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Mental Health Services
Oversight & Accountability Commission

Meeting Materials Packet

Commission Meeting
January 25, 2024
9:00 AM – 4:00 PM

MHSOAC
Mental Health Services
Oversight & Accountability Commission

COMMISSION MEETING NOTICE & AGENDA

January 25, 2024

NOTICE IS HEREBY GIVEN that the Commission will conduct a Regular Meeting on **January 25, 2024, at 9:00 a.m.** This meeting will be conducted via teleconference in accordance with the Bagley-Keene Open Meeting Act. The location(s) from which the public may participate are listed below. All members of the public shall have the right to offer comment at this public meeting as described in this Notice.

Date: January 25, 2024

Time: 9:00 AM

Location: Cabrillo Pavilion
1118 E Cabrillo Blvd, Santa Barbara, 93103

ZOOM ACCESS:

Zoom meeting link and dial-in number will be provided upon registration.

FREE REGISTRATION LINK
https://mhsoac-ca-gov.zoom.us/meeting/register/tZEqfuygqTsjHtYj4amyB0rwK1YLy9xmUt0p

Public participation is critical to the success of our work and deeply valued by the Commission. Please see the information contained after the Commission Meeting Agenda for a detailed explanation of how to participate in public comment.

Our Commitment to Excellence

The Commission's 2020-2023 Strategic Plan articulates three strategic goals:

- Advance a shared vision for reducing the consequences of mental health needs and improving wellbeing.
- Advance data and analysis that will better describe desired outcomes; how resources and programs are attempting to improve those outcomes.
- Catalyze improvement in state policy and community practice for continuous improvement and transformational change.

MHSOAC
Mental Health Services
Oversight & Accountability Commission

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

1. **Call to Order & Roll Call**
   Chair Mara Madrigal-Weiss will convene the Commission meeting and a roll call of Commissioners will be taken.

9:05 AM

2. **Announcements & Updates**
   Information
   Chair Mara Madrigal-Weiss, Commissioners and Staff will make announcements and updates.

9:50 AM

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

10:10 AM

4. **November 16, 2023 Meeting Minutes**
   Action
   The Commission will consider approval of the minutes from the November 16, 2023 Commission Meeting.

   - Public Comment
   - Vote

10:20 AM

5. **Consent Calendar**
   Action
   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.
   - The Sacramento County Community-Defined Mental Wellness Practices for African American/Black/African Descent Unhoused Innovation Project for up to $15,500,231
   - The Sutter-Yuba Multi-County Full-Service Partnership Innovation project for up to $1,226,250

   - Public Comment
   - Vote

10:30 AM

6. Strategic Plan Adoption

Action

The Commission will consider adoption of the 2024-2027 Strategic Plan; *presented by Toby Ewing, Executive Director and Norma Pate, Deputy Director, Administrative Services and Performance Management.*

- Public Comment
- Vote

12:00 PM

7. Lunch

1:00 PM

8. CRDP Phase II Evaluation Update

Information

The Commission will hear a presentation on the evaluation findings for Phase II of the California Reducing Disparities Project; *presented by:*

- *Cheryl Grills, PhD, Professor, Psychology, Director, Psychology Applied Research Center, Loyola Marymount University*
- *Elia De la Cruz Toledo He, MPA, PhD, Researcher, Psychology Applied Research Center at Loyola Marymount University*
- *Silvia L. Rodriguez, MPPA, MBA, Manager, Behavioral Health Equity Branch, Office of Health Equity, Department of Public Health*

- Public Comment

2:00 PM

9. MHSSA RFA Outline

Action

The Commission will consider approval of the Mental Health Student Services Act Request for Application outline to provide $25,000,000 in funding for school-based behavioral health programs and activities; *presented by Tom Orrock, Deputy Director, Operations and Riann Kopchak, Chief, Community Engagement and Grants.*

- Public Comment
- Vote

2:30 PM	**10. Substance Use Disorder Contract Authorization** *Action* The Commission will consider approval of $20,000,000 in contracts to support the effort to expand access to medication assisted treatment of substance use disorders; *presented by Commissioner Itai Danovitch, MD. And Tom Orrock, Deputy Director, Operations.* ○ Public Comment ○ Vote
3:00 PM	**11. Governor's Proposed 2024 Budget, Expenditure Update, and Legislative Priorities for 2024** *Action* The Commission will hear a presentation on the Governor's proposed budget as it relates to behavioral health and consider expenditures for the 2024-2025 Budget and will consider legislative priorities for 2024; *presented by Norma Pate, Deputy Director, Administrative Services and Performance Management and Kendra Zoller, Legislative Deputy Director.* ○ Public Comment ○ Vote
3:30 PM	**12. Adjournment**

Mental Health Services
Oversight & Accountability Commission

Our Commitment to Transparency	Our Commitment to Those with Disabilities
In accordance with 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	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.

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. The Commission will endeavor to provide reliable means for members of the public to participate remotely; however, in the unlikely event that the remote means fails, the meeting will end, and the Commission shall provide notice of the meeting's end on the Commission's website. Further notice shall be provided to communicate when the Commission intends to reconvene the meeting.

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 Government Code 11125.7, 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.

AGENDA ITEM 4

Action

January 25, 2024 Commission Meeting

November 16, 2023 Meeting Minutes

Summary: The Mental Health Services Oversight and Accountability Commission will review the minutes from the November 16, 2023 Commission 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.

Enclosures (2): (1) November 16, 2023 Meeting Minutes; (2) November 16, 2023 Motions Summary

Handouts: None

Proposed Motion: The Commission approves the November 16, 2023 Meeting Minutes

State of California

MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION

Commission Meeting Minutes

Date November 16, 2023

Time 9:00 a.m.

Location MHSOAC
1812 9th Street
Sacramento, California 95811

Members Participating:

Mara Madrigal-Weiss, Chair
Mayra Alvarez, Vice Chair*[1]
Mark Bontrager[1]
Sheriff Bill Brown
Keyondria Bunch, Ph.D.
Steve Carnevale*[1]
Assembly Member Wendy Carrillo*
Rayshell Chambers
Itai Danovitch, M.D.*
David Gordon
Gladys Mitchell
Jay Robinson, Psy.D.
Alfred Rowlett
Khatera Tamplen

*Participated remotely
[1] a.m. only

Members Absent:

Shuo Chen
Senator Dave Cortese

MHSOAC Meeting Staff Present:

Toby Ewing, Ph.D., Executive Director
Geoff Margolis, Chief Counsel
Tom Orrock, Deputy Director, Program Operations
Norma Pate, Deputy Director, Administration and Performance Management
Kendra Zoller, Deputy Director, Legislation
Kallie Clark, Research Supervisor
Amariani Martinez, Administrative Support
Lester Robancho, Health Program Specialist
Cody Scott, Meeting Logistics Technician

[Note: Agenda Item 9 was taken out of order. These minutes reflect this Agenda Item as listed on the agenda and not as taken in chronological order.]

1: Call to Order and Roll Call

Chair Mara Madrigal-Weiss called the 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.

Geoff Margolis, Chief Counsel, called the roll and confirmed the presence of a quorum.

Amariani Martinez, Commission staff, reviewed the meeting protocols.

2: Announcements and Updates

Chair Madrigal-Weiss gave the announcements as follows:

Commission Meetings

- The October 2023 Commission meeting recording is now available on the website. Most previous recordings are available upon request by emailing the general inbox at mhsoac@mhsoac.ca.gov.
- The next Commission meeting will take place on January 25th at 9:00 a.m. in Santa Barbara, California.

Healthy Brains Global Initiative FSP Update

Chair Madrigal-Weiss asked Kallie Clark, Research Supervisor, to provide an update on the Healthy Brains Global Initiative (HBGI).

Ms. Clark provided an overview of the background, goals, and objectives of the HBGI. She stated that the performance of Full-Service Partnerships (FSPs) was a particular focus on contract design and performance management. A draft report is now being circulated as a discussion document with behavioral health directors across the state. A final version will be delivered in early December.

Susanville Site Visit Debrief

Chair Madrigal-Weiss asked Commissioner Brown to provide a debrief on the town hall and site visit in Susanville, California, in Lassen County.

Commissioner Brown stated that he, Senior Researcher Courtney Ackerman, and Commissioners Bunch and Mitchell traveled to Lassen County last week to do a study on the impacts of firearms and firearm violence in a rural community. A town hall meeting was held that evening with 20 attendees who had a frank and at some points difficult discussion about the fact that the county has a tremendously high suicide rate by firearm, for example. The consensus was that the significant availability of firearms in the community was probably the reason for the high rate of suicide. The discussion

included ways to try to bring the rate down. Like many communities, they are struggling with budget and resources. It was a great opportunity for feedback for the Commission and the Impacts of Firearm Violence Committee.

Commissioner Brown stated that, the following day, the Commissioners visited the community college that had a novel gunsmithing program. He stated that this underscores the community's longstanding significant relationship with firearms. He noted that Lassen County has been hard struck economically by the closure of one of its three prisons. He thanked staff for setting up this site visit.

CLCC Update

Chair Madrigal-Weiss asked Vice Chair Alvarez, Chair of the Cultural and Linguistic Competence Committee (CLCC), to update the Commission on the activities of the CLCC.

Vice Chair Alvarez stated that the CLCC last met on November 8th and heard an update from Deputy Director Norma Pate on the 2024-27 strategic planning effort. Commission staff has done excellent community engagement around the plan. Public comment identified where opportunities lie for engaging important Committees like the CLCC and the work moving forward around the strategic plan.

Vice Chair Alvarez stated that the CLCC heard a presentation from the Prevention Institute on its contract to learn how Community-Defined Evidence Practices (CDEPs) can be included in the long-range planning at the county level and how communities of color and other marginalized communities can be engaged in the process as behavioral health programs are considered. The presentation highlighted the importance of building trust with marginalized communities through authentic engagement and by incorporating their input into the overall behavioral health planning, and offered concrete opportunities for the Commission to consider in its work moving forward.

Vice Chair Alvarez stated that the CLCC had planned to hear a presentation from Dr. Cheryl Grills on the Phase II California Reducing Disparities Project (CRDP) evaluation, but tabled her presentation to the next full Commission meeting due to the lack of time to fully hear her presentation. She stated the hope that, as the Commission moves forward with strategic planning, opportunities continue to be identified to continue to hear from valuable members of the public and particularly from organized entities like the CLCC, whose members have unique perspectives on what a culturally and linguistically competent behavioral health system should look like.

Bagley-Keene Open Meeting Act – Update

Chair Madrigal-Weiss asked Chief Counsel Margolis to update the Commission on the changes that will take effect next year to the Bagley-Keene Open Meeting Act.

Chief Counsel Margolis stated that one of the most significant changes to the law is that the Commission can still conduct teleconference or hybrid meetings; however, the new role states that a majority of Commissioners must be physically present at the meeting location.

Commissioners asked clarifying questions about the rules and procedures.

Commissioner Tamplen's Resignation

Chair Madrigal-Weiss asked Commissioner Tamplen to make her announcement.

Commissioner Tamplen stated that it is with mixed emotions that she is resigning from the Commission, effective December 1st. She stated that she has accepted a position with the U.S. Department of Health and Human Services Substance Abuse Mental Health Services Administration (SAMHSA) Office of Recovery. She stated that she hopes to continue partnering and collaborating with Commissioners.

Chair Madrigal-Weiss thanked Commissioner Tamplen on behalf of the Commission for her years of service and wished her all the best in her new role.

Commissioners and members of the public expressed their thanks, appreciation, and gratitude for Commissioner Tamplen and her work over the years.

Commissioner Mitchell's Reappointment

Chair Madrigal-Weiss announced that Commissioner Mitchell was recently reappointed to the Commission by the Governor, filling the seat for family member of a child with mental health needs. She congratulated Commissioner Mitchell on her reappointment.

3: General Public Comment

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), stated that the long-awaited report of the CRDP at the last CLCC meeting was postponed due to time constraints, but there was consensus among Committee Members that Dr. Cheryl Grills be invited to present the CRDP report at a future Commission meeting because the work of the CRDP and CDEPs relate to the work of the Commission and its Committees.

Richard Gallo, consumer and advocate and Volunteer State Ambassador, ACCESS California, a program of Cal Voices, stated that they were kept from giving public comment at the last Commission meeting by technical difficulties. The speaker stated that they wanted to respond when Commissioner Mitchell asked a staff member about peer support in the Santa Cruz innovation grant two months ago, since the person who responded to Commissioner Mitchell's question was incorrect. There was no miscommunication. The speaker stated that they go to the monthly meetings with the County of Santa Cruz Mental Health Advisory Board and knows what is going on and what is happening. The speaker stated that the response was dishonest. This is unacceptable. The grant that the Commission approved was not a complete application – there are blank spots that were not filled in about who they will hire, who they will pay, and who the contractor will be. That was not right.

Richard Gallo agreed with Andrea Crook's comments at the last meeting regarding her concern about the advocacy grant and peer support because, when the second-round grant for advocacy came out, it was not done ethically but was done with retaliation, which is why Cal Voices did not get the grant. They have ambassadors throughout the state who do great work at the county and state levels. The problem is MHSOAC staff do not understand the definition of advocacy from the peer, disability, and mental health perspectives.

Richard Gallo suggested No Pity with the Dr. Paul Longmore Institute about Section 504 protest. This is the perfect example of advocacy and that is what the Cal Voices ACCESS California Program did. Andrea Crook was an incredible trainer and mentor who taught about being important. Part of the problem with the MHSOAC is that it does not have an open-door policy, especially with the staff and particularly with Executive Director Ewing who plays politics behind closed doors. Commissioners need to be aware of this. There is no misunderstanding.

Jaime Yan Faurot, Black and indigenous people of color (BIPOC) peer and community advocate, asked about addressing the hurt and suffering from war and in communities of color in the greater scale. Many cultures are impacted because people are being attacked in the sense of racial and social disparities, especially in rural communities. The speaker suggested bringing about mental health in a way that would help communities of color and address the subculture in it.

Jaime Yan Faurot stated that not all people of color heal the same way. The speaker asked if there is a way to help peers – people with lived experience – especially during the holiday season. Many people live alone and there are many people who need extra support. A way to address disparities in diverse populations is to find ways to support communities, including those who are hurt in the background.

Jaime Yan Faurot suggested coming together as a community to help those who are hurting who are marginalized, underserved, and unserved. The speaker asked who to come to with issues, since Commissioner Tamplen will no longer be with the Commission. The speaker stated the need for the Commission and community advocates to work together collaboratively to find solutions for community issues.

Chair Madrigal-Weiss asked Jaime Yan Faurot to look into the activities of the Client and Family Leadership Committee (CFLC) and CLCC.

4: October 26, 2023, Meeting Minutes

Chair Madrigal-Weiss stated that the Commission will consider approval of the minutes from the October 26, 2023, Commission meeting. She stated that meeting minutes and recordings are posted on the Commission's website.

There were no questions from Commissioners and no public comment.

Action: Chair Madrigal-Weiss asked for a motion to approve the minutes. Commissioner Robinson made a motion, seconded by Commissioner Bontrager, that:

- *The Commission approves the October 26, 2023, Meeting Minutes, as presented.*

Motion passed 13 yes, 0 no, and 0 abstain, per roll call vote as follows:

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

5: 2024 Commission Chair and Vice Chair Elections

Chair Madrigal-Weiss stated that nominations for Chair and Vice Chair for 2024 will be entertained and the Commission will vote on the nominees and elect the next Commission Chair and Vice Chair.

Chief Counsel Margolis briefly outlined the election process and asked for nominations for Chair of the MHSOAC for 2024.

Commissioners asked clarifying questions.

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

- *The Commission reelects Commissioner Mara Madrigal-Weiss as Chair of the Mental Health Services Oversight and Accountability Commission for 2024.*

Motion passed 13 yes, 0 no, and 0 abstain, per roll call vote as follows:

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

Chief Counsel Margolis asked for nominations for Vice Chair of the MHSOAC for 2024.

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

- *The Commission reelects Commissioner Mayra Alvarez as Vice Chair of the Mental Health Services Oversight and Accountability Commission for 2024.*

Motion passed 13 yes, 0 no, and 0 abstain, per roll call vote as follows:

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

6: Consent Calendar

Chair Madrigal-Weiss stated that 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.

- allcove® Sacramento Multi-County Collaborative Innovation Project for up to $10 million over five years.

Commissioner Comments & Questions

Commissioner Carnevale spoke in support of the allcove® project.

Public Comment. There was no public comment.

Action: Chair Madrigal-Weiss asked for a motion to approve the Consent Calendar. Commissioner Brown made a motion, seconded by Vice Chair Alvarez, that:

- *The Commission approves the Consent Calendar that includes the allcove® Sacramento Multi-County Innovation Project for up to $10,000,000 over five (5) years.*

Motion passed 12 yes, 0 no, and 1 abstain, per roll call vote as follows:

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

The following Commissioner abstained: Commissioner Rowlett.

7: Strategic Plan Draft

Chair Madrigal-Weiss stated that the Commission will hear a presentation on the draft Strategic Plan for 2024-27. She asked staff to present this agenda item.

Norma Pate, Deputy Director, Administrative Services and Performance Management, thanked Commissioner Carnevale, the lead Commissioner for the Strategic Plan, for his support on this project. She reviewed the revised draft strategic plan, which was included in the meeting packet and posted on the website. She shared results gathered during the community engagement process, reflected on the work of the Commission over the last four years, and discussed future opportunities for the Commission. She thanked Commissioners and community partners for taking the time to answer staff questions and for participating in input sessions.

Deputy Director Pate highlighted four areas that the feedback indicated were important:

- Further elevate and integrate diversity, equity, and inclusion (DE&I) / racial equity plan and target population lens across efforts.
- Focus on breaking silo systems and integrate a focus on mental health in services across state and local levels.
- Establish stronger feedback loops, e.g., between advocacy / sub-population input, initiatives, and outcomes.
- Lift community voices and practices, including non-traditional approaches that work for diverse communities.

Deputy Director Pate stated that the Commission is in the final stages of developing the Strategic Plan for 2024-27. A summary of recommendations will be presented to the Commission and the public at the January meeting.

Commissioner Comments & Questions

Chair Madrigal-Weiss stated that she has heard from community members about the amazing job the Commission has done in engaging the community to gather feedback as part of the strategic planning process. She thanked the Commission for their efforts.

Commissioner Chambers agreed with the importance of community feedback. She noted that a community theme was uplifting consumers, peers, and paraprofessionals.

Deputy Director Pate stated that it is great that the community is voicing concerns. The plan also includes internal commitments for community engagement and communication to further engage with community to elevate voices and to communicate learnings so they are not lost.

Toby Ewing, Executive Director, stated that staff has tried to create robust opportunities for community engagement around the strategic opportunities that the Commission has in its role as a state agency and as a member of the broad mental health community. He stated that staff is also working on a visual representation of community engagement that will help the Commission, staff, and the public understand where engagement has been happening across the state in terms of geography, but also in terms of different community organizations and levels of government, to help the Commission understand where it needs to do better. The harder challenge is to ensure that the information being gathered in that engagement is reflected in the work being done.

Executive Director Ewing continued the slide presentation and discussed key points of inflection, emerging themes, challenges and opportunities, strategy to advance transformational change, the Commission's mission, vision, and guiding principles, the Commission's role, and current strategic priorities and initiatives. He stated that the Commission aims to advance its vision of "wellbeing for all Californians" and fulfill its roles through the following goals: champion vision to action, advance best practice models, inspire innovation and learning, and relentlessly drive improvement. He stated that the goal is to present the final draft of the strategic plan at the January Commission meeting in Santa Barbara.

Commissioner Gordon stated that two of the biggest issues being seen with the work done with schools are access, which is different than availability, and early intervention, especially in the zero-to-five space. He stated the importance of considering what can be better done in that space to ensure that screenings happen and that there is a way to work with families to forestall many behavioral health issues in the future.

Commissioner Robinson agreed that access is critical and suggested that the concept of access be included in the vision statement. He asked if "all" Californians includes undocumented migrant workers.

Chair Madrigal Weiss stated that it has always been the spirit of this Commission to be inclusive of all Californians.

