



WELLNESS • RECOVERY • RESILIENCE



Mental Health Services
Oversight & Accountability Commission

Commission Teleconference Meeting September 22, 2022 Presentations and Handouts

- Agenda Item 5:**
- Presentation: Early Psychosis Programs
 - Presentation: EPI-CAL Update: California's Statewide Early Psychosis Learning Health Care Network and TTA Center
- Agenda Item 9:**
- Presentation: Transition Age Youth Advocacy Outline



Mental Health Services
Oversight & Accountability Commission

Early Psychosis Programs

Presented by:

Sharmil Shah, Chief of Program Operations

Tom Orrock, Chief Community Engagement and Grants

September 22, 2022

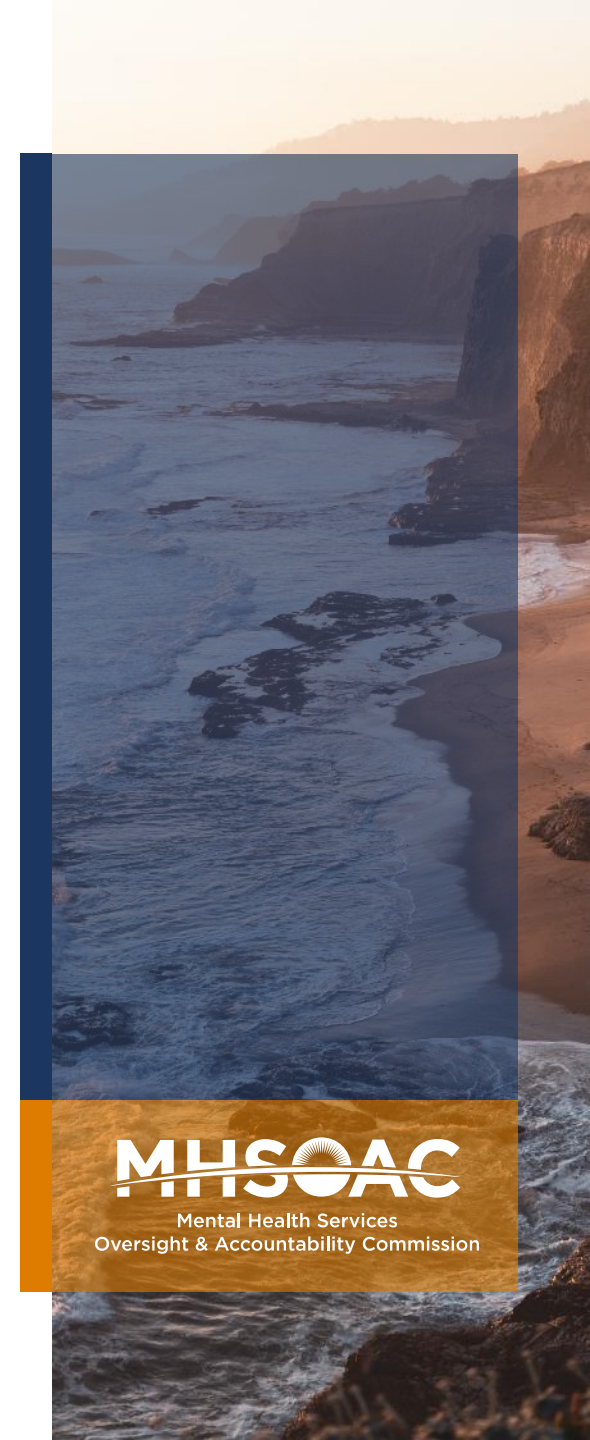
Early Psychosis Learning Health Care Network Innovation Project

The Collaborative identified 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.
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.
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.

Participating Counties

COUNTY	Total INN Funding Requested	Local Costs for Admin and Personnel	Contractor / Evaluation	% for Evaluation	Duration of INN Project
Los Angeles	\$4,545,027	\$1,575,310	\$2,969,717	65.34%	5 Years
Orange	\$2,499,120	\$1,573,525	\$925,595	37.04%	5 Years
San Diego	\$1,127,389	\$201,794	\$925,595	82.10%	5 Years
Solano	\$414,211	\$291,399	\$122,812	29.65%	5 Years
Napa	\$258,480	\$218,820	\$39,660	15.34%	4.5 Years
Sonoma	\$475,311	\$230,347	\$244,964	51.54%	4 Years
Stanislaus	\$1,564,633	\$1,140,585	\$424,048	27.10%	5 Years
Kern	\$1,632,257	\$1,180,432	\$451,825	27.68%	4 Years
Total	\$12,516,428	\$6,412,212	\$6,104,216	48.77%	



Assembly Bill 1315

- **Established the Early Psychosis Intervention Plus Program (EPI-Plus)**

Two Goals:

- 1. “expand(ing) the provision of high-quality, evidence-based early psychosis and mood disorder detection and intervention services in this state”**
- 2. “creating public/private partnerships dedicated to expansion of evidence-based prevention and early intervention services would generate additional revenue that would enhance the ability for counties throughout California to create and fund those programs”**

(Assembly Bill 1315, 2017).

MHSOAC

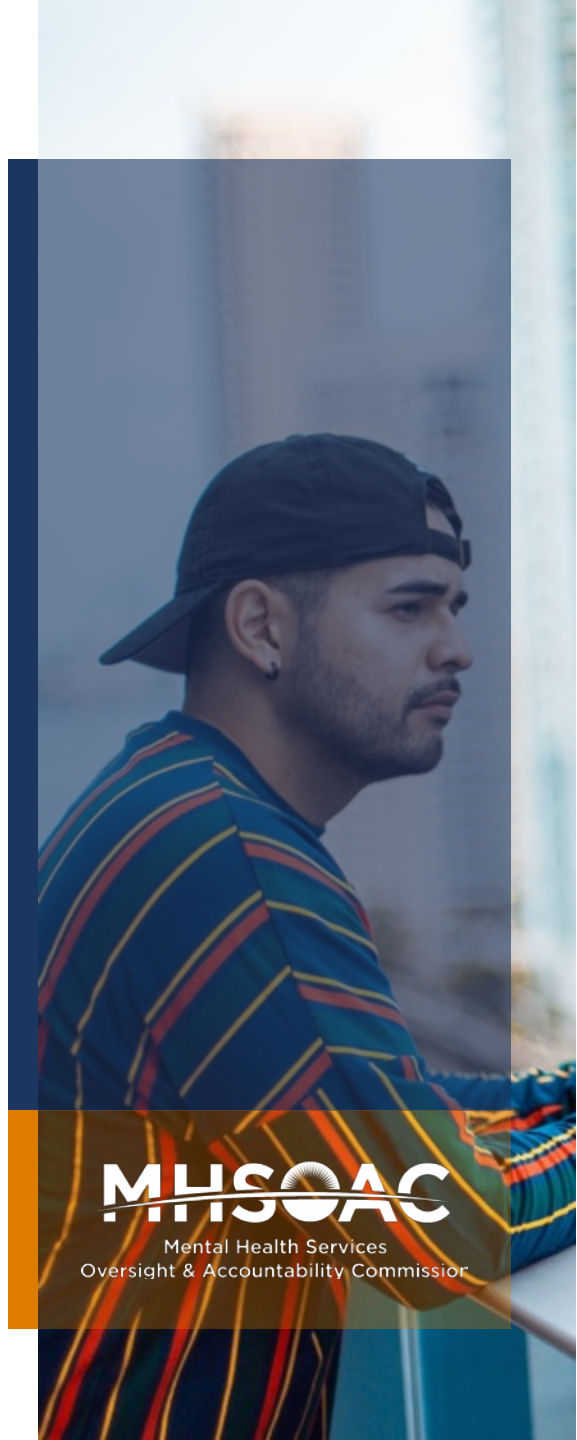
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From Innovation to Expansion

The Commission's 2019-20 budget included \$19,452,000 to expand and improve the fidelity of existing early psychosis services.

In August 2020, the Commission awarded \$2 million grants to Kern, Lake, San Francisco, Santa Barbara, and Sonoma Counties.

