended on April 21st and is now titled the Early Childhood Mental Health Services Act. Executive Director Ewing testified at the Assembly Health Committee Hearing on April 26th. This bill passed the Policy Committee and is now with the Assembly Appropriations Committee.
 - Currently, there is no dedicated funding to award grants under the Early Childhood Mental Health Services Act. When funding becomes available, grant applications will be submitted to the Commission.
- Commission staff is working with the Administration and legislative staff to pursue modifications for school mental health advocacy funding, augmentation for immigrant and refugee advocacy, and modifications to the Mental Health Wellness Act.

Deputy Director Pate stated additional information regarding the Commission's legislative priorities will be provided as the Governor releases his May Revised Budget.

Commissioner Questions

Commissioner Tamplen stated the CFLC would like the opportunity to further discuss the CARE Court bill to bring recommendations to the Commission to possibly include in the Commission's legislative priorities.

Public Comment

Jason Robison, Chief Program Officer, Self-Help and Recovery Exchange (SHARE!), and Member of the Client and Family Leadership Committee (CFLC), urged the Commission to oppose SB 1338, the CARE Court bill. There is a wide body of research that shows that medication accounts for only 10 percent of individuals' wellbeing and that forced treatment actually makes individuals less likely to use the systems. He agreed with Commissioner Tamplen that a meeting or discussion should be held to bring in the voices of individuals who would be subject to CARE Court services. There has been a lack of stakeholder process in this legislative item. It is imperative that the Commission demonstrate its stakeholder process to bring the voices of the individuals who would be impacted.

Steve Leoni, consumer and advocate, stated the CARE Court bill should be included in the Commission's legislative priorities for 2022. It is extremely controversial and divisive. The Commission needs to be part of the conversation.

Mark Karmatz spoke in opposition to the CARE Court bill. Although the issue of homelessness needs to be addressed, the speaker spoke against assaulting individuals' rights. The speaker echoed the comments of Commissioner Tamplen and Steve Leoni.

Commissioner Discussion

Chair Madrigal-Weiss stated she has directed staff to reach out to Commissioner Tamplen and others about opportunities to engage in discussion on the CARE Court bill.

ADJOURNMENT

Chair Madrigal-Weiss stated the next Commission meeting is scheduled for Thursday, May 26th. There being no further business, the meeting was adjourned at 10:50 a.m.

AGENDA ITEM 2

Action

May 26, 2022 Commission Meeting

Consent Calendar

Summary: The Mental Health Services Oversight and Accountability Commission will consider for approval three items placed on the Consent Calendar: Items are placed on the Consent Calendar with the approval of the Chair and are deemed non-controversial. Any item may be pulled from the Consent Calendar at the request of any Commissioner.

Consent Calendar Items shall be considered after public comment, without presentation or discussion. Items removed from the Consent Calendar may be held over for consideration at a future meeting at the discretion of the Chair.

1. Kern County requests to join the Commission-approved Early Psychosis Learning Health Care Network and expend up to \$1,632,257 in Mental Health Services Act Innovation funds over four years.
2. Tri-City County requests to join the Commission-approved Psychiatric Advance Directives (PADs) Multi-County Collaborative and expend up to \$789,360 in Mental Health Services Act Innovation funds over three years.
3. Contra Costa County requests to join the Commission-approved Psychiatric Advance Directives (PADs) Multi-County Collaborative and expend up to \$1,500,058 in Mental Health Services Act Innovation funds over three years.

Early Psychosis Learning Health Care Network, a Multi County Collaborative

In December 2018, the Commission approved the Early Psychosis (EP) Learning Health Care Network (LHCN) to improve outcomes for participants in EP programs, while also reducing costs.

Currently, almost half of the 59 counties in California have dedicated EP programs, but there is a lack of standardization and infrastructure to properly evaluate the fidelity to evidence-based practice and the effectiveness of these programs, making it difficult to disseminate best practices across programs.

Los Angeles, Orange, San Diego, Solano, Napa, Sonoma, and Stanislaus Counties were previously approved to contract with UC Davis Behavioral Health Center of Excellence to lead the LHCN with support from One Mind and partnerships with UC San Francisco, UC San Diego, and the University of Calgary. Innovation funds were used to develop the infrastructure for the LHCN to increase the quality of services and improve outcomes. The LHCN developed and now utilizes an application called Beehive (a digital platform) to gather real-time data from clients and their family members in existing EP clinic settings and includes training and technical assistance to EP program providers.

Kern County experiences the same barriers experienced by participating counties, a lack of infrastructure and lack of standardization. To address local fragmentation and better serve individuals with some of the highest levels of need, Kern County applied for, and was awarded, an EPI-Plus grant to fund the creation of their first Coordinated Specialty Care (CSC) program. Kern County is currently building the CSC program and is proposing to use Innovation funds to join the LHCN to fully address their local needs.

By joining the LHCN through an Innovation investment, Kern County will have access to additional application data and tools to measure outcomes of the CSC program funded through EPI-Plus and more staff support to ensure the model is run to fidelity. Kern County will have the opportunity to share and discuss outcome measurements with clients in a more effective manner, allow programs to learn and share through training, and support the state to participate in a national network to inform and improve care for individuals with EP throughout North America.

Kern County adds value to the LHCN because their demographics and geographical location add additional data points and unique perspectives from providers and clients in a newly established CSC program.

Kern County requests that the Commission authorize up to \$1,632,257 in Mental Health Services Act Innovation funds over four years to join the LHCN.

Psychiatric Advance Directives, a Multi County Collaborative

Tri-City and Contra Costa are seeking approval to use innovation funds to develop a sustainable infrastructure within California to utilize Psychiatric Advance Directives (PADs) by joining the Multi-County Collaborative. Five counties (Fresno, Mariposa, Monterey, Orange, and Shasta) were previously approved by the Commission in June 2021.

PADs are a recognized strategy to improve the quality of the caregiver-client relationship and to improve health care outcomes. More than half of the states have explicitly authorized some form of a psychiatric advance directive and standard health care power of attorney statutes extending that authorization throughout the United States. The Joint Commission on the Accreditation of Healthcare Organizations recognizes the value of psychiatric advance directives for treatment decisions when an individual is unable to make decisions for themselves.

While psychiatric advance directives were first put into use in the U.S. in the 1990s and have widespread support, research suggests their use is limited by lack of awareness and challenges with implementation.

By joining this Multi-County Collaborative, both Contra Costa and Tri-Cities will add value by:

- Developing a website allowing participating Counties to update project activities and reports as well as informing opportunities for continued stakeholder engagement
- Increasing the peer voice contract from \$60,000 (approved in the 2021 cohort) to \$400,000

- Not all of the counties participating in this collaborative have active peer stakeholder groups. This increase allows peers to continue to have a hands-on role in receiving training, and then training others to utilize PADs; participating in legislative conversations and remain as an overall statewide voice for this project.

Tri-City requests that the Commission authorize up to \$789,360 in Mental Health Services Act Innovation funds over three years to join the PADs Multi- County Collaborative.

Contra Costa County requests that the Commission authorize up to \$1,500,058 in Mental Health Services Act Innovation funds over three years to join the PADs Multi- County Collaborative.

Enclosures (3): (1) Commission Community Engagement Process; (2) Early Psychosis Learning Health Care Network Staff Analysis, (3) Psychiatric Advance Directives Staff Analysis

Additional Materials (2): A link to the Early Psychosis Learning Health Care Network Final Plan, the Psychiatric Advance Directive Cohort One Final Plan, and the Psychiatric Advance Directive Tri-Cities/Contra Costa Final Plan are available on the Commission website at the following URLs:

Early Psychosis Learning Health Care Network Multi-County Collaborative:

https://mhsoac.ca.gov/wp-content/uploads/California-EP-LHCN-Proposal-Updated-2022_0512.pdf

PADs Multi-County Collaborative:

<https://mhsoac.ca.gov/all/9524/>

Proposed Motion: The Commission approves Agenda Item 2 as presented above.