Commissioner Robinson suggested including in the strategic plan the concept of getting individuals to the right setting as quickly as possible. He provided examples of psychiatric patients who end up in emergency rooms for hours and sometimes days, particularly children, and behavioral health patients who find themselves incarcerated. Getting patients to the right setting needs to be amplified as part of the primary strategy in the strategic plan.

Commissioner Danovitch stated that this is a great plan. He stated appreciation for all the work that went into it and echoed the comments of fellow Commissioners. He stated that the breadth and compelling nature of the Commission's vision, which has almost infinite scope – to address the mental health needs of all Californians – is one of the

Commission's challenges. Although the vision is correct, it creates a challenge for the Commission's ability to execute and focus.

Commissioner Danovitch stated that the decision-making approach framework in the strategic plan is important because to be effective the Commission must focus. It must pick and choose things, which means it must defer things that are important. He stated the need for Commissioners and staff to remind themselves of that because important work must be given up for the sake of other important work to be done effectively.

Commissioner Danovitch stated that, related to that, something that he has seen over his tenure with the Commission that has been a part of the Commission's success has been the strength and talents of Commission staff. A major tactic that needs to be considered is investing in staff to cultivate their ability to continue to learn, grow, and execute on the directives that Commissioners give them as a Commission. He suggested putting explicit focus on how to do that towards the goals of being effective as part of the many priorities the Commission chooses to take on.

Vice Chair Alvarez stated that all Commissioners believe that a strategic plan is more than a plan that sits on a shelf – it is an action-oriented agenda to demonstrate the Commission's commitment to the plan. As Commissioner Danovitch spoke about the strength of Commission staff, she suggested doing a crosswalk or capability assessment with current Commission capabilities of staff, Committees, and projects.

Vice Chair Alvarez noted that much of this work is currently being done. She suggested considering current work to build on versus bringing on new work to help with capacity to fulfil an action plan of the strategic plan to demonstrate what the Commission is doing. She suggested tracking major milestones while ensuring that work is being done with the capacity identified and the new decision-making tools being brought onboard.

Commissioner Rowlett stated that one of the unique operational challenges encountered with strategic plans is developing impressive documents that do not do anything. He stated the need to ensure that the strategic plan does something. A document of such breadth can intimidate and alienate Commissioners and the public. That is why it sits on the shelf. It is so impressive that no one knows what to do with it. He stated there are components of the strategic plan that can be accomplished by virtue of the suggestions made by the two previous Commissioners. He stated the need for a crosswalk showing actionable steps Commissioners can take to help the Commission advance critical components of its work, as a part of the strategic plan.

Executive Director Ewing agreed and stated that comments from Commissioners reflect what is being heard from the community about the tension between trying to tackle the myriad challenges in California's mental health system and trying to be effective at the handful of things it is good at. Staff is currently working on four operational plans that come out of the strategic plan: communications, data, operations, and personnel. A refined version of the strategic plan will be presented in January; however, it may take longer to create the operational strategies, particularly around budget and staff capacity.

Commissioner Tamplen agreed that the Commission's vision and mission are broad but they are important and must be inspiring. She stated appreciation that the vision and mission include why the Commission is here. Supporting wellbeing and recovery-

oriented services as a vision for all Californians aligns with what the Commission is about.

Commissioner Tamplen stated that the priorities and specifically the operational priorities – to build foundational knowledge, close the gap between what is being done and what can be done, and close the gap between what can be done and what must be done – get into the details about gaps to provide more clarity of where the Commission's energy and focus should go.

Commissioner Tamplen stated the hope that the strategic plan will continue to uplift wellbeing and recovery-oriented services for all Californians because that is why the Commission is here.

Chair Madrigal-Weiss stated that a decision-making process is something Commissioners have been looking for. She stated appreciation for Slide 37, the Decision-Making Approach, and stated that the tool provides specific guidance to help Commissioners with decision-making.

Chair Madrigal-Weiss stated that the Commission drives policy and practice. The greater present example of that is the Mental Health Student Services Act (MHSSA) project, which influences mental health in schools in all 58 counties at once, which has never been done before in that way.

Public Comment

Stacie Hiramoto complimented staff and the contractors for the good public process. She stated that she felt her voice was heard. She referred to the Goals and Objectives for 2024-27 presentation slide and noted that the goals and objectives for the previous strategic plan were more specific.

Stacie Hiramoto referred to the presentation slide of the chart on the communities represented. She suggested adding "racial/ethnic community" to that chart. This is an important data point to know. She stated that she liked the Commission's vision, mission, and guiding principles, but the operational component was general.

Richard Gallo stated disappointment in the low numbers of individuals who responded to the online surveys. More responses need to be gathered from consumers, peer workers, and families.

Richard Gallo responded to Commissioner concerns about the zero-to-five population and stated that the First Five California Initiative works with that age group.

Richard Gallo spoke in opposition to letting counties do their own thing. This has happened with the Mental Health Services Act (MHSA), where some county directors do not support the community planning process, such as in San Diego and Santa Cruz Counties. The speaker asked the Commission to address this ongoing issue. The community planning process for county plans needs to be driven by consumers and families.

Richard Gallo stated that the Commission needs to vote against the Governor's MHSA Modernization Act, which provides less funding to counties and the peer workforce and may significantly reduce or eliminate current programming.

Richard Gallo stated that the peer workforce can help the Commission address challenges and achieve goals to improvement the system.

Andrea Crook, MHSA Program Manager, Sacramento County, complimented staff on the excellent presentation. She stated that Sacramento County is also seeing an overwhelming response to wanting to increase the peer workforce and support the unhoused, particularly the African American population who are disproportionately represented in homeless counts. She stated that Sacramento County looks forward to working with the Commission to move the strategic plan forward and to find solutions together.

Jerry Hall, former San Diego Behavioral Health Advisory Board member, stated appreciation for the work. He stated that his biggest concern is the community program plan, which is the only thing listed in the duties that the Behavioral Health Advisory Board is required to approve. These are the plans the counties will follow to engage the community throughout the year on an informed basis. Of the 5 percent that is provided as an allowance to counties, only 8 percent of that funding was used in fiscal year 2021-22 by approximately half of California's counties. The other half of the counties did not report any community program plan expenditure. All counties are planning, but half are not creating a plan on how they will plan or getting it approved by their boards. He noted that the last community program plan approved in San Diego County was in 2005.

Jerry Hall stated that public engagement is the most underutilized tool available to the county behavioral health systems and the community. He urged the Commission to identify and specify the community planning process as the key focal point in the Commission's work in the strategic plan so that an engagement process can be built in each county and that all counties are being held accountable to ensure that they are including community members in the process over the next three years. The Community Planning process is already legislated and funded but it is not being used.

John Drebinger, Senior Advocate, Policy and Legislative Affairs, California Council of Community Behavioral Health Agencies (CBHA), agreed with Commissioner Rowlett's comments. He stated that the CBHA looks forward to seeing an operationalized version of this plan. CBHA members and providers stand at the ready to continue helping the Commission in elevating the voices of individuals receiving services and the voices of those who are responsible for delivering them in the communities.

Deputy Director Pate stated that the goals presented today include the feedback received from Commissioners and the public. More details on the goals of the objectives will be provided at the next meeting.

8: Substance Use Disorder Outline

Chair Madrigal-Weiss stated that the Commission will consider allocation of $20 million of Senate Bill (SB) 82, Mental Health Wellness Act, funds to support programs that advance substance use disorder treatment and that reflect the diverse needs and populations of the state. She stated that the September Commission meeting included a presentation on opportunities to allocate Mental Health Wellness Act Funds in support of these efforts. Commissioner Danovitch has been working with staff to identify the

best approach for the allocation of funds. She asked Commissioner Danovitch to say a few words about what has been learned between the September Commission meeting and today about the opportunities to support improvements to the substance use disorder (SUD) system of care.

Commissioner Danovitch stated that, to achieve the Commission's vision of recovery and wellbeing for all Californians, all mental health must be addressed, including substance use. He stated that treatment for SUD works at least as well as treatments for other chronic health conditions; however, most individuals do not have access to it and it is often separate from delivery of mental health and medical services in a way that friends, family members, and many individuals who need services ultimately slip through the cracks and do not get what they need. California has made commitments to improving the standards of care for SUDs and mental health; however, the pace of change is slow with many barriers to overcome, including misaligned incentives and workforce issues.

Commissioner Danovitch stated that much of the opportunity as a Commission trying to achieve transformational change is to determine lever points to accelerate transformation in the system, ideally in areas where the system is poised to change but needs help or incentives to move things forward. The charge to staff in developing the outline of this initiative was to develop a feasible and focused plan to accelerate improvements in the substance use specialty care system.

Commissioner Danovitch stated that, historically, the MHSA focused on mental health to the exclusion of substance use. He stated that, recognizing that all substance use issues cannot be addressed, the team wanted to be focused to ensure that they developed a plan that is feasible and ideally supports an area that touches on the problems of individuals slipping through the cracks, which is how to integrate services so that individuals receiving care for SUD will also receive care for mental health and general health care.

Commissioner Danovitch stated that feedback was gathered through a diverse community engagement process. He asked staff to present the rough outline of a proposal to guide decision-making to direct funds in this direction.

Tom Orrock, Deputy Director, Program Operations, stated that, to tie this agenda item in with the comment from Commissioner Gordon about availability versus access, that is what staff is trying to move toward with this initiative. He stated that the hope is to increase access to treatment where individuals are, to provide services where and when they are needed. Also, Chair Madrigal-Weiss's comment about the MHSSA is an example of what can be done with funding. He pointed out that the MHSSA was a $20 million investment in 2017 of SB 82 funds to launch what has been done with school mental health. SB 184 amended the terms of SB 82 to add greater flexibility.

Deputy Director Orrock stated that much needs to be done to improve coordination and outcomes. He stated that the SUD plan aligns well with the MHSA by providing health, mental health, and SUD services in a more integrated and coordinated way. This plan also creates a learning network that has an opportunity to continue to inform the Commission's work in SUD and put the Commission in a position to advise the

Legislature and the Governor's Office on best practices and support the ongoing work of the Department of Health Care Services (DHCS) into the future.

Deputy Director Orrock provided an overview, with a slide presentation, of the Mental Health Wellness Act, background of the funding, steps taken to arrive at the proposed plan, and how the proposed plan can help to raise the bar. He stated that, in response to the new flexibility provided by the passage of SB 184, the Commission set five priorities:

- Expand EmPath Psychiatric Crisis Stabilization Units.
- Scale programs to serve older adult populations.
- Expand evidence-based SUD services.
- Provide mental health crisis prevention and early intervention services for children 0-5.
- Support expansion of peer respite programs.

Deputy Director Orrock stated that, at the September Commission meeting, Commissioners heard from a panel on what is needed to provide the best treatment possible for individuals with SUD. Members of the panel encouraged the Commission to:

- Scale and expand access and infrastructure across the state for medical treatment of Opioid Use Disorder.
- Provide whole person solutions – integrate medical care, behavioral health, and SUD treatment options and meet individuals where they are.
- Fund high-yield innovative programs.

Deputy Director Orrock stated that, based on the feedback gathered through the diverse community engagement process, he suggested providing sole source contracts in four separate areas to enhance SUD treatment and build a team that will guide and inform the Commission's SUD efforts over the next several years:

- $16 million for a County Best-Practice Pilot Project in the Los Angeles region, Central Counties, Bay Area Counties, and Superior Counties.
- $2.5 million for technical assistance.
- $1 million for research.
- $500,000 for project management.

Deputy Director Orrock stated that a presentation will be provided at the January Commission meeting on selected counties and contractors for Commission approval. He stated that, upon approval, contracts with all program participants will be finalized in March of 2024.

Commissioner Comments & Questions

Commissioner Mitchell asked how SUD providers will be screened to be eligible for the set-aside for them to provide medication assisted treatment (MAT) services within licensed facilities.

Deputy Director Orrock stated that they would be required to meet California state standards to prescribe medication in those facilities. Meeting that requirement is currently a barrier that needs to be overcome.

Commissioner Danovitch added that the bigger change being aimed for is to integrate medical care with psychosocial care for holistic care. He stated that it is a big step for programs that have historically been predominantly psychosocial to become medical. It requires changes at many levels of the program and staffing. These funds go to programs to help them with the upfront investment required to change the programs to facilitate greater integration of medical services and to bring on medical providers who then independently bill for their services. This is expected to be self-sustaining over time through funding mechanisms.

Commissioner Chambers asked if the sole-source contracts will be won through a competitive bid process.

Deputy Director Orrock stated that the Mental Health Wellness Act permits sole-source contracts, if it is in the best interest of the people in the state. He stated that this is determined by if there is an awareness of counties or organizations that have a rare expertise or are more ready than others to enter this work. A sole-source contract allows the Commission to respond faster to this growing crisis. Because of this, the Commission feels it would be in the best interest of the people of the state to move forward in that way.

Commissioner Chambers stated the need to ensure that the contracts are awarded to the individuals who are doing the work on the ground that look like the community they serve.

Commissioner Tamplen agreed and stated that most SUD services are provided by community-based organizations. She suggested a quicker way to get it out to the community would be to put out a Request for Proposals (RFP) for providers to demonstrate how they can roll it out immediately and meet the requested goals. She advocated for hiring peer support specialists to help individuals build relationships with others who have been where they are. She suggested including partnerships with clinicians who can prescribe medication and with SUD peers.

Chair Madrigal-Weiss stated the need to include prevention in the plan.

Commissioner Danovitch agreed with the need to include prevention and to add peers. All parts of the workforce pipeline need to be bolstered. He stated that what is being discussed has many points of prevention, such as preventing individuals who have SUD from overdosing or winding up on the street because they did not receive evidence-based treatment for their SUD because they went to a program that was limited to providing one set of services and not another set of services.

Commissioner Danovitch noted that, when a program includes a psychosocial model and a physical health model, it elevates everyone because the program involves counselors and, hopefully, peers, and everyone becomes familiar with each other's language and better at delivering an integrated care experience. He stated that this is prevention that is farther downstream; prevention to school-age children is also needed.

Commissioner Bunch asked why contracts are given to large counties that then contract with smaller programs.

Deputy Director Orrock stated that Los Angeles County is the epicenter of this problem. Counties that are the epicenter of a problem tend to develop programs and services that must be developed to meet the needs of the community. He stated that Los Angeles County is doing that and has, by necessity, become a leader in this area and can provide technical assistance to help other counties that are dealing with this significant challenge. He noted that three counties from other regions throughout the state will also be a part of the County Best-Practice Pilot Project.

Commissioner Mitchell stated that the site visit in Los Angeles highlighted the disproportionality in the medications made available to communities. She asked about the medication distribution in this plan, particularly buprenorphine, to areas such as Skid Row.

Commissioner Danovitch agreed that there are well-documented disparities between access to medication treatments between individuals of different races and socioeconomic status. Also, the types of treatment, historically, have been the subject of racist policy. He stated that efforts continue to address some of the policies that contribute to the issue. The proposed plan focuses on ensuring that the programs that are providing care for SUD have access to appropriate medical service in addition to psychosocial service.

Commissioner Tamplen suggested including RFPs in the proposal to open it to providers that have already been doing the services. She stated that community-based organizations can apply and show that they not only can do this, but can reach more people faster with less overhead.

Commissioner Rowlett agreed and stated that contracting with community-based organizations through an RFP process can increase integrated care and ultimately expand capacity. He stated that, maybe the RFP process is more rigorous and taxing for staff in dealing with more entities; however, the outcomes and what would be tested would be tremendous and have superior value to contracting with counties alone.

Commissioner Chambers stated that counties contract with community-based organizations. She noted that community-based organizations have an issue with securing doctors who can prescribe medications. She stated that contracting with counties may bring medical providers in who can partner with community-based organizations for a robust program.

Chair Madrigal-Weiss asked Executive Director Ewing to share his thoughts on these issues.

Executive Director Ewing stated that he is hearing concerns about sole source versus competitive. He stated that the challenge with competitive procurement is the focus on

taking a handful of opportunities to learn from. The challenge is so large in Los Angeles and there is a ready willingness to engage on this strategy, particularly around technical assistance to community providers who will benefit from the funding to add MAT to the array of drug treatment services they provide. It is also valuable to learn how this investment can impact the access and quality of care in other parts of the state, particularly the Central Valley and the Superior Region.

Executive Director Ewing stated that the proposal was up to three additional counties, but the county behavioral health director will not necessarily be the contractor. He stated that the contractor could be a community-based organization. The Commission is trying to provide incentive dollars to the gap in the quality of care in the state of California. The gap is caused by now being able to help providers get over the change in the standards in a way that will allow them to benefit from the newly-available revenues under financing changes that are being implemented. This is a short-term patch to help the provider community learn.

Executive Director Ewing stated that the Commissioners' comments are about the tension between the dollars going to a county behavioral health department, which would then contract with community-based organizations. The plan is to sit down with the community and figure that out and find the right kinds of partners because, in the scale of the problem, the $20 million is nowhere close to what is needed. It is important to be strategic.

Executive Director Ewing suggested, if Commissioners are hesitant on the sole-source issue, giving staff direction to move forward with this work but to withhold entering into contracts until staff can present options to the Commission at the January meeting.

Deputy Director Orrock stated the hope is to move forward with the Commission's approval of the plan but not necessarily for specific contractors.

Commissioner Bunch suggested changing the wording of the motion to indicate that the Commission is not just entering into sole-source contracts.

Executive Director Ewing stated that a motion and vote are not required at this time because no funding is being spent. He suggested directing staff to flush out the proposal and to bring the spending proposal back to the Commission at the January Commission meeting. The recommendation is to leave the sole-source contracting on the table since RFPs are difficult when trying to achieve something that is specialized with fewer providers who can do that.

Executive Director Ewing stated that sole-source contracting allows the Commission to negotiate a strategy with individual partners. He stated that Los Angeles is a key partner because of their willingness, readiness, and scale of need, but they are not the only community struggling with this issue. It is important to ensure that lessons are learned about designing strategies to deliver services in rural communities with and without local providers.

Commissioner Danovitch spoke in support of the original motion and sole-source contracts. He stated that a competitive process is always better when it is possible but the Commission needs to work with counties that can do the technical assistance that get what this project is and can demonstrate that it is possible. In the spirit of

effectiveness, focus, and acceleration, Los Angeles County was identified. The Substance Abuse Prevention and Control (SAPC) program was very engaged with the county. The hope is that, in demonstrating success, momentum could then be generated to bring in more funds to do this broadly.

Commissioner Danovitch agreed that perhaps there are other entities that can do this, but stated that he worried that a slower process with more steps will hinder progress and there is a cost in the delay.

Commissioner Bunch suggested at least encouraging counties to do the work themselves and not contract it out.

Commissioner Danovitch stated that counties are structured to rely on programs to deliver services.

Commissioner Mitchell asked if Los Angeles County was the only county ready. Other counties have the same need.

Deputy Director Orrock stated that the proposal is that Los Angeles County is the best first step. The thought was to start there while identifying counties in each of the other three regions.

Commissioner Rowlett stated that he did not appreciate the mention of the opportunity cost if the Commission did not approve sole-sourcing today. He asked for additional detail on those costs in waiting until January.

Executive Director Ewing stated that the difference between now and January is not a great amount. He stated that the question is the confidence that staff is heading in the right direction and whether staff will do a tremendous amount of work and then pivot come January. Staff does not often come to the Commission for sole-source contracts of this scale. One of the issues is the timing – the funds must be encumbered by June 30, 2024. He noted that it is difficult to do a competitive procurement in seven months.

Executive Director Ewing stated that the main reason for sole-sourcing in this case is it is a specialized procurement. What is happening in terms of access to SUD services is different in Los Angeles than it is in other counties based on how their SUD agencies are organized. He stated that, in some counties, it is the behavioral health director or it is an agency structure. Then, there is the mix of community providers and their willingness and readiness to participate. Then, there is the availability of the prescribers in those communities. He noted that, for the Commission to do a competitive procurement to reflect that array of complexities in a short timeframe, it would not be fair and reasonable for the community to drop everything in November or December to put a proposal together for what in essence is not a lot of funding relative to the need.

Executive Director Ewing stated that, instead, what staff is asking is to allow staff to sit down with key partners to figure out who is ready to go and what seems reasonable for that goodness of fit of where the impact will be the greatest and where the capacity of local providers are aligned. He stated that, although not all counties have been surveyed, staff has had conversations with the provider community and with some counties. He stated the need to put this before the Commission to see if staff is headed

in the right direction before investing a significant level of additional staff time to try to figure this out.

