



WELLNESS • RECOVERY • RESILIENCE



Mental Health Services
Oversight & Accountability Commission

Commission Teleconference Meeting November 17, 2022 Presentations and Handouts

- Agenda Item 7:** •Presentation: CalMHSA Semi-statewide Electronic health record Innovation Project
- Agenda Item 8:** •Presentation: Elevating the Commission's Voice On Racial Equity - Racial Equity Plan
- Agenda Item 9:** •Presentation: Strengthening MHSOAC Innovation through a Culture of Learning and Collaboration
- Agenda Item 10:** •Presentation: K-12 Student Advocacy Request for Proposal Outline
- Agenda Item 11:** •Presentation: Ensuring Equity in Aging: In Partnership with MHSOAC



CALMHSA SEMI-STATEWIDE
ELECTRONIC HEALTH RECORD
INNOVATION PROJECT

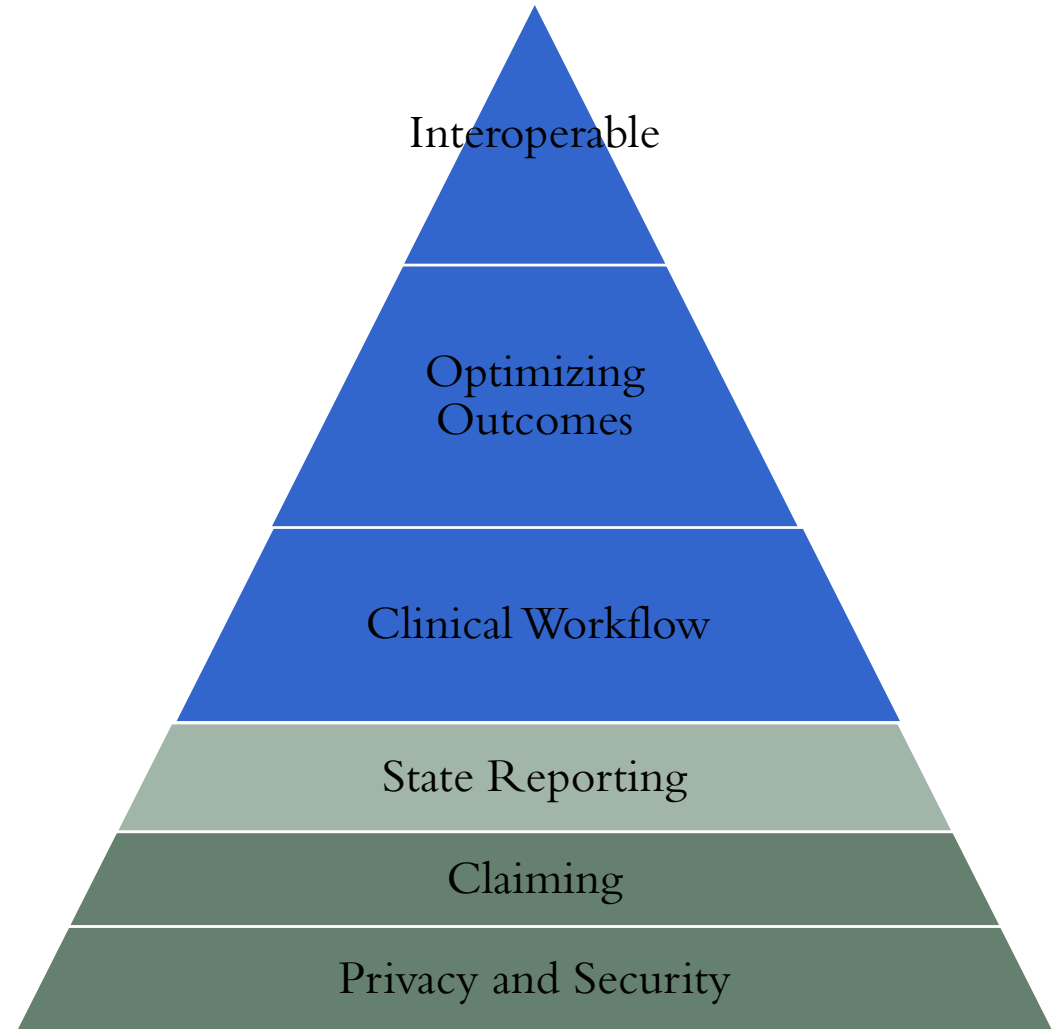
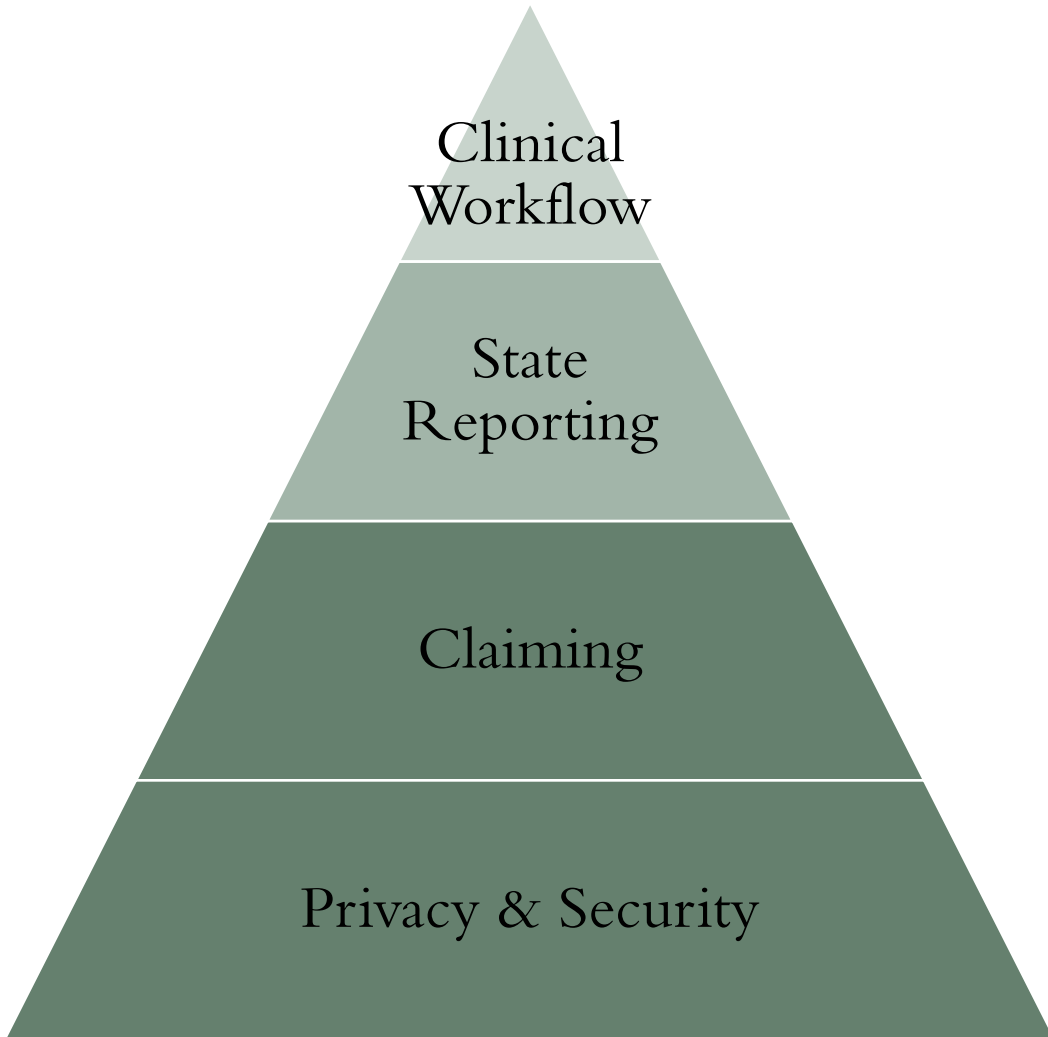
Who is CalMHSA?