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



STAFF ANALYSIS— KERN COUNTY

Innovation (INN) Project Name:	Early Psychosis Learning Health Care Network
Total INN Funding Requested:	\$1,632,257
Duration of INN Project:	4 Years
MHSOAC consideration of INN Project:	May 26, 2022

Review History:

Approved by the County Board of Supervisors:	February 8, 2022
Mental Health Board Hearing:	January 24, 2022
Public Comment Period:	December 6, 2021- January 6, 2022
County submitted INN Project:	May 12, 2022
Date Project Shared with Stakeholders:	January 6, 2022 and May 13, 2022

Project Introduction:

Kern County is requesting up to \$1,632,257 of Innovation spending authority to join the Learning Health Care Network (LHCN) for existing Early Psychosis (EP) programs, a multi-county collaborative approved by the Commission on December 17, 2018.

Los Angeles, Orange, San Diego, Solano, Napa, Sonoma, and Stanislaus Counties were previously approved to contract with UC Davis Behavioral Health Center of Excellence to lead the Collaborative with support from One Mind and partnerships with UC San Francisco, UC San Diego, and the University of Calgary. The LHCN used innovation funds to develop the infrastructure for the LHCN to increase the quality of services and improve outcomes.

The LHCN developed and now utilizes an application called Beehive (a digital platform) to gather real-time data from clients and their family members in existing EP clinic settings and includes training and technical assistance to EP program providers.

The value of the full project will be examined through a statewide evaluation that will assess the impact of the LHCN on the EP care network and evaluate the effect of EP programs on consumer- and program-level outcomes.

What is the Problem?

The participating counties expressed that they would like to further improve outcomes for participants in EP programs while also reducing program costs. While almost half of the 59 counties in California have a dedicated EP program, **there is lack of standardization and a lack of infrastructure to properly evaluate the fidelity to evidence-based practice and the effectiveness of these programs, making it impossible to disseminate best practices across programs.** The demand for effective EP intervention programs combined with legislation requiring EP programs, funding to operate EP programs, and the need to implement quality improvement initiatives, led the Collaborative to develop the proposal to create the infrastructure for a sustainable LHCN for EP.

Kern County experiences the same barriers experienced by participating counties, a lack of infrastructure and lack of standardization. To address local fragmentation and better serve individuals with some of the highest levels of need, Kern County applied for, and was awarded, an EPI-Plus grant to fund the creation of their first Coordinated Specialty Care (CSC) program. Kern County is currently building the CSC program and is proposing to use Innovation funds to join the LHCN to fully address their local needs.

EPI-Plus Grant

Kern will use the grant award to implement a multidisciplinary team to deliver a range of specific services including qualified professional to provide both case management and specific service elements including nursing services, evidence-based psychotherapy, addictions services, supported employment, family education and support, social and community living skills, and case management.

What is the Innovation?

All counties and programs participating in this collaborative operate variations of the CSC model (a world- wide, evidence-based treatment and has been the subject of at least two recent research projects in the United States (Azrin, Goldstein, Heinsen, 2016)).

The LHCN created infrastructure in California to gather real-time data from clients and their family members in existing EP clinic settings that use the CSC model. Data is collected through a developed application via questionnaire on tablets. The collection of data via application and subsequent aggregation will allow programs to learn from each other and provide the infrastructure to position the state to participate in the development of a national network to inform and improve care for individuals with early psychosis across the US.

The LHCN proposal identifies three primary areas of focus:

1. Provide infrastructure for an EP Learning Collaborative across counties, in which common challenges can be identified and “lessons learned” can be quickly disseminated, creating a network of programs that rapidly learn from and respond to the changing needs of their consumers and communities.
2. Training and technical assistance to support EP program providers to have immediate access to relevant client-level data and anonymized data that can be quickly shared

with stakeholders, the county, or the state. Rapid dissemination of program outcomes has historically been a challenge for county-based programs.

3. Evaluation of the LHCN will provide information on how to incorporate measurement-based care into mental health services and demonstrate impact of the LHCN on the recipients and providers of EP care.

As a result of the project, Counties will be able to learn from each other and from leading experts in early psychosis treatment by using a common framework to improve processes and report on outcomes. Currently, counties have no easy way to share data from early psychosis programs and this LHCN is one solution providing a starting point to address the lack of shared data systems.

By joining the LHCN through an Innovation investment, Kern County will have access to additional application data and tools to measure outcomes of the CSC program funded through EPI-Plus and more staff support to ensure the model is run to fidelity. Kern County will have the opportunity to share and discuss outcome measurements with clients in a more effective manner, allow programs to learn and share through training, and support the state to participate in a national network to inform and improve care for individuals with EP throughout North America.

By joining the LHCN, Kern County adds value to the learning collaborative as their demographics and geographical location adds additional data points and unique perspectives from providers and clients in a newly established CSC program.

Community Planning Process (see pages 97-99 of the County appendix)

Local Level

The proposed innovation plan was posted for public comment beginning December 6, 2021 and concluded on January 6, 2022. A behavioral health board hearing was conducted on January 24, 2022 and the plan was approved by their Board of Supervisors on February 8, 2022. Prior to the public comment period, Kern County had engaged the community to develop innovation proposals and presented two to the Commission for consideration this fiscal year. Kern County presents stakeholder feedback in support of joining to LHCN to meet the need for EP psychosis services in the county.

State level

Through a contract with the Commission from July-November 2018, the Contractor, UC Davis, worked to engage stakeholders, including clients served by EP programs and their families, the leadership and clinical providers within EP programs, county and state leadership, as well as community organizations in the development of this proposal.

The LHCN follows a policy of ‘nothing about us without us’, with community stakeholder involvement at all levels of the project including through the formation of an Advisory Committee. The Advisory Committee for the LHCN is comprised of a county representative

from each participating county, a representative of each participating EP program, and up to five consumers and five family members who have been, or are being served, by EP programs. This committee is currently co-led by a family advocate from Sacramento County.

The qualitative component of the proposed project will continue stakeholder engagement for the duration of the project. The Collaborative is relying on participating stakeholders to guide them on how to best serve the diverse communities of each EP program.

In addition, multiple letters of support were received in response to the original proposal. Please see pages 72-77 of full plan for more information.

Commission Level

Commission staff originally shared this project with its six stakeholder contractors and the listserv on January 6, 2022 while the County was in their 30-day public comment period and comments were to be directed to the County. The final version of this project was again shared with stakeholders on May 13, 2022. Additionally, this project was shared with both the Client and Family Leadership and Cultural and Linguistic Competence Committees.

One comment was received in response to Commission sharing the plan with stakeholder contractors and the listserv and is provided below.

“I agree that there is a great need for EP programs. Kern Co shows in great detail what is in need and also the data that it is also in agreement with a majority. I see that the data is more of a percentage of a small group.

I think that the opportunity to join the collaborative and share outcomes and other data would work in favor of real outcomes for everyone and most of all those in need of the care.”

Learning Objectives and Evaluation:

As part of the LHCN collaborative, Kern County will follow the evaluation approach as laid out in the full LHCN plan. Key components of the evaluation plan are summarized below:

The LHCN will target individuals at increased risk or in the early stages of a psychotic disorder and estimates that more than 2,000 individuals will be served over the course of the project. Three approaches to the evaluation will be taken. These three approaches coalesce into a robust evaluation that meet the goals of the project and include: the utility of the LHCN for early psychosis programs, fidelity of early psychosis programs within counties, as well as the impact that early psychosis programs have on costs and individual outcomes—each approach is summarized below.