Commissioner Rowlett stated the understanding that the opportunity cost is associated with the June deadline. He agreed with Commissioner Danovitch that a competitive procurement is always more ideal. He stated the need to ensure to the public and staff that the process appears as rigorous as possible. He asked to pause and provide additional information at the January meeting that addresses Commissioner concerns.

Commissioner Brown stated that the language is nebulous in terms of county organizations. He asked if jail-based MAT programs will be eligible under the change in the Mental Health Wellness Act. The justice-involved population is a captive audience with large numbers of individuals ready for treatment with a historically high level of success that sometimes does not exist in community-based treatment programs, where individuals are out with a lot of temptation and “friends” who divert them down wrong paths.

Commissioner Brown stated that jail-based treatment often precedes community-based treatment. Many jails have waiting lists of inmates who want treatment that jails cannot provide without a budget for the pharmaceuticals and additional medical staff. He stated that there are a variety of other funding sources available. $20 million will not solve the problem.

Commissioner Brown stated that Los Angeles County presents a unique situation because of the size, magnitude, and scope of the problem they must deal with. He stated that he was fine with including Los Angeles County in the pilot project; however, it is less clear on how the other counties will be selected and what type of program will be available to counties that want to participate in the pilot project, particularly if it has some connection with criminal justice agencies.

Deputy Director Orrock stated that he believed that the funds will be available to jail-based services. He stated that the plan is to come back in January specifically with how those counties will be selected. Today’s discussion has been helpful in terms of determining the criteria the counties will need to meet to reach individuals in need of these services.

Chair Madrigal-Weiss stated that Commissioners want to come back in January to flush it out. Commissioners do not disagree with Commissioner Danovitch’s proposal but there is concern about how the other counties will be identified. She agreed that Los Angeles County should be included in the pilot project.

Executive Director Ewing stated that what came out of the strategic planning discussion is the clear recognition that there is so much unmet need out there that it is difficult to allocate $20 million, as much money as that is.

Commissioner Danovitch stated that the biggest challenge is not getting things done. He stated that he agreed with Commissioner Brown that the jail population needs services; however, he stated that other populations also need services. Although there are many good reasons to start in many other places, he stated that the team chose one place where the pilot project could be effective, responsive, and quick. He noted that this is a situation of not letting the perfect be the enemy of the good enough. He

urged the Commission to use Los Angeles County as a demonstration project, and then use the momentum to scale it in other areas.

Commissioner Danovitch moved to approve the staff recommendation. He stated that he preferred his motion to be voted down over deferring this discussion to the January Commission meeting.

Chair Madrigal-Weiss seconded the motion.

Public Comment

Richard Gallo suggested that the Commission hire a peer worker as part of the SUD team with a livable wage.

Laurel Benhamida, Ph.D., Muslim American Society – Social Services Foundation and REMHDCO Steering Committee, stated that the Commission is between a rock and a hard place. She stated that, traditionally, this money would have quickly gone out and it would have mostly served individuals who already have some access. There are now voices in the room and at the table who are encouraging taking more time to ensure that evidence-based practices are based on those populations and save some of those lives. She stated that the Commission can go fast and save lives that would have been saved in the past, ignoring people of color, refugees, immigrants, and non-English language speakers, or it can take a little more time to reach out to those who have not been served. Either way, people are going to die due to this bad situation.

Dr. Benhamida stated that she was handed Narcan at the Sacramento County Opioid Coalition meeting and the Peer Conference. This is an amazing change for something like Narcan to be handed out for free at these events. This reflects the difficult position the Commission is in and their conversation today. She encouraged considering intentions and the Commission's role in doing demonstration projects that meet those communities that have not been served before. She stated that Janet King once said, "Many evidence-based practices make our people sicker."

Commissioner Discussion

Commissioner Brown stated that the language in the Staff Report is "a pilot project in Los Angeles County and up to three additional counties" with the three regions mentioned. He asked how the decision will be made between now and January on whether all the funding goes to Los Angeles County or whether one, two, or three other counties will be included.

Executive Director Ewing stated that it will be based on the framework being articulated in the strategic plan. He stated that there is not enough funding to include more than three other counties. It is important to have a rural experience, the Central Valley, and the Superior Region. He stated that the number of counties to include in the pilot project will be determined by how far the limited funding can be stretched. Only including one county decreases the learning potential. Two or three is better. He noted that there may not be enough funding to include a fourth county, which is why the proposal states "up to three additional counties." He stated the hope that two other counties can be included. It is a question of who is interested, who has the capacity, and how much funding is available.

Commissioner Brown stated that the language is so nebulous that Commissioners do not know what they are voting on. He suggested the friendly amendment to support the approach of “a small, medium, and large county pilot project with the funding split accordingly” to address the lack of medical expertise of some of the current providers. He agreed that Los Angeles County should get the large county funding because they are the largest county with the largest problem. One small and one medium county should be included in the pilot project rather than the originally-proposed regional approach, since it is questionable that the funding can stretch that far.

Commissioner Danovitch suggested stating “up to three but at least two additional counties.” He agreed with including a medium county and a small county but it depends on who is willing, able, and ready to participate.

Commissioner Brown stated that many entities will respond at a moment’s notice. There are enough individuals engaged in MAT both in and out of custody that there would be plenty of entities that would want to expand existing programs.

Commissioner Danovitch asked about the language being suggested to clarify the county participants.

Commissioner Brown stated that he would like to keep the language to the original idea of trying to address this lack of clinicians who can prescribe medications. If that is the need, address that. He stated that he suspected that the cost of pharmaceuticals may be an issue for some entities, so the language should not be limited to clinical staff.

Chief Counsel Margolis provided clarification on the process. He stated that the Commission has been presented with an outline proposal. He suggested treating the outline proposal as a guideline of what staff intends to do, pursuant to Commissioner direction. Legally, the motion calls for an allocation by the Commission for $20 million. It contains a reference to sole-source contracts, but beyond that there is nothing else in the motion. Upon authorization for staff to move forward, work will continue to be done to identify counties, community-based organizations, technical assistance providers, and everyone else involved. Staff will come back seeking approval at the January Commission meeting for the specific contracts and the amounts.

Chief Counsel Margolis suggested not getting too mired in the wording of the outline because, while important, it is not part of the legal motion today. He asked Commissioners to look at the motion to see if it can be approved or if it needs to be changed.

Deputy Director Orrock stated that staff will include Commissioner suggestions in identifying counties that may participate in the pilot project.

Commissioner Brown stated that the staff recommendation is an overarching summary of the Staff Report but does not detail the number of counties.

Commissioner Danovitch stated that the motion asks to approve the allocation of the funding. He suggested incorporating Commissioner Brown’s friendly amendment to ensure reasonable distribution of different counties besides Los Angeles County.

Deputy Director Orrock stated that this agenda item was meant to be a two-step process. Today’s approval was to allocate the funds and authorize pursuit of sole-

source contracts for the different areas of funding. Today's feedback will be incorporated into the plan that will be presented for review and approval at the January meeting.

Commissioner Brown asked if his friendly amendment to do this based on the size of the counties rather than the originally-proposed regional division of the counties will cause unforeseen problems for staff.

Executive Director Ewing stated that it depends on the difficulties in finding a small- and a medium-sized county that are ready to go. Also, there are massive reforms being implemented in the mental health system through California Advancing and Innovating Medi-Cal (CalAIM), so local partners are overburdened. He suggested that the motion authorize the use of the $20 million to find if it is in the public's interest to do this through sole-source contracts and to work with Los Angeles County and no less than two additional counties, ideally one small and one medium, to develop a program to improve access to MAT where necessary under the direction of Commissioner Danovitch and to report back to the Commission as soon as possible on the proposal. He noted that the tension is over whether it is a two-step process for staff to do the work and then seek approval of individual contracts versus having the authorization to move forward and sign the contracts and then report out on the results.

Commissioner Brown agreed. He stated that the only adjustment to the original motion is that there be two other counties, one small and one medium, under the state's definition. Staff would present a progress report to be approved at the January meeting, as proposed.

Deputy Director Orrock suggested that the motion say that "the pilot project will include Los Angeles County and at least two additional counties."

Commissioner Mitchell asked for verification that staff will report out on how the two additional counties were selected at the January meeting.

Deputy Director Orrock agreed.

Chief Counsel Margolis stated that the current motion is that "the Commission approves allocation of $20 million in Mental Health Wellness Act Funds with 20 percent set aside for technical assistance, evaluation, and project management through sole-source contracts to support evidence-based substance use disorder treatment and to address service gaps to reaching the American Society Addiction Medicine standards, with the Commission contracting with Los Angeles County plus two additional counties for this project."

Commissioner Chambers questioned identifying Los Angeles County.

Chief Counsel Margolis suggested that the additional language be "with the Commission contracting with three additional counties for this project."

Commissioner Brown stated that he was under the impression that Los Angeles County had already been identified. He noted that the Staff Report states "incentivize best practice through a pilot project in Los Angeles County and up to three additional counties." He stated that his friendly amendment was specifically about changing the

regional approach to a small- and medium-county approach. He noted that Los Angeles County has already been identified for the pilot project.

Commissioner Danovitch suggested that the motion state that “the Commission approves three counties in the allocation of $20 million in Mental Health Wellness Act Funds...”

Commissioner Brown stated that the problem with using the “up to” language as in the Staff Report is that Los Angeles County may request all $16 million, which is not necessarily appropriate. The $16 million should be divided up equitably.

Chair Madrigal-Weiss agreed and suggested accepting the friendly amendment to equitably divide the $16 million between the three counties.

Commissioner Rowlett stated that that is part of the conversation here. The original motion did not specifically include Los Angeles County.

Commissioner Brown agreed but stated that the Staff Report makes it clear that Los Angeles County has been identified for the pilot project. He stated that his friendly amendment was to support the approach of a small, medium, and large county pilot project.

Deputy Director Orrock stated that the large county would be justified in the presentation at the January meeting, just like the small and medium counties. Information would also be provided about Los Angeles County and why Los Angeles County was selected.

Chair Madrigal-Weiss agreed with not listing Los Angeles County specifically.

Commissioner Rowlett agreed that Los Angeles County should have the same criteria as the small- and medium-county listing in the motion.

Commissioner Brown restated that his friendly amendment was to support the approach of “a small, medium, and large county pilot project with the funding split accordingly.”

Chief Counsel Margolis stated that the current motion is that the Commission approves allocation of $20 million in Mental Health Wellness Act Funds with 20 percent set aside for technical assistance, evaluation, and project management through sole-source contracts to support evidence-based substance use disorder treatment and to address service gaps to reaching the American Society Addiction Medicine standards, with the Commission contracting with three counties – one small, one medium, and one large – as well as other entities.

Deputy Director Orrock suggested adding “in the pilot project.”

Commissioner Danovitch and Chair Madrigal-Weiss accepted Commissioner Brown’s friendly amendment.

Action:

- *The Commission approves allocation of $20 million in Mental Health Wellness Act Funds with a 20 percent set-aside for technical assistance, evaluation, and project management through sole-source contracts to support evidence-based substance use disorder treatment and to address service gaps to reaching*

American Society Addiction Medicine standards, with the Commission contracting with three counties – one small, one medium, and one large – as well as other entities in the pilot project.

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

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

[Note: Agenda Item 9 was taken out of order and was heard after Agenda Item 11.]

9: Legislative Priorities for 2024

Chair Madrigal-Weiss stated that the Commission will consider legislative priorities for the 2024 legislative session. She stated that the Commission has prioritized an active role in policymaking related to mental health, including promoting legislative priorities consistent with the direction of the Commission, typically in the form of recommendations adopted through the Commission's policy projects.

Chair Madrigal-Weiss stated that, at the October meeting, the Commission heard from Kendra Zoller, Deputy Director of Legislation, regarding potential legislative priorities for 2024 including carryover legislation from 2023, previously sponsored legislation that was unsuccessful, and recommendations from the Commission's policy reports that have yet to be implemented. She stated that the Commission will continue that discussion today. She asked staff to present this agenda item

Ms. Zoller provided an overview, with a slide presentation, of the recommended top three opportunities for 2024, identified at the last meeting:

- Establish a leadership structure dedicated to developing schools as centers for wellness and healing.
- Launch a center of excellence on workplace mental health that will establish and implement a research agenda to identify indicators and monitor progress.
- Require the state and counties to have youth advisory boards to provide youth with a platform to better advocate for effective and quality mental health programs.

Ms. Zoller stated that there are other opportunities that the Commission may want to consider beyond these three. She reminded everyone about upcoming Commission reports in 2024, including Impacts of Firearm Violence, Universal Screening, Full-Service Partnerships, and the MHSSA Progress Report. She stated that, if the Commission would like to proceed with the three opportunities highlighted today, Commission staff will move forward to shape the proposals as a way to get them turned into legislation next year.

Commissioner Comments & Questions

Commissioner Gordon referred to the third opportunity and asked for additional details on Assembly Bill 573.

Ms. Zoller stated the Legislature implemented a bill limit in 2021. It was cut for capacity reasons during the COVID-19 pandemic.

Commissioner Gordon stated that Sacramento County put together a youth advisory board as a result of a collaboration between the County Office of Education, the County of Sacramento, and the City of Sacramento. The youth advisory board is effective and visible. Getting other agencies involved is crucial. He asked if the bill can be turned into an incentive rather than a mandate.

Chair Madrigal-Weiss moved that the Commission declare that it intends to sponsor legislation and directs staff to pursue its position with the Governor and the Legislature, which: 1) supports the establishment of schools as centers for wellness and healing; 2) leverages the capacity of employers to improve mental health in the workplace; and 3) encourages the development of youth advisory boards for mental health services and programs.

Commissioner Tamplen stated that she is getting requests about peer support certification going beyond Medi-Cal billing into other health care settings and about young people being able to be peer support specialists. Tying it to Medi-Cal billing is limited to specialty mental health and substance use county services, which are also crucial.

Commissioner Gordon stated that Sacramento County includes this as a future employment pipeline. He noted that young people in community college are paid as peer specialists.

Commissioner Tamplen stated the need for the state to recognize youth peer support specialists when they are too young for a high school diploma. She stated that this is an unnecessary barrier. It is important to be recognized and certified by the state that they have gone through the training, although they do not necessarily have to bill.

Commissioner Gordon agreed and stated that this is crucial to building the future workforce. He stated Sacramento County begins recruiting in middle school and high school. Part of what helped sell the idea was that, if they were a private company, building the future workforce would be a plus to doing business. Funding for salaries for interns and trainees would be available, no questions asked.

Commissioner Gordon stated that the other financial argument is, in order to diversify the workforce so that the people giving the service look like the people they are serving, a lot of these young people will need financial support because they will have to support themselves and their families.

Chair Madrigal-Weiss asked to add that point to the motion.

Chief Counsel Margolis stated that there is no longer a quorum present.

Chair Madrigal-Weiss asked if this agenda item requires a vote or if it can be done by Commissioner direction to staff.

Executive Director Ewing stated that the Commission has already made the recommendation to approve Opportunities 1 through 3 by adopting the School Mental Health and Workplace Mental Health Reports and authorizing prioritizing youth voice.

Ms. Zoller shared that the Commission's portfolio is made up of many recommendations that have already been established.

Executive Director Ewing stated that the peer certification issue would take a vote because that is not something the Commission has discussed and deliberated on.

Chief Counsel Margolis concurred.

Executive Director Ewing stated that staff will move forward to explore options for Opportunities 1 through 3 with members of the Legislature and the Administration and, either through a vote or Commissioner direction, the Chair can ask staff to begin to draft an outline of the issue Commissioner Tamplen raised around expanding peer certification opportunities. He asked if a vote would be required for this.

Chief Counsel Margolis stated a vote is not required at this time. If legislation were created and the Commission were to formally sponsor it, it should be brought back for a vote.

Chair Madrigal-Weiss directed staff to move forward as Executive Director Ewing outlined.

Public Comment

Stacie Hiramoto stated that she shared concern at the last meeting that there was a lack of attention in promoting the reduction of disparities for BIPOC and LGBTQ communities and, although the Commission cares about this, if it is not in writing or is not stated, it often is overlooked.

Stacie Hiramoto stated that, particularly on Opportunity 1, the state leadership on school mental health, she urged including community-based organizations that have relationships with the schools that serve BIPOC and/or LGBTQ communities. She stated that she is hearing more and more from consumers and families that they do not feel comfortable on school campuses. She stated that, although she would love for them to feel comfortable and she knows that the schools do their best, sometimes community-based organizations are needed to serve as the cultural broker. Those representatives should be on that leadership team.

Stacie Hiramoto stated the hope that there will be representatives from school districts in low-income areas. She stated that she recently attended the Breaking Barriers Conference with a number of schools, parents, and youth but they did not tend to be from low-income areas. Opportunities 1 and 3 need to include low-income individuals.

Angela Vazquez, Policy Director, The Children's Partnership, stated that she offered The Children's Partnership support in pursuing legislative and advocacy opportunities around building youth leadership, especially to youth of color across the state.

Angela Vazquez stated that The Children's Partnership and REMHDCO successfully worked with Assembly Member Holden's Office to pass Assembly Bill (AB) 289, which requires counties to include young people as well as representatives from organizations that serve communities of color on county MHSA boards and commissions. She stated that she looks forward to partnering with the Commission on ensuring quality implementation of AB 289 across all 58 counties.

Angela Vazquez stated that, per the discussion around peer support certification for young people under 18, that is a high policy priority for The Children's Partnership in particular as a result of the Children and Youth Behavioral Health Initiative (CYBHI) selection as administrator for a high school peer support demonstration pilot. She stated that one of the policy outcomes the Children's Partnership is aiming for with this pilot is to create a way for young people to get paid for being peer support specialists on their campus. It is a widely-held misconception that federal law requires peer support specialists who are reimbursed by Medicaid to be 18 or older. There is no such regulation or federal policy. She offered her organization's thought partnership for making that a reality for young people under 18 years of age in California.

10: Lunch

The Commission took a 5-minute break and returned for a working lunch.

11: Los Angeles County Innovation Project

Chair Madrigal-Weiss stated that the Commission will consider approval of $100,594,450 in innovation funding for Los Angeles County's Children's Community Care Village (CCCV) project. She stated that the Commission received an early draft of the CCCV proposal in January of 2023. The proposal seeks to improve mental health outcomes for children through the leveraging of innovation dollars with additional funding streams to create a new mental health continuum of care for all children, with a particular focus on children ages 5 to 12 who live in South Los Angeles County.

Chair Madrigal-Weiss stated that this proposal aims to serve Service Area Six, which includes the cities of Athens, Baldwin Hills, Compton, Crenshaw, East Rancho Dominguez, and Watts, with racial and ethnic demographics mainly of African American and Hispanic populations. After initial technical assistance to discuss the Commission's concerns regarding the use of innovation funds for capital investment, several Commissioners and Commission staff went to Los Angeles for a site visit on June 21, 2023.

Chair Madrigal-Weiss stated that, following the site visit and additional technical assistance, the county proposes to reduce the amount of innovation funding allocated for capital and will utilize $25 million from their Capital Facilities and Technical Needs funds. The county is now requesting a total of $100,594,450 of innovation funds over a five (5) year period to fund both operational costs ($34,825,198) and capital costs ($65,769,252).

Commissioner Bunch recused herself from the discussion and decision-making with regard to this agenda item pursuant to Commission policy.

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

Kalene Gilbert, Mental Health Program Manager, Los Angeles County Department of Mental Health, provided an overview, with a slide presentation, of the need, proposed project to address the need, innovative components, learning goals, and budget of the CCCV. She stated that the county partners with Kedren Health to help provide children's mental health services.

Commissioner Comments & Questions

Chair Madrigal-Weiss stated that the Commission has had questions and concerns about the project. She stated that she is uncertain that the shifting of some of the funding has addressed those concerns. She asked a series of questions:

1. Should innovation funds be used when there are potentially other sources of funding, such as CFTN funds, available to build structures?

No response was received for this question.

2. Los Angeles County's Hollywood 2.0 Innovation project was approved in 2019 for a little over $116 million. This project faced several delays before launching. Does the county have the capacity to take on another $100 million project?