The California Mental Health Services Authority (CalMHSA) is a Joint Powers Authority (JPA), formed in 2009, to create a separate public entity to provide administrative and fiscal services in support of the Members' Mental/Behavioral Health Departments, whether acting alone or in collaboration with other Departments.

What is the Semi-Statewide Electronic Health Record?

- We have joined 23 counties together to implement a standardized semi-statewide electronic health record.
- The INN Project will develop a customized solution to meet the specific complex business needs of the California behavioral health system, which functions as both a provider of specialty clinical care and a managed care plan.
- We are reconceptualizing the EHR as a tool to:
 - Improve Clinical Workflows: Organizes the client health journey in a meaningful way that facilitates coordination and celebrates recovery.
 - Optimize Outcomes: Acts as a solution that helps identify and spread innovative practices.
 - Be Interoperable: Structures information to support care coordination with our trading partners, including health and social services providers.

Electronic Health Record Hierarchy of Needs



Why?



SERVICE DEMAND
IS UP

+



WORKFORCE
IS DOWN

=



INNOVATION
IS ESSENTIAL

VISION:
WE WANT
MORE

- Time with clients
 - Longitudinal understanding of the client's story
- ◇—
- Freedom to use clinical judgment
 - Space to collaborate as a team

Our Partners so far:



CALIFORNIA
HEALTHCARE
FOUNDATION



IDEO

Evaluation:

Reduce Overall
Documentation
Burden By At Least
30%

OBJECTIVE I: Evaluate stakeholder perceptions of and satisfaction with the decision-making process.

OBJECTIVE II: Conduct formative assessments to iteratively improve the design and usability of the new EHR.

OBJECTIVE III: Conduct summative assessment of user experience and satisfaction with the new EHR and change in documentation burden.

Budget:

CalMHSA Budget
reflects Evaluation,
Human-Centered
Design and Staffing
Costs

Evaluation/Human-Centered Design:

- RAND/IDEO

CalMHSA INN Project Support:

- Sr. Business Analyst
- Executive Assistant
- Contracting Consultant
- Epidemiologist
- Sr. Director Managed Care Operations
- Sr. Director Health Information Technology
- Director IT Revenue Cycle Management
- Executive Director

County	CPPP Completion
Placer	9/27/2022
Kings	10/3/2022
Mono	10/18/2022
San Joaquin	10/18/2022
Siskiyou	10/18/2022
Ventura	10/25/2022
San Benito	11/22/2022
Imperial	1/13/2023

Community Program Planning Process

Humboldt, Sonoma, and Tulare counties are part of this initial request. Each have completed a 30-day public comment period, held a public hearing by Local Mental Health Boards, and received county Board of Supervisor's approval.



THANK YOU!

QUESTIONS? EHRINN@CALMHSA.ORG



Proposed Motions (3): That the Commission approves each of the EHR Innovation plans, as follows:

COUNTY	TOTAL INN FUNDING REQUESTED	DURATION OF INN PROJECT
Humboldt	Up to \$608,678 in MHSA INN funding	5 Years
Sonoma	Up to \$4,420,447.54 in MHSA INN funding	5 Years
Tulare	Up to \$6,281,021 in MHSA INN funding	5 Years
	TOTAL: \$11,310,146.54	



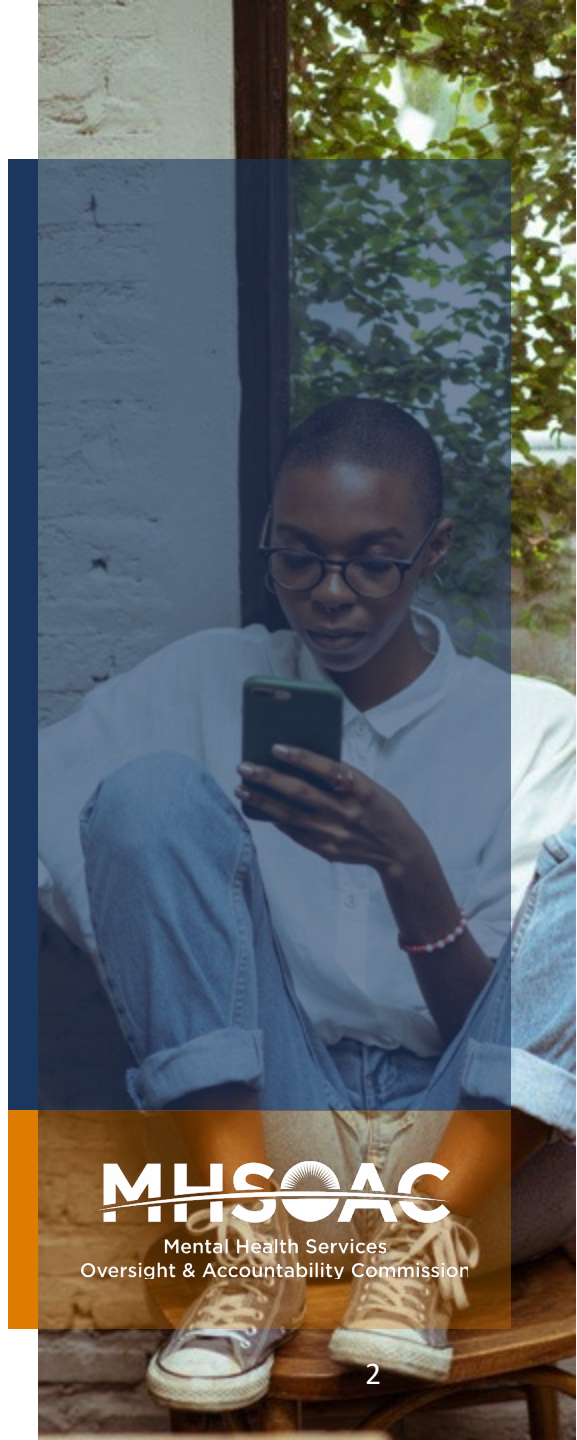
ELEVATING THE COMMISSION'S VOICE ON RACIAL EQUITY

Racial Equity Plan

November 2022

The Commission's Commitment to Transformational Change in Mental Health

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



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Policy Changes and Cultural Shifts Meeting the Moment

- Racial disparities are highlighted in the MHSA
- Directly confronting the racism will open pathways for everyone.
- These disparities are maintained by governmental policies and structures.
- Governor Newsom's September 2022 executive order establishing Racial Equity Commission

Capitol Collaborative on Race and Equity

- **California Strategic Growth Council** in collaboration with the Public Health Institute to support the CCORE– a racial equity capacity-building program for California State employees.
- CCORE implements a commitment by the **Health in All Policies Task Force** to increase the capacity of State government to advance health and racial equity.
- Key Features:
 1. Training cohorts
 2. Staff team that provides technical assistance, coaching, and support towards system change
 3. Cross-agency networking and enterprise-wide executive engagement

The logo for the Mental Health Services Oversight & Accountability Commission (MHSOAC). It features the acronym 'MHSOAC' in a bold, white, sans-serif font. The letter 'O' is stylized with a white sunburst or gear-like pattern inside it. The logo is set against a dark blue background that is part of a larger image of a pier at sunset.