- (1) *Utility of the LHCN for early psychosis programs:* This will be accomplished by utilizing information gathered from two samples of consumers and providers prior to LHCN implementation. The first sample of consumers will complete questionnaires at year 1 (pre-implementation period). Questionnaires will gather information on knowledge of

illness, Perceived Effect of Use for the LHCN, Treatment Satisfaction, Treatment Alliance, and Comfort with Technology. Providers will also complete a questionnaire on Treatment Alliance, Use of Data in Care Planning, Perceived Effect of Use for the LHCN, and Comfort with Technology. The second sample of consumers and providers will complete these same questionnaires post-implementation at year 4.

- (2) *Fidelity of early psychosis programs*: Using the revised First Episode Psychosis Services Fidelity Scale (FEPS-FS), the Collaborative will assess each clinic’s adherence to evidence-based practices for first-episode psychosis services. Scores from the FEPS-FS will provide insights into components of each EP program that are associated with outcomes.
- (3) *Impact of early psychosis programs on costs and outcomes*: Using three different data sources—program-level data, qualitative data, and county-level data—the impact that EP programming has on individual consumer outcomes as well as related costs will be examined (**see pgs.12-16 of Collaborative plan**).
 - a. Program-Level Data: upon consideration from stakeholder engagement discussions (**see qualitative data**), specific data elements will be selected and will stand as the foundation for the LHCN. Providers, consumers, and family members will identify measures of potential outcomes from the PhenX Early Psychosis Toolkit, the national Mental Health Block Grant, and others.
 - b. Qualitative Data: focus group interviews, and in-depth semi-structured interviews will be conducted with consumers, family members, and providers. With this method, feedback will be garnered at different stages of the project. This includes feedback relative to identifying appropriate measures for use in the project. Additionally, these methods will allow evaluators to assess the feasibility of the implementation strategy and provide context to the interpretation of data analysis.
 - c. County-Level Data: consumer-level data relative to program service utilization, crisis/ED utilization, psychiatric hospitalization, and costs related to these utilization domains will be captured at the county-level.

These three evaluation approaches will be guided by several learning questions, **please see pages 10-12 in the Collaborative plan**. Data collection and analysis for the LHCN evaluation will take place in multiple stages throughout the project. UC Davis and partners will be responsible for data analysis and writing the final evaluation report.

The Budget

COUNTY	Total INN Funding Requested	Local Costs for Admin and Personnel	Contractor/ Evaluation	% for Evaluation	Sustainability Plan (Y/N)
Kern	\$1,632,257	\$1,180,432	\$451,825	27.68%	Y
Previously approved:					
Los Angeles	\$4,545,027	\$1,575,310	\$2,969,717	65.34%	Y
Orange	\$2,499,120	\$1,573,525	\$925,595	37.04%	Y
San Diego	\$1,127,389	\$201,794	\$925,595	82.10%	Y
Solano	\$414,211	\$291,399	\$122,812	29.65%	Y
Napa	\$258,480	\$218,820	\$39,660	15.34%	Y
Sonoma	\$475,311	\$230,347	\$244,964	51.54%	Y
Stanislaus	\$1,564,633	\$1,140,585	\$424,048	27.10%	Y
Total	\$12,516,428	\$6,412,212	\$6,104,216	48.77%	

With the addition of Kern County, UC Davis will receive \$6,104,216 of Innovation funds to manage the project, hire consultants, sub-contractors and complete the LHCN evaluation. Each participating county is paying a percentage of the contract with UC Davis based on the county size.

Kern County will contribute a total of \$510,981 to the LHCN evaluation (\$451,825 funded with Innovation and \$59,156 funded through the 15% allocated for evaluation under the EPI-Plus grant). Kern County will retain \$1,180,342 of approved Innovation funds for personnel and administration costs to augment the staffing needed to support participation in the LHCN and to run the newly created CSC program to fidelity.

Personnel funded through Innovation include:

- Peer Advocate, 0.50 FTE
- Clinician, 1 FTE
- Family Advocate, 0.20 FTE
- IPS Worker, 0.20 FTE
- Linkage Coordinator, 0.20 FTE

Other Funding

Kern County was awarded \$1,999,924 through an EPI-Plus Grant and is utilizing this funding to create the first CSC program in Kern County. Kern County also projects utilizing \$291,728 in reimbursement through Federal Financial Participation (FFP)/Medi-Cal. **Kern County's total investment in the CSC program and LHCN EP participation is \$3,923,909 (with \$1,632,257 funded through Innovation).**

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

Collaborative Update:

- LHCN held two Advisory Committee meetings in the last fiscal year
- LHCN made their first submission of de-identified data collected in the Beehive application to the EPINET National Data Coordinating Center to submit to the National Data Archive.
- LHCN administered self-report questionnaires to providers and consumers in the pre-implementation period of the project.
- LHCN continued to hold focus groups with consumers and providers to elicit feedback on the custom application (Beehive), including six focus groups to develop the End User License Agreement (EULA) and presentation of data-sharing options for Beehive users. LHCN used feedback from these groups to update the EULA video and EULA screens in Beehive.
- LHCN established the data collection process for obtaining county-level utilization and cost data for a retrospective 3-year timeframe for preliminary evaluation for both EP and comparator group (CG) programs.
- Progress of data collection in all EP programs
 - As of December 3, 2021, 12 EPI-CAL (LHCN plus EPINET participation) clinics have registered 163 clients in Beehive.



STAFF ANALYSIS - MULTI-COUNTY COLLABORATIVE
Innovation (INN) Project Name:
Psychiatric Advance Directives

Review History – Previously Approved Cohort – June 2021

COUNTY	Total INN Funding Requested	Duration of INN Project	30-day Public Comment
Mariposa	\$517,231	4 Years	5/13/21-6/13/21
Orange	\$12,888,948	4 Years	4/23/21-5/23/21
Shasta	\$630,731	4 Years	5/24/21-6/23/21
Monterey	\$1,978,237	4 Years	4/23/20-5/22/20
Fresno	\$500,000	5 Years	4/26/21-5/25/21
TOTAL:	\$ 16,515,147.00		

Review History – New Cohort

COUNTY	Total INN Funding Requested	Duration of INN Project	30-day Public Comment
Contra Costa	\$1,500,058	3 Years	4/1/22-5/1/22
Tri Cities	\$789,360	3 Years	3/11/22-4/12/22
TOTAL:	\$ 2,289,418.00		

Project Introduction

Tri-City and Contra Costa are seeking approval to use innovation funds to develop a sustainable infrastructure within California to utilize Psychiatric Advance Directives (PADS) by joining the Multi-County Collaborative. Five counties (Fresno, Mariposa, Monterey, Orange, and Shasta) were previously approved by the Commission in June 2021. *See table above for specific funding information for original cohort.*

The overarching goal of this project is for participating Counties to work in partnership with various contractors, stakeholders, peers with lived experience, consumers, and advocacy groups to provide resources relative to PADs training and a toolkit, as well as create a standardized PAD template and a PADs technology-based platform to be utilized voluntarily by participating Counties.

Psychiatric Advance Directives (PADs) are advance directives used to support treatment decisions for individuals who may not be able to consent to or participate in treatment decisions because of a mental health condition. They generally are used to support decision-making for people at risk of a mental health crisis where decision-making capacity can be impaired. The psychiatric advance directive allows the individual's wishes and priorities to inform mental health treatment. Like their general health care counterpart, psychiatric advance directives also can allow an individual to designate proxy decision-makers to act on their behalf in the event the individual loses capacity to make informed decisions.