The Commission retained a balance of \$5,565,000



MHSOAC

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Commission Action to Expand EPI

In November 2020, the Commission approved the Early Psychosis Advisory Committee recommendations:

- \$4 million to support two additional programs
- Invest \$1 million in workforce development, workforce retention, and public awareness
- Devote \$565,966 to research initiatives



MHSOAC

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Additional Funds Available

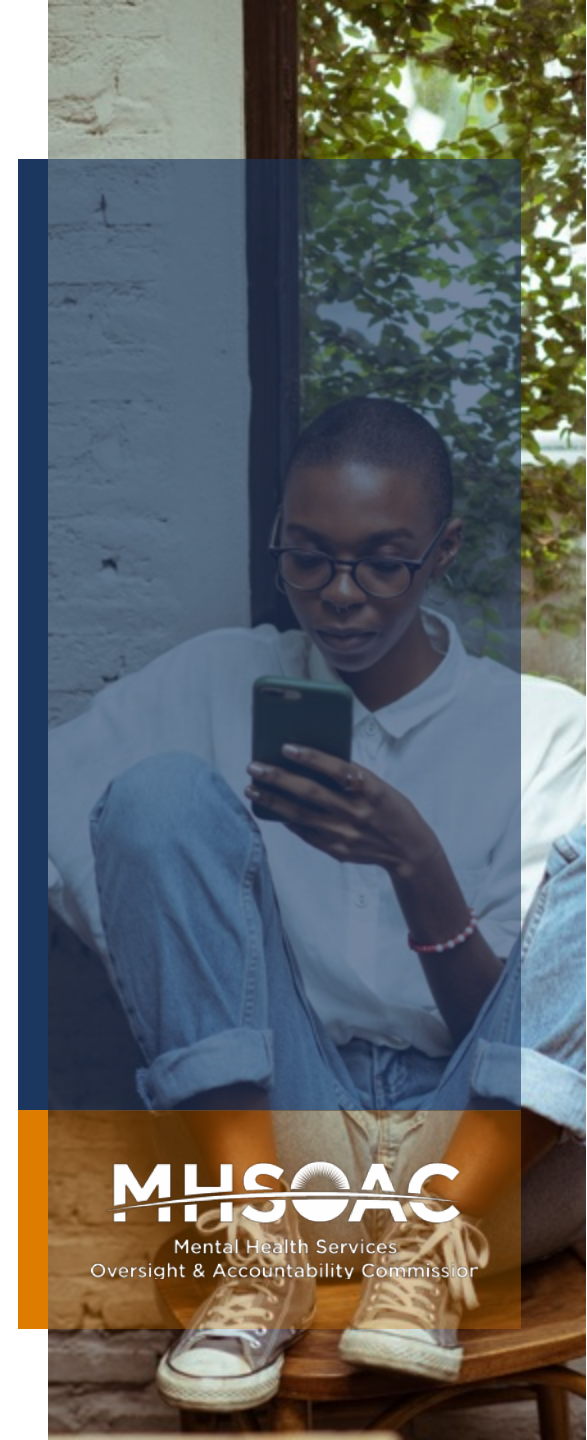
- Santa Barbara County has elected to not pursue the early psychosis program at this time due to critical staffing shortages.



MHSOAC

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Welcome Dr. Tara Niendam!



MHSOAC

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Options for Allocation of Returned Funds

Option A (Recommended)

- Augment returned funds with retained funding and award \$2 million to the next highest scoring applicant from the initial EPI Plus procurement.

Option B

- Release a new Request for Application and award funds to the most qualified applicant.



MHSOAC

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Proposed Motion:

That the Commission award a contract of \$2 million to the next highest scoring applicant from the EPI Plus RFA_002 Grant Program



MHSOAC

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Thank You

MHSOAC

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EPI-CAL UPDATE: California's Statewide Early Psychosis Learning Health Care Network and TTA Center

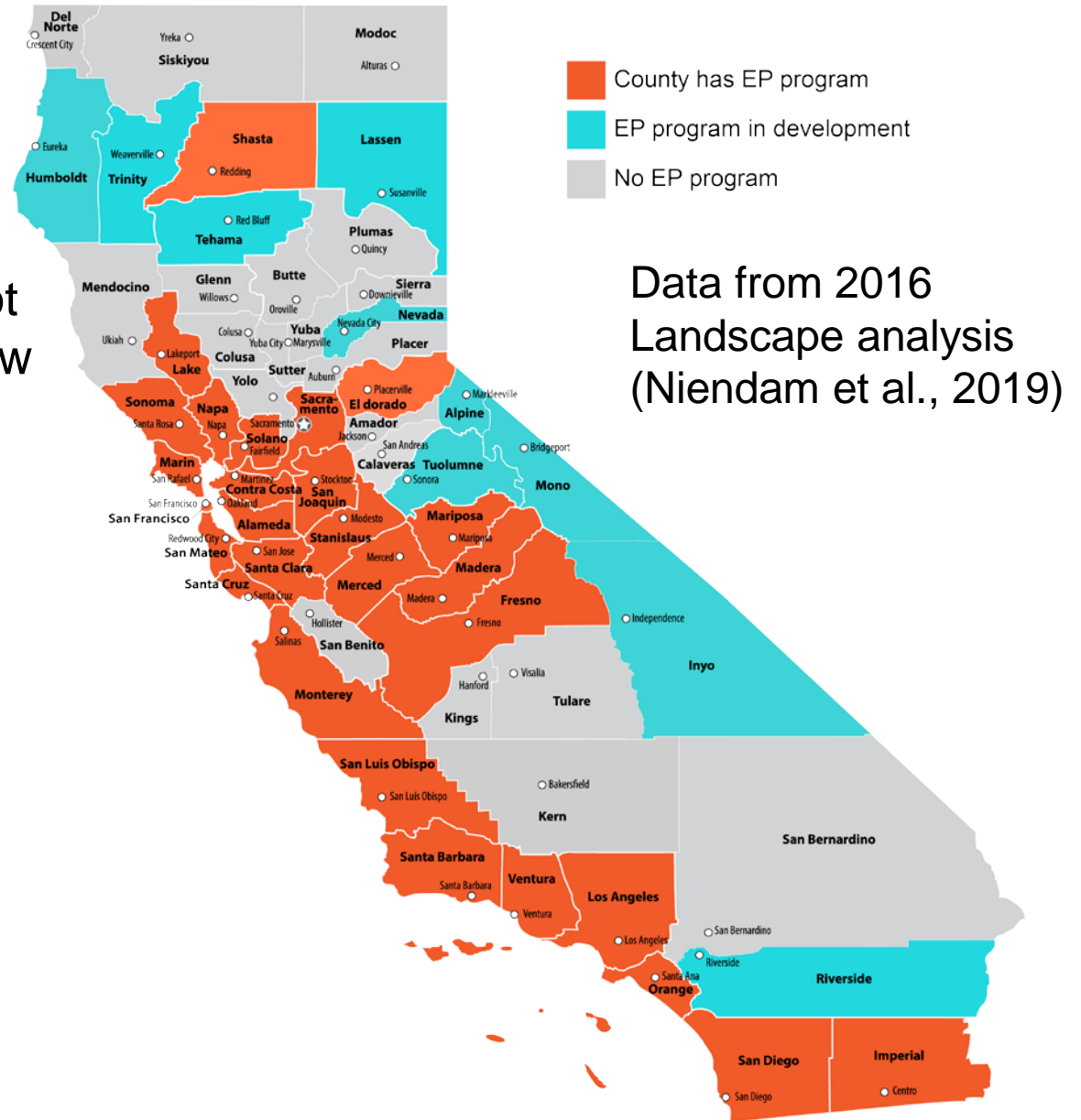
Presentation to the Mental Health
Services Oversight and Accountability
Commission

September 22nd, 2022



Our challenge in California

- Access to EP is limited – programs are small and not able to reach entire community OR nonexistent in low population density areas
- No uniformity across state in implementation of EP services – treatment models differ county by county
- No standard measurement of outcomes using valid and appropriate measures for EP populations – and data is not used in care
- State and national initiatives are pushing for more collaboration and data sharing – and we need to respond.



Learning Health Care Network: Project Goals

1. Create a unified network of CA early psychosis programs to standardize practice and support knowledge-sharing
2. Harmonize core outcomes to enable large scale evaluation to hundreds of FEP (and CHR individuals) to support measurement-based care via EP-focused technology platform, enabling participation for consumers and families across 13 languages
 - Collect and visualizes consumer-level data across a variety of recovery-oriented measures to empower consumers to use own data in care decisions
 - Provides immediate access to relevant outcome data for program leadership that can be quickly disseminated to stakeholders or shift program practice

LHCN Evaluation Components

Evaluation Impact of Statewide Learning Health Care Network

County Level Data:

ID counties with EP and CG programs. Obtain de-identified data on program utilization, ED and hospital utilization and associated costs for EP and CG programs.

Program Level Data:

Collect detailed outcome (symptoms, functioning, satisfaction, etc.) measures in participating EP programs.

Qualitative data:

Focus groups, stakeholder meetings and qualitative interviews with consumers, families and providers from EP programs to inform outcome selection, present findings, and assess implementation and satisfaction.

Learning Health Care Network: Timeline

We first received approval for the initial INN project in December of 2018, which included **Los Angeles, Orange, Solano, and San Diego** counties

- UC Davis received an award from **One Mind** in early 2019 to bolster the LHCN

Since that initial approval, **Sonoma, Napa, and Stanislaus** Counties have also joined the LHCN via revising the original INN proposal