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Our Work to Date

Trainings

- Monthly CCORE training sessions with Race Forward and 16 other state agencies (August 2020 -October 2021)
- Staff training provided by consultant

Research

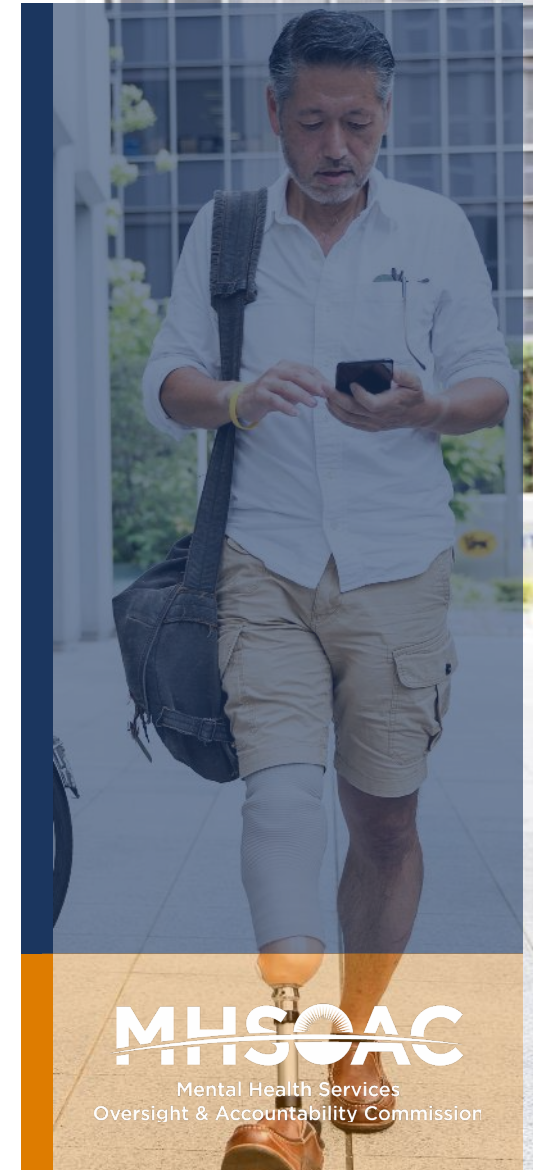
- Review state agency racial equity plans (REPs)
- Meetings with Evaluation Committee Member Dr. Ruth Shim
- Data analysis and review

Planning

- JEDI bi-weekly sessions
- Quarterly all-staff sessions, including an individual input survey, small group notes, and verbal report outs
- Meetings with leadership

Engagement

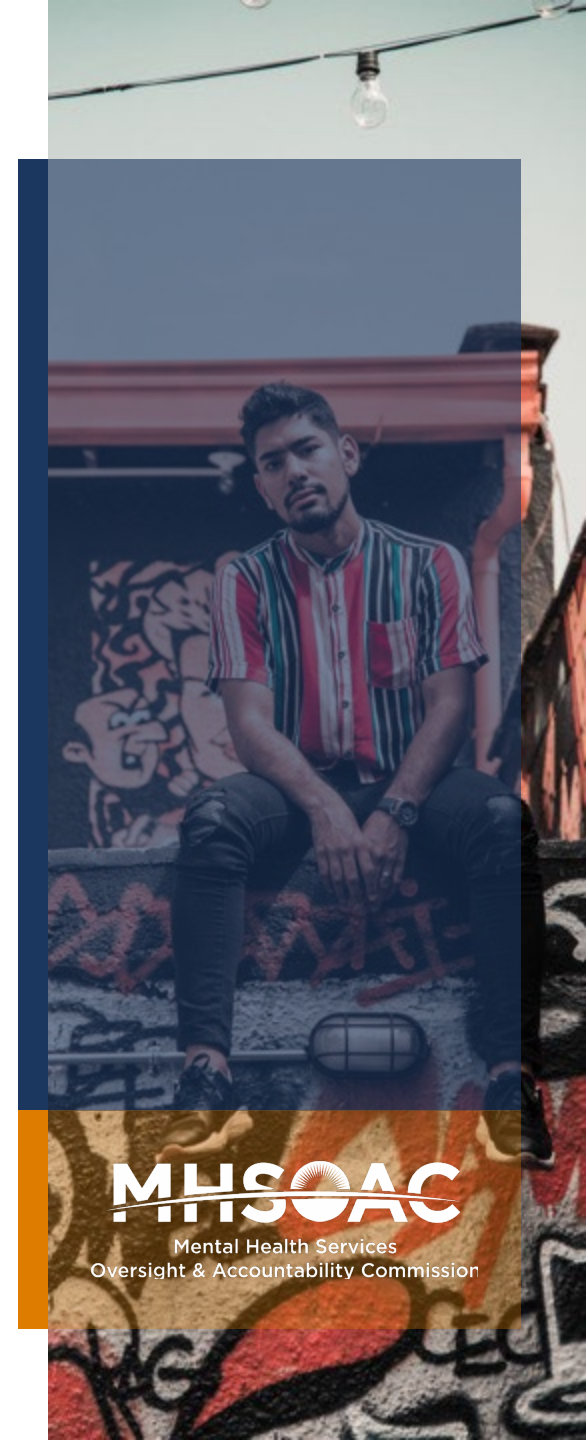
- Interviews with other state agencies
- Meetings with Commission contracted Community Advocated
- CLCC meetings (with CFLC)
- CFLC meeting (with CLCC)





Racial Equity Plan Outline

- Commission Meeting Planning
- DEI in Commission Staffing
- Grant Funding
- Innovation
- Research and Evaluation
- Policy Research
- Communications



Prioritizing Equity in the Commission's Work

Racial Equity Declaration

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

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Proposed Motion

That the Commission approves the Racial Equity Plan.