Identified Need

There is widespread support for the use of Psychiatric Advanced Directives to empower people to participate in their care, even during times of limited decision-making capacity. PADs are a recognized strategy to improve the quality of the caregiver-client relationship and to improve health care outcomes. More than half of the states have explicitly authorized some form of a psychiatric advance directive and standard health care power of attorney statutes extending that authorization throughout the United States. The Joint Commission on the Accreditation of Healthcare Organizations recognizes the value of psychiatric advance directives for treatment decisions when an individual is unable to make decisions for themselves.

While psychiatric advance directives were first put into use in the U.S. in the 1990s and have widespread support, research suggests their use is limited by lack of awareness and challenges with implementation.

Although 27 states have passed laws recognizing PADs, most PADs are incorporated with the main emphasis on physical health. Adding to this is the fact that there is no standardized template for individuals or their support systems to access it when they might need it the most. With the increasing rates of mental illness and high rates of recidivism, steps need to be taken so that directives are in place in the event a person experiences a psychiatric episode.

How this Innovation project addresses the need

This project was developed, in part, through the work of the Commission to identify opportunities to reduce criminal justice involvement of mental health consumers through improved access to community mental health services. The Commission provided financial support to the USC Gould School of Law/Saks Institute for Mental Health, Law, Policy and Ethics to assist with the project, by providing technical assistance on the development and deployment of psychiatric advance directives, supporting the understanding of PADs through the development of policy and practice briefs and to convene meetings with interested counties to support awareness, understanding and participation in this Multi-County Innovation Project. Additionally, the Commission contracted with Concepts Forward (Project Manager) who has worked with the above Counties and their communities to create this Multi-County Innovation Plan and join Fresno County.

The Commission's support for this project recognizes that many individuals at risk for involuntary care encounter the criminal justice system through a mental health crisis.

Research conducted by the California Department of State Hospitals indicates that nearly half of persons sent to a state hospital under Incompetent to Stand Trial statutes for a felony arrest had multiple prior contacts with law enforcement with little or no access to community based mental health care. ***This project is an innovation to explore the utility of psychiatric advance directives as a strategy to improve the effectiveness of community-based care for persons at risk of involuntary care, hospitalization, and criminal justice involvement.***

This project will provide individuals with the ability to make decisions on their own behalf relative to their own mental health needs. Some of the proposed outcomes of this project will result in the following (see pgs 4-6 of current project plan for complete list):

- Provision of standardized training on the usage and benefits of PADs by stakeholders
- Creation of a standardized PAD template with the facilitation of peers with lived experience
- Development of a training toolkit to be used throughout various counties while maintaining reliability and consistency
- Creation and implementation of a cloud-based technology platform to utilize PADs

By joining PADs, both Contra Costa and Tri-Cities will add value to the learning collaborative by contributing and enhancing the project by:

- ***Developing a website allowing participating Counties to update project activities and reports as well as informing opportunities for continued stakeholder engagement***
- ***Increasing the peer voice contract from \$60,000 (approved in the 2021 cohort) to \$400,000***
 - ***Not all of the counties participating in PADs have active peer stakeholder groups so the need to increase funding for this contract allows peers to continue to have a hands-on role in receiving training and then training others to utilize PADs, participating in legislative conversations, and ensuring that peers remain the overall statewide voice for this project.***

Discussion of County Specific Regulatory Requirements (see Appendices, pgs 12-13)

Contra Costa held their 30-day public comment period from April 1, 2022 through May 1, 2022 followed by their Behavioral Health Board hearing on May 4, 2022. The County indicates no comments were received during their public hearing and they now anticipate receiving Board of Supervisor approval on June 21, 2022.

The desire to join the PADs collaborative was a result of a community-identified need to prioritize crisis related services back in Fall 2021. The local Community Planning Process consisted of the following:

- 7 public meetings between December 2021-April 2022
- Presentation for the local MHSA steering group
- MHSA steering group subcommittees
- Mental Health Commission Advisory Board

The County indicates there is limited knowledge surrounding the access, utilization, and storage of PADs. As a result, the County is working in partnership with other local agencies - the County's Office for Consumer Empowerment, staffed by individuals with lived experience, and the Consolidated Planning and Advisory Workgroup to promote coordination efforts to utilize PADs. These community partners have identified that use of PADs would be helpful by:

- Promoting individual choice during a crisis
- Reducing rates of re-hospitalization and incarceration
- Providing opportunities for community collaboration and involvement of peers
- Offering tools and resources for first responders and local providers

Stakeholders, community partners, as well as consumers and family members were welcome to provide feedback around innovation projects. Any feedback received during the public review period have been and will be incorporated into the continuing development and subsequent phases of this project.

Contra Costa proposes to spend up to \$1,500,058 in Innovation funding towards this multi-county collaborative.

Tri-City Mental Health provides behavioral health services for the three cities of Claremont, La Verne, and Pomona. Their 30-day public comment period was held March 11, 2022 through April 12, 2022, followed by their Mental Health Board Hearing on April 12, 2022. The County is calendared to appear before their Governing Board (*they do not have Board of Supervisors*) on April 20, 2022.

Tri-Cities community planning process for innovation began in September 2021. Surveys were provided to stakeholders and community members to assist in identifying needs and priorities by the community. Results of these surveys were presented to innovation workgroups who were then tasked with creating new projects related to identified needs. Additionally, surveys to submit online innovation ideas are available year-round on the Tri-Cities Mental Health website. Any ideas submitted are considered and discussed by the innovation workgroups.

The local Community Planning Process consisted of the following:

- 5 Innovation workgroups held between October 2021 and January 2022 (see page 23 of community groups and stakeholder participants)
- 7 innovation ideas were submitted and were then presented and discussed with workgroup members
- Stakeholders considered all projects submitted and chose to join the PADs collaborative in an effort to provide support for those in crisis

The utilization of PADs within Tri-Cities will strengthen the alliance between Claremont Police Department and Tri-Cities Psychiatric Assessment and Care Team Program (PACT) by providing additional tools and resources for law enforcement and mental health professionals responding to crisis needs within the community. Additionally, Tri-Cities believes this project will also help:

- Empower individuals to self-select their services during a crisis
- Support consumers by providing options beyond use of law enforcement personnel during a crisis
- Provide tools and resources to clinical staff that will assist clients and consumers during a crisis and in recovery
- Provide opportunities for peers to be involved in outreach and engagement with consumers

Tri-City proposes to spend up to \$789,360 in Innovation funding towards this multi-county collaborative, utilizing funds subject to reversion.

Cultural Competency and Community Planning Process

In addition to the original cohort, Contra Costa and Tri-City have each demonstrated that this project was reviewed and supported by their communities through robust local community planning process.

Through the two Innovation Incubator contracts with USC Gould School of Law/Saks Institute and Concepts Forward Consulting, robust stakeholder efforts were inclusive of stakeholders, clients with lived experience who have utilized PADs, consumers, families of consumers, clinical providers, county and state leadership, as well as community organizations in the creation of this proposal.

Learning and Evaluation*

Contra Costa and Tri-City will be joining the PADs collaborative with the shared focus on the following learning objectives and goals previously approved by the Commission:

1. Improved compliance.
2. Increase in adherence to treatment requests.
3. Increase in individual wellness scores: measured through various screening tools, such as the Recovery Needs Level (RNL) of individuals as well as through individual participation in services.
4. Reduction in incarceration/criminal justice involvement: measured through a reduction in arrests and incarcerations among those experiencing psychiatric crisis who have are provided with care according to their wishes.
5. Reduction in long term hospitalization.
6. Successful implementation of PADs for participating counties
 - a. Evaluate peers' training-related outcomes
 - b. Assess areas for improvement relative to training
 - c. Document PADs process implementation within Counties
 - d. Assess PADs completion across participating Counties
7. Positively affect consumer outcomes utilizing PADs
 - a. Assess consumers' experience with PADs
 - b. Assess and quantify consumer's experiences with PADs

**To read the entire learning goals and outcomes established for the PADS Multi-County Collaborative, please refer to the following pages of the project plans for detailed information:*

- *Fresno County (approved in June 2019) discusses 5 learning objectives and goals for project - see pages 4-6*
- *The 5-County cohort (approved June 2021) added 2 additional learning objectives and goals for project – see pages 10-11*

The RAND Corporation has been chosen as the contractor for the evaluation component in this project. Data will be gathered and analyzed by focus groups, targeted consumer and stakeholder conversations, as well as survey questionnaires. The Counties have selected this contractor due to their ability to operate independently without pressure from outside or political influences.