Ms. Gilbert stated that the Hollywood 2.0 community-based project suffered delays because of the COVID-19 pandemic and other factors. Over the past year and a half, the county has been in a much better position with issues such as hiring, building capacity, and bringing on a manager. Hollywood 2.0 now is experiencing great momentum. Also, implementation strategies have been improved.

Ms. Gilbert stated that a good portion of the necessary capital is ready to be spent on the current proposed innovation project within the first two fiscal years. The remaining service portion is what will need to be built up over the five-year period.

3. In the past, the Commission has approved Los Angeles Innovation plans before the County Board of Supervisors has approved, and then it has taken years for the county to obtain the final approval from their board. This is unacceptable considering the high level of need for services in Los Angeles County.

Ms. Gilbert deferred to Dr. Wong to answer this question.

Lisa Wong, Psy.D., Director, Los Angeles County Department of Mental Health, stated that that will not happen again. She stated that a different administration is now in place with mental health. She stated that the project has not yet formally been taken before the board because the Department wanted to first receive feedback from the Commission. She noted that objections are not anticipated because it is well recognized how needed this project is. She stated that the Department is excited about the possibility of bringing services together in a novel way.

Chair Madrigal-Weiss welcomed comments from Commissioners. She stated that she would specifically like to hear from those who participated in the site visit to share their thoughts on the visit and the revised proposal.

Commissioner Chambers asked about the number of peer support workers the county plans to hire, especially youth peer support workers.

Ms. Gilbert stated that, for peer supports and services, a component was included in this project that included family advocates or parent partners who would be on campus to support their families on-site and engage within the community. She stated that there is an opportunity for community engagement for both parent partners and youth. This helps raise awareness about services and service availability.

Commissioner Chambers asked about the number of consumers who were engaged in the community process and the process to select a bidder for these services.

Ms. Gilbert stated that, when she came on board, there were active individuals with lived experience and community members who were part of the board who helped to develop this project on the Kedren side. She stated that Kedren Health, the identified partner with this project, was presented to the community for comment but no comment was given.

Commissioner Chambers asked if it is common for a large project to already have selected one contractor to do all the work.

Dr. Wong stated that it is not uncommon when talking about large-scale projects that are building on existing components. The proposed project is taking from existing services and programs, tying them together in a different way on the Kedren Health campus, and then adding missing components. Although it is a unique situation, it has been done before.

Commissioner Chambers stated concern that the process was not open for other entities to bid. She stated that it seems that counties get comfortable with who they already know and trust, but this does not allow for real innovation and integration for other entities doing the work. She encouraged reaching out to other entities who are doing the work that are not the county's regular contractors. The MHSA is moving to more of a Medi-Cal model that provides the opportunity for Los Angeles County and other counties to look at providers who will lose most of their budget to allow them to do this work too.

Dr. Wong stated that the Department shares those concerns and has opened its capacity to smaller community-based organizations. That has been part of intentional outreach that the county continues to pursue. This was a unique opportunity with an available campus for the proposed project to do work that could not be brought together otherwise.

Commissioner Chambers stated that she is referring to legal entity contracts. Community-based organizations need to do business with the county on not just one-time short-term. The focus should be looking at small community-based organizations and how their capacity can be built to do business as a partner with the county with a legal entity contract.

Dr. Wong stated that the county is working on that also. It started with the Incubation Academy and it has plans to grow those efforts.

Commissioner Danovitch stated that the proposed project is vital. He stated concern about how well the project will map onto what innovation is supposed to do. The innovation mechanism is designed to enable evaluation of new practices, initiatives, and projects that can be stood up quickly, learned from, and then not only sustained but disseminated to other areas. This is a project that provides invaluable services and facilities, but the learning and evaluative components of it appear to be small. The link to Chair Madrigal-Weiss's Hollywood 2.0 question is that one of the learnings for the Commission is the complexity of executing these complex, multifaceted projects that

involve services, facilities, and other pieces through the innovation mechanism in a way that can produce learning.

Commissioner Danovitch stated that there are unspent MHSA funds that could be available. He suggested dedicating and allocating them to this meritorious project. He asked, with the innovation lens, what the learnings would be to enable other counties to see this, if it were to be successful, and implement the same thing without a commensurate capital and services budget to capitalize the innovation.

Ms. Gilbert stated that the biggest piece that the Department is looking to offer with the proposed project is coordination of care. She stated that the existing campus will provide the opportunity to learn how to better integrate care, even if all services are not at one site. The ability to hone in on good coordination that stands outside of the services and guides families through the process is one of the bigger learning opportunities.

Dr. Wong stated that the big learning from the proposed project is taking separate, valuable pieces and weaving them together in a way where families can benefit at an exponential level, where everything wraps around the child in need and their family, and increases in positive outcomes can be seen because of that.

Commissioner Danovitch asked if the Department has looked at the unspent MHSA funds that could be applied to the proposed project. He stated his understanding that there will be unanticipated funds coming in this year. He asked if those funds have been allocated.

Dr. Wong stated that one of the first things she did when she started in this role was to research the encumbrances and allocations planned for all the existing MHSA funds. She stated that, before SB 326, the county was on track for full utilization of its MHSA funding. There is no funding available for another big project that meets the expectations for something that is innovative.

Commissioner Carrillo spoke in support of the proposed project. She stated that, during the last three years, East and South Los Angeles have experienced the most COVID-related impacts, both in COVID positives and COVID deaths. Young people across Los Angeles County, specifically in East and South Los Angeles, have experienced the most hardship. She stated that, although there are questions on using innovation funding for the proposed project, she wanted to put into perspective that the rising costs within Los Angeles are very real and gentrification within these communities is also very real. Land is incredibly expensive. Building a project that is owned by the Kedren Mental Health Center that is also facilitating wraparound services at one specific location is critical because individuals are having to go further and further away for services, which is not helpful to community or to young people.

Commissioner Carrillo stated that it is innovative to use the funds to build what is needed in South Los Angeles and to ensure that these communities that have been ignored, under-resourced, and under incredible pressures have the resources right at home where they need it, while the Kedren Mental Health Center does not have to worry about having to renew a lease within five years, having to pay rent, or potentially losing their building because they do not own it. She stated that she is seeing

community centers displaced at the end of their lease so something more lucrative can be put in their place, which forces the community to travel further for mental health resources. Individuals need resources, specifically resources that are culturally and linguistically sensitive to those communities.

Commissioner Carrillo stated that the proposed innovative project also provides an opportunity to learn what destigmatizing mental health looks like and to ensure that, at the end of the day, the community of South Los Angeles and its neighboring communities have access to what they need. Continuing to delay these types of projects means continuing to delay the health, wellbeing, and mental health of young people and their families.

Commissioner Carrillo thanked the Commission for the conversation and the presentation and for its commitment to mental health. She stated the community needs this, and it is innovative to provide the resources to be able to build the structures and facilities necessary to provide already hurting communities with the resources that they need. She restated her strong support for the proposed project to ensure that young people and their families in South Los Angeles have access to these critical and necessary mental health resources.

Commissioner Brown questioned whether this is the right funding vehicle for the proposed project and whether the project is innovative under the definition being used. He stated the Commission has been rigorous in holding many other counties accountable to those that have not adhered to the innovative elements that are required and has turned down projects. He asked the county representatives how the proposed project is innovative because the individual elements do not seem to be particularly innovative.

Ms. Gilbert stated that the proposed project includes new practices that do not currently exist in Los Angeles County:

- The crisis residential program is at a level of care that the county currently does not have and cannot find in the state.
- The project provides the opportunity to see how well both crisis and hospitalization can be mitigated.
- Onsite housing is also an untried practice to see if having support for families reduces disruption and to see if having that increased level of support and care improves outcomes.
- The project ties all this together with the coordination piece.

Commissioner Gordon stated that he has some of the same concerns about the innovativeness of the proposed project. He stated that it seems that this area of Los Angeles has a lot of underserved families. It is difficult for them to travel to different locations and the project site might be closer. He asked about the number of schools that are in the catchment area, if there are plans to partner with schools, and if there are ways to bring service providers to the schools or families to the Kedren Mental Health Center. Particularly for mental health, a lot of the willingness of young people to come

forth is based on relationships and trust. Those are not developed at a distance. Children are required to be in school 180 days a year for 15 to 16 years.

Ms. Gilbert stated that the Department discussed ensuring that youth can maintain in their school of origin, which will require the Intensive Care Coordination (ICC) Team role to not only engage with the school and the family but to ensure transportation and support to minimize disruption. She stated that, regarding this project, Kedren Health has multiple relationships with schools and the community and, on a systems level, Los Angeles County has a large investment in school services to ensure that not only are providers on site and engaging within schools but also that coordination is happening among them and that areas of highest risk have additional community supports that they need. On the systems and provider levels, that engagement is happening. She stated that the plan for this project is to work not only with youth and their families but with those in their life community to ensure that they have that support.

Dr. Wong added that that is one of the differences about this project. The separate components and what they can contribute are already known, but having this in the community has not brought about success. What has been missing is providing high acuity crisis management available for children and having the housing on the other end of that. This meets a continuum of needs for these children and families but also helps strengthen a family to stay together. She noted that what makes this project unique is that it does everything from top to bottom and ties it all together to wrap around these families.

Commissioner Robinson stated that he also questions some aspects of innovation. He asked about recurring cost services and how the effectiveness will be evaluated and the model improved.

Ms. Gilbert stated that an independent evaluation component is included to ensure that certain data points are being tracked and outcomes are being achieved.

Chair Madrigal-Weiss stated that, although she understands that services are needed in the community, she is still struggling with the innovation piece. Innovation is supposed to drive learning; new is not necessarily innovative.

Commissioner Brown stated that he was struck that perhaps what is innovative is not what is being emphasized but is more about having the one-stop shop for families.

Commissioner Gordon agreed and added that, for families in crisis, the opportunity to have housing and services on the same site, to stay together, and to have their kids transported back to their schools of origin is important. He suggested, to bring the project to another level, that the Department reach out to and build relationships with the schools in the catchment areas, not only the ones that have the families in crisis. There is an opportunity to bring the educational system closer to the health system so that there is more of a relationship and a trust. It is important to consider ways to have providers from the site go to the schools and vice versa. This is where prevention can be emphasized.

Dr. Wong agreed that this is important and stated that the project will be working with over 60 schools.

Commissioner Carrillo echoed the sentiment that it is incredibly innovative to have a one-stop center and a place where schools are involved, housing is incorporated, and additional departments are part of the program, especially in this community that is under-resourced and has been ignored for quite some time.

Commissioner Carrillo stated that the makeup of the Los Angeles Board of Supervisors is very different today than it was in previous years, when it took years to approve projects of this magnitude and to coordinate all the agencies and departments needed to provide mental health for families and children.

Commissioner Carrillo emphasized that the proposed project is very innovative in this moment in 2023 and asked to move this project forward, for a community that needs it the most, for a community that is in dire need, and for a community that has oftentimes not had the resources to destigmatize mental health. She stated that mental health is an everyday part of life. This project can provide this to the South Los Angeles community.

Commissioner Carrillo stated that this project is Los Angeles's vision for mental health and for the community of South Los Angeles, which is predominantly African American and Latino and is low-income with a large population of individuals who are undocumented or mixed-status families who already do not have health care or resources and are marginalized. They have experienced and continue to experience the most hardship in the middle of a changing and transforming Los Angeles in which gentrification continues to creep up in certain communities, making land more expensive each day.

Commissioner Carrillo urged the Commission to support this project and deliver mental health resources and services to the community of South Los Angeles.

Commissioner Brown referred to the Capital Costs – Non-recurring section of the Staff Report and stated that this section cobbles together a variety of different sources as the additional funding, $25 million of which is MHSA Capital Facilities and Technological Needs (CFTN) funds that states "pending Commission approval of innovation funds." He asked if that automatically means that that $25 million would be eligible for the rest of it, if the Commission were to approve this as an innovation project.

Executive Director Ewing stated that the funds are already in the county's budget. Counties must set aside a portion of those funds for innovation and put them into a separate innovation account but they are only allowed to spend them upon Commission authorization. There is nothing in the law that prohibits the Commission from determining that using funds for capital facilities is innovative. The law specifies that innovation is a difficult concept to define and that the Commission shall use its judgment to determine what qualifies.

Executive Director Ewing stated that the Commission's approving the proposal today also approves the county accessing those dollars, upon approval of the county board of supervisors.

Public Comment

Richard Gallo stated concern that the proposed project does not sound like it was community- and family-driven. If not, then it is a county plan. The speaker asked about the number of individuals engaged to provide feedback about what is needed and about

gaps in that service area. The speaker stated it would save funding to have a robust community planning process.

Richard Gallo suggested including a respite residential crisis program instead of an institutionalized crisis program. The cycle needs to be broken. Children and youth need a different environment to deal with their traumatic experiences and to thrive. The speaker urged the Commission to think before voting on the proposed project, as much as that community needs resources.

Doug Bond, President and CEO, Amity Foundation, spoke in support of the proposed project.

Pastor William Smart, Jr., President and CEO, Southern Christian Leadership Conference of Southern California, spoke in support of the proposed project.

Action: Chair Madrigal-Weiss asked for a motion to approve the staff recommendation. Commissioner Carrillo made a motion, seconded by Commissioner Brown, that:

- *The Commission approves Los Angeles County's Children's Community Care Village Innovation Project for up to $100,594,450 over five (5) years.*

Motion passed 9 yes, 0 no, and 1 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Brown, Carrillo, Chambers, Gordon, Mitchell, Robinson, Rowlett, and Tamplen, and Chair Madrigal-Weiss.

The following Commissioner abstained: Commissioner Danovitch.

Commissioner Bunch rejoined the meeting.

12: Innovation Funds & Behavioral Health Reform

Chair Madrigal-Weiss tabled this agenda item to the next meeting.

13: Adjournment

Chair Madrigal-Weiss thanked everyone for their participation and engagement and stated that the next Commission meeting will take place on January 25th, 2024, in Santa Barbara. She stated that the January agenda is filled with information and voting on important issues including the MHSSA Request for Applications (RFA), finalization of the Commission's Strategic Plan, and more on the SUD contracts. A presentation is anticipated from the Office of Suicide Prevention on the implementation of Striving for Zero: California's Strategic Plan for Suicide Prevention 2020-2025.

There being no further business, the meeting was adjourned at 3:09 p.m.

Mental Health Services
Oversight & Accountability Commission

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Motions Summary
Commission Meeting
November 16, 2023

Motion #: 1

Date: November 16, 2023

Proposed Motion:

The Commission approves the October 26, 2023 Meeting Minutes

Commissioner making motion: Commissioner Robinson

Commissioner seconding motion: Commissioner Bontrager

Motion carried 13 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain	Absent	Not Voting
1. Commissioner Bontrager	☒	☐	☐	☐	☐
2. Commissioner Brown	☒	☐	☐	☐	☐
3. Commissioner Bunch	☒	☐	☐	☐	☐
4. Commissioner Carnevale	☒	☐	☐	☐	☐
5. Commissioner Carrillo	☐	☐	☐	☐	☒
6. Commissioner Chambers	☒	☐	☐	☐	☐
7. Commissioner Chen	☐	☐	☐	☒	☐
8. Commissioner Cortese	☐	☐	☐	☒	☐
9. Commissioner Danovitch	☒	☐	☐	☐	☐
10. Commissioner Gordon	☒	☐	☐	☐	☐
11. Commissioner Mitchell	☒	☐	☐	☐	☐
12. Commissioner Robinson	☒	☐	☐	☐	☐
13. Commissioner Rowlett	☒	☐	☐	☐	☐
14. Commissioner Tamplen	☒	☐	☐	☐	☐
15. Vice-Chair Alvarez	☒	☐	☐	☐	☐
16. Chair Madrigal-Weiss	☒	☐	☐	☐	☐

Motions Summary
Commission Meeting
November 16, 2023

Motion #: 2

Date: November 16, 2023

Proposed Motion:

The Commission reelects Commissioner Mara Madrigal-Weiss as Chair of the Mental Health Services Oversight and Accountability Commission for 2024.

Commissioner making motion: Commissioner Carnevale

Commissioner seconding motion: Commissioner Bunch

Motion carried 13 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain	Absent	Not Voting
1. Commissioner Bontrager	☒	☐	☐	☐	☐
2. Commissioner Brown	☒	☐	☐	☐	☐
3. Commissioner Bunch	☒	☐	☐	☐	☐
4. Commissioner Carnevale	☒	☐	☐	☐	☐
5. Commissioner Carrillo	☐	☐	☐	☐	☒
6. Commissioner Chambers	☒	☐	☐	☐	☐
7. Commissioner Chen	☐	☐	☐	☒	☐
8. Commissioner Cortese	☐	☐	☐	☒	☐
9. Commissioner Danovitch	☒	☐	☐	☐	☐
10. Commissioner Gordon	☒	☐	☐	☐	☐
11. Commissioner Mitchell	☒	☐	☐	☐	☐
12. Commissioner Robinson	☒	☐	☐	☐	☐
13. Commissioner Rowlett	☒	☐	☐	☐	☐
14. Commissioner Tamplen	☒	☐	☐	☐	☐
15. Vice-Chair Alvarez	☒	☐	☐	☐	☐
16. Chair Madrigal-Weiss	☒	☐	☐	☐	☐

Mental Health Services
Oversight & Accountability Commission

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Motions Summary
Commission Meeting
November 16, 2023

Motion #: 3

Date: November 16, 2023

Proposed Motion:

The Commission reelects Commissioner Mayra Alvarez as Vice Chair of the Mental Health Services Oversight and Accountability Commission for 2024.

Commissioner making motion: Commissioner Tamplen

Commissioner seconding motion: Commissioner Bunch

Motion carried 13 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain	Absent	Not Voting
1. **Commissioner Bontrager**	☒	☐	☐	☐	☐
2. **Commissioner Brown**	☒	☐	☐	☐	☐
3. **Commissioner Bunch**	☒	☐	☐	☐	☐
4. **Commissioner Carnevale**	☒	☐	☐	☐	☐
5. **Commissioner Carrillo**	☐	☐	☐	☐	☒
6. **Commissioner Chambers**	☒	☐	☐	☐	☐
7. **Commissioner Chen**	☐	☐	☐	☒	☐
8. **Commissioner Cortese**	☐	☐	☐	☒	☐
9. **Commissioner Danovitch**	☒	☐	☐	☐	☐
10. **Commissioner Gordon**	☒	☐	☐	☐	☐
11. **Commissioner Mitchell**	☒	☐	☐	☐	☐
12. **Commissioner Robinson**	☒	☐	☐	☐	☐
13. **Commissioner Rowlett**	☒	☐	☐	☐	☐
14. **Commissioner Tamplen**	☒	☐	☐	☐	☐
15. **Vice-Chair Alvarez**	☒	☐	☐	☐	☐
16. **Chair Madrigal-Weiss**	☒	☐	☐	☐	☐

Motions Summary
Commission Meeting
November 16, 2023

Motion #: 4

Date: November 16, 2023

Proposed Motion:

That the Commission approves the Consent Calendar that includes the allcove® Sacramento Multi-County Innovation Project for up to $10,000,000 over five (5) years.

Commissioner making motion: Commissioner Brown

Commissioner seconding motion: Vice Chair Alvarez

Motion carried 12 yes, 0 no, and 1 abstain, per roll call vote as follows:

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

Motions Summary
Commission Meeting
November 16, 2023

Motion #: 5

Date: November 16, 2023

Proposed Motion:

The Commission approves allocation of $20 million in Mental Health Wellness Act Funds with a 20 percent set-aside for technical assistance, evaluation, and project management through sole-source contracts to support evidence-based substance use disorder treatment and to address service gaps to reaching American Society Addiction Medicine standards, with the Commission contracting with three counties – one small, one medium, and one large – as well as other entities in the pilot project.