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Thank You

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Strengthening MHSA Innovation through a Culture of Learning and Collaboration

**Presented By
Sharmil Shah, Psy.D
Chief of Program Operations**

Date: November 17, 2022

Agenda:

- Background
- Social Finance-Systems Analysis Project
- Concerns and Areas of Opportunity
- Innovation Implementation Plan

Background

- Provide Strategic Guidance
- Support TA and Training
- Enhance Evaluation
- Disseminate Information

Social Finance: Systems Analysis Project



SOCIAL FINANCE

Appendix A

Innovation Action Plan

Deliverable 4, MHSOAC Incubator Systems Analysis Project
August 2021 (Updated October 2021)

PREPARED FOR:



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APPENDIX B: IAP RECOMMENDATION PRIORITIZATION MATRIX (1/2) FOR DISCUSSION

Recommendation	Impact	Ease of Implementation	Resources	Related recommendations
1. Supplement the definition of innovation with further guidelines				
Create an innovation FAQ resource to clarify areas of ongoing uncertainty	●●●●	●	\$ \$ \$	All
Develop a publicly available (non-exhaustive) list of types of projects that would qualify as "innovative."	●●●○	●	\$ \$ \$	1A, 2A, 2B, 3B, 4A, 4C, 4D, 6, 8
2. Expand and deepen technical assistance to Counties				
Strengthen support functions to meet County needs	●●●●	●	\$ \$ \$	1A, 1B, 2B, 3A, 3C, 4A, 4B, 4C, 5, 6, 7
Consider forming an "Innovation Working Group"	●●●○	●	\$ \$ \$	1A, 1B, 2A, 3A, 3C, 4A, 4B, 4C, 5, 6, 7
3. Further clarify expectations for Plan development				
Simplify the Innovative Project Plan Recommended Template	●●●○	●	\$ \$ \$	1A, 2A, 2B, 3B, 3C, 4A, 4C, 4D, 5, 6, 7
Create a discussion guide for the Commission and others to use when assessing Plans	●●●○	●	\$ \$ \$	1A, 3A, 3C, 4A, 4C, 4D, 5, 6, 7, 8
Develop target dates for submitting Plan concepts and drafts to MHSOAC staff	●○○○	●	\$ \$ \$	1A, 2A, 2B, 3A, 3B, 4B, 5, 6, 7

Impact (How much will this improve MHSOAC Innovation?)

Less impact → More impact

●○○○ → ●●●●

Ease of Implementation (How difficult will it be to make this change?)

Difficult to implement → Easier to implement

●○○○ → ●●●●

Resources (What financial / staff resources are required to implement?)

Less resources → More resources

\$ \$ \$ → \$ \$ \$

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APPENDIX B: IAP RECOMMENDATION PRIORITIZATION MATRIX (2/2) FOR DISCUSSION

Recommendation	Impact	Ease of Implementation	Resources	Related Recommendations
4. Develop mechanisms to accelerate the diffusion of learnings from Innovation Projects				
Publish case studies of stand-out practices and processes	●●●●	●	\$ \$ \$	1A, 1B, 2A, 2B, 3A, 3B, 4B, 4C, 4D, 6, 8
Host an annual Innovation convening	●●●○	●	\$ \$ \$	1A, 2A, 2B, 3C, 4A, 4C, 4D, 6, 8
Create a database of Innovation Projects	●●●○	●	\$ \$ \$	1A, 1B, 2A, 2B, 3A, 3B, 4A, 4B, 4D, 6
Require Counties to present concise outcomes and findings summaries at Commission meetings	●●●○	●	\$ \$ \$	1A, 1B, 3A, 3B, 4A, 4B, 4C, 6, 8
5. Test a multi-stage approval process that provides concept approval earlier in the Plan development cycle				
	●●●○	●	\$ \$ \$	1A, 2A, 2B, 3A, 3B, 3C, 7, 8
6. Develop a community engagement resource for Counties, identifying tactics for deeper community engagement and lessons learned				
	●●●○	●	\$ \$ \$	1A, 1B, 2A, 2B, 3A, 3B, 3C, 4A, 4B, 4C, 4D, 7, 8
7. Further publicize and clarify existing flexibilities that strengthen County planning processes				
	●●●○	●	\$ \$ \$	1A, 2A, 2B, 3A, 3B, 3C, 5, 6, 8
8. Develop additional orientation materials for new Commissioners				
	●●●○	●	\$ \$ \$	1A, 1B, 3B, 4A, 4B, 4D, 5, 6, 7

Impact (How much will this improve MHSOAC Innovation?)

Less impact → More impact

●○○○ → ●●●●

Ease of Implementation (How difficult will it be to make this change?)

Difficult to implement → Easier to implement

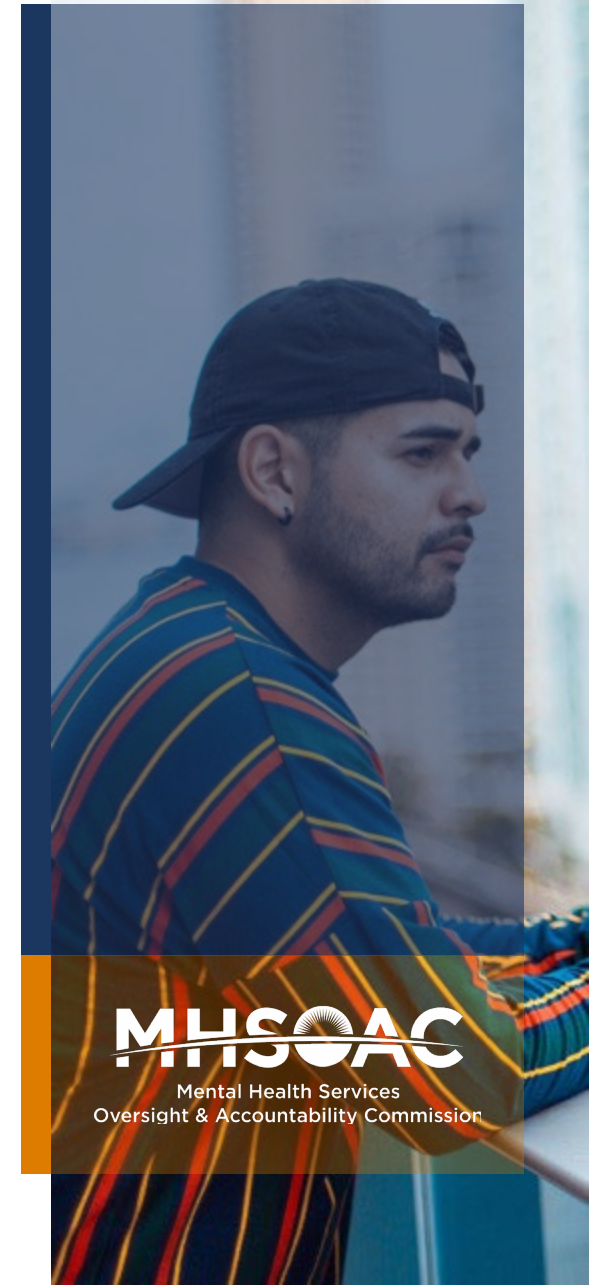
●○○○ → ●●●●

Resources (What financial / staff resources are required to implement?)