The Budget

COUNTY	Total INN Funding Requested	Local Costs - Admin and Personnel	Contractor/ Evaluation	% for Evaluation	Sustainability Plan (Y/N)
Mariposa	\$517,231	\$437,614.13	\$79,660	15.4%	Y
Orange	\$12,888,948	\$1,043,478	\$11,845,470	91.9%	Y
Shasta	\$630,731	\$423,000	\$207,731	32.9%	Y
Monterey	\$1,978,237	\$759,411	\$1,218,826	61.6%	Y
Fresno	\$500,000	-	\$500,000	100%	Y
Total	\$16,515,147		\$13,851,687		
NEW COHORT	Total INN Funding Requested	Local Costs - Admin and Personnel	Evaluation (RAND Corp)	% for Evaluation	Sustainability Plan (Y/N)
Contra Costa	\$1,500,058	\$278,922	\$249,753	16.6%	Y
Tri-City	\$789,360	\$438,407	\$92,288	11.7%	Y
Total	\$2,289,418	\$717,329	\$342,041	\$1,524,401	

Mariposa, Orange, Shasta, Monterey, and Fresno counties have collectively contributed a total of \$16,515,147 of innovation dollars to fund the Psychiatric Advance Directives project for four years, approved in June 2021 by the Commission.

Contra Costa and Tri-City is seeking to join the collaborative and will also contribute towards consultant and evaluation costs for a total amount of \$2,289,418 over a three-year project duration. **The new total innovation funding for this project is now \$18,804,565.**

Contra Costa will contribute a total of \$1,500,058 (8% of total project) comprised of the following:

- Personnel costs total \$278,922 to cover county staff and travel expenses

- Non-recurring costs of \$10,000 to purchase tablets
- Consultant and Evaluation costs of \$1,211,136

Tri-Cities will contribute a total of \$789,360 (4% of total project) and will utilize funds subject to reversion. Their budget is comprised of the following:

- Personnel costs total \$438,407 for county staff and travel expenses
- Non-recurring costs of \$10,000 to purchase tablets
- Consultant and Evaluation costs of \$340,953
 - Tri-Cities has chosen to put in an additional \$27,688 towards the evaluation which is reflected for a total of \$92,288

The addition of Contra Costa and Tri-Cities will support the expansion of the scope of work and budget to allow for increased funding for the peer voice contract as well as the development of a website to allow participating Counties to update project activities (see pages 6-7 of project).

This project will partner with contractors for the development, implementation, and evaluation of this project (see June 2021 cohort, pages 11-13 for complete contractor information and deliverables).

Stakeholder Feedback

Tri-Cities was shared with MHSOAC stakeholders and listserv on March 28, 2022 and Contra Costa was shared on April 8, 2022. The final project containing both Tri-City and Contra Costa was shared on April 29, 2022. Additionally, this project was shared with both the Client and Family Leadership and Cultural and Linguistic Competence Committees on all of the dates referenced above. **No letters in support or opposition were received in response.**

Sustainability Plan

All Counties have indicated that they will incorporate lessons learned during this project and hopes PADs implementation can be replicated statewide and in multiple languages. It is the hopes that this project will partner with influential organizations (i.e., NAMI, Disability Rights advocacy groups, etc.) to seek legislation to further promote the utilization of PADs for individuals who may need them.

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

AGENDA ITEM 3

Action

May 26, 2022 Commission Meeting

Orange County Innovation Plan

Summary: The Commission will consider approval of the Orange County Health Care Agency (Orange County) request to expend up to \$12,000,000 in MHSA Innovation funds over five years for the following project:

- **Examining Whether Integrating Early Intervention Services into a Specialized Court Improves the Well-Being of Justice-Involved Young Adult Men: A Randomized Controlled Trial (Young Adult Court)**

Orange County identifies a critical need to target individualized, wrap-around resources for 18–25-year-old young adult men who are facing felony convictions (aka justice-involved). Orange County proposes to expand an existing research study to examine whether integrating early intervention behavioral health services into a specialized young adult court improves the well-being of this target population.

Young Adult Court Evaluation

The unique needs of 18–25-year-old young adults in the criminal justice system has inspired an **interagency collaboration in Orange County involving the court system, District Attorney’s office, Police Department, Probation Department, community service providers and the University of California, Irvine** and the creation of the Young Adult Court (YAC) pilot evaluation designed to address factors causing or likely to cause criminal behavior in young men while holding them accountable in a developmentally appropriate way. This collaborative process resulted in the agreed upon terms and conditions for eligibility criteria and dismissal/reduction of charges for participants of YAC.

The YAC research team at the University of California, Irvine is currently operating an IRB reviewed, randomized controlled trial (RCT) research pilot designed to evaluate whether young men processed through the YAC pilot experience better long-term outcomes than non-participants, around key factors: recidivism, employment, educational attainment, and developmental outcomes.

Innovation Opportunity

The number of men requiring supportive services and mental health/co-occurring treatment far exceeded what the YAC team budgeted and planned for. YAC participants referred to community-based services have struggled with establishing services. YAC is not currently connected with or staffed by County Behavioral Health.

To address this access to care issue, Orange County intends to utilize Innovation funding to formally join the YAC collaboration by providing a behavioral health component to the YAC and through supporting the extension and evaluation of the RCT. Innovation funds will allow Orange County to add and/or augment the availability of the following services and integrate them into the scope of the YAC pilot evaluation:

- Trauma-informed, early intervention mental health and co-occurring services (new)
- Peer mentoring by YAC program graduates (new)
- Apprenticeship programs (new)
- Scholarships to pursue degrees and certifications (expanded from pilot)
- Financial literacy courses (new)
- Childcare resources (new)
- Housing and transportation vouchers (expanded from pilot)
- Other services tailored to the young adult's needs (new)

Cultural preferences and familial norms are considered when developing treatment plans and assessing risks, needs and strengths. Treatment plans are individually created and tailored to each participant.

Orange County received the necessary local approvals for this project through a general public comment period from February 25, 2022 through March 27, 2022; and a local Mental Health Board hearing on April 13, 2022. **BOS approval is expected in June 2022 and must be obtained prior to Orange County beginning this project.**

This project went out for review to Commission stakeholder contractors, listserv, and the Client and Family Leadership and Cultural and Linguistic Competence Committees. No comments were received.

Presenter for Orange County's Innovation Project:

- Sharon Ishikawa, PhD, Research Manager for Mental Health and Recovery Services at the Orange County Health Care Agency

Enclosures (2): (1) Biography for Orange County's Presenter, (2) Staff Analysis: Examining Whether Integrating Early Intervention Services into a Specialized Court Improves the Well-Being of Justice-Involved Young Adult Men: A Randomized Controlled Trial

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/Orange_INN_Project_05032022.pdf

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

Name: Examining Whether Integrating Early Intervention Services into a Specialized Court Improves the Well-Being of Justice-Involved Young Adult Men: A Randomized Controlled Trial

Amount: Up to \$12,000,000 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 Orange County Presenter Young Adult Court

Sharon Ishikawa, PhD

Sharon Ishikawa is the Research Manager for Mental Health and Recovery Services at the OC Health Care Agency, where she also served as the Mental Health Services Act (MHSA) Coordinator. She obtained her Ph.D. in Clinical Psychology from UCLA, and has 25 years of training and experience in community-based research, clinical research design and data analysis, both in the academic setting and as a Research Analyst for MHSA programs in Orange County.