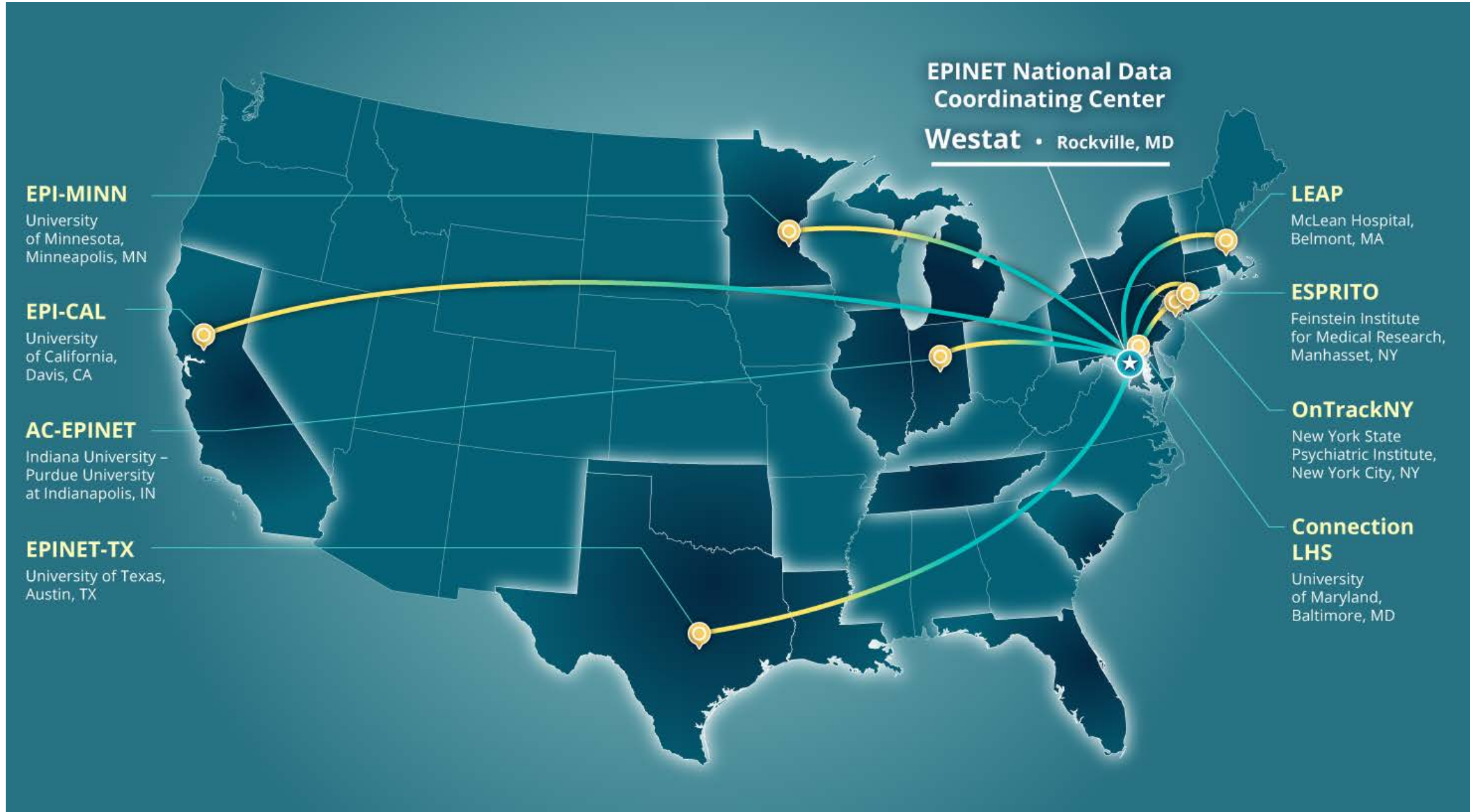
- Kern approved to join, in the process of executing a contract with them

UC Davis (PI: Niendam) was awarded an NIMH-funded R01 grant in late 2019 to expand the LHCN into EPI-CAL and join the national network of EP programs (EPINET)

- Grant added two counties (**Sacramento** and **San Mateo**), 4 UC programs and Stanford

EPI Plus Counties have expressed interest in joining the LHCN using EPI Plus funds earmarked for outcomes data collection. Currently have had Lake County and Multi-county collaborative (Nevada, Colusa, and Mono Counties) join the LHCN

EPINET Includes a Data Coordinating Center, 8 Hubs, 101 CSC Clinics Across 16 States



EPI-CAL Battery Domains

	Client	PSP	Clinic/Clinician
Clinical Status			<input checked="" type="checkbox"/>
Cognition	<input checked="" type="checkbox"/>		
Demographics and Background	<input checked="" type="checkbox"/>		
Family Functioning	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Family Impact (Family Burden)		<input checked="" type="checkbox"/>	
Functioning (social/role)	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Legal experiences	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Medication & Treatment Adherence	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Medication Side Effects	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Psychiatric Symptoms	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Quality of Life	<input checked="" type="checkbox"/>		
Recovery	<input checked="" type="checkbox"/>		
Risk for Homelessness	<input checked="" type="checkbox"/>		
Service Utilization	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Shared Decision Making	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Stigma	<input checked="" type="checkbox"/>		
Stress, Trauma, & Adverse Childhood Experiences	<input checked="" type="checkbox"/>		
Substance Use	<input checked="" type="checkbox"/>		
Suicide Risk	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

Proposed Learning Healthcare Network for CA Mental Health programs

Consumer Level



Consumer (and support persons/ family) enter data on relevant survey tools (in threshold languages) in app-based platform at baseline and then regular follow up.

Provider Level



Clinician and/or MD can visualize responses on web-based portal for the individual over the course of treatment and share that data with the consumer during session.

Clinic Level



Program management can visualize summary of responses on portal for:

- All consumers in clinic
- In relation to other CA programs

State Level



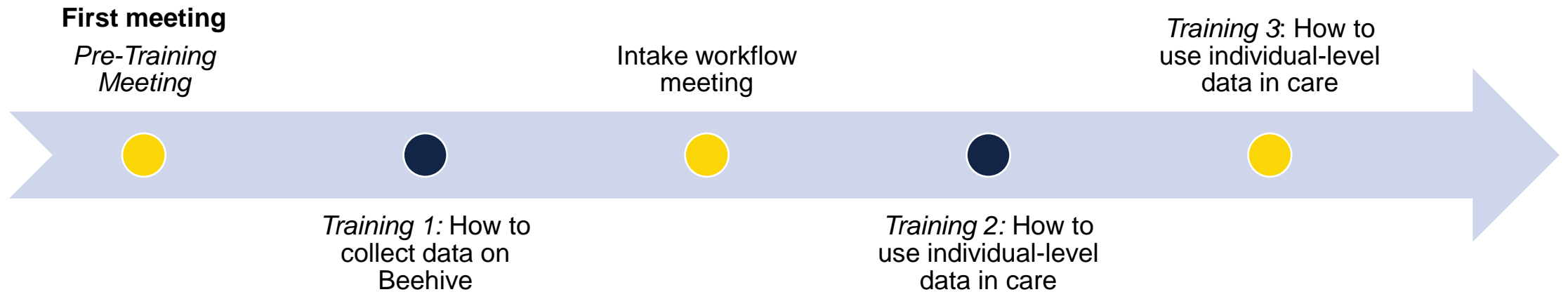
Administrator level allows access to a limited data set across all clinics on the app for county- or state-level data analysis



Data Collection using



Beehive



- 18 active programs collecting data using Beehive.
 - All of those programs have had at least some training
- 12 programs have completed all of the core trainings

- Dashboard
 - Admins
 - Clinics**
 - Services
 - Providers
 - Clients
 - Surveys
 - Support Requests
 - Reports
- production: V0.0.41
- Logout

55
Total Clients

9
Clinic Providers

11
Clinic Admins

16
Survey Bundles



- Age
- Sex
- Gender Identity
- Ethnicity
- Primary Diagnosis
- Program Duration
- CHR v/s FEP
- Race
- Disability
- Display Language
- Veteran
- Service Utilization

Clinic Providers

28

Clinic Admins

23

Survey Bundles

18

REVIEWED WITHIN 2 WEEKS



Client Survey



EPI-CAL Experience...



Modified Colorado S...



MM/DD/YYYY



To

MM/DD/YYYY



Last updated: 09/18/2022



Threshold



Clinic Average



Threshold



County Data Analysis Update

Comparing service utilization and related costs for the early psychosis (EP) group and comparator group (CG), integrated across counties.

Services

- Conducted a preliminary analysis on services used by EP and comparator groups from San Diego, Orange, and Los Angeles counties.
- Currently integrating more counties (Solano, Napa, Stanislaus) and will run a comprehensive analysis after completing data integration

Costs

- Conducted preliminary analysis of service use and related costs in San Diego county. We have received cost data from the remaining counties; currently working with the counties to finalize, integrate, and analyze the harmonized dataset
- Preliminary Results: EP clients had higher outpatient service use, visits, and costs than the CG of clients who were receiving services in outpatient programs. Services, visits, and costs were greater for clients with FEP than clients who were CHR. We did not find significant differences in psychiatric inpatient or emergency services use in the year following enrollment.

THANK YOU: County staff, analysts, program staff, data team!