Less resources → More resources

\$ \$ \$ → \$ \$ \$

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Areas of Opportunity

- Help counties develop transformative innovation projects
- Strengthen the Commission's review process
- Facilitate learning across and within counties

Help Counties Develop Transformative Innovation Projects

- Develop an FAQ
- Develop Community Engagement resources
- Review Support Tools
- Expand Technical Assistance

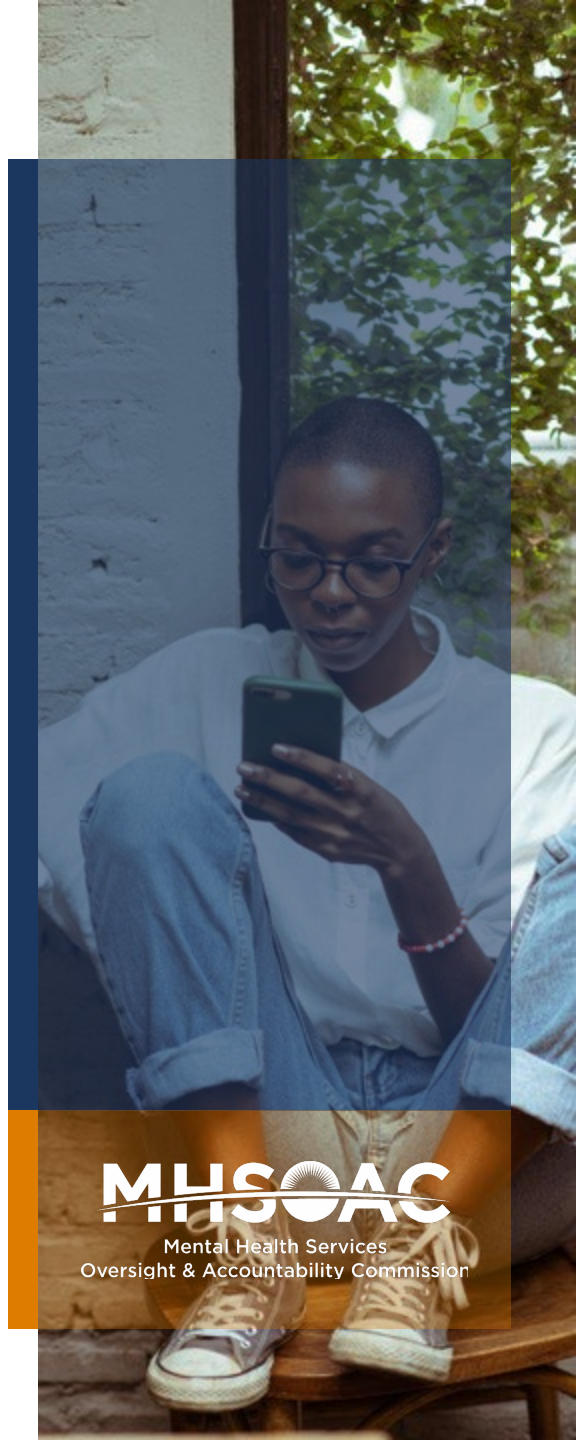


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Strengthen the Commission's Review Process

- Develop a Simplified Innovation Project Summary
- Create a Discussion Guide for Reviewers
- Enhance support for Commissioners



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Facilitate Learning Across and Within Counties

- Develop Case Studies of Stand –Out Practices
- Create a Database of Outcomes
- Launch an Innovation Summit

Innovation Implementation Plan

Help Counties Develop Transformative INN Projects

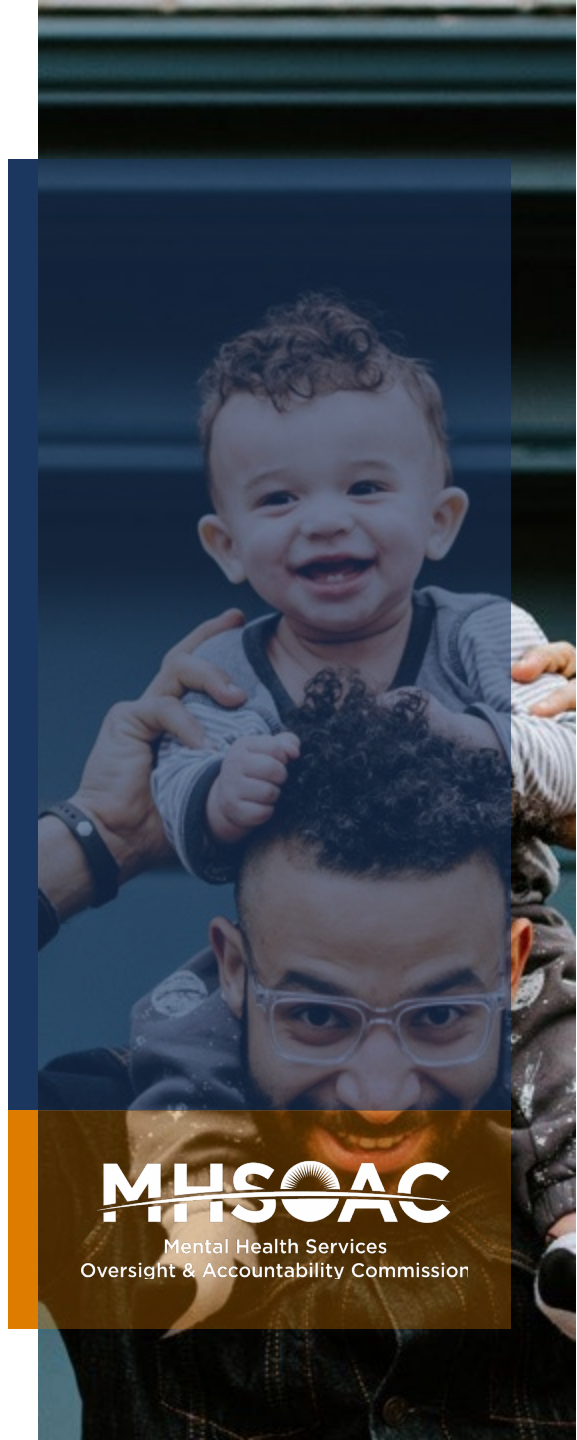
- Develop FAQ
- Develop community engagement resources
- Review support tools
- Expand technical assistance

Strengthen Commission's Review Process

- Develop simplified project summary
- Create a discussion guide for reviewers
- Enhance support for Commissioners

Facilitate Learning Among Counties

- Develop case studies of stand-out projects
- Create a data base of outcomes
- Launch an Innovation Summit



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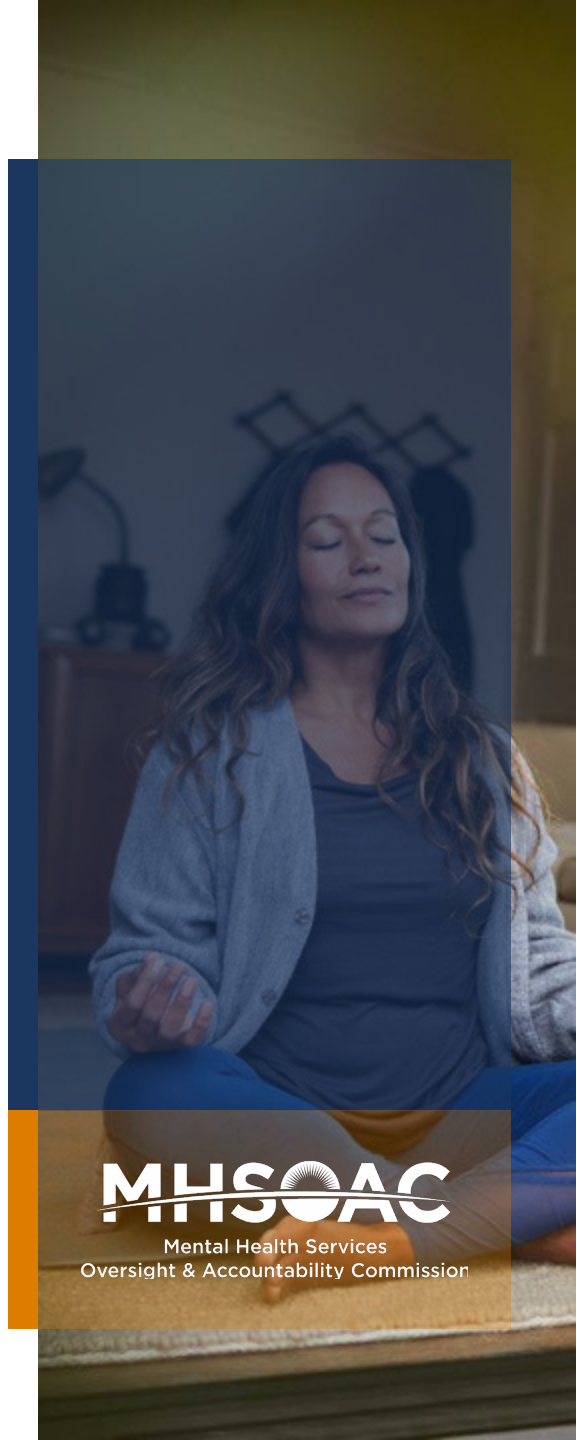
**Thank
You**