STAFF ANALYSIS—Orange County

Innovation (INN) Project Name:	Examining Whether Integrating Early Intervention Services into a Specialized Court Improves the Well-Being of Justice-Involved Young Adult Men: A Randomized Controlled Trial (Young Adult Court)
Total INN Funding Requested:	Not to Exceed \$12,000,000
Duration of INN Project:	Five (5) Years
MHSOAC consideration of INN Project:	May 26, 2022

Review History:

Approved by the County Board of Supervisors:	Anticipated June 2022
Mental Health Board Hearing:	April 13, 2022
Public Comment Period:	February 25, 2022 – March 27, 2022
County submitted INN Project:	April 29, 2022
Date Project Shared with Stakeholders:	March 2, 2022 and April 29, 2022

Project Introduction:

Orange County requests authorization for the use of up to \$12,000,000 of Innovation funding over five years to expand a research study and examine whether integrating early intervention behavioral health services into a specialized young adult court improves the well-being of justice-involved young adult men.

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

What is the Problem (Pages 1-5 of original plan)

Orange County identifies a critical need to target individualized, wrap-around resources for 18–25-year-old young adult men who are facing felony convictions (aka justice-involved). Orange County presents data highlighting collateral costs of having a felony conviction including ineligibility for resources (like public housing, occupational licensing, employment and

financial support for educational opportunities) that can help individuals reintegrate into society and reduce recidivism. These collateral costs become even more troubling when considering racial inequities with young adults of color being more likely to be arrested and charged with felonies.

The County goes on to identify various studies showing that many justice-involved young adults have serious pre-existing risk factors for psychosocial and health related problems including history of trauma, exposure to violence (73% witnessed violence and 64% were direct victims), inadequate access to resources, substance abuse, and pre-existing mental health conditions (58% met criteria for mental health condition). **According to the County, these risk factors and resulting challenges, are not addressed in the current criminal justice system as it was not designed to meet specific developmental or mental health needs of the young adult population.**

The County cites research suggesting that the brain continues to mature into the mid-twenties, and that adolescents and young adults are less able to exercise self-control and may make impulsive decisions but that this same period of development may make young adults more amendable to treatment and rehabilitation.

Young Adult Court Evaluation

Recognizing the unique needs of young adults, the YAC specialized pilot was designed to address factors causing or likely to cause criminal behavior in young men ages 18-25 while holding them accountable in a developmentally appropriate way (see page 12 of original plan for more details).

YAC is supported through formal interagency collaboration in Orange County involving the court, District Attorney's office, Police Department, Probation, community service providers and the University of California, Irvine. This formal collaborative process resulted in the agreed upon terms and conditions for eligibility criteria and dismissal/reduction of charges for participants of YAC.

YAC is not formally connected with or staffed by County Behavioral Health.

Current YAC Evaluation

The YAC research team at the University of California, Irvine is currently operating an IRB reviewed, randomized controlled trial (RCT) research pilot designed to evaluate whether young men processed through the YAC- experience better long-term outcomes than non-participants, around key factors: recidivism, employment, educational attainment, and developmental outcomes than those who experience traditional court processing. The current research study is funded through grants from the National Institute of Justice (NIJ) and Community Action Partnership of Orange County (CAPOC) that end in May (CAPOC) and December (NIJ) 2022. The initial pilot has demonstrated implementation feasibility of an RCT within the Court/Justice setting.

RCT Pilot Referral, Screening and Randomization Process

Defense attorneys refer justice-involved young men who meet screening criteria (see pages 3-4). Eligible participants are randomly placed either in the YAC treatment condition or traditional court after they go through a District Attorney referral, eligibility review and interview.

Informed Consent and Court Assignment Process

The young men who are referred, are first notified about whether they have been randomized into the YAC treatment condition or the traditional court condition and then asked whether they would like to participate in the RCT pilot. If they choose to participate, they complete the informed consent process. If they were selected for the YAC treatment condition and choose not to participate in the RCT pilot, they retain the option to participate in YAC without having to participate in the RCT pilot.

RCT Research Pilot Participant Interviews

All young men who consent to be in the RCT research pilot, whether they are assigned to traditional court or the YAC treatment condition, receive identical treatment as a study participant and complete eight interviews on the same pre-planned interview timeline across the 3-year study period.

These structured interviews are conducted individually by trained research staff in the community, jail facilities or virtually and consist of a battery of psychometrically validated instruments including attitudinal, psychological, mental and physical health, health care utilization, behavioral, substance use, family/peer relationships.

Traditional Court

The young men who are assigned to traditional court are processed through traditional channels, including the typical case management and referral process to community-based resources that are currently being provided. ***No participant in the Traditional Court group is denied or intentionally delayed from being referred to needed services.*** The young men in traditional court who are invited to participate in the research study are treated exactly the same in all research procedures.

YAC Treatment Condition

Participants in the YAC treatment group will also complete brief in-court interviews after appearing in front of the YAC judge to assess their subjective experience of the court including whether they felt that their voice was heard, whether their case was processed fairly, whether they were treated with respect, whether they faced any barriers to attending court, and whether they currently have a safe/stable place to live.

In addition, all young men who are assigned to the YAC (regardless of whether they consent to the RCT) are connected to the YAC team. The YAC team supports the young men to develop a “youth action plan.” This action plan lays out the steps the young men must complete to qualify for having all felony charges reduced or dismissed at the end of their YAC involvement.

Currently, these steps include attending all court hearings, meeting with probation officers and meeting with case managers (which is unique to YAC) on a consistent basis.

When supportive services are needed to address mental health or co-occurring substance use concerns, increasing life skills, and/or meeting basic needs is identified in their plan, the YAC team tries to link the young men to services available within the community.

Early in the pilot, the team realized the number of men requiring support services and mental health/co-occurring treatment far exceeded what had been budgeted and planned for. YAC has tried to meet the remaining needs through in-kind staffing, donations, and short-term grants to link participants to supportive services in the community. **When YAC has been able to refer participants to community-based services, the team has noted that there is a lack of follow-through.**

How this Innovation project addresses this problem (Pages 5-7 of original plan)

Orange County intends to utilize Innovation funding to formally join the YAC collaboration by providing a behavioral health component to the YAC and through supporting the extension and evaluation of the RCT. **This Innovation project will leverage learnings from the pilot study, to expand and improve the original RCT design by increasing the number of young men who participate in the enhanced YAC RCT Study, extending the follow-up evaluation period one additional year and by adding an additional interview for participants in year four (for a total of nine).** With the addition of Innovation funds, the County will test solutions to prevent sustained recidivism and justice system involvement, prevent the onset or worsening of serious mental health and substance use conditions, and promote long-term positive socio-economic outcomes.

Innovation funds will allow Orange County to add and/or augment the availability of the following services and integrate them into the scope of the YAC pilot evaluation:

- Trauma-informed, early intervention mental health and co-occurring services (new)
 - Services will be field-based and include individual counseling, medication management and family-based services (when appropriate). Therapists will participate in ongoing training regarding the most up-to-date, culturally-sensitive and evidenced-based trauma-informed care.
- Peer mentoring by YAC program graduates (new)
 - The Peer Mentoring program will be a new component of the YAC. In this program, graduates of the YAC will be paid to mentor young men who are newly accepted into the YAC. The YAC graduates will have very similar lived experiences as the newly accepted YAC young men, which will hopefully inspire and motivate the new YAC participants to do everything in their power to successfully “make it to the other side” and graduate from the YAC.
- Apprenticeship programs (new)
 - Apprenticeship programs will involve collaborations between community members and young men in the YAC. Interested community members (i.e., small

business owners, tattoo artists, chefs, barber/stylists) will spend a few hours each week teaching the young men about the day-to-day operations of their trade, business, etc.