Fidelity Assessment update



- Fidelity is the degree of implementation of an evidence-based practice.
- A fidelity assessment provides a list of objective criteria and determines how a program meets a reference standard for the intervention
- We are assessing fidelity to the Coordinated Specialty Care Model using the FEPS-FS
- For Counties
 - Enables benchmarking
 - Facilitates learning across clinics within the CSC, enables best practices to be shared across EPI-CAL members
 - Important for county leadership to understand structure and composition of services
- For Research
 - Enables us to better understand how different compositions of services may impact outcomes
 - E.g., Impact of peer support on program retention/engagement? Impact of Patient-to-staff ratio on provider burnout/staff retention

Fidelity Assessment update

2021 Q4 (Oct, Nov, Dec)							
			San Diego County 11/1/21 - 11/5/21	Orange County 11/29/21 - 12/3/21			
2022 Q1 (Jan, Feb, March)							
				Solano County 01/17/22 - 01/21/22			
2022 Q2 (April, May June)							
San Francisco County 4/18/22 - 4/18/22	San Mateo County 4/18/22 - 4/18/22	UCLA CAPPS 4/18/22 - 4/22/22	Sacramento County 5/23/22 - 5/27/22	UCD EDAPT 6/6/22 - 6/10/22	UCLA Aftercare 6/6/22 - 6/10/22	Napa County 6/13/22 - 6/ 17/22	UCSD CARE 6/20/22 - 6/24/22
2022 Q3 (July, Aug, Sept)							
			LA: San Fernando Valley 8/1/22-8/5/22	LA: IMCES - West Covina Dates Pending	LA: IMCES - Koreatown Dates Pending		
2022 Q4 (Oct, Nov, Dec)							
Sonoma County 10/10/22 - 10/14/22	Stanislaus County 10/17/22-10/21/22	Santa Clara Starlight <i>Tentative Oct 10-14 or Oct 17-21</i>	Santa Clara Momentum <i>Tentative Oct 24-28</i>	LA: The Whole Child 11/14/22 - 11/18/22	LA: The Help Group 12/5/22 - 12/9/22	Stanford Inspire Dates Pending	UCSF Path Dates Pending
Key:	In Progress						
	Completed						



Challenges and Successes

• Challenges

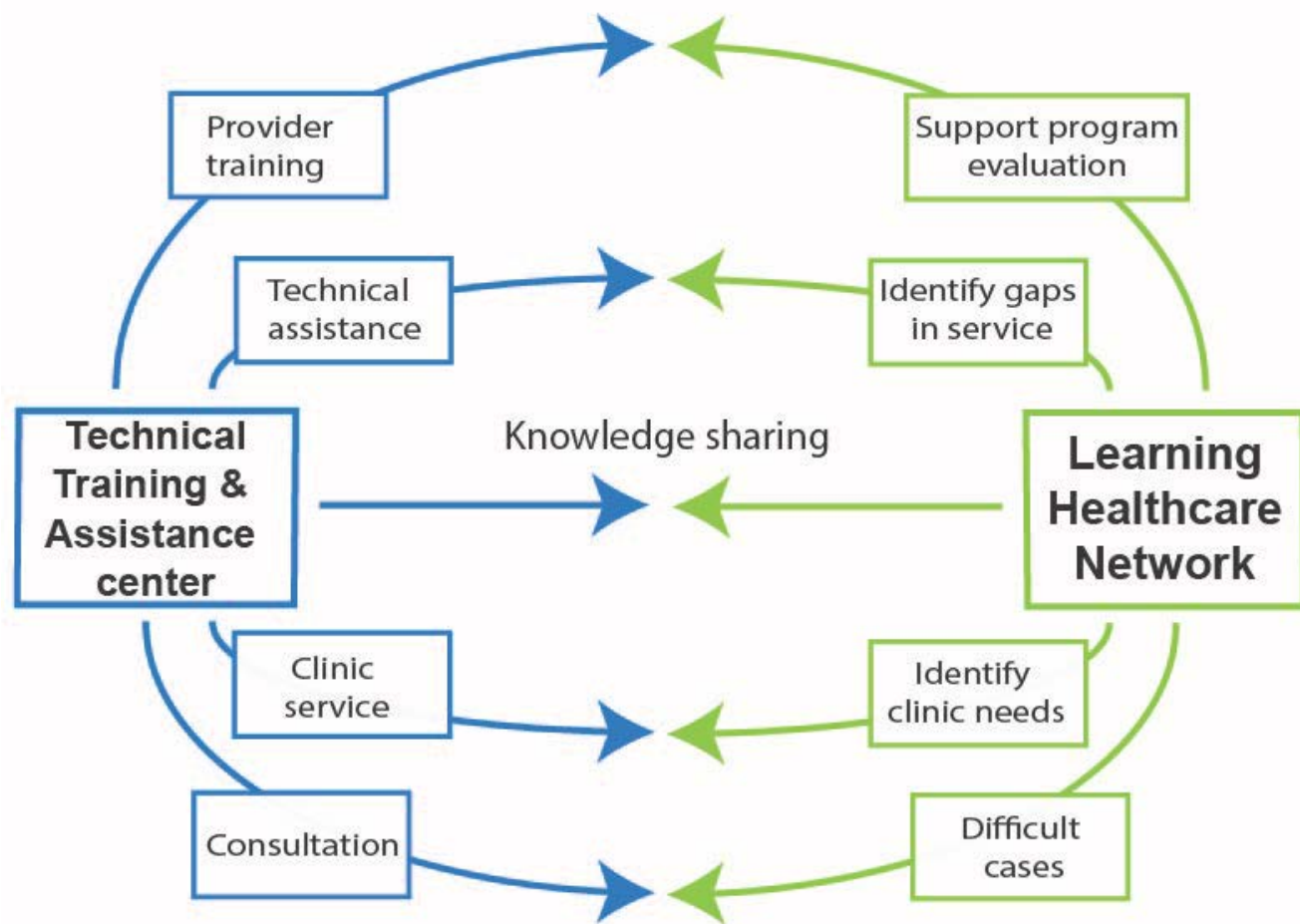
- Delays in implementing the project due to need for contracting with each individual county
 - This has included need for individual human subjects reviews, IT reviews to utilize an application in the CSC program
- High paper work burden – CalAIM will help, but high local data reporting requirements create redundancies for clients and CSC teams. Can we address this statewide?
- COVID impacted CSC team ability to take on additional tasks and duties
 - Workforce development needs due to high staff turnover and need for retraining

• Successes

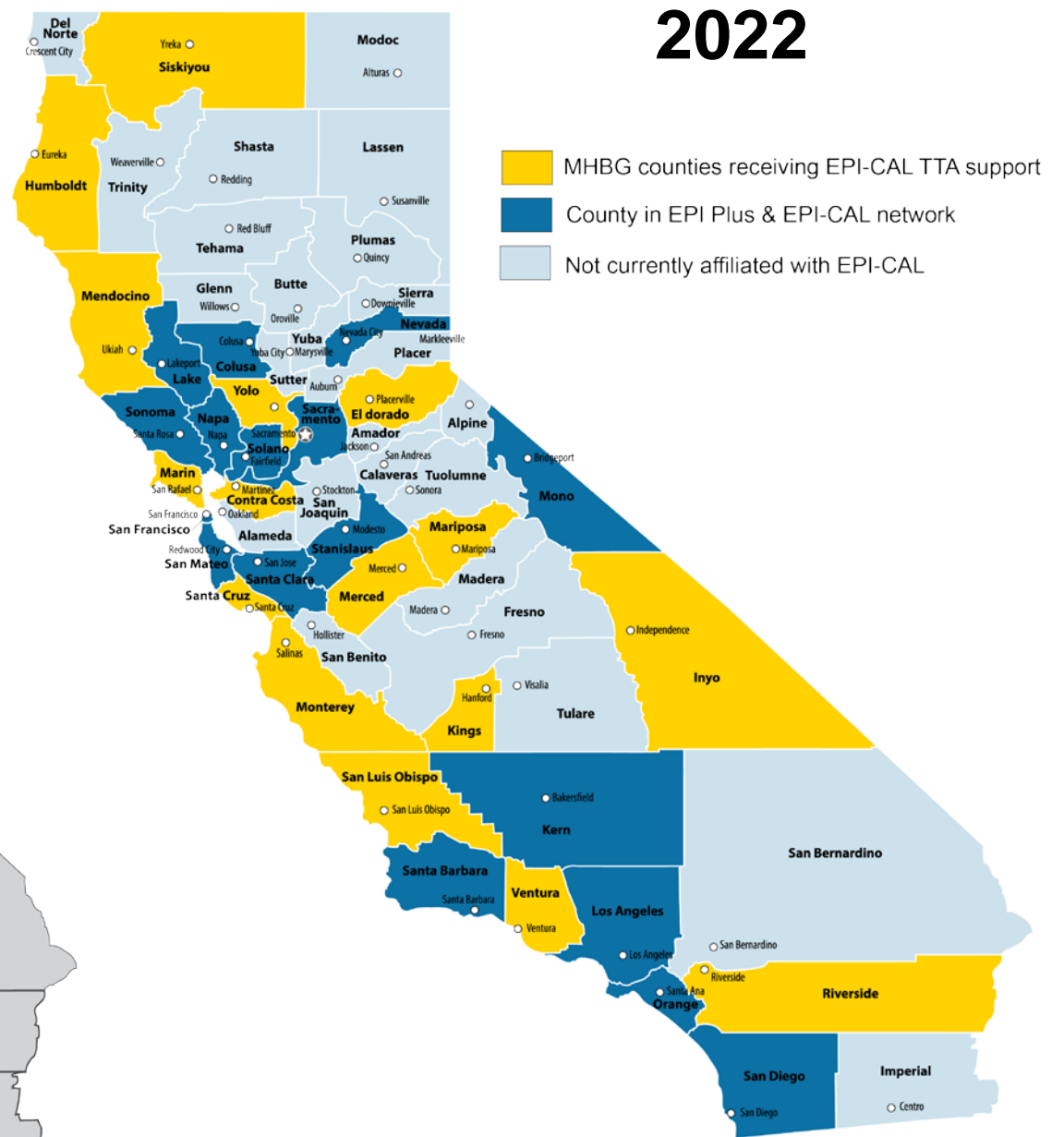
- County staff and programs are working as hard as they can and are committed!
- This initial investment has been leveraged to expand into new funding (e.g. NIMH) that brings in more counties to the Learning Health Care Network
- Creates a sense of community between programs