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Proposed Motion:

That the Commission approves the Innovation Implementation Plan and directs staff to seek the financial resources and additional staff necessary to carry out the Plan's recommendations.



A person is seen from behind, swinging on a swing set. The sun is low on the horizon, creating a bright, golden glow and silhouetting the person and the swing set. The person's hair is blowing in the wind. The background shows a clear sky with some light clouds and the ocean in the distance.

K-12 STUDENT ADVOCACY

Request for Proposal Outline

November 17, 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



K-12 Advocacy Contract (2022)

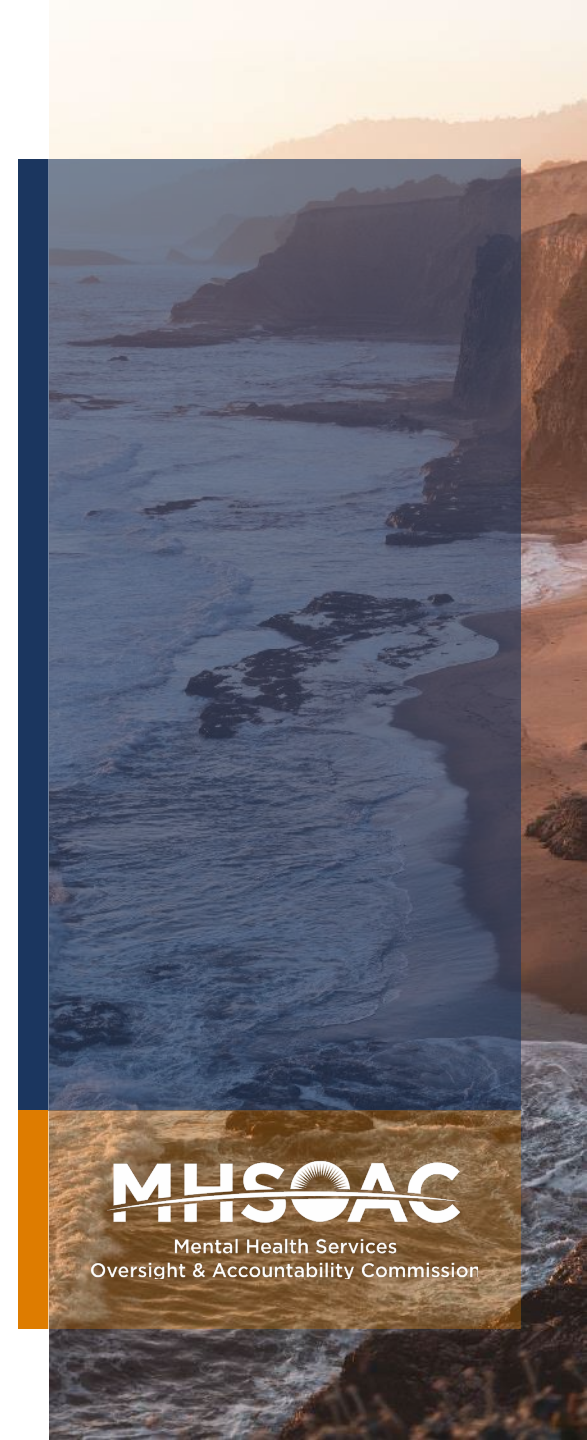
- The 2022 state budget authorizes the Commission to award K-12 advocacy grants to organizations
- Provides \$670,000 in funding each year for statewide advocacy on mental health policies supporting K-12 mental health and wellness
- Provides funding for advocacy, training and education and outreach and engagement to organizations in collaboration with K-12 students
- Focus on building advocacy skills and increasing the voice of students in the planning and implementation of school-based and community mental health services

Community Engagement Findings

- Young people have been severely impacted by the COVID-19 pandemic
- Students have been experiencing high levels of anxiety and depression
- Students feel as if their voices aren't heard by those who make decisions on their behalf.
- Students want opportunities to advocate at the community, local, and state levels
- Partner with local organizations, and bring K-12 student voice and needs to State Legislature

K-12 Students Request for Proposal Outline

- Six Total Contracts: One contract awarded to a statewide advocacy organization and five contracts awarded to local level advocacy organizations in each region of California
- \$385,000 will be granted to the statewide advocacy organization
- \$325,000 will be awarded to each of the five local level advocacy organizations
- Three-year contract term totaling \$2,010,000



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Local Program Contractor Responsibilities

In collaboration with K-12 students

- Provide opportunities for students to conduct outreach and engagement on behalf of K-12 student populations within their region
- Provide local level advocacy to increase awareness of mental health needs of students to expand access to mental health services
- Conduct training and education for mental health service providers on strategies to increase student interest in behavioral health careers
- Collaborate with the Statewide Contractor to create a student coalition

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Statewide Advocacy Contractor Responsibilities

In collaboration with K-12 students

- Conduct advocacy activities at the state level that address critical mental health needs of students, with focus on identified underserved students
- Provide training for students and student mentors on effective mental health advocacy strategies.
- Produce an annual report with qualitative and quantitative data detailing current unmet needs and recommendations on policies and interventions



Minimum Qualifications

- Established statewide organization with 2+ years of experience with programs and services related to California K-12 student mental health needs
- Non-profit registered to do business in California
- Have experience engaging students and capacity to provide advocacy, training and outreach in collaboration with K-12 students
- Have experience and familiarity addressing racial and socioeconomic disparities for underserved K-12 students

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Next Steps

- January 3, 2023: RFP released to the public
- February 17, 2023: Deadline to submit proposals
- March 13, 2023: Commission issues Notice of Intent to Award



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Proposed Motion

The Commission approves the Proposed Outline, directs Staff to issue a Request for Proposals for the K-12 Student 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 in collaboration with K-12 students.