- Scholarships to pursue degrees and certifications (expanded from pilot)
 - An increased number of scholarships will be available to YAC men to attend traditional (e.g., AA degrees) and non-traditional/trade/vocational schools (e.g., electrical technology; culinary arts; automotive technology).
- Financial literacy courses (new)
 - Financial literacy courses will teach the young men a variety of financial skills that are designed to promote sustained self-sufficiency. The courses will cover topics such as opening a bank account, making a budget, understanding loans/credit cards/interests, and protecting against identify theft.
- Childcare resources (new)
 - Many of the young men in the program are fathers. Parenting classes as well as childcare support will be offered to help these young men become proactively involved in their children’s lives.
- Housing and transportation vouchers (expanded from pilot)
- Other services tailored to the young adult’s needs (new)

In addition, the County will ensure that the array of services and supports available is responsive to the needs and preferences of the young men, including those based on life experiences, educational/ employment histories, cultural backgrounds, etc. **Cultural and familial norms are considered when developing treatment plans and assessing risks, needs and strengths.** Treatment plans are individually created and tailored to each participant.

The study team and service providers will continue to make a concerted effort to recruit team members who are fluent in Spanish, given that many of the men in the study (and their families) are native Spanish speakers.

The dismissal or reduction of all prior felony charges after successful completion of YAC programming remains an important element of YAC. **The data from the extended follow up period funded by Innovation will play a critical role in influencing whether the Court and District Attorney’s office continue to support the charge dismissals and reductions offered through the YAC and whether the YAC can be expanded to offer services to all eligible young men.**

Community Planning Process (Pages 11-13 in original plan)

Local Level

Orange County provides documentation that this project aligns with their strategic priority of “increasing access for behavioral health services with youth and people of color” which was identified in partnership with local community stakeholders in the development of the current MHSA Three Year Plan.

County staff also facilitated two additional community planning meetings for this proposed project where over 120 people were in attendance.

Orange then held a public comment period from February 25, 2022 through March 27, 2022 followed by local Mental Health Board hearing on April 13, 2022. **BOS approval is expected in June 2022 and must be obtained prior to Orange County beginning this project.**

A final plan, incorporating stakeholder input and technical advice provided by Commission staff, was submitted to Commission staff on April 29, 2022.

Commission Level

The initial plan was shared with Commission stakeholders on March 2, 2022 while the County was in their 30-day public comment period and comments were directed to the county.

The final version of this project was shared with Commission stakeholders on April 29, 2022. Additionally, this project was shared with both the Client and Family Leadership and Cultural and Linguistic Competence Committees.

One comment was received in response to Commission sharing the plan with stakeholder contractors, the listserv, and the Committees:

“As a Parent, I applaud the efforts of UC Irvine to formalize a Research study on this matter; that being, measuring the emotional maturity and brain development of young men ages 18-25-30 and then publishing their findings in a Report.

I look forward to reading their milestone Reports with the hope that perhaps this Program can lead to others. Thank you Orange County for your efforts to reduce recidivism among young men ages 18-25-30. I approve this Innovation Plan”.

Learning Objectives and Evaluation (Pages 7-10 in original plan)

This project is designed to produce empirical evidence to determine the extent to which the YAC, compared to traditional court proceedings, prevents the onset of serious mental illness and/or reduces mental health symptoms, promotes positive outcomes such as changed outlook on life, improved educational and employment attainment, and/or reduces recidivism.

The County states that the addition of longitudinal data, and the behavioral health component, will allow the team to understand the extent to which any positive outcomes of the YAC are sustained long-term. With more data, time and resources, the research team will be able to produce evidence-based guidelines for best practices that can be used to help young men in our community and elsewhere.

Because the team will be following the young men for a total of four years, the researchers will have data while the young men are involved with the court (approximately 1.5 years) and while

they reintegrate back into their communities felony-free (approximately 2.5 years after they graduate).

Target Population

Orange County anticipates serving 300 individuals ages 18-25 over the course of the five-year project. If proven effective, the long-term goal is to open YAC to all eligible young men.

Young adults are eligible for the Orange County YAC if they are 18 to 25 years old, male, live in and charged in Orange County, and charged with an eligible felony offense.

Study eligibility criteria including the selection of young adult males only were determined by the Court and District Attorney's Office and cannot be adjusted for this project.

Research procedures will be approved by UCI's IRB prior to implementation.

Study procedures will be clearly described during the consent process and all participants will be compensated for their time.

All data collected will also be protected from subpoena by a Certificate of Confidentiality issued by the Department of Health and Human Services (In accordance with the provisions of section 301(d) of the Public Health Service Act, 42 U.S.C. 241(d)).

Learning Goals

If the YAC intervention is associated with improved outcomes compared to traditional court, this project will also attempt to address the following questions, pending availability of sufficient data:

- Why does YAC work?
- For whom does YAC work?
- What Impact does Peer Mentoring have on mental health, employment, education, family functioning and/or justice-related outcomes among the YAC participants?
- Are racial, ethnic and socio-economic disparities reduced among YAC Intervention participants compared to Traditional Court participants?

If the RCT study does not observe improved outcomes compared to Traditional Court, exploratory analyses will be conducted to try and better understand the following for the overall sample of youth, pending availability of sufficient data:

- Which overall justice system interventions, community-based services and/or programs support positive, long-term behavioral and health-related outcomes (regardless of participation in the YAC)?
- What are the risk and protective factors for serious mental health and substance use problems among this population?
- What are the long-term outcomes associated with various mental health-related conditions experienced by the young men in this study?

- In what ways does living with mental health and substance use conditions influence justice-system involved young adults’ day-to-day life, and their ability to desist from criminal activity, engage in pro-social, positive socio-economic activities?
- More broadly, how can the data be used to gain a deeper understanding of the lived experiences of a unique, moderately high-risk, justice-system-involved sample?

Data Sources:

- 1:1 participant interviews will be conducted with research staff and assess a variety of behavioral, psychological, attitudinal, mental health, physical health, substance use, health care utilization, and socio-economic outcomes.
- For those assigned to the YAC intervention, participants will also complete brief interviews to assess their subjective experience of the Court
- Administrative data and official records will also be obtained from the service providers, OC Courts, OC jails and the OC Probation Department to measure factors such as referrals to/engagement in services, arrests/convictions for new crimes, etc.

The Budget

Funding Source	Annual Estimate	TOTAL
Innovation*	\$ 2,517,225	\$ 12,000,000
YAC Mental Health	Annual Estimate	TOTAL
Personnel	\$ 755,546	\$ 3,420,864
Operational Costs	\$ 110,026	\$ 547,214
Other	\$ 245,600	\$ 1,231,000
TOTAL Direct Clinical	\$ 1,111,172	\$ 5,199,078
YAC Research Study	Annual Estimate	TOTAL
Personnel	\$ 689,292	\$ 3,329,006
Training/Travel	\$ 17,631	\$ 94,719
Stipends	\$ 53,710	\$ 234,188
TOTAL Research	\$ 760,633	\$ 3,657,913
Indirects	Annual Estimate	TOTAL
UCI Indirect Costs	\$ 261,437	\$ 1,243,366
HCA Admin/Indirect	\$ 383,984	\$ 1,818,064
Project TOTAL*:	\$ 2,517,226	\$ 11,918,421

*The annual estimate is provided for the most expensive year and OC will not exceed the \$12M budget total over the court of the five-year project.

The County is requesting authorization to spend up to \$12,000,000 in MHSAs Innovation funding for this project over a period of five (5) years to improve outcomes for young adults involved in the criminal justice system.