EPI-CAL Vision

Bring high quality early psychosis care to all Californians



- **Learning Health Care Network (LHCN)** supported by 7 counties MHSAs Innovation Funds, One Mind, NIMH EPINET program to create harmonized data collection approach
- **Training & Technical Assistance Center (TTA)** created by AB 1315 EPI-PLUS funds via MHSOAC to support EP program development in 9 counties
- Expanded from 17 programs in 9 counties → 22 programs across 16 counties
- TTA Expansion for 17 counties via DHCS funds
- Now **33 counties!**





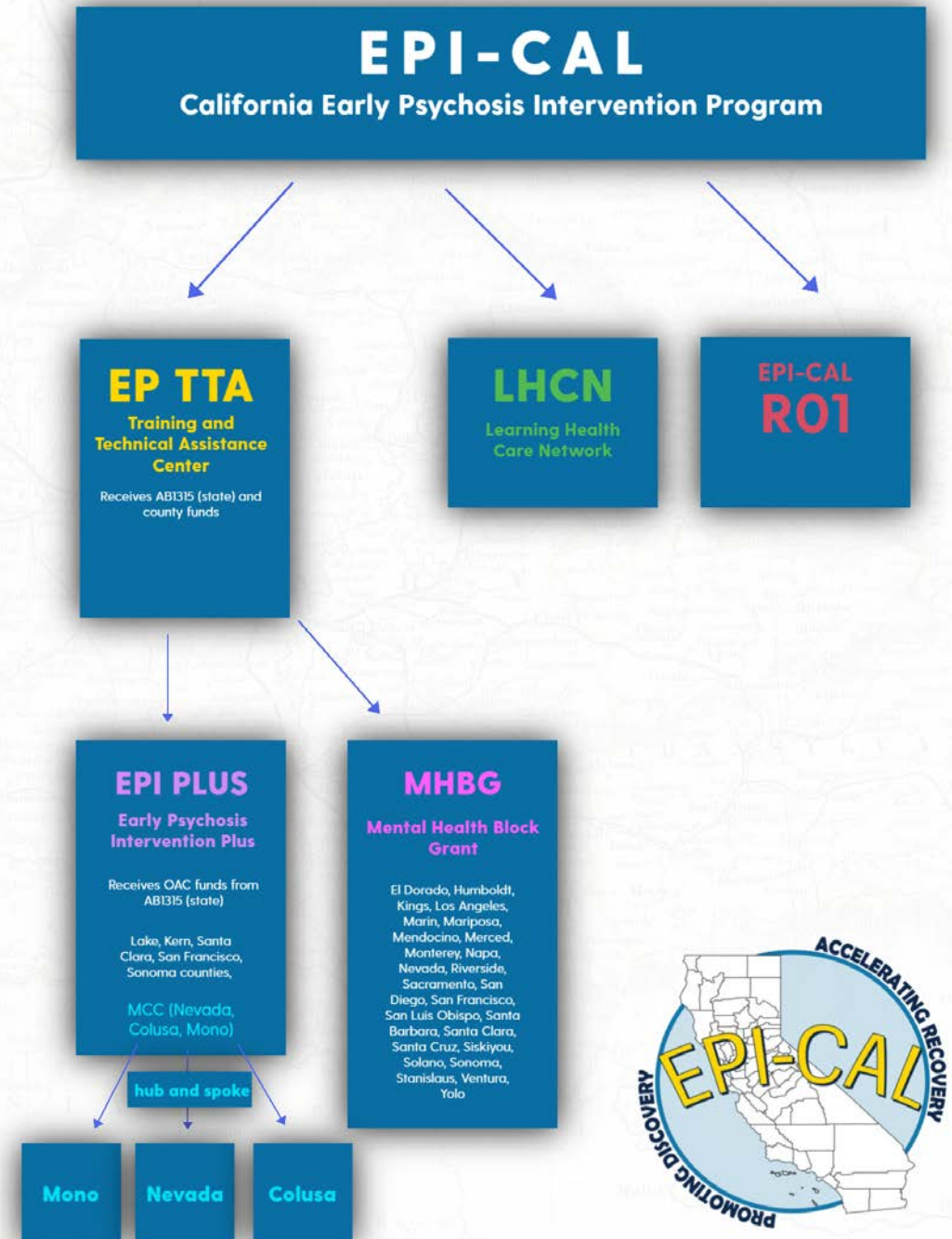
EPI Plus

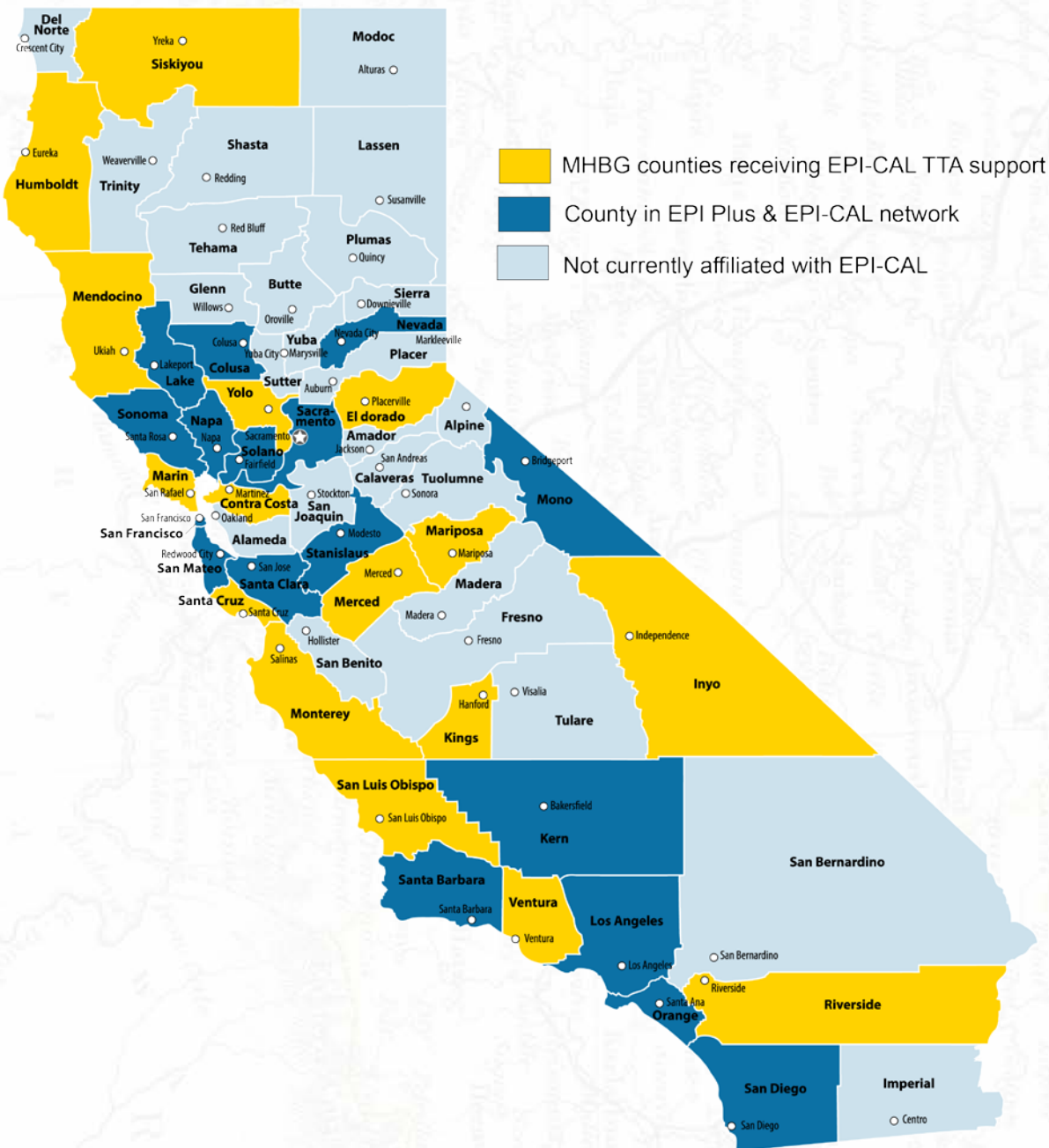
Program Progress

Presented by the EPI-CAL TTA (Training and Technical Assistance Center)

The Early Psychosis Training and Technical Assistance Center was developed by **UC Davis**, in collaboration with **UC San Francisco** and **Stanford University**, as part of the State of California's AB1315 EPI-PLUS legislation.

We provide training and technical assistance to support implementation and sustainability of EP programs across California. Our goals are to support provision of high-quality EP care to all Californians and to promote recovery and better outcomes through a learning health care network approach.





In 2016, 30 programs were surveyed in 24 counties¹

- 41% had active EP programs
- 21% were developing EP programs
- 38% had no EP program

Now, 36 counties are participating in EPI-CAL, with 30 counties receiving TTA

- 8 receiving TTA through EPI Plus funding through MHSOAC only
- 26 receiving TTA through MHBG funding through DHCS only
- 4 receiving TTA through both EPI Plus/MHSOAC and MHBG/DHCS

¹Niendam, Tara A., et al. "The rise of early psychosis care in California: an overview of community and university-based services." *Psychiatric Services* 70.6 (2019): 480-487.

EPI-PLUS Multi-County Collaborative

JPA through CalMHSA to streamline contracting

3 participating counties

- Nevada
- Mono
- Colusa

Core EP services provided by UC Davis via telehealth

Outcomes data collection supported by EPI-CAL

Could we test this approach – and then make it more available across CA?