Commissioner making motion: Commissioner Danovitch

Commissioner seconding motion: Chair Madrigal-Weiss

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

Name	Yes	No	Abstain	Absent	Not Voting
1. Commissioner Bontrager	☒	☐	☐	☐	☐
2. Commissioner Brown	☒	☐	☐	☐	☐
3. Commissioner Bunch	☒	☐	☐	☐	☐
4. Commissioner Carnevale	☐	☐	☐	☐	☒
5. Commissioner Carrillo	☒	☐	☐	☐	☐
6. Commissioner Chambers	☒	☐	☐	☐	☐
7. Commissioner Chen	☐	☐	☐	☒	☐
8. Commissioner Cortese	☐	☐	☐	☒	☐
9. Commissioner Danovitch	☒	☐	☐	☐	☐
10. Commissioner Gordon	☒	☐	☐	☐	☐
11. Commissioner Mitchell	☒	☐	☐	☐	☐
12. Commissioner Robinson	☒	☐	☐	☐	☐
13. Commissioner Rowlett	☒	☐	☐	☐	☐
14. Commissioner Tamplen	☒	☐	☐	☐	☐
15. Vice-Chair Alvarez	☐	☐	☐	☐	☒
16. Chair Madrigal-Weiss	☒	☐	☐	☐	☐

Mental Health Services
Oversight & Accountability Commission

WELLNESS • RECOVERY • RESILIENCE

Motions Summary
Commission Meeting
November 16, 2023

Motion #: 6

Date: November 16, 2023

Proposed Motion:

That the Commission approves Los Angeles County's Children's Community Care Village Innovation Project for up to $100,594,450 over five (5) years.

Commissioner making motion: Commissioner Carillo

Commissioner seconding motion: Commissioner Brown

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

Name	Yes	No	Abstain	Absent	Not Voting
1. Commissioner Bontrager	☐	☐	☐	☐	☒
2. Commissioner Brown	☒	☐	☐	☐	☐
3. Commissioner Bunch	☐	☐	☐	☐	☒
4. Commissioner Carnevale	☐	☐	☐	☐	☒
5. Commissioner Carrillo	☒	☐	☐	☐	☐
6. Commissioner Chambers	☒	☐	☐	☐	☐
7. Commissioner Chen	☐	☐	☐	☒	☐
8. Commissioner Cortese	☐	☐	☐	☒	☐
9. Commissioner Danovitch	☐	☐	☒	☐	☐
10. Commissioner Gordon	☒	☐	☐	☐	☐
11. Commissioner Mitchell	☒	☐	☐	☐	☐
12. Commissioner Robinson	☒	☐	☐	☐	☐
13. Commissioner Rowlett	☒	☐	☐	☐	☐
14. Commissioner Tamplen	☒	☐	☐	☐	☐
15. Vice-Chair Alvarez	☐	☐	☐	☐	☒
16. Chair Madrigal-Weiss	☒	☐	☐	☐	☐

AGENDA ITEM 5

Action

January 25, 2024 Commission Meeting

Consent Calendar

Summary:

The Mental Health Services Oversight and Accountability Commission will consider approval of the Consent Calendar which contains two innovation project funding requests.

Items are placed on the Consent Calendar with the approval of the Chair and are deemed non-controversial. Consent Calendar items shall be considered after public comment, without presentation or discussion. Any item may be pulled from the Consent Calendar at the request of any Commissioner. Items removed from the Consent Calendar may be held for future consideration at the discretion of the Chair.

Sutter-Yuba and Sacramento Counties are requesting that the Commission authorize up to $16,726,481 in Mental Health Services Act Innovation (INN) funds for the following two projects:

Project Name	Total INN Funding Requested	Duration of Project
Multi-County Full-Service Partnership (FSP) Project (Sutter-Yuba)	$1,226,250	5 Years
Community-Defined Mental Wellness Practices for the African American/Black/African Descent Unhoused (Sacramento)	$15,500,231	5 Years
Total	**$16,726,481**	

<u>Multi-County FSP Project (Sutter-Yuba County):</u>
Full-Service Partnerships fall within the Community Services and Support (CSS) component of the MHSA. Being one of the three main CSS categories, FSP's are an integrated, "whatever it takes" combination of community-based, voluntary services and strategies that are built around the needs and goals of mental health consumers themselves. The core goal of these programs is to improve wellness and reduce negative outcomes associated with severe mental illness through active partnership between clients and their service providers.

The Commission contracted with Third Sector to guide counties through the development and implementation of this project and support the use of Innovation funds to utilize data driven strategies and evaluation to better coordinate and increase quality of services and improve outcomes in their FSP programs.

Sutter-Yuba offers four FSP programs including two internal programs led by staff, one for Transitional Age Youth (TAY) and one for adults. The remaining two FSP programs are external contracts and include a children's program run by Youth 4 Change and an adult program led by Telecare. The Mental Health Division has encountered difficulty in accurately extracting useful and meaningful data from the FSP data collection and reporting system. Sutter-Yuba proposes to invest in this FSP Innovation to improve program data sharing, program outcomes, and implementation of learning to improve quality and inclusiveness of effective FSP services. The program will allow Sutter-Yuba to evaluate current local services and their successes, while addressing uncovered challenges, and identify the needs for program improvement, accurate data documentation, consistent programmatic definitions, and improved outcome measures.

The FSP Multi-County Collaborative consists of two Cohorts (9 total counties). Cohort one includes Fresno, Sacramento, San Mateo, San Bernardino, Siskiyou, and Ventura Counties. Cohort two currently includes Stanislaus, Lake, and Napa County. Sutter-Yuba is requesting to join Cohort two.

Community Program Planning Process

Local level

Sutter-Yuba's community planning process included participation from consumers, community members, community-based organizations, providers, the MHSA Steering Committee, the Behavioral Health Advisory Board, and the Board of Supervisors. It is through community input that the needs of county residents were identified and helps to focus resources effectively utilizing MHSA funding for FSP data improvement.

Local Community Partners asked the Sutter-Yuba's Mental Health Division to provide evaluation data to develop consistent guidelines, evaluate outcomes, and disseminate best practices for FSP services.

Sutter-Yuba County's CPP process included the following:

- 30-day Public Comment Period: September 11, 2023 to October 12, 2023
- Mental Health Board Hearing: October 19, 2023
- County Board of Supervisors Approval: December 19, 2023

Commission Level
This project was initially shared with Community Partners on September 25, 2023, and the final version was shared on November 13, 2023.

No comments were received by the Commission in response to the sharing of this project.

<u>Community-Defined Mental Wellness Practices for the African American/Black/African Descent Unhoused (Sacramento County):</u>

Sacramento County Behavioral Health Services seeks to partner with trusted community sites to learn from the African American/ Black/ African Descent community the strategies, methods, and practices that will help expand access to, engagement, and retention in mental health services for community members who are unhoused or at risk of becoming unhoused. The proposed project will adapt and expand upon a local community-defined approach, the Black Child Legacy Campaign's, Community Incubator Leads (CILs). These CILs are in neighborhoods accessible to the African American community and serve as neighborhood hubs that support children's health and community safety.

This proposed project will expand upon this model through building community capacity by engaging the African American community to define mental health and wellness; the strategies, method and practices that bring about mental wellness; the role of peer specialists; and organizations they trust. Community capacity building will expand upon the knowledge, skill, and resources of the African American community to develop and implement their own concepts and solutions in addressing how mental health services are delivered. This community-defined approach will be operationalized through trusted community sites located in neighborhoods accessible to the focus population, co-locating clinicians and peer specialists, who are community members with lived experience, using community defined strategies, methods and practices to deliver mental health, peer support and navigation services to the focus population.

<u>The Community Program Planning Process:</u>

Local level
To gather input from the community and inform areas of innovation, Sacramento County, in partnership with their MHSA Steering Committee, outreached to community members and received the following categories for future project investment:

1. Services and interventions, including prevention, early intervention, and treatment
2. Advocacy, such as peer and/or family advocates representing the interests of individuals from our unserved and underserved populations and across the lifespan

Community members also selected the unserved/inappropriately served populations they believed the next innovation project should center around, with the top two (2) priorities being the African American/Black population and the homeless population.

The MHSA Steering Committee's INN Subcommittee met three (3) times between May and June 2023 developing recommendations for this proposed project and supported that co-location of peer specialists at trusted community-based sites outside of the typical mental health service area should be tested and expanded. When brought before the MHSA Steering Committee, the proposed project was unanimously supported.

Sacramento County's CPP process included the following:

- 30-day Public Comment Period: August 8, 2023 to September 6, 2023
- Mental Health Board Hearing: September 6, 2023
- County Board of Supervisors Approval: December 5, 2023

Commission Level
This project was initially shared with Community Partners on October 20, 2023, and the final version was shared on November 13, 2023.

No comments were received by the Commission in response to the sharing of this project.

Enclosures (3): (1) Commission Community Engagement Process; (2) Sutter-Yuba Analysis: Multi-County FSP Innovation Project; (3) Sacramento Analysis: Community-Defined Mental Wellness for African American/Black/African Descent Unhoused Innovation Project

Additional Materials (2): Final Innovation projects are available on the Commission website at the following URLs:

Multi-County FSP
Multi-County FSP Innovation Plan_Updated 20231031 (With Sutter Yuba) (ca.gov)

Community-Defined Mental Wellness for African American/Black/African Descent Unhoused
Sacramento INN Project Plan - Community Defined Mental Wellness Practices for the African American/Black/African Descent Unhoused

Proposed Motion:
That the Commission approves the Consent Calendar that includes funding for Sutter-Yuba County's Multi-County FSP Innovation Project for up to $1,226,250, and Sacramento County's Community-Defined Mental Wellness for African American/Black/African Descent Unhoused Innovation Project for up to $15,500,231.

Mental Health Services
Oversight & Accountability Commission

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 Community Partners

- **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 community partners**
    - **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 community partners:
    - **Listserv recipients**
    - **Commission contracted community partners**
    - **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 community partner 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 community partners 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 – SUTTER-YUBA

Innovation (INN) Project Name:	**Full-Service Partnership Multi-County Collaborative**
Total INN Funding Requested:	**$1,226,250**
Duration of INN Project:	**5 Years**
MHSOAC consideration of INN Project:	**January 25, 2024**

Review History:

Approved by the County Board of Supervisors:	December 19, 2023
Mental Health Board Hearing:	October 19, 2023
Public Comment Period:	September 11, 2023 – October 12, 2023
County submitted INN Project:	October 31, 2023
Date Project Shared with Stakeholders:	September 25, 2023 and November 13, 2023

Statutory Requirements (WIC 5830(a)(1)-(4) and 5830(b)(2)(A)-(D)):

The primary purpose of this project is to introduce a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention.

This proposed project meets INN criteria by increasing the quality of mental health services, including measured outcomes, and promotes interagency and community collaboration related to Mental Health Servies supports or outcomes.

Project Introduction:

Sutter-Yuba County is requesting up to $1,226,250 of Innovation authority spending to join the Full-Services Partnership (FSP) Multi-County Collaborative for existing specific FSP programs, originally approved by the Commission starting with Fresno County on June 25, 2019.

What is the Problem:

Full-Service Partnerships (FSP) fall within the Community Services and Supports (CSS) component of the MHSA. Being one of three CSS components, the FSP service is an integrated, "whatever it takes" combination of community-based, voluntary services and strategies, built around the needs and goals of mental health consumers themselves. The core of the goals of these programs are to improve wellness and reduce negative outcomes associated with severe mental illness (SMI) through active partnership between clients and their service providers.

FSPs also represent the greatest single program expenditure category and serve the populations with the highest needs in the community. Each County is required to allocate 80 percent of its MHSA funds to CSS programs and 51 percent of that is required to be specifically allocated to FSPs. Despite this large expenditure for MHSA programs, there is no statewide effort to develop and implement best practices for FSP programs, and no clear model for data collection or analysis. The FSP Multi-County Collaborative provides answers for data collection and clarity/guidelines for service programs.

The FSP Multi-County Collaborative consists of two Cohorts (9 total counties). Cohort one includes Fresno, Sacramento, San Mateo, San Bernardino, Siskiyou, and Ventura Counties. Cohort two currently includes Stanislaus, Lake, and Napa County. Sutter-Yuba is requesting to join Cohort two. The chart below outlines when each county in the FSP Multi-County Collaborative was approved for use of Innovation funds and the dollar amounts associated with each Innovation project.

Review History – Cohort 1

County	Total INN Funding Requested	Duration of the INN Project	Approval Date
Fresno	$950,000	4.0 Years	June 19, 2019
Sacramento	$500,000	4.5 Years	June 5, 2020
San Bernardino	$979,634	4.5 Years	June 5, 2020
Siskiyou	$700,001	4.5 Years	June 5, 2020
Ventura	$979,634	4.5 Years	June 5, 2020
Ventura Extension	$702,227	No Additional Time	March 3, 2022
Total	**$4,811,496**		

Review History – Cohort 2

County	Total INN Funding Requested	Duration of the INN Project	Approval Date

Stanislaus	$1,757,146	4.5 Years	June 24, 2021
Lake	$765,000	4.5 Years	November 2, 2021
Napa County	$844,750	4.5 Years	October 13, 2022
Total	**$3,366,896**		

***** *San Mateo County is also participating in the FSP collaborative without utilizing innovation funds, contributing to the project with CSS funding in the amount of $593,412.*

The Commission contracted with Third Sector to guide counties through the development and implementation of this project and support the use of Innovation funds to utilize data driven strategies and evaluation to better coordinate and increase quality of services and improve outcomes in their FSP programs.

Sutter-Yuba offers four FSP programs including two internal programs led by staff: Transitional Age Youth (TAY) and the Adult program. The remaining two FSP programs are external contracts and include a Children's program run by Youth 4 Change and an Adult program led by Telecare.

Local Community Partners asked the Mental Health Division to provide evaluation data to develop consistent guidelines, evaluate outcomes, and disseminate best practices for FSP services.

The County has previously encountered difficulty in accurately extracting useful and meaningful data from the Data Collection and Reporting (DCR) system, including:

- Limited value for informing treatment decisions or promoting quality improvements
- Discharge reasons that do not reflect an accurate explanation for the discharge
    - Discharge definitions are inconsistent
    - Administrative and N/A discharge are overutilized
- High staff turnover may contribute to skewed DCR outcome results
    - Abrupt staff resignations may lead to a lack of continuity of care for clients
- Consistent staffing continues to be a challenge, which can skew outcomes and reports

Sutter-Yuba proposes to invest in this FSP Innovation to improve program data sharing, program outcomes, and implementation of learning to improve quality and inclusiveness of efficacious FSP services. The program will allow the county to evaluate current local services and their successes, while addressing uncovered challenges, and identify the needs for program improvement, accurate date documentation, consistent programmatic definition, and improved outcome measures.

The Community Program Planning Process

Local Level

Sutter-Yuba's community planning process included participation from consumers, community members, community-based organizations, providers, MHSA Steering Committee, Behavioral Health Advisory Board, and the Board of Supervisors. It is through community input that the needs of county residents were identified and helps to focus resources effectively utilizing MHSA funding for FSP data improvement.

Commission Level

Commission staff originally shared this project with its six stakeholder contractors and the listserv on September 25, 2023, 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 Community Partners on November 11, 2023. Additionally, this project was shared with both the Client and Family Leadership and Cultural and Linguistic Competence Committees.

There were no comments received in response to Commission sharing plan with stakeholder contractors and the listserv.

Learning Objectives and Evaluation:

To guide their project; the counties have identified several learning questions that are centered on both system-level and client level outcomes. These learning questions include:

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

Sutter-Yuba County's specific goals for this project:

1. Develop a clear strategy for how outcome goals and performance metrics can best be tracked using existing state and/or county-required tools to support meaningful comparison, learning, and evaluation.
2. Explore how appropriate goals and metrics may vary based on population.
3. Develop training materials for staff and supervisors to support increased accuracy in the completion of DCR Outcome reports and forms.
4. Develop FSP Outcome and Audit reports that accurately reflect the impact FSP services are having on FSP partners.
5. Update and disseminate clear FSP service guidelines using a common FSP framework that reflects clinical best practices.
6. Create or strengthen mechanisms for sharing best practices and fostering cross-provider learning.
7. Improve existing FSP performance management practices (i.e., when, and how often program data and progress towards goals is discussed, what data is included and in what format, how next steps and program modifications are identified).

Through participation in this project, Sutter-Yuba Behavioral Health will have the opportunity to share and exchange knowledge with other counties participating in this project through the statewide learning community.

The Budget

County	Total INN Approved Funding	Duration of INN Project
Fresno	$950,000	4
Sacramento	$500,000	4.5
San Bernardino	$979,634	4.5
Siskiyou	$700,001	4.5
Ventura	$979,634	4.5
Ventura (Extension)	$702,227	No Time Added
Stanislaus	$1,757,146	4.5
Lake	$765,000	4.5
Napa	$844,750	4.5
Total:	**$8,178,392**	

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

County	Evaluator	Third Sector	CalMHSA	Total
Sutter-Yuba	**$125,000**	**$1,000,000**	**$101,250**	**$1,226,250**

The total INN investment for 9 counties participating in the FSP Collaborative with this funding will be $9,404,642

Comments:

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

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

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

STAFF ANALYSIS—Sacramento County

Innovation (INN) Project Name:	**Community-Defined Mental Wellness Practices for the African American/Black/African Descent Unhoused**
Total INN Funding Requested:	**$15,500,231**
Duration of INN Project:	**60 months (5 years)**
MHSOAC consideration of INN Project:	**January 25, 2023**

Review History:

Public Comment Period:	August 8, 2023 to September 6, 2023
Mental Health Board Hearing:	September 6, 2023
Approved by the County Board of Supervisors:	December 5, 2023
County submitted INN Project:	November 7, 2023
Date(s) Project Shared with Stakeholders:	October 20, 2023 and November 13, 2023

Project Introduction

Sacramento County Behavioral Health Services (BHS, "County") is requesting up to $15,500,231 of Innovation spending authority to partner with trusted community sites to learn from the African American/ Black/ African Descent (-community the strategies, methods, and practices that will help expand access to, engagement, and retention in mental health services for community members who are unhoused or at risk of becoming unhoused. The proposed project will adapt and expand upon a local community-defined approach, the Black Child Legacy Campaign's, Community Incubator Leads (CILs). These CILs are in neighborhoods accessible to the African American community and serve as neighborhood hubs that support children's health and community safety.

This proposed project will expand upon this model through building community capacity by engaging the African American community to define mental health and wellness; the strategies, method and practices that bring about mental wellness; peer specialists' role; and organizations they trust. Community capacity building will expand upon the knowledge, skill,

and resources of the African American community to develop and implement their own concepts and solutions in addressing how mental health services are delivered. This community-defined approach will be operationalized by trusted community sites located in neighborhoods accessible to the focus population, co-locating clinicians and peer specialists, who are community members with lived experience, using community defined strategies, methods and practices to deliver mental health, peer support and navigation services to the focus population.

What is the Problem?

A 2018 survey conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA) has found that African American adults with mental illness are less likely to receive guideline-consistent care, are less frequently included in research, and are more likely to use emergency rooms or primary care rather than mental health specialists. Furthermore, according to the National Alliance to End Homelessness, minority groups make up a larger share of the homeless population than they do the general population. Statistics from the California Budget Center indicates that Black Californians, although only making up 5% of the state's population, comprise over one (1) in four (4) unhoused people who made contact with a homelessness service provider in the 2021-2022 fiscal year. More specifically in Sacramento County, 31% of the unhoused community identifies as African American/Black despite making up 11% of the County's general population, and within city limits, Sacramento has shown a higher number of homeless residents than neighboring San Francisco – who has received national attention for their homeless crisis.

Locally, the County has seen an increase in nightly homelessness, homeless encampment size, and number of unhoused individuals. There is growing concern about the inequitable and inappropriate behavioral health care services available to this community, creating gaps in mental health services that can lead to community members experiencing homelessness. A lack of African American behavioral health care providers has also resulted in lower engagement in services. This, coupled mental health stigma and distrust of the medical and diagnostic community, has led to a lower likelihood of seeking help and treatment. Many members of this community are more likely to seek help from other community members and/or religious affiliations.

How this Innovation project addresses this problem

This Innovative Project aims to increase access to mental health services to underserved groups by applying a promising community driven practice or approach that has been successful in a non-mental health context. Currently, there are Family Resource Centers (FRCs) aimed at children with special health care needs and with a goal of preventing child abuse. There are also Community Incubator Leagues (CILs) that utilize cultural brokers to focus on areas with higher-than-average annual black child deaths. Sacramento County's

proposed innovation project seeks to expand these approaches into the mental health realm with a focus on the African American unhoused community.