Mental Health Support and Services Costs

Personnel includes salaries and benefits totaling \$3,420,846:

- Principal Investigator**
- Clinical Director (1.0 FTE)
- Administrative Support (1.0 FTE)
- Consultant (0.1 FTE)
- Clinicians and Clinical Trainees (~ 4.0 FTEs)

Other Costs total \$1,231,000 and include supportive services for 300 participants such as Housing assistance, education, childcare, transportation, YAC Peer Mentoring, etc.

YAC Research Study Costs

Personnel includes salaries and benefits totaling \$3,329,006:

- Principal Investigator**
- Research Director/ Statistician (1.0 FTE)
- Finance/Administrative Manager (1.0 FTE)
- Research Staff (~2.5 FTEs)

Stipends total \$234,188 and provide stipends and incentives for 300 participants.

*** Principal Investigator splits time overseeing both the Mental Health and Supportive Services component and the YAC Research Study.*

Indirect Costs

UCI Indirect 15% rate, covers institutional resources such as University IRB, IT, human resources, University grants management, etc.

HCA Indirect 18% rate, covers staff salaries and benefits for contract monitoring, evaluation support, fiscal management, project coordination, resource referral and coordination support, agency IRB, Compliance/Privacy, as well as HCA project services and supplies including flexible funding for participants, etc.

Sustainability Plan The County will determine whether to continue the program in consultation with stakeholders through the Community Program Planning Process. The County will consider sustaining the program with funding through Cal AIM as well as MHSA PEI.

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

AGENDA ITEM 4

Action

May 26, 2022 Commission Meeting

Governor's 2022-23 May Revision

Summary:

Governor Newsom's revised budget plan further enhances the well-being of all Californians by building upon the significant investments made in his January budget proposal. The May Revision includes \$227.6 billion for all health and human services programs in 2022-23. The May Revision continues to provide new investments to increase capacity to implement new programs that will expand services for housing, criminal justice, workforce, and children and youth.

The Commission will be presented with an overview of the Governor's May revisions including, investments to support behavioral health for children and youth, children and youth suicide prevention, justice involved, immigrants, new investments in affordable housing programs, behavioral health workforce, and other related proposals.

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

Enclosure: The Governor's entire revised budget can be accessed at <https://www.ebudget.ca.gov/>

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

MISCELLANEOUS ENCLOSURES

May 26, 2022 Commission Meeting

Enclosures (6):

- (1) April 28, 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
April 28, 2022**

Motion #: 1

Date: April 28, 2022

Motion:

The Commission approves the March 24, 2022 meeting minutes.

Commissioner making motion: Commissioner Brown

Commissioner seconding motion: Commissioner Rowlett

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



Motions Summary

**Commission Meeting
April 28, 2022**

Motion #: 2

Date: April 28, 2022

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 MHSO Innovation funds

Project Length: 5 Years

Commissioner making motion: Commissioner Gordon

Commissioner seconding motion: Commissioner Tamplen

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

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



Motions Summary

**Commission Meeting
April 28, 2022**

Motion #: 3

Date: April 28, 2022

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 MHSO Innovation funds
- Project Length:** 5 Years

Commissioner making motion: Commissioner Bunch

Commissioner seconding motion: Commissioner Mitchell

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

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

Summary of Updates

Contracts

New Contract: None

Total Contracts: 3

Funds Spent Since the March Commission Meeting

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

Contracts with Deliverable Changes

[17MHSOAC073](#)

[17MHSOAC074](#)

[21MHSOAC023](#)

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

MHSOAC Staff: Kai LeMasson

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

Total Contract Amount: \$2,453,736.50

Total Spent: \$1,834,627.20

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: \$1,061,067.52

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	Complete	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

MAY 2022



UNDER REVIEW	Final Proposals Received	Draft Proposals Received	TOTALS
Number of Projects	6	4	10
Participating Counties (unduplicated)	5	4	9
Dollars Requested	\$17,351,675	\$19,701,915	\$37,053,590

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	12	12	\$31,178,687	12

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	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	\$13,000,000	5 Years	2/26/2022	Pending
Under Review	Tulare	Semi-Statewide Enterprise Health Record System Improvement	TBD	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	Kern	Early Psychosis Learning Health Care Network	\$1,632,257	4 Years	12/20/2021	3/24/2022
Under Final Review	Tri-Cities	PADs-Multi-County Collaborative	\$789,360	3 Years	3/21/2022	4/6/2022
Under Final Review	Contra Costa	PADs-Multi-County Collaborative	\$1,500,058	3 Years	4/3/2022	4/6/2022
Under Final Review	Orange	Young Adult Court	\$12,000,000	5 Years	2/26/2022	4/29/2022
Under Final Review	Orange	CPP Planning Request	\$950,000	5 Years	2/26/2022	4/13/2022
Under Final Review	Modoc	Integrated Health Care for Individuals with SMI	\$480,000	5 Years	3/2/2021	3/22/2021

APPROVED PROJECTS (FY 21-22)

County	Project Name	Funding Amount	Approval Date
Placer	24/7 Adult Crisis Respite Center	\$2,750,000	8/26/2021
Marin	Student Wellness Ambassador Program	\$1,648,000	9/23/2021
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
Berkeley	Encampment -Based Mobile Wellness Center	\$2,802,400	4/28/2022
Butte	Resilience Empowerment Support Team (REST) at Everhart Village	\$3,510,520	4/28/2022

DHCS Status Chart of County RERs Received
May 26, 2022 Commission Meeting

Below is a Status Report from the Department of Health Care Services regarding County MHSA Annual Revenue and Expenditure Reports received and processed by Department staff, dated May 9, 2022. This Status Report covers FY 2019 -2020 through FY 2020-2021, all RERs prior to these fiscal years have been submitted by all counties.

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

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

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

DHCS Status Chart of County RERs Received
 May 26, 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	4/12/2022	
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
 May 26, 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	4/27/2022	4/28/2022	4/28/2022
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	3/17/2022	4/13/2022
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
 May 26, 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	52	49	49

Calendar of Tentative Commission Meeting Agenda Items

Proposed 05/19/2022

Agenda items and meeting locations are subject to change.

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.

Early Psychosis Learning Health Care Network Update

The Commission will hear an update on the progress made towards the implementation of the multi-county Early Psychosis Learning Health Care Network Innovation Project.

FSP (Full Service Partnership) Multi-County Collaborative Innovation Project Update

The Commission will hear an update on the progress made towards the implementation of the multi-county FSP collaborative Innovation Project.

Mental Health Student Services Act Update

The Commission will hear an update on the Mental Health Student Services Act and will hear a presentation by representatives of MHSSA county partnerships, student leaders. The MHSSA program evaluation strategies will be presented and discussed.

August 2022: TBD

Potential Innovation Plan Approval

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

Legislative Priorities for 2022

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

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.

Calendar of Tentative Commission Meeting Agenda Items

Proposed 05/19/2022

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.

Prevention and Early Intervention Report Presentation

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

October 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.



Mental Health Services
Oversight & Accountability Commission

Tentative Upcoming MHSOAC Meetings and Events

Updated 5/10/2022

JUNE 2022

- NO JUNE COMMISSION MEETING
- 6/1: MHSSA Learning Collaboration Meeting
 - 1:00PM – 3:00PM
 - Closed

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

- 8/25: Triage Collaboration Meeting
 - 10:00AM – 12:00PM
 - Closed
- 8/11: Cultural and Linguistic Competency Committee Meeting
 - 3:00PM – 5:00PM
 - Public
- 8/25: August Commission Meeting
 - 9:00AM – 1:00PM
 - Public

SEPTEMBER 2022

- 9/7: MHSSA Collaboration Meeting
 - 1:00PM – 3:00PM
 - Closed
- 9/22: September Commission Meeting
 - 9:00AM – 1:00PM
 - Public