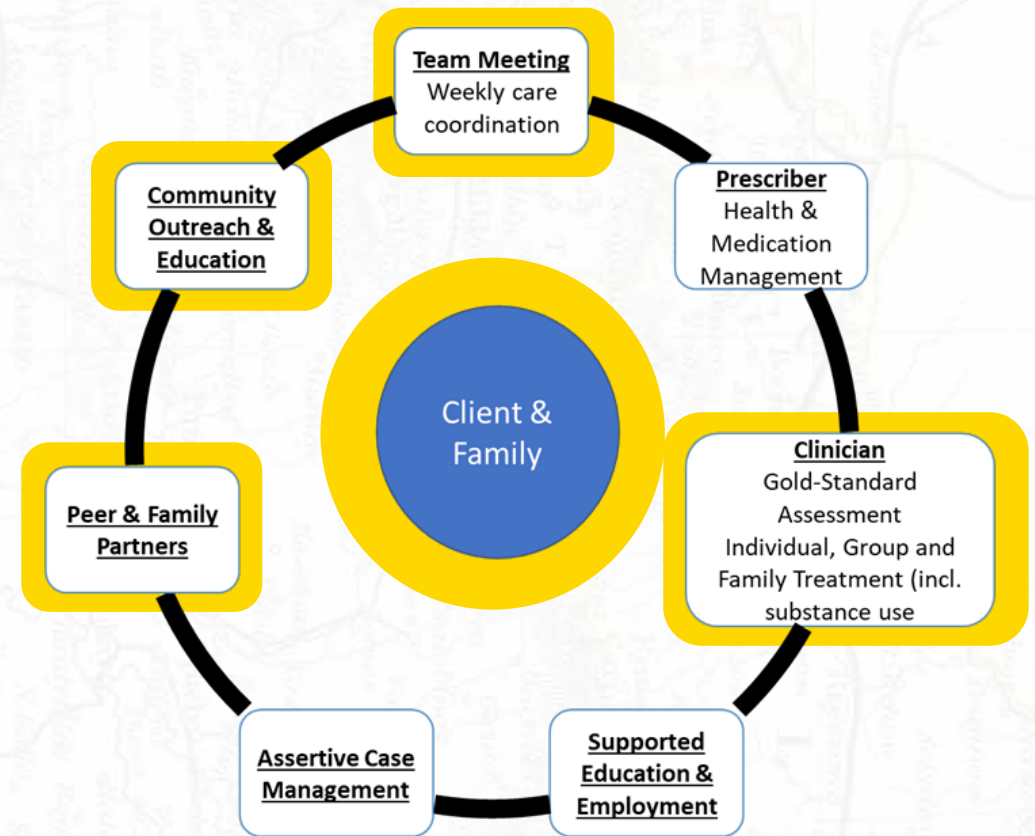


The background of the slide is a light-colored, faded map of a geographical region, possibly in Southeast Asia, showing various towns, roads, and rivers. A solid blue horizontal banner is overlaid across the middle of the map.

TTA Program progress



RAISE CSC model

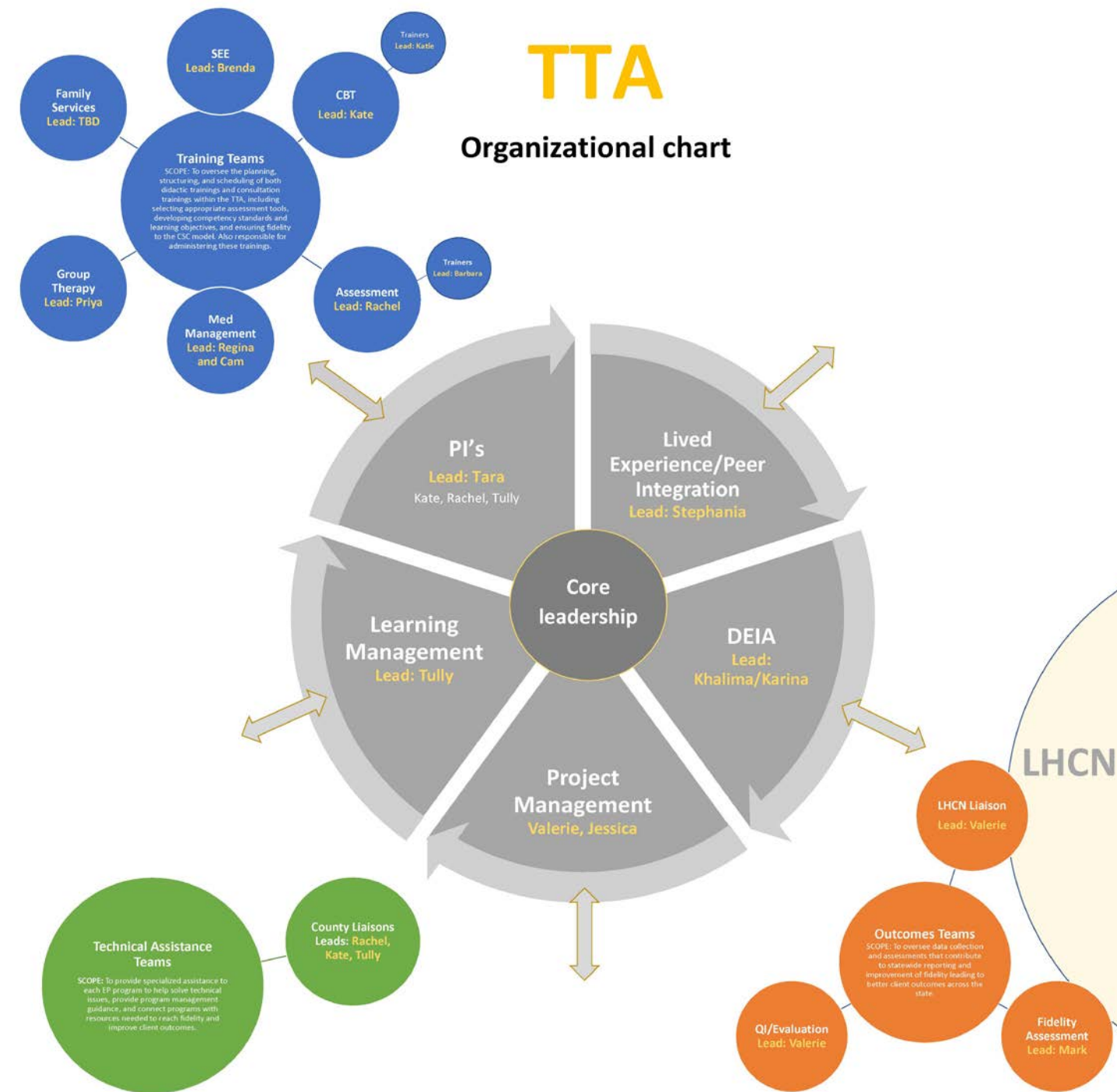


EPI-CAL CSC model

- We are continuing to develop our team according to the CSC model for improved client outcomes
- Our focus has included families, peers, community outreach and education, coordinated care, and gold standard EBP's
- We have continued developing our internal org structure based on grantee feedback and are focusing on centering **DEIA and Peers/Lived Experience**

TTA

Organizational chart



- Internal org structure growing and changing as a result of grantee feedback
- This includes requests for training and TTA on:

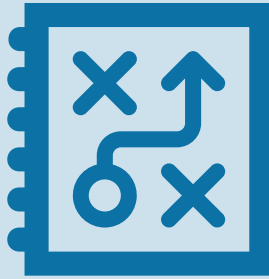
- Peer Integration
- DEIA, including serving underserved communities
- Medication Management
- In-depth CBTp training
- Assessment consultation
- Family services
- Group therapy

Technical assistance: ongoing consultation

- Since the program's inception, our team has held **over 85 consultation meetings with grantees** to provide technical assistance
- These meetings monitor progress towards TTA goals and assist the counties with any challenges experienced within their EP program
- Topics have included:
 - Staffing
 - Training on CSC components
 - Billing and documentation
 - Medication management
 - Eligibility and screening criteria/procedures
 - Program and team structure
 - Coordinated team care
 - In-reach, referrals, outreach, development of targeted materials, and psychoeducation
 - Enrollment
 - Participation in the LHCN
 - CSC fidelity and fidelity assessments
 - Funding