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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Ensuring Equity in Aging: *In Partnership with MHSOAC*

Susan DeMarois, Director
California Department of Aging

Sharon Nevins, Director
San Bernardino County Aging & Adult Services

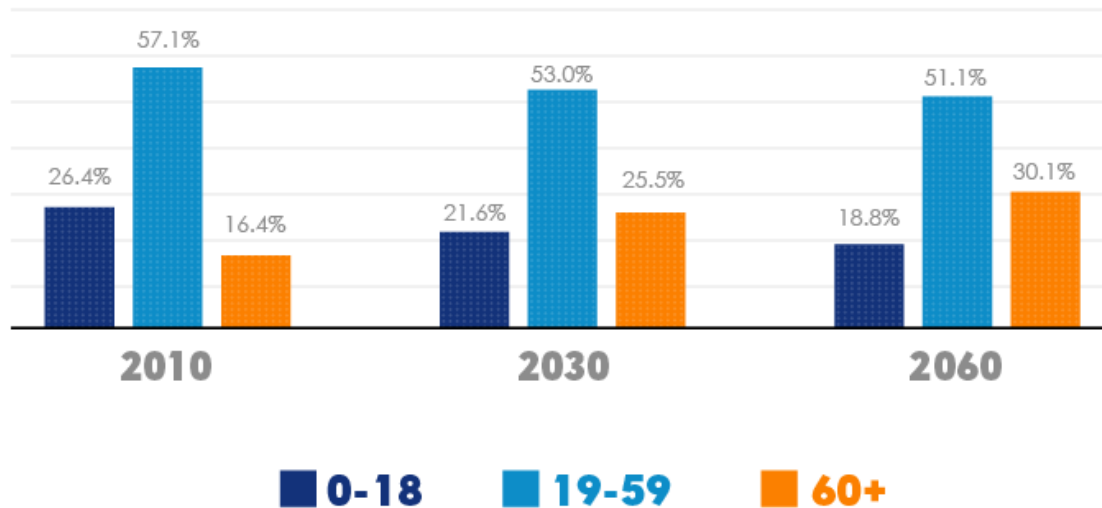
Objectives

1. Update the Commission on California's Master Plan for Aging
2. Focus attention and resources on older adults
3. Explore MHSOAC funding to build local mental health capacity and sustained behavioral health infrastructure
4. Propose MHSOAC/CDA Partnership Model
5. Commit to next steps

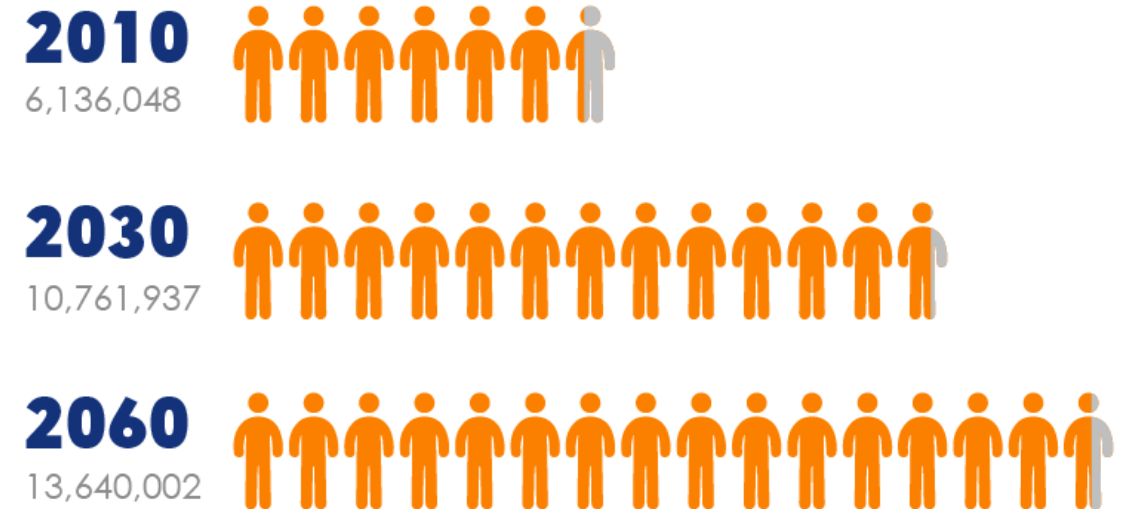
California Demographics are Changing

By 2030, Californians 60 and Over Will Comprise One Quarter of the Population

Distribution of the CA population by age group, by year



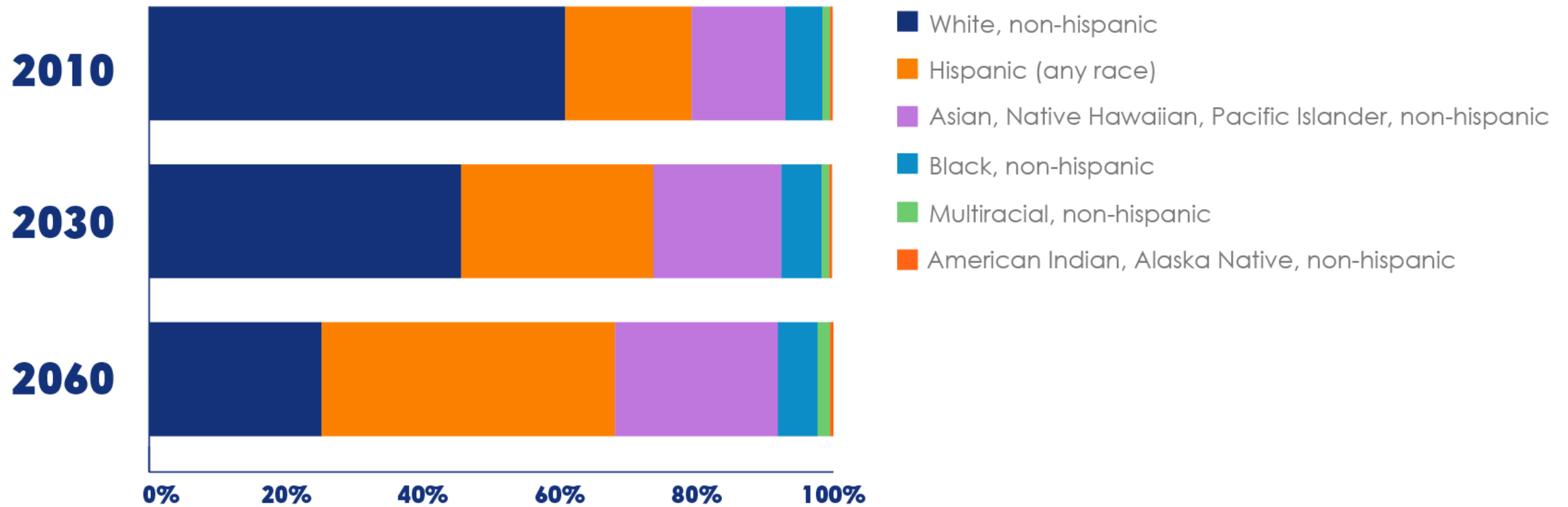
Number of Californians age 60+ by year



Source: CA Department of Finance

Building a California for ALL

California's 60+ population by race/ethnicity, by year



Source: CA Department of Finance

California's Master Plan for Aging

"For the Master Plan to succeed, each of us—in state government, local communities, private organizations, and philanthropy—will have a role to play.

Our engagement will harness our state's innovative spirit, channel resources where they are needed most, and open up new opportunities for working together to create inclusive, equitable communities for Californians of all ages."