Community members highlighted that community capacity building through community involvement can be essential to reducing health disparities, and thus, acceptance and investment of community-defined practices and interventions implemented by trusted community-based organizations (CBOs) and peers is instrumental in improved health outcomes for diverse communities. The proposed innovation plan aims to use co-located clinicians to deliver mental health services and co-located peer specialists to deliver peer support and navigation services.

The project will be divided up into three (3) phases with the following key goals:

1. Engaging the focus population to define mental health and wellness, effective strategies and practices, and identify trusted community sites
2. Contracting and training with culturally competent CBOs based on Phase 1 definitions and findings
3. Implementation in collaboration with the community and evaluation based on engagement in services and participant feedback, as well as evaluation for sustainability

Community Planning Process

Local Level

In February 2023, to gather input from the community and inform areas of innovation, Sacramento County sent out electronic surveys developed in partnership with the MHSA Steering Committee. Over 300 community members completed the survey, identifying the following categories for future project investment:

1. Services and interventions, including prevention, early intervention, and treatment
2. Advocacy, such as peer and/or family advocates representing the interests of individuals from our unserved and underserved populations and across the lifespan

Survey respondents were also given the opportunity to select the unserved/inappropriately served populations they believed the next innovation project should center around, with the top two (2) priorities being the African American/Black population and the homeless population.

The MHSA Steering Committee subsequently formed the Innovation (INN) Subcommittee with diverse membership, including those representing groups on adult/aging, alcohol and drug use, cultural competency advocates, families, youth, and mental health executives. The INN Subcommittee met three (3) times between May and June 2023, developing recommendations for this proposed project and agreeing that co-location of peer specialists at trusted community-based sites outside of the typical mental health service area should be

tested and expanded. When brought before the MHSA Steering Committee, the proposed project was unanimously supported.

Additionally, Sacramento County BHS has maintained the Behavioral Health Racial Equity Collaborative (BHREC) since 2020, which focuses on eliminating systemically racist practices and elevates the voices of diverse community groups through a variety of community engagement and outreach activities. BHREC is comprised of BHS leadership, mental health and substance use disorder provider organizations, community representatives, and CBOs led by and for the identified communities. During listening sessions with the African American community, the community expressed a vital need to be more involved early on in program design processes, particularly when developing and identifying priorities and approaches that the community finds most impactful – with the African American unhoused being one of those priority populations.

Sacramento County also hosted a focus group with the African American community to inform the writing of this proposed innovation plan, with invitations widely going out to groups representing community providers, racial equity, cultural competency, mental health, child protective service, the County's African American Caucus, and the National Association for the Advancement of Colored People (NAACP). In addition to email invitations and website postings, flyers were also shared at local Juneteenth events. Participants in these focus groups ranged from 11 years to older adults. Enthusiasm and support for the proposed innovation plan was high, and their input helped shape the plan's three-phased approach.

In addition, public notice of the comment period along with the day and time of the public hearing was posted in the Sacramento Bee and in public libraries throughout Sacramento and across multiple email distribution lists.

In the County's community conversations, it was echoed numerous times that "the African American community generally prefers providers who look like them." Thus, with a heavy emphasis on peer support to identify, implement, and navigate effective services that appeal most to the focus population, the County hopes that this project will help reduce the number of instances of homelessness in the African American community.

Commission Level

Commission staff shared this project's initial plan with its stakeholder contractors and the Commission's listserv on October 20, 2023, and comments were to be directed to Commission staff. The final version of this project's plan was shared with the Commission's Community partners and the listserv on November 13, 2023.

No comments were received in response to the Commission's request for feedback.

Learning Objectives and Evaluation

The proposed innovation plan aims to use the co-located clinicians to deliver mental health services to a minimum of 1,100 African American unhoused individuals, with CBO co-located peer specialists to deliver peer support and navigation services to a minimum of 3,500 African American unhoused individuals. The County will implement and test the following approaches:

- Partnering and collaborative learning with trusted community sites that have not historically provided mental health services,
- Developing effective strategies, methods, and practices with the focus population to engage them into mental health services,
- Co-locating peer specialists (or Cultural Brokers) to use these strategies to deliver mental health, peer support and navigation services to needed resources for the focus population,
- Establishing and respectfully maintaining a positive partnership with these trusted community sites with the purpose of engaging in mutual learning opportunities

The County also poses the following four (4) main learning objectives:

1. Will the community defined strategies, methods, and practices bring about mental wellness for the focus population?
2. If trusted community-based organizations provide mental health services, peer support, and navigation services as defined by the focus population, will this lead to better access to and engagement in mental health services?
3. Will peer support and navigation services delivered by peer specialists, as defined by the focus population, decrease number of days individuals are homeless?
4. Will maintaining a positive partnership with trusted community-based organizations create learning opportunities and improve trust, knowledge of and access to mental health services for the focus population?

To determine project success, the County will work in partnership with the community as well as the BHS Research, Evaluation, and Performance Outcome Unit to finalize and implement an evaluation plan that will measure the short-term, intermediate, and long-term outcomes. They will also collaborate on developing Key Performance Indicators using a variety of data sources which might include, but are not limited to, the following qualitative and quantitative data:

- Service utilization data
- Consumer demographics and surveys
- Consumer-reported and provider-rated service engagement questionnaires
- Self-reported and clinical diagnostic tools/assessments (e.g., PHQ-9, GAD-7, RAS, ANSA, CANS, etc.)
- Community homelessness data captured by the Homeless Information Management System (MHIS)
- Focus groups and interviews with consumers and the community

- Other data sources as determined by the community

Sacramento County BHS will develop and facilitate a competitive selection process to award contracts to several trusted CBOs to implement project services, as informed by the community. Contracts will be developed and monitored by a BHS Mental Health Program Contract Monitor and will include site and monitoring visits, gathering client level data, reviewing outcome reports, and more.

These activities will assist in ensuring quality and regulatory compliance, as well as inform the MHSA Steering Committee of areas of input, support, and sustainability. Upon completion of the project and if determined successful, the County plans to use other MHSA components to sustain the project, if available.

The Budget

Funding Source	FY 2023-2024	FY 2024-2025	FY 2025-2026	FY 2026-2027	FY 2027-2028	TOTAL
Innovation Funds	$ 409,825	$ 2,828,202	$ 4,005,934	$ 4,086,595	$ 4,169,675	$ 15,500,231
TOTAL	$ 409,825	$ 2,828,202	$ 4,005,934	$ 4,086,595	$ 4,169,675	$ 15,500,231*

Budget Category	FY 2023-2024	FY 2024-2025	FY 2025-2026	FY 2026-2027	FY 2027-2028	TOTAL
Personnel	$ -	$ 1,215,800	$ 2,504,548	$ 2,579,684	$ 2,657,075	$ 8,957,107
Operating Costs	$ 136,250	$ 458,620	$ 842,240	$ 842,240	$ 842,240	$ 3,121,590
Non-Recurring	$ -	$ 500,000	$ -	$ -	$ -	$ 500,000
Consultants/ Evaluation	$ 100,000	$ 475,000	$ 475,000	$ 475,000	$ 475,000	$ 2,000,000
Other Expenditures	$ 173,575	$ 178,782	$ 184,146	$ 189,670	$ 195,360	$ 921,533
TOTAL	$ 409,825	$ 2,828,202	$ 4,005,934	$ 4,086,594	$ 4,169,675	$ 15,500,231*

**Due to suppressed decimals, totals have been rounded up to the nearest dollar.*

The County is requesting authorization to spend up to $15,500,231 in MHSA Innovation funding for this project over a period of 60 months (5 years). One hundred percent (100%) of the project will be supported by Innovation funding.

The budget allocates about 58% of funds for new Personnel and plans to employ 35 new staff. Community conversations have highlighted the importance of hiring from the focus population, so 100% of newly hired staff will be CBO personnel. New personnel will include the following:

- 5.0 FTE Clinical Supervisors

- 10.0 FTE Senior Mental Health Counselors
- 20.0 FTE Peer Specialists

In addition to the 35 new CBO personnel, a total of 2 FTE staff will provide administrative support; these costs are captured in the "Operating Costs" category and will include the following:

- 0.75 FTE Program Director
- 1.25 FTE Evaluation Officer

Other operating costs include rent, utilities, equipment, IT support, and funds for engaging program participants. A total of 20% of the requested budget is allocated for operating costs.

Non-recurring costs comprise 3% for items such as computers, furnishings, and other features to ensure a warm and welcoming environment. Consultant/training costs make up 13% of the requested budget. The remaining 6% of the proposed budget is set aside for work plan management, which includes existing county support staff who will be assisting with research, evaluation, performance outcomes, and contract administration, as well covering their health and employment benefits.

The County provides additional budget details on page 25-26 of their plan.

Conclusion

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

AGENDA ITEM 6

Action

January 25, 2024 Commission Meeting

2024-2027 Strategic Plan Adoption

Background:

In January 2023, the Commission reviewed progress made under the 2020-23 strategic plan, discussed challenges in accomplishing some of the goals, and identified four priorities: Data, Full-Services Partnerships, Impact of Firearm Violence, and development of the 2024-27 Strategic Plan. Commissioner Carnevale was appointed as the lead Commissioner for the 2024-2027 strategic planning efforts and approval was given for a consultant to be selected to support the development of the 2024-27 plan.

In May, Boston Consulting Group engaged internal and external community partners to collect perspectives on the Commission's projects, assess the Commission's model for catalyzing transformational change, develop a decision-making framework to guide the transformation of mental health care, and provide an outline for the new strategic plan.

In June, the Commission was briefed on internal and external engagements, as well as a decision-making framework intended to improve the Commission's influence and impact.

Based on considerable public and Commissioner input, a preliminary draft of the strategic plan was developed to allow for more focused engagement with community partners. Similarly, the Commission continued to be consulted as the draft plan was further developed.

In August, the Commission reviewed the next iteration of the draft analytical framework and the positioning of key themes based on the feedback received from Commissioners, staff and community partners. The Commission also discussed the value of, and potential protocols for, explicitly establishing priorities as recommended by various partners in the first phase of this project. BCG presented preliminary goals and objectives that informed and focused on the next phase of the engagement process.

In November, the Commission was briefed on subsequent public outreach activities and specific audiences were invited to provide feedback on the draft plan. Using the robust results of interviews and public engagement sessions as a guide, the Commission revised the draft strategic plan to guide our work from January 2024 through 2027. This final draft of the strategic plan is now being presented to the Commission.

Presenter(s): Norma Pate, Deputy Director

Enclosures: MHSOAC Strategic Plan (2024-2027) | Preliminary Draft

Handouts: A PowerPoint will be presented at the meeting.

Proposed Motion: None

Accelerating Transformational Change

California's future as a prosperous, compassionate and healthy state is increasingly linked with the behavioral health and wellbeing of all of its residents.

This reality motivated the Mental Health Services Oversight and Accountability Commission when it advocated for and launched the Mental Health Student Services Act, worked with pioneering counties to elevate early psychosis intervention, and promoted universal access to youth drop-in centers.

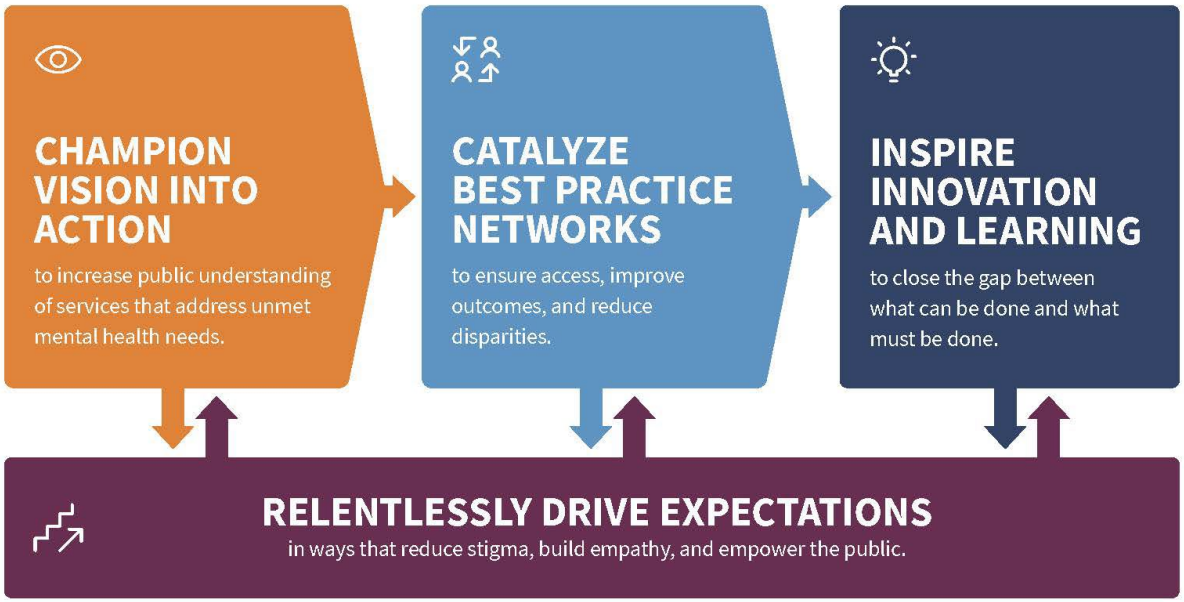
Similarly, the Commission worked with communities to improve Full-Service Partnerships, coordinate crisis response, and developed a state suicide prevention plan – strategies that can reduce incarceration, hospitalization and homelessness.

These initiatives demonstrate the possibilities, the imperative to develop comprehensive systems of care essential to reducing disparities in access to culturally competent services and promoting recovery and wellbeing for all.

This strategic plan sharply focuses the Commission on accelerating the adoption of these individual services and integrating them into complete community-based behavioral health systems that provide early, integrated and tailored services to everyone.

This "North Star Priority" will be pursued by four foundational actions animated in the plan's goals:

1. **Champion vision into action** – so policymakers and the public understand and support the development of effective services and supports to reduce personal suffering and the heartbreaking consequences of unmet mental health needs.
2. **Catalyze best practice networks to ensure access, improve outcomes and reduce disparities** – to close the gap between what can be done and what is being done.
3. **Inspire innovation and learning** – to close the gap between what can be done and what must be done.
4. **Relentlessly drive expectations** in ways that reduce stigma, build empathy, and empower the public to drive accountability for outcomes.



A Point of Inflection

The behavioral health service system in California is at a threshold, defined by growing public needs, awareness and empathy; by powerful new knowledge and promising practices; and, by the imperative to better serve those with serious and chronic conditions while striving to prevent and intervene early to preserve and nurture health and wellbeing.

Californians are experiencing a mental health and substance abuse epidemic, made increasingly acute by a global pandemic, a strained workforce, and diminished social safety nets for communities that need them most.

The Governor and Legislature have recognized this imperative in launching initiatives such as the Children and Youth Behavioral Health Initiative and in developing revisions to the Mental Health Services Act (MHSA) that will go before voters for their approval on the March 2024 ballot.

There has never been more funding and momentum to drive transformational change, or such significant opportunities to advance new innovations in behavioral health treatment and delivery models. Still, more work is required to build the vibrant system that the MHSA envisions.

To develop this Strategic Plan, the Commission consulted with numerous communities and multiple partners, reflected on the progress that has been made and identified the right next steps for advancing transformational change.

The priorities and goals defined in this plan build upon the Commission's charge, its demonstrated capacity to drive improvements, and its stewardship of the MHSA's core values of person-centered and culturally competent care; of prevention, early intervention and innovation, and of collaboration across agencies and communities to reduce inequities and disparities – all of which endure regardless of the March ballot results.

Meaningful Progress

By enacting the MHSA in 2004, voters made a foundational commitment to fund and transform California's mental health system of supports and services. To advance these commitments, the Commission in recent years has partnered with communities, other public agencies, and the private sector to identify critical gaps in the service system and directed technical assistance and resources to encourage a more proactive and comprehensive approach.

To accelerate learning and adaptation, the Commission worked with counties to invest $800 million in MHSA innovation funds and provided more than $400 million in incentive grants.

The Commission grew the state's Early Psychosis Intervention Plus programs, rapidly deployed some $150 million statewide to support mental health wellness programs in schools, developed a state prevention and early intervention framework and voluntary standards for workplace mental health, and empowered the advocacy efforts in eight underserved communities.

The Commission worked with counties to strengthen the wrap-around support of Full-Service Partnerships, improve crisis response, and reduce avoidable incarceration. It developed and began the implementation of a state suicide prevention strategy

and re-prioritized $2.2 million to address disparities and fortify youth suicide prevention efforts.

Through all of these efforts, the Commission worked with its partners to raise awareness and elevate expectations for a maturing mental health system focused on prevention, recovery and resilience in all communities.

Emerging Themes – Challenges and Opportunities

The mental health landscape in California is evolving, and the Commission has a unique ability to rapidly respond to changing circumstances.

The mental health crisis was an epidemic before the COVID-19 pandemic exacerbated negative trends. Challenges such as homelessness, substance use disorders, and youth suicide continue to worsen throughout the state. Marginalized LGBTQIA+ populations and California communities of color face significant obstacles to receiving services. Mental health practitioners and resources have never been under greater strain.

Growing demands for behavioral health services

The COVID-19 pandemic brought significant challenges as more Californians and families experienced mental health challenges and the growing substance abuse epidemic firsthand.

Mental health needs, especially in youth and children, are intensified by isolation and the impact of social media. Mental health is the #1 reason children ages 0-17 are hospitalized and suicide is the #2 cause of death for young people ages 10-24.[i] Marginalized and excluded populations, including those who identify as Black and Brown, Native American, Asian American and Pacific Islander; girls and women; the LGBTQIA+ community, and those with disabilities, continue to face heightened challenges. Structural inequities and macro threats, such as racism, the climate crisis, socioeconomic inequality, housing instability and gun violence, also lead to worse mental health outcomes and an increased need for mental health care and supportive services.

Behavioral health elevated as a shared priority

Through the MHSA, communities are prioritizing prevention, early intervention, community-defined practices, innovation, and engaging people with lived experiences. Young people are publicly discussing mental health, while community groups, schools, and counties are collaborating to deliver needed care. This momentum is elevating mental health as a policy and funding priority. One-time funding through the California Children and Youth Behavioral Health Initiative, Student Behavioral Health Incentive Program and the Mental Health Student Services Act are being reinforced by reforms to existing systems such as CalAIM.

Mental health is attracting the attention of philanthropies and private investors. From 2018 to 2020, over $9.8 billion was donated to mental health causes.[ii] Venture capital funding for digital mental health start-ups increased from $25 million in 2011 to more than $2.5 billion in 2020.[iii]

Evolutions in treatment & care delivery

The rise of mobile devices and digital capabilities has revolutionized tele-health services, with the share of tele-behavioral health outpatient visits doubling from 2019 to 2021.[iv] Recent innovations in diagnostic technology and services are changing the mental healthcare landscape. For example:

- New medicines show promising results for treating chronic depression.
- Emerging interest in psychedelics offers hope for improving options for treating disorders like major depressive disorder and post-traumatic stress disorder.[v]
- Future breakthroughs in precision medicine are expected to improve disease classification, shorten treatment duration, and limit suboptimal treatment outcomes.[vi]

In tandem, care delivery is improving. Integrated community care with a "no wrong door" approach, the shift of mental health care into primary care settings, expanded roles for peer providers, and the adoption of wrap-around services show promising signs for making care more accessible and effective for every Californian. These evolutions increase the need to integrate fragmented funding sources, streamline regulations, and evaluate the efficacy of programs to ensure that the highest quality of service is being delivered to Californians regardless of the delivery model.

Strain on practitioners, resources, and consumers

Pressure on practitioners and financial resources has grown dramatically over the last four years, creating even more challenges for consumers to access care. This includes:

- Nationwide shortage and burnout of behavioral health workers. Some 50% of behavioral health providers have experienced burnout and 30% of providers left their job.[vii]
- Lack of culturally competent practitioners with lived experience. Barriers include low pay, lack of career pathways, and credentialing and licensing requirements.[viii]
- Inadequate financial resources. Low reimbursement rates, difficulty billing private insurers for services, and severe financial strain on hospitals contribute to soaring provider costs.[ix]
- System fragmentation and capacity constraints are complex for consumers to navigate.
- Nearly 9.4 million Californians live in communities without enough mental health professionals.[x]

Accelerating pace of change

More change is likely to come even quicker in the future. The next decade is expected to bring a better understanding of and responses to the impacts of genAI and social media, as well as promising innovations in consumer-centered care.