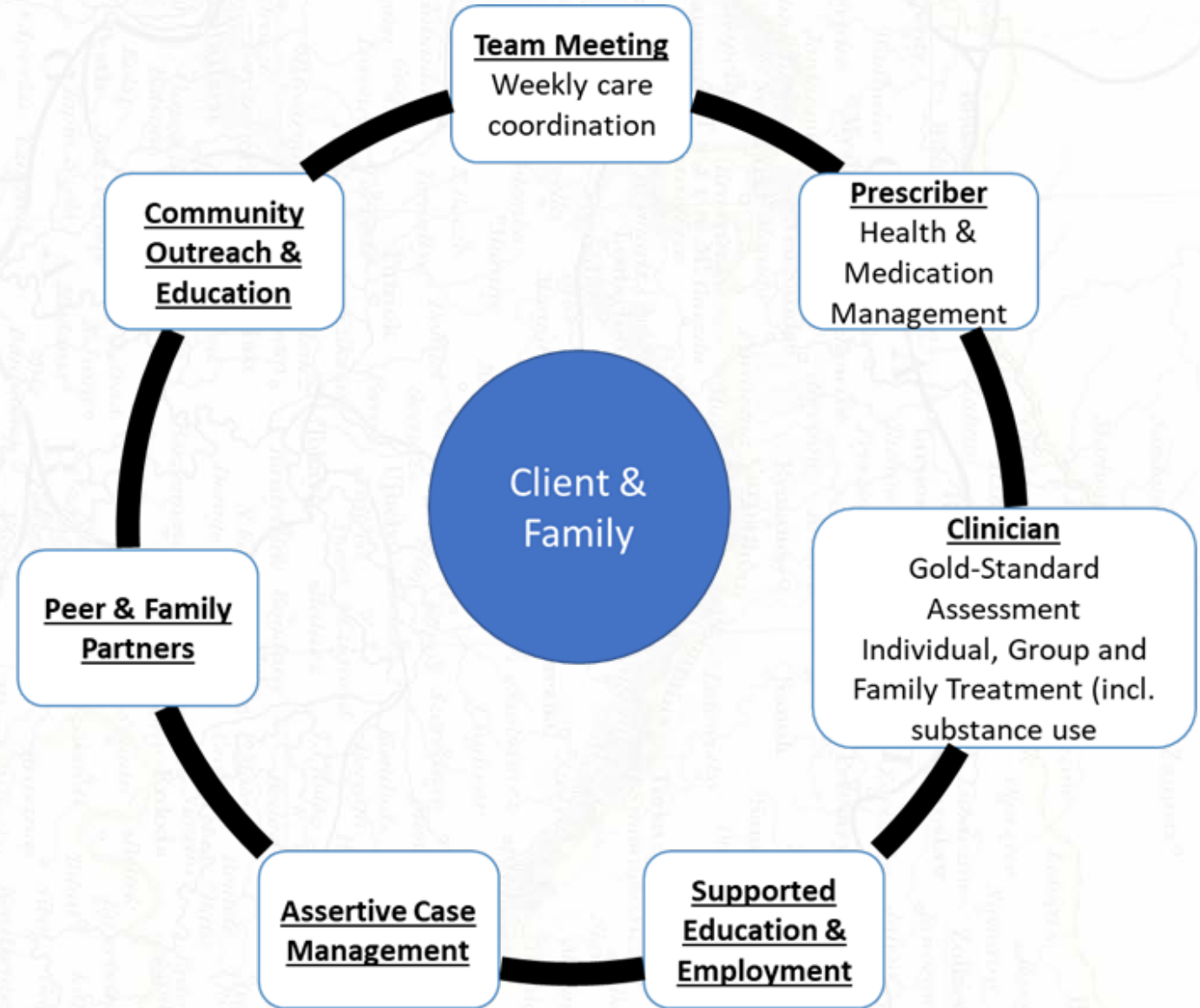
Program challenges



1. Workforce turnover and retention challenges impacting both grantees and TTA provider
 1. Affecting training and TTA Plan timelines
 2. Diminishing clinic capacity to serve clients
2. Adapting to unique/diverse needs between new/developing and established programs
3. Addressing unique needs of rural/remote counties
4. Increased demand for care due to COVID-19 and other sociopolitical factors

Training

- TTA offers grantee staff a suite of trainings in CSC components
- Most are available for online/on-demand training via our online Learning Management System, Canvas
- We have created custom learning paths for different clinic roles to suit individual need
- We provide monthly drop-in trainings based on grantee requests and feedback
- We provide ongoing assessment and CBTp post-didactic training consultations with TTA staff



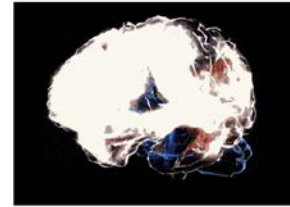
Training

We offer the following training modules:

- Overview of the Coordinated Specialty Care Model
- Coordinated Specialty Care: Eligibility and Screening
- Overview of CPS and APS Reporting Guidelines in California
- Suicide Risk Assessment and Safety Planning in Early Psychosis Populations
- Understanding Psychosis: Early Identification & Treatment
- Overview of Early Psychosis Intake Assessment
- Assessment of Psychosocial Functioning in Clinical Populations
- Group Therapy
- Mini SIPS
- Preparing for Your First Intake Assessment
- Early Psychosis Clinic Phone Screening
- Clinical Outcomes Assessment
- Understanding Medications in Psychosis
- Understanding Medications in Psychosis
- Clozapine: A Guide for Clinicians
- Assessment Feedback and Welcome Session
- Providing Psychoeducation in Early Psychosis Care
- Cultural Considerations and Working with Latinx Families
- Family Focused Therapy (FFT)
- Intro to CBT
- Overview of CBT
- CBT Informed Skills
- Formulation-Driven CBT
- PQ-B Screening
- Trauma in Early Psychosis
- Role of Families in EP Care
- Connecting with Communities/Outreach
- Compassion Fatigue and Self-Compassion

Training

- Unanticipated grantee staff turnover and retention issues due to COVID-19, other industry-wide trends/factors
- Online/on-demand training allows for easy training of new staff
- We are beginning the transition from Canvas to a new, user-friendly LMS, Cornerstone On Demand
- Will allow for a more seamless learning experience
- Will allow for thorough tracking of training participation among grantees



Now let's test your knowledge of CBT formulations!

You've reached the end of these slides. Please proceed to the next component of this lesson to test your knowledge of CBT formulations.

Hi Jessica! What would you like to learn today?

Search for learning



0 Completions
0 Hours
0 Badges

Your Subjects [Add](#)

You don't have any subjects yet. Add a few to get better recommendations.

Your Playlists
0 Created 0 Followers 0 Followed
[Create New Playlist](#)

Welcome to the new Learner Home! Customize your experience by adding your favorite subjects

[Add Subjects](#)

Continue Learning



[Retake](#)

Test
Post-Quiz: Check Your FFT
In Progress

[Launch Test](#)

Question 3 of 5

True or false: If you suspect there is any abuse occurring when speaking to your client, you are legally obligated to report it.

A True

B False

[NEXT](#)

Grantee TTA plans: Year 1 – Established EP programs



- TTA plan goals accomplished in year 1 among **established EP programs** include:
 - Hiring positions outlined in grantee TTA plan
 - Training staff in components of CSC
 - Participation in fidelity assessments to monitor EP program progress towards fidelity
 - Creation of program-specific outreach/psychoeducational materials
 - Engagement with organizations representative of all target populations
 - Participation in ongoing consultation on assessment and CBTp

Grantee TTA plans: Year 1 – New/Developing EP programs



- TTA plan goals accomplished in year 1 among **new/developing EP programs** include:
 - Hiring positions outlined in grantee TTA plan
 - Training staff in components of CSC
 - Targeted in-reach to increase number of clients enrolled
 - Determination of eligibility criteria and screening procedures
 - Soft launches of EP clinics for new/developing counties
 - Program structural adjustments and pivots to accommodate industry-wide hiring challenges
 - Launch of hub and spoke model
 - Participation in ongoing consultation on assessment and CBTp

Grantee TTA plans: Year 2

- Year 2 for grantee TTA plans started September 1st, 2022
- Our plan to address year 2 plan goals includes:
 - Increasing team capacity to provide in-depth training and assistance on components of CSC, including
 - Peer Integration/Lived Experience
 - Ongoing CBTp and assessment consultation
 - SEES
 - Family Services
 - Medication Management
 - Group Therapy
 - Improving access to trainings and address industry-wide turnover by:
 - Providing streamlined LMS for online training in CSC components
 - Providing CME/CEU accreditation for program trainings, reducing staff capacity burden
 - Streamline existing trainings

Learning Collaborative



•This seminar taking place on 10/5/22 will include presentations and workshops on frequently-requested topics in EP care, including:

- Avoiding and Responding to Burnout: Protecting our Ability to do Challenging Work, presented by Richelle Long, Ph.D.
- Supported Education and Employment, presented by Brenda Avalos, B.Sc.
- TikTok for Mental Health Outreach, presented by Tresa Edmunds
- How Intersectional Issues and Trauma Impact Care and Access to Care, presented by Kiara Alvarez, Ph.D.
- Panel discussion: Addressing staff retention and turnover in EP care, led by Kiara Alvarez, Ph.D., Richelle Long, Ph.D., and Tara Niendam, Ph.D.

•Attendees will have the opportunity to choose their preferred topics to attend in a Zoom breakout room. All sessions will include 15 minutes for Q&A.