- Governor Gavin Newsom



Master Plan for Aging: Five Bold Goals for 2030



Goal 1:
Housing for All Ages
and Stages



Goal 2:
Health Reimagined



Goal 3:
Inclusion and Equity,
Not Isolation



Goal 4:
Caregiving that Works



Goal 5:
Affording Aging





CA

FOR ALL

AGES & ABILITIES

DAY OF ACTION

[#CAforALL](#)



Why Focused Attention and Resources are Needed

- Less than one-third of older adults in need of mental health services receive appropriate care
- UCLA Center for Health Policy Research identified unmet behavioral health needs and geographic disparities in access to services across California older adults
- Older adults experience disproportionately higher rates of suicide



Why Focused Attention and Resources are Needed

- Older adults who identify as LGBTQ+ and older adults of color are more likely than their white counterparts to report high levels of psychological distress and serious mental illness
- The prolonged COVID-19 pandemic has exacerbated the harmful impacts of social isolation and physical/cognitive decline on older adults and their family caregivers
- One million more seniors fell into poverty last year...the only age group that saw a rise



Scaling Best Practice: PEARLS

PEARLS- The Program to Encourage Active, Rewarding Lives for Seniors (PEARLS) is an evidence-based program that aids older adults with depression and develops coping skills

PEARLS provides home-based care, medication management, and case management to older adults with chronic illness, in order to reduce symptoms of depression and anxiety



Scaling Best Practice: PEARLS

PEARLS has been validated as a model in California:

- Merced County AAA
- Stanislaus County AAA
- Ventura County AAA
- Los Angeles County
- Riverside County Department of Mental Health



PEARLS: Randomized Controlled Community Trial

Trial Participants:

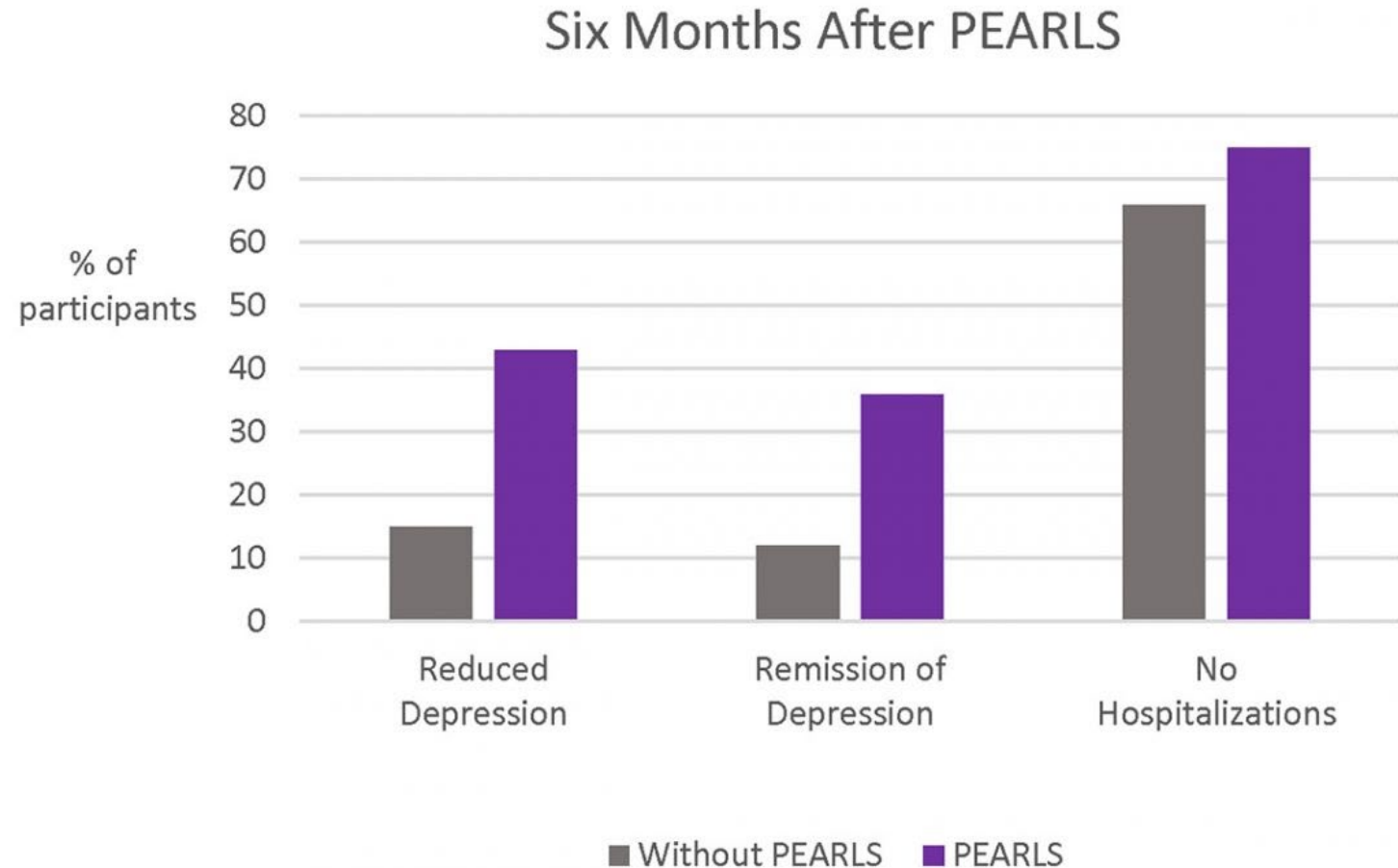
Mean Age: 73

Race & Ethnicity: 42% people of color

Living Alone: 72%

Low-Income*: 58%

Chronic Conditions: 4-5 conditions on average



PEARLS: Testimonial

"All of these skills helped me realize I can have a life I enjoy. Before PEARLS, I didn't see beyond a day."

- program participant



Scaling Innovative Practice: Age Wise

- After 2+ decades, San Bernardino County's Age Wise program expanded during the COVID-19 pandemic to address the increased needs of older adults
- Age Wise includes in-home behavioral health and case management services, counseling, peer and family advocacy, and community support and education



Scaling Innovative Practice: Age Wise

- 24-hour/7-days per week telephonic access to services, as well as a secure virtual platform to engage with staff trained and certified in providing telehealth services
- Relies on a multi-disciplinary team, including Licensed and Pre-Licensed Clinicians
- Integrated into Medi-Cal and aligns with the Department of Behavioral Health to extend Mental Health Service Act (MHSA) housing opportunities to older adults



MHSOAC/CDA Partnership Model

\$18 million in Mental Health Wellness Act (MHWA) Funds

- Triple the number of PEARLS sites statewide
- Replicate AgeWise in at least two additional counties
- Partner with local Area Agencies on Aging (AAAs)

\$2 million in MHWA Funds for Technical Assistance and Evaluation

- Focus on sustainability and alignment with Medi-Cal CalAIM
- Elevate lived experience and subject matter experts

Emerging Needs: Building Toward 2030

- Collect and analyze population-level **data** (Medi-Cal, Medicare, Veteran's Affairs and commercial insurance) to develop person-centered, data-driven, equity focused behavioral health system of care for older adults
- Organized **advocacy** on behalf of California's fastest growing demographic - identify and develop the voices of older adults with lived experience and subject matter experts who specialize in older adult care to inform policy



Learn about California's Master Plan for Aging at
mpa.aging.ca.gov

Susan DeMarois, Director
California Department of Aging
susan.demarois@aging.ca.gov