To succeed in the next decade, California needs a resilient system that can direct and integrate resources to changing needs. Public agencies, including the Commission, will need to adapt priorities and strategies in response to the opportunities and impacts of these trends.

The Imperative for Transformational Change

The next four years have the potential to be a turning point in the history of mental health care in California. Once-in-a-generation investment and public attention have set the stage for transformational change, but it will take ambitious, collective action to integrate and improve California's underlying mental health system.

The Mental Health Services Act was designed to improve financing, design, and distribution of mental health services through local systems of care. Twenty years later, too many Californians still suffer from the seven negative outcomes the act seeks to reduce: suicide, incarceration, school failure, unemployment, prolonged suffering, homelessness, and child welfare involvement.

To fulfill the MHSA's vision for transformational change, additional improvements are required in policies, institutions, agencies and services. Transformational change requires:

- **Evolving the fragmented and siloed services** into an integrated, culturally competent system of care that is accessible regardless of geography or cultural background.
- **Empowering communities** – especially the most vulnerable, high risk and historically disadvantaged residents – so their needs and priorities are understood, they can participate in the design of services, and advocate for continued improvement.
- **Resourcing state and local agencies** and service providers so they have the capacity and workforce to manage toward better outcomes and continuous improvement across communities, services, and providers.

The Commission will catalyze this change by working through partnerships and strategically deploying its capabilities.

The Strategy to Advance Transformational Change

The Commission has supported system-level change by working closely with policymakers to align funding and authority and with counties to build their capacity to improve their response to escalating needs. With that experience, the Commission refined its core building blocks as a foundation for its future initiatives.

Core Strategic Building Blocks

The Commission's Vision

All Californians experience wellbeing through a coordinated system that prioritizes prevention, early intervention and recovery-oriented services; builds on the strengths of communities and marginalized groups; and, creates opportunities for individuals to engage in meaningful and purposeful activities and helps them to thrive.

The Commission's Mission

The Commission works to transform systems by engaging diverse communities and employing relevant data to advance policies, practices, and partnerships that generate understanding and insights, develop effective strategies and services, and grow the resources and capacity to improve positive behavioral health outcomes for every Californian.

Guiding Principles

The Commission's guiding principles and core values reflect its aspirations for the behavioral health system and guide decisions:

- Authentic collaboration with diverse communities is required to reduce disparities and improve equity.
- Outreach and engagement with individuals impacted by the behavioral health system of care is an essential element of program effectiveness
- Tailored and culturally sensitive and competent services and supports are required for wellness and recovery.
- Accessible, affordable, and high-quality whole-person services and supports are required to improve outcomes.
- Public undestanding and partnerships across agencies and communities are essential to aligning resources, improving services, and growing the capacities to serve everyone.
- A diverse, valued and resilient workforce is foundational to high quality services and reducing disparities.
- Innovation and continuous improvement are required to achieve individual and societal wellbeing.

The Commission's Roles

The Commission, with support from the Governor and the Legislature, has developed the distinct roles required to shape policies and drive practices and system-level improvements. The roles advance the charge in the MHSA for the Commission, with its diverse public membership, to champion prevention, early intervention, comprehensive services and innovation as the essential to an effective community mental health system.

Commission's Roles in Driving System Change

Build understanding of the potential to improve wellbeing and champion a common commitment to support the behavioral health of all Californians.

Accelerate adoption of best practices to facilitate deployment and ensure the effectiveness of best practices proven to reduce the consequences of untreated behavioral health issues.

Catalyze Innovation to develop better practices to advance human-centered iteration, disseminate learnings, support the deployment of new administrative practices, services and supports that address needs inadequately met by existing services.

Provide accountability and oversight of system-level performance to understand and communicate the status of system improvement efforts and to recommend additional reforms to policies and practices.

The Commission's Capabilities

To successfully advance its mission, the Commission relies on a strategic set of capabilities and tools aligned with the purpose:

- **Driving policy:** Research, public engagement, policy development and advocacy
- **Driving practice:** Financial incentives, technical assistance and evaluation
- **Driving transformational change:** Assessment of system performance and opportunities for improvement

Having refined its roles and its capabilities, the Commission seeks to improve its abilities to precisely assess where interventions can reduce the most harm and produce the most benefit.

Decision-Making Approach

The Commission seeks to strengthen its capacities to select, design and manage initiatives and projects so that they produce enduring system-level improvements. Toward that end, the Commission is developing a decision-making framework to help determine whether and how to pursue projects. Over time, the Commission aspires for the framework to evolve so as to differentiate among opportunities to allocate finite resources. The first generation of the framework is intended to:

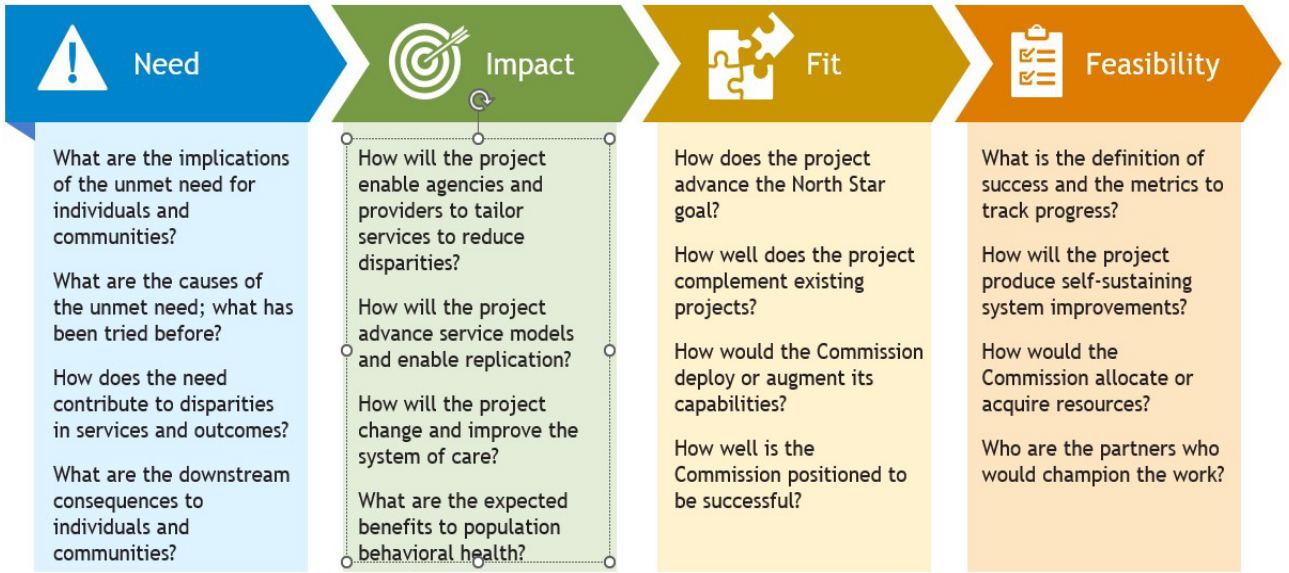
- Ensure the Commission's guiding principles are integrated into all future activities
- Understand with precision individual opportunities to improve systems and services.
- Design and evolve programs to address community priorities and maximize outcomes for recipient communities
- Standardize and strengthen its approach to collecting and using data to measure the impact of a project
- Define success for each opportunity, identify level of effort and resources required to deliver, and calibrate investments.

The framework will encourage alignment among Commissioners and communicate clearly with public partners. The framework has the potential to improve the impact of the Commission's portfolio of projects and the success of individual projects. The framework has four key criteria to guide decision-making:

1. **Need:** A precise understanding of the unmet needs, including the causes and consequences of inaction and the implications for individuals, communities, and the state.
2. **Impact:** The potential to benefit individuals and communities, to reduce disparities, to advance a comprehensive system of care, to produce cost-effective outcomes, to be financially sustained over time.
3. **Fit:** The extent to which an opportunity aligns with the Commission's mission, strategic priorities, and roles and will work synergistically with existing initiatives to advance a comprehensive system of care
4. **Feasibility:** The extent to which the opportunity has a clear definition of success and path to sustainability given the level of effort required and the available resources

The framework will be deployed, assessed, and refined when the Commission has discretion to select new initiatives or investments, or when implementing legislatively directed projects. The framework also will be modified for selecting and designing innovation projects.

The framework will help the Commission identify which opportunities have the greatest potential benefits and design projects with greater precision to ensure sustained improvements in supports and services once the Commission's project is completed.



Strategic Priorities & Initiatives

The Commission's portfolio of initiatives has demonstrated the potential for effective community-based services to prevent and reduce the tragic outcomes of untreated mental health needs.

In the last four fiscal years, the Commission's 10+ initiatives have directed some $442 million across the continuum of care, including significant investments in the following areas:

- **Early psychosis and suicide prevention** by scaling innovative Early Psychosis Plus programs statewide, guiding the implementation of the state's Striving for Zero Suicide Prevention Strategic Plan, and supporting the Office of Suicide Prevention to coordinate and accelerate efforts.
- **Youth mental health** with more than $200 million allocated through the Mental Health Student Services Act, allcove™ Youth Drop-In Centers, an anti-bullying campaign, and support for youth and peer empowerment programs.
- **Integrated community treatment** including supporting counties' crisis continuum of care services via the Mental Health Wellness Act and improving Full-Service Partnerships.
- **Criminal justice intervention** by helping 26 counties participating in six learning collaboratives to develop and deploy data-driven and financially sustainable alternatives to law enforcement responses and incarceration.

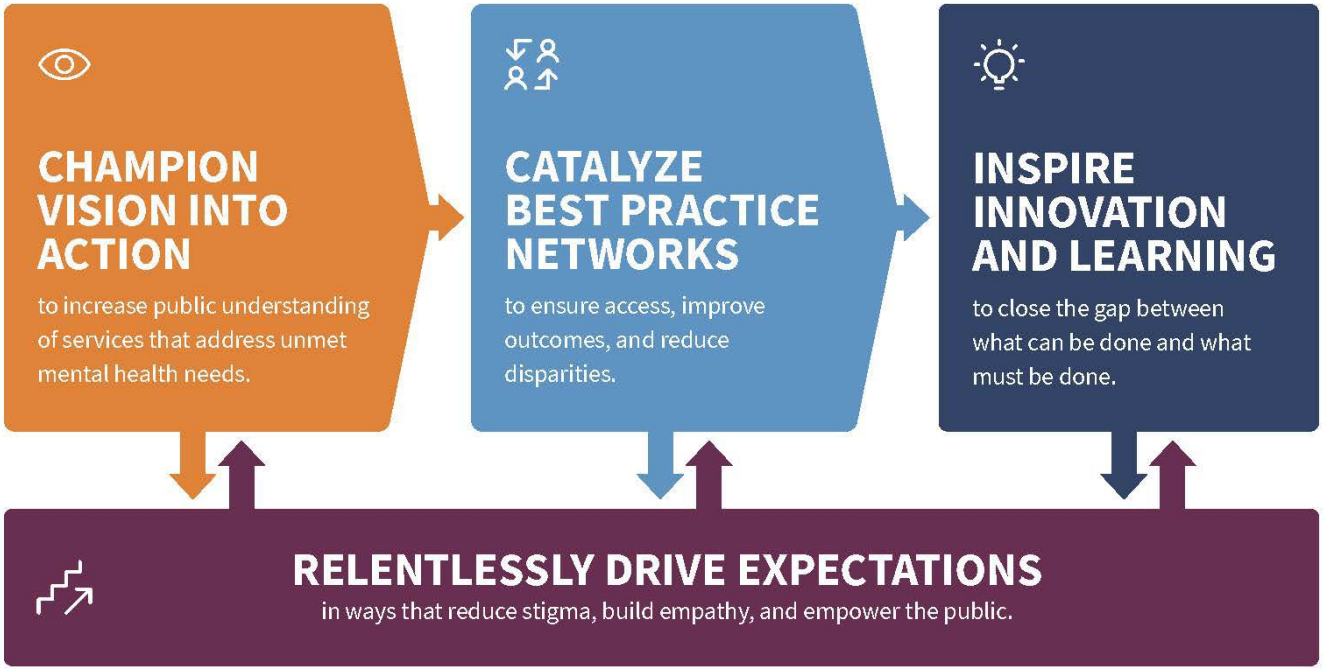
In demonstrating the potential for transformational change, these initiatives have also elevated the imperative to increase the pace

and scale of efforts to build a comprehensive community-based system, bringing into sharp focus the near-term priority.

The Commission's 2024-27 North Star Priority: Accelerate system-level improvements to achieve early, effective, and universally available services.

This priority will guide the evolution and design of the Commission's initiatives and projects, further informed by three more clearly defined **Operational Priorities**:

- **Build foundational knowledge.** The Commission will more explicitly develop and advocate for data-based and community-derived information to drive decisions regarding finances and services toward adequacy, sustainability, efficiency, effectiveness and reductions in disparities.
- **Close the gap between what is being done and what can be done.** The Commission will work to accelerate the adoption of effective programs to reduce geographic, demographic, cultural, and socio-economic disparities in services, supports and outcomes.
- **Close the gap between what can be done and what must be done**. The Commission in new ways will drive innovation in the public-private financing, delivery of services and supports, and continuous improvement to accelerate the development of early, effective, integrated and universally available services and supports.



Goals and Objectives for 2024-2027

The Commission will pursue its North Star priority by working with community members, experts, governmental and civic partners to achieve the following goals.

Goal 1: Champion Vision to Action

The Commission will analyze data and engage all partners to advance the evolution of policies necessary to provide an early, effective and universally available system of behavioral health supports and services.

Objective 1: Elevate the perspective of diverse communities. The Commission will partner with local agencies and community organizations to engage all people with lived experience, their families and neighbors to understand the impacts of the current systems; identify opportunities for improving services and reducing disparities; and, elevate concerns and suggestions to public and private system leaders.

Objective 2: Assess and advocate for system improvements. The Commission will assess and publish key opportunities for investments and changes in policies and practices that will move California toward a universally accessible, integrated and effective system of care that prevents and reduces the incidence and consequence of mental health issues at the earliest possible moment.

Objective 3: Connect federally and globally to learn and apply. The Commission will Identify and engage in federal and international initiatives seeking to promote the north star goal, assess how California could contribute or benefit from those initiatives, and convene and share that information with system and community partners in California.

Goal 2: Catalyze Best Practice Networks to ensure access, improve outcomes and reduce disparities.

The Commission will engage public and private partners, including universities and institutes, to catalyze the creation of best practice networks of excellence. These dynamic networks will strive to accelerate the effective implementation of service models that work together to provide universal access to a system of high-quality supports and services. The networks will curate best practices, provide technical assistance, assess and address barriers to implementation, and identify policies and practices for continuous improvement.

The Commission will focus first on networks supporting its seminal efforts in school-based mental health, early psychosis intervention, allcove™ youth drop-in centers, workplace mental health strategies, and full-service partnerships. Specifically, the Commission will advance these elements that are essential to system change:

Objective 1: Support organizational capacity building.

The networks should support the development of organizational partnerships, the collaborative use of data to assess services, the ability to design and implement change projects and manage toward continuous improvement.

Objective 2: Fortify professional development programs and resilient workforce strategies.

The networks should help to align and augment professional development programs to build the needs skills and abilities, develop educational pipelines for future staff that begin in the communities that are being served, and build career ladders that provide for individual growth and robust service systems.

Objective 3: Develop adequate and reliable funding models.

The networks should develop and implement models for integrating funding that provides universal access, high quality services and sustainable operations. The network should explore models that make use of existing resources under existing policies, as well as identifying changes in policies and practices that would result in integrated, adequate and reliable funds.

Objective 4: Support system-level analysis to ensure the tailored care and universal access required to reduce disparities. The networks should ensure efficient and informative research and evaluations inform public storytelling and understanding, improve practices and outcomes, and drive changes in state and federal policies, regulations and program administration.

Goal 3: Inspire Innovation and Learning

The Commission will develop strategies and partnerships to catalyze innovation and accelerate the development and dissemination of new models and practices that further improve behavioral health and wellbeing.

Objective 1: Curate an analytical-based narrative on the potential for innovation to improve behavioral health outcomes. The narrative will be supported and promoted through convenings and communications that bring together community voices, researchers, practitioners, and system leaders to explore opportunities, learnings, and future applications. These collaborative efforts will analyze opportunities, experimental projects, results and impacts on individual lives, families, and neighborhoods.

Objective 2: Establish an innovation fund to link and leverage public and private investments. The fund will seek investors and partners who can help resource and shape projects to identify high-value learning opportunities with the potential to reduce disparities, improve the quality of life and public outcomes and drive transformational change in behavioral health services and supports.

Objective 3: Accelerate learning and adaptation in public policies and programs. The Commission will initiate and participate in partnerships that elevate community voice and the public interest in innovation projects, as well as the learnings that should inform changes in statutes, budgets, and regulations.

Goal 4: Relentlessly Drive Expectations

The Commission will work with all Californians to increase understanding, empathy, trust and empowerment as a way to bolster public ownership, expectations and accountability for improvement of the public behavioral health system.

Objective 1: Launch a public awareness strategy to reduce stigma, promote access care, and communicate the potential for recovery. The strategy will be developed and managed with public partners, incorporate the Commission's major initiatives, and be tailored to racial and geographic communities to inform and empower Californians to improve access to care and make better decisions regarding behavioral health.

Objective 2: Develop a behavioral health index. The index will track and promote key indicators for behavioral health, including the seven negative outcomes, by county with benchmarks for peer counties, as well as peer states and nations to California.

Objective 3: Promote understanding of the progress that is being made and the advocacy that will result in further improvements.

The Commission will work with community voices, especially youth, to build understanding on the potential for additional healing and to inform and empower their advocacy for improvements with service providers and public decision-makers.

From Plan to Action

The Commission is fortifying its internal project management, human resources, community engagement, communications protocols to effectively pursue these goals and objectives.

The Commission expects this plan will evolve with changes in statutes, funding streams, community needs, and opportunities for impact over the coming years.

The Commission also is committed to measuring its impact and using that information for continuous improvement. The potential metrics in the succeeding table are illustrative and will be refined with partners while implementing the objectives.

Goals, Objectives & Metrics	
Goal & Objectives	**Metrics**
Goal 1: Champion Vision to Action	
Objective 1: Elevate the perspective of diverse communities.	Community engagement activities mapped by place, demographics and mental health system involvement. The influence of community voice in state and local behavioral health decision-making as assessed by community members and decision-makers, and the resulting changes in policies and procedures. Assessment of the Commission's community engagement activities against established standards.
Objective 2: Assess and advocate for system improvements.	Assessments of presentations and convenings; feedback received from public partners, public administrators and policymakers; recommendations incorporated into policies and practices.
Objective 3: Connect federally and globally to learn and apply.	Assessments of presentations and convenings; feedback received from the public partners, public administrators and policymakers; recommendations incorporated into policies and practices.
Goal 2: Catalyze Best Practice Networks to ensure access, improve outcomes and reduce disparities	
Objective 1: Support organizational capacity building.	The number of local agencies and providers reached by the network, the number participating in adaptation projects, improvements in programs and services.
Objective 2: Fortify professional development programs and resilient workforce strategies.	The number education and training partners involved, the number of job classifications aligned, the number of community-based training pipelines developed, the number of counties with resilient workforce strategies, the number of unfillable job vacancies, retention, career advancement.