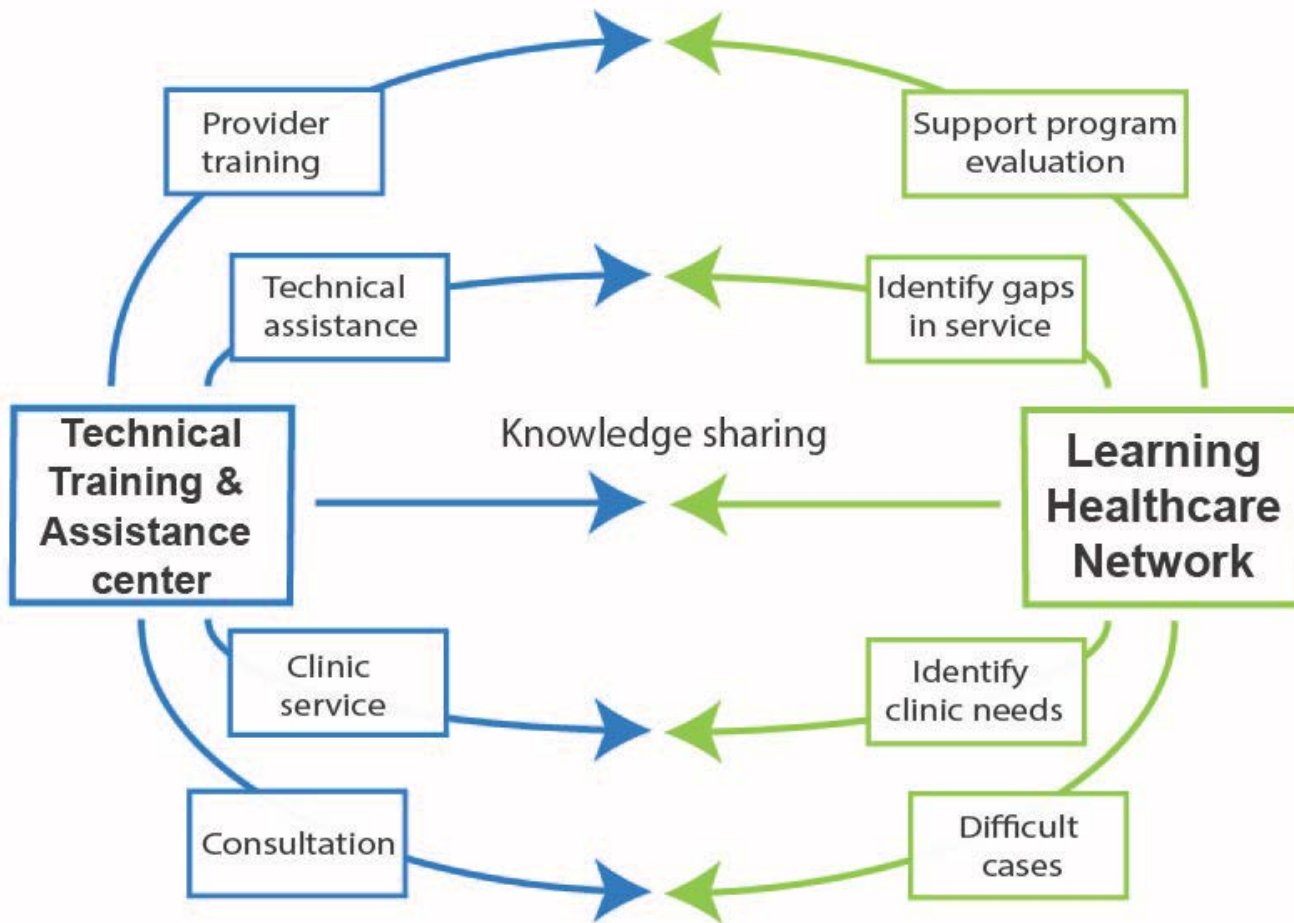
•All EPI-CAL participants will be invited to attend

A faint, light-colored map of Southeast Asia is visible in the background, showing various countries and geographical features. The map is centered on the region, with labels for various countries and cities, though they are not clearly legible due to the low opacity.

Thoughts from participating counties and programs?

EPI-CAL Vision

Bring high quality early psychosis care to all Californians



Sustainability Plan:

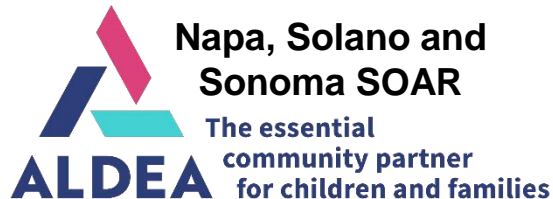
- We have developed critical infrastructure for evaluation and TTA – how do we maintain it for the long term?
- Leveraging other funds to expand and bring in other counties, sustain current counties for another 4 years.
- Developing new INN project – Client outcomes POST CSC care (Chance to examine longer-term outcomes like homelessness, suicide, incarceration)



Ongoing Opportunities

- Sharing resources, learning, support
 - EPI-PLUS – training at scale, rather than county by county
- Chance to do bigger things that one county can do
- Momentum toward Collective strategy, scaling up
- Partnership with universities for the science, TAA
- Chance to leverage other funding sources (e.g. NIH)
- Potential links to other statewide projects to amplify impact
 - Allcove
 - School Mental Health

Thank you!





TRANSITION AGE YOUTH ADVOCACY OUTLINE

September 2022

CALIFORNIA'S MENTAL HEALTH SERVICES ACT

Background of Advocacy Contracts

The Commission funds organizations to advocate on behalf of underserved populations in California:

Clients and Consumers

Immigrants and Refugees

Parents and Caregivers

Diverse Racial and Ethnic
Communities

K-12 Students

Transition Age Youth (TAY)

Families

LGBTQ Populations

Veteran Populations



TAY Advocacy Contract (2019)

- Awarded to California Youth Empowerment Network in August 2019
- Provided statewide advocacy mental health policies supporting TAY wellness
- Collaborated with 15 local organizations in 15 counties and communities throughout California
- Provided training to organizations to grow capacity
- Implemented collaborative annual statewide event

Community Engagement Findings

- Young people have been severely impacted by the COVID-19 pandemic
- Underserved TAY groups lack representation
- TAY report mostly negative experiences with providers and clinicians
- TAY want opportunities to advocate at community, local, and state levels
- Outreach to underserved, hard to reach TAY communities is needed
- Partner with local organizations, and bring TAY voice to State Legislature

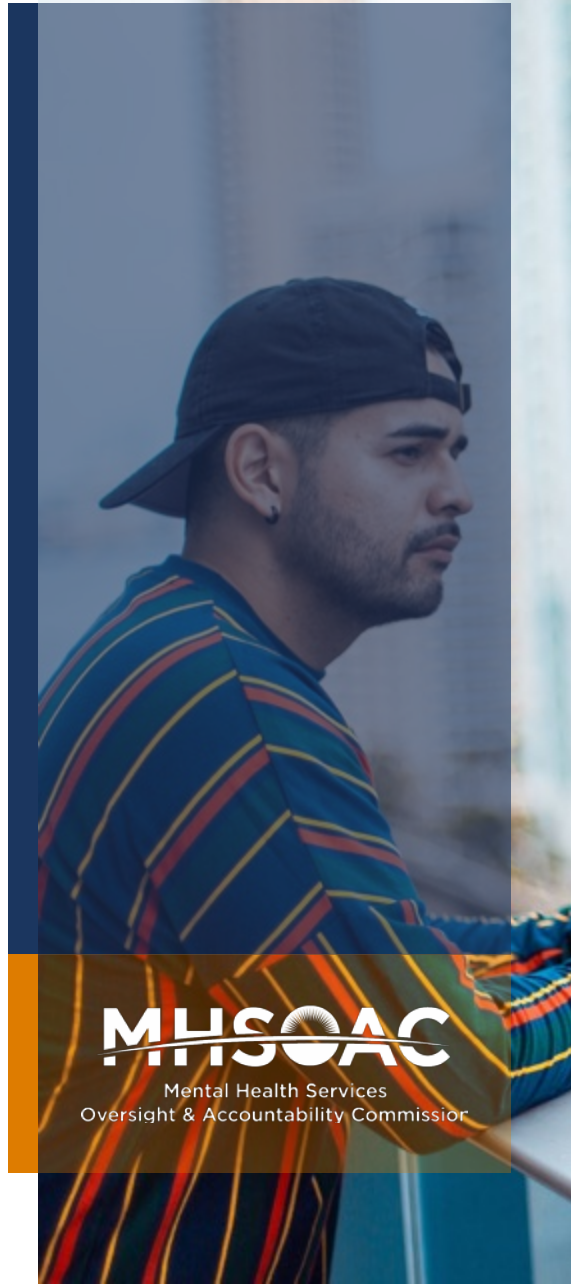


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Request for Proposal (2022) Outline

- One contract awarded to statewide advocacy organization
- \$670,000 per year for a three-year total of \$2,010,000
- Statewide Advocacy Contractor will propose a plan to meet specific goals
- Conduct advocacy activities at the local and state level to address TAY needs
- Provide training and education for providers, professionals, and peer workers
- Implement outreach and engagement strategies to reach, inform, and empower TAY communities
- Publish annual report detailing advocacy work and policy recommendations



Minimum Qualifications

- Established statewide organization
- 2+ years of experience with programs and services related to California TAY mental health needs
- Experience and familiarity providing access to care for TAY emphasizing addressing disparities for underserved TAY populations
- Non-profit registered in California
- At least 51% of paid staff, or board members or advisory board members are TAY

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Next Steps

- October 14, 2022: RFP released to the public
- December 2, 2022: Deadline to submit proposals
- December 27, 2022: Commission issues Notice of Intent to Award



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Proposed Motion

That the Commission approves the Proposed Outline, directs Staff to issue a Request for Proposals for the TAY Advocacy Contract and that the Commission authorizes Staff to initiate a competitive bid process and enter into contracts with the highest scoring applicants for advocacy, education, and outreach on behalf of Transition Age Youth.



Thank you

“

We succeed when programs we support create services that people want. And they want it why? Because they have been involved in developing it.

— MHSOAC COMMISSIONER

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