Objective 3: Develop adequate and reliable funding models.	The number of service-based funding models developed, the number of counties maximizing Medi-Cal and private insurance funding, the percentage of services funded through entitlement programs, the percentage of services funded by private insurance.
Objective 4: Support system-level analysis to ensure the tailored care and universal access required to reduce disparities.	The percentage of services covered by system-level reviews, the percentage of issues addressed by policymakers, administrators or providers, the percentage of coverage demographically and geographically for essential behavioral health services.
Goal 3: Inspire Innovation and Learning	
Objective 1: Curate an analytical-based narrative on the potential for innovation to improve behavioral health outcomes.	Number and diversity of outreach activities, the number and diversity of participants embracing the narrative, feedback from participants on the value of the narrative.
Objective 2: Establish an innovation fund to link and leverage public and private investments.	Amount of funds deployed, the range and diversity of investments, qualitative value of learnings.
Objective 3: Accelerate learning and adaptation in public policies and programs.	The number and diversity of projects, the learnings derived, the learnings incorporated into policies and practices.
Goal 4: Relentlessly Drive Expectations	
Objective 1: Launch a public awareness strategy to reduce stigma, promote access care, and communicate the potential for recovery.	Quantity and diversity of outreach efforts, data on readership, responses to queries on the value of content.
Objective 2: Develop a behavioral health index.	Number and diversity of project partners, number and diversity of those who access the index, feedback from system partners.
Objective 3: Promote understanding of the progress that is being made and the advocacy that will result in further improvements.	Number and diversity of organizations and individuals involved in activities, feedback from participants on the value of their engagement, feedback from system partners on the value of resulting advocacy.

Summary of Themes from Community Engagement

The Commission engaged the public between May and November 2023 to inform the development of the strategic plan. Multiple methods were employed to reach and engage community partners including 40+ interviews with internal and external partners, six public meetings, two online surveys, and a focus group. Through these strategies a diverse audience representing different interest groups and racial and ethnic backgrounds expressed their needs and concerns.

The Commission received a tremendous amount of input and feedback from community partners through the engagement efforts. To distill what was heard, transcripts and summaries were produced of all engagement events and then analyzed to identify core themes. The table below presents those themes, which informed every aspect of the 2024-2027 Strategic Plan.

Key Themes	**Quotes**
1. Provide strong leadership, vision, focus and promote awareness	*The Commission is in the best position to see the statewide perspective on mental health issues and provide some policy continuity while still recognizing unique regional issues and needs.* *Increasing awareness about mental illnesses and mental health in general population. Decreasing the stigma around and misunderstanding of mental disorders and illnesses*
2. Engage community, build trust, and empower	*Your willingness to reach out to the public and diverse communities of California State. Allowing community to speak about what they need.* *Shaping the Mental Health System in California involves power in numbers and a willingness to include all voices and feedback from consumers, families and community partners. "Nothing about us, without us."*
3. Develop policy, support legislation, and advocate for services	*Advocate for Housing that Heals! We need supportive housing for clients in their own county of residence. Extra financial help is needed for small, rural counties. Too many of our clients have to be sent out of our County for placement.*
4. Promote prevention/early	*Promote mental health and well-being for school kids, to drive multi-generational impact in years to come. This can be done by educating the public about mental health, supporting PEI programs, and promoting mental health focused at schools.*

intervention and school mental health	*The Commission's key opportunity is to fill a significant gap in both funding and partnership in supporting mental health in our school (LEA) eco-system.*
5. Allocate resources strategically, provide technical assistance and support best practice models.	*The Commission's highest impact role is its approval and awarding of funding for impactful county projects, community programs, and advocacy initiatives."* *Commission staff has good experience administering contracts in order to decrease disparities, increase community engagement, and implement pilot projects.*
6. Address disparities and ensure services are culturally competent and sensitive	*Most important in my community are mental health disparities, particularly for the African American population, gang-involved/affected.* *African Americans are overrepresented in criminal justice, foster care, etc., and they need to be treated and receive specialized services.*
7. Foster innovative practices/treatment and service integration	*Providing pathways for innovative programs to serve their communities and ensuring the counties are supporting the state initiatives.* *Encouraging and developing innovative approaches to Mental Health. Helping to create and support state-wide initiatives.*
8. Leverage data to inform the public and improve services; standardize performance outcomes	*Have data collection for everything we're doing all across the board through all community organizations, and when people find what works, we need to put that out there & say this has been great for us or has helped me, but we need a strong data collection and have that open & available to everyone who uses the system.* *The Commission can drive accountability for the system overall. For example, by requiring a standard of care for services purchased with MHSA dollars. Also, by gathering reliable and consistent data on access and performance, the Commission can demonstrate the value of data-driven policy and practice.*
9. Build diverse workforce and support peer services	*One thing missing is peer support/peer services needed to support the mental health community through CA, with ALL communities, especially SMI/unhoused communities.* *Using peers is an essential part of the process; I would like to add that maybe we can develop relationships with peers and use peers to help with/follow through for people with/ SMI.* *An inclusive and compassionate workforce towards all employees is more likely to be engaged, motivated, and have higher levels of well-being.*

Recent Commission Projects

These Commission projects reveal the value of engaging community perspectives, experts, public agencies and services providers in efforts to improve services and outcomes – and the imperative to accelerate progress toward comprehensive community-based systems of care.

Criminal Justice Project. The Commission's report *Together We Can: Reducing Criminal Justice Involvement for People with Mental Illness* recommended ways to prevent people with mental health challenges from becoming involved with criminal justice systems. The Legislature authorized $5 million to the Commission to develop the Innovation Incubator that worked with counties to implment the recommendations.

Suicide Prevention Project. Assembly Bill 114 directed the Commission to develop a statewide strategic suicide prevention plan, which resulted in the Commission adopting *Striving for Zero: California's Strategic Plan for Suicide Prevention, 2020-2025*.

School Mental Health Project. The Commission's report *Every Young Heart and Mind: Schools as Centers for Wellness* recommended ways to increase mental health services through partnerships between county behavioral health departments and local education agencies.

Prevention and Early Intervention Project. In 2018, Senate Bill 1004 directed the Commission to strengthen prevention and early intervention in California's public mental health system. The Commission's report *Wellness and Thriving: Advancing Prevention and Early Intervention in Mental Health* provides a vision and framework to guide prevention and early intervention in mental health across California.

Workplace Mental Health Project. In 2018, Senate Bill 1113 directed the Commission to establish a framework for promoting mental health in the workplace. The Commission developed *five voluntary standards* that employers may adopt to support the mental health of employees.

Racial Equity Plan. The Commission's Racial Equity Action Plan build on the Commission's understanding of the problem and fortifies Commission staff using diversity, equity and inclusion best practices (not on Commission's website – will need to look for it).

Sources

[i] The 2020 California Children's Report Card
[ii] Candid (2021)
[iii] Rock Health (2021)
[iv] Kaiser Family Foundation (2022)
[v] World Economic Forum (2021)
[vi] American Physiological Society (2023)
[vii] Substance Abuse and Mental Health Services Administration (2022)
[viii] Healthforce Center at UCSF (2018)
[ix] Association of American Medical Colleges (2022)
[x] NAMI California (2021)

AGENDA ITEM 8

Information

January 25, 2024 Commission Meeting

California Reducing Disparities Project Phase II Evaluation Update

Summary:
The Commission will hear a presentation on the evaluation findings for Phase II of the California Reducing Disparities Project (CRDP). The California Reducing Disparities Project is an initiative intended to demonstrate the effectiveness of Community-Defined Evidence Practices (CDEPs) in reducing mental health disparities for diverse, multicultural communities, and reinforce the infrastructure to deliver these services. The purpose of the statewide evaluation is to assess the overall effectiveness of the project, identify and implement strategies addressing mental health disparities, and to demonstrate the effectiveness of CDEPs in reducing mental health disparities in five priority populations.

Background:
In 2009, California responded to a standing call from U.S. Surgeon General David Satcher for national action to reduce mental health disparities experienced by "historically unserved, underserved, and inappropriately served groups." Under the leadership of the California Department of Public Health's Office of Health Equity, CRDP is a statewide mental health prevention and early intervention initiative to improve outcomes through access to appropriate services among five populations: African American/Black, Asian American Native Hawaiian Pacific Islander, Latinx, American Indian/Alaska Native, and Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning communities. Currently in its second phase, CRDP is a $60 million investment that aims to implement and validate community-driven mental health solutions. Originally funded from 2016-2022 by the 2004 Mental Health Services Act, CRDP Phase 2 was renewed in 2021 for an additional four years with $63.1 million from the state general fund.

Findings:
The statewide evaluation found:

- The CRDP increased access to mental health services and improved the mental health among participants in unserved, underserved, and inappropriately served communities.
- The CRDP approach also strengthened the capacity of communities to respond to their own mental health needs more and more over time.

- Because the CRDP approach prioritizes prevention and early intervention, it is cost-effective. For every dollar spent during a four-year implementation period, about five dollars were saved. The net estimated financial benefit to the state exceeded $450 million.

CDRP statewide evaluation findings led to five key recommendations made by the evaluators for consideration by lawmakers, researchers, county mental health systems, and mental health practitioners:

- Recognize CDEPs as innovative, effective, community-driven PEI approaches to reducing mental health disparities, especially in unserved, underserved, and inappropriately served communities.
- Use a Capacity-Building Pilot Project approach as a health equity tactic more widely and maintain flexibility and openness to a wide range of potential CDEP approaches considered for funding.
- Make disaggregated data more widely available in large-scale secondary datasets, increase access to county level PEI data, and oversample certain populations and sub-populations.
- While fidelity has its purpose, it is important to recognize the value of diverse PEI approaches and the need for flexibility in their implementation and responsiveness to community.
- Expand use of community-based participatory practices (CBPP) and evaluation strategies for services and programs offered for unserved, underserved, and inappropriately served populations.

The full report highlights further questions and potential avenues to pursue in future work and can be found here: https://www.cultureishealth.org/the-california-reducing-disparities-project-phase-ii-statewide-evaluation-report-is-released/

Researchers from the Psychology Applied Research Center at Loyola Marymount University will share a brief overview of the research methodology used in the statewide evaluation of Phase 2 of the California Reducing Disparities Project followed by a sample of key findings related to:

- Mental Health Access
- Improvements In Mental Health
- Business Case: Cost-Benefit Analysis of CRDP Phase 2

Presenters: Cheryl Grills, PhD, Professor, Psychology, Director, Psychology Applied Research Center, Loyola Marymount University; Elia De la Cruz Toledo He, MPA, PhD, Researcher, Psychology Applied Research Center at Loyola Marymount University; Silvia L. Rodriguez, MPPA, MBA, Manager, Behavioral Health Equity Branch, Office of Health Equity, Department of Public Health

Enclosures: None

Handouts: PowerPoint Presentation

AGENDA ITEM 9

Action

January 25, 2024 Commission Meeting

Mental Health Student Services Act Request for Application Outline

Summary:
The Commission will consider approval of an outline for a Request for Application (RFA) designed to award grant funds to support mental health partnerships between city or county mental or behavioral health departments and schools. Funding for these grants was made available by the Mental Health Student Services Act (MHSSA), Senate Bill 75, Statutes of 2019 and Senate Bill 129, Statutes of 2021. This Request for Application for MHSSA funding will be the fourth issued by the Commission and is designed to award $25,000,00 in funding. These grants will be issued for a 3-year term under a competitive procurement process.

Background:
The 2019 Budget Bill, Senate Bill 75, included the Mental Health Student Services Act (MHSSA) to establish mental health partnerships between County Mental Health or Behavioral Health Departments and educational entities. The Commission awards grants to incentivize partnerships who deliver school-based mental health service to students and their families, conduct outreach to identify early signs of unmet mental health needs, reduce stigma and discrimination and prevent unmet mental health needs from becoming severe and disabling.

The primary goal of the MHSSA is to establish and strengthen school-based mental health partnerships between county behavioral health departments, school districts, county office of education, and charter schools. To date, there have been three grant phases that have awarded a total of $270 million to 57 counties. The MHSSA Learning Collaborative meets quarterly and includes all grantees. The collaborative strives to identify the best approaches in delivering school-based mental health services and building the capacity of county systems in a collaborative environment.

Engagement:
In August 2023, the Commission surveyed MHSSA grantees asking how they would use additional funding to address needs within their MHSSA school-based mental health partnership. A total of 36 grantees responded and a follow-up to this initial survey was conducted at the September 2023 MHSSA Collaboration Meeting. Grantees were given a poll and asked, if given a limited amount of funding, what area they would choose to fund. A total of eight options were included in the poll including workforce capacity, vulnerable youth

populations, mobile service units, substance use disorder, suicide prevention, universal screening, sustainability coordination, and wellness centers. A total of 108 grantee representatives who were present at the meeting responded.

While these queries were informal, they provide strong indicators, and the Poll results are consistent with the Survey results. The top two funding priorities are to build "workforce capacity" and "enhance school-based services to marginalized and vulnerable youth."

1. In the Survey over 50% of counties mentioned a need for more staff/personnel, and Workforce Capacity is ranked 1st at 27% in the Poll results.

2. 80% of counties in the Survey indicated a desire to enhance their program/services for marginalized and vulnerable youth, and this ranked 2nd at 18% in the Poll results.

Furthermore, sustainability is a category that is increasingly relevant as there are MHSSA grantees who are nearing the end of their grant, and those numbers will continue to increase. Through conversations with grantees, it has become apparent that there is a need for expertise in this area, especially with the new funding opportunities.

In addition, universal screening has been identified as a key strategy for improving the mental health of young people and screening can be included as part of the school-based mental health initiative to maximize impact. Survey results indicated interest in universal screening as a potential funding focus. Additional feedback received indicated that an implementation plan for universal mental health screening in schools would be a helpful way to expedite these services.

On January 9, 2024, to determine additional priority areas and to receive input from students and parents about Phase IV RFA priority areas, Commission staff held a listening session for students and families. Participants were asked to identify the mental health needs of students, how school-based mental health programs can better meet those needs, specifically for marginalized and vulnerable youth, and to identify strategies to promote the use of services, and thoughts about universal screening.

A summary of the community engagement is included as a separate attachment.

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

School partnerships are required as a condition of funding under the MHSSA, but only the Behavioral Health Department will qualify as a grantee. Any entity in the partnership can be

designated as a lead agency for the purposes of submitting the application and operating the program.

RFA Timeline (subject to change)

Timeline:

Release Request for Application	February 9, 2024
Intent to Award	April 12, 2024
Contracts executed	June 30, 2024

Presenters: Tom Orrock, Deputy Director, Operations and Riann Kopchak, Chief of Community Engagement and Grants

Enclosures (2): (1) Proposed Outline for MHSSA Phase IV Future Funding Focus; (2) Community Engagement Feedback Summary

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

Motion: The Commission authorizes the staff to initiate a competitive bid process and award $25 million in grants to the highest scoring applicants based on the proposed outline.

Mental Health Services
Oversight & Accountability Commission

Mental Health Student Services Act
Phase IV Request for Applications Outline

Summary: The Commission will consider approval of an outline for a Request for Application (RFA) designed to award grant funds to support mental health partnerships between city or county mental or behavioral health departments and schools. Funding for these grants was made available by the Mental Health Student Services Act (MHSSA), Senate Bill 75, Statutes of 2019 and Senate Bill 129, Statutes of 2021. This Request for Application for MHSSA funding will be the fourth issued by the Commission and is designed to award $25,000,00 in funding. These grants will be issued for a 3-year term under a competitive procurement process.

Background

The 2019 Budget Bill, Senate Bill 75, included the Mental Health Student Services Act (MHSSA) to establish mental health partnerships between County Mental Health or Behavioral Health Departments and educational entities. The Commission awards grants to incentivize partnerships who deliver school-based mental health service to students and their families, conduct outreach to identify early signs of unmet mental health needs, reduce stigma and discrimination and prevent unmet mental health needs from becoming severe and disabling.

The primary goal of the MHSSA is to establish and strengthen school-based mental health partnerships between county behavioral health departments, school districts, county office of education, and charter schools. To date, there have been three grant phases that have awarded a total of $270 million to 57 counties. The MHSSA Learning Collaborative meets quarterly and includes all grantees. The collaborative strives to identify the best approaches in delivering school-based mental health services and building the capacity of county systems in a collaborative environment.

Engagement

In August 2023, the Commission surveyed MHSSA grantees asking how they would use additional funding to address needs within their MHSSA school-based mental health partnership. 36 grantees responded and a follow-up to this initial survey was conducted at the September 2023 MHSSA Collaboration Meeting. Grantees were given a poll and asked, if given a limited amount of funding, what area they would choose to fund. A total of eight options were included in the poll including workforce capacity, vulnerable youth populations, mobile service units, substance use disorder, suicide prevention, universal screening, sustainability coordination, and wellness centers. A total of 108 grantee representatives present at the meeting responded.

While these queries were informal, they provide strong indicators, and the Poll results are consistent with the Survey results. The top two funding priorities are to build "workforce capacity" and "enhance school-based services to marginalized and vulnerable youth."

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Sustainability is a category that is increasingly relevant as there are MHSSA grantees who are nearing the end of their grant, and those numbers will continue to increase. Through conversations with grantees, it has become apparent that there is a need for expertise in this area, especially with the new funding opportunities.

Universal screening has been identified as a key strategy for improving the mental health of young people and screening can be included as part of the school-based mental health initiative to maximize impact. Survey results indicated interest in universal screening as a potential funding focus. Additional feedback received indicated that an implementation plan for universal mental health screening in schools would be a helpful way to expedite these services.

On January 9, the commission held a listening session focusing on student voice relative to their mental health needs and to determine additional priority areas and receive input from students and parents about Phase IV RFA priority areas. Students, educators, school behavioral health partners, and community organizations were invited to attend. Participants were asked to identify the mental health needs of students, how school-based mental health programs can better meet those needs, specifically for marginalized and vulnerable youth, and to identify strategies to promote the use of services, and thoughts about universal screening. Student comment was prioritized, but the adults were allotted time to provide feedback as well. The robust conversation revealed key points of interest for the students, as well as barriers to success. Thoughts and issues presented by participants focused on access to services, expansion of programs, sustainability, and vulnerable populations, as well as other points for consideration.

This proposal for the Phase IV RFA funding provides a total of $25 million over three years to incentivize services to marginalized and vulnerable youth, provide planning grants to conduct assessment activities for universal screening, and build sustainability and quality improvement methods. The RFA will also include a fourth category for "other priorities" to allow applicants to identify and address their unique needs.

Funding Strategy

1. Foster, Juvenile Justice Involved, and/or Other Marginalized and Vulnerable Youth - $5,000,000

   Ten grants, each in the amount of $500,000, will be made available to provide support, that may include peer support and student mentoring services, to marginalized and vulnerable student populations such as foster youth, juvenile justice involved youth, and youth who are not traditionally thought to be at risk. Foster youth and justice involved youth experience significant mental health and education disparities. Research has shown that of the 100,000 children in California's foster care system, 50-60 percent have moderate to severe mental health problems and 50-75 percent of the 2 million youth encountering the juvenile justice system meet criteria for a mental health disorder[1]. This is compared to 22 percent of the general population of those aged 9-17 years that have mental health disorders[2].

   The Youth Law Center's 2023 report entitled "New Education Report Finds Youth Are Out of Sight and Out of Mind in California's Juvenile Court Schools" provides information relative to California's justice involved youth. Youth of color, primarily Black and Latino students comprise 61 percent of California public school enrollment, and 74.51 percent of juvenile court school enrollment[3]. Furthermore, youth in foster care represent 1 percent of public-school enrollment, but 21.44 percent of juvenile court school enrollment. Issues identified for these populations include chronic absenteeism, high suspension rates, and low education achievement with one of the solutions being effective mental health care.

   In the listening session, both students and adults identified 'unnamed' populations of students who are not traditionally considered 'at-risk' but are suffering from loneliness, anxiety, and isolation. Participants urged us not to assume that because a student is an athlete or a scholar student, they do not require help. These populations often fall off the radar as it is assumed that they are not struggling because there are no obvious symptoms.

2. Universal Screening - $8,000,000

   Ten grants, each in the amount of $800,000 will be made available to support a learning cohort of MHSSA grant partners from ten counties, varying in size and region, to develop a plan to implement equitable and universal mental health screening in

[1] Institute for Research on Women and Families (1998) CODE BLUE: Health Services for Children in Foster Care.
[2] National Conference of State Legislatures. (2014) Mental Health and Foster Care. https://www.ncsl.org/human-services/mental-health-and-foster-care#:~:text=Up%20to%2080%20percent%20of,percent%20of%20the%20general%20population.
[3] Youth Law Center (2023) New Education Reports Finds Youth Are Out of Sight and Out of Mind in California's Juvenile Court Schools. https://www.ylc.org/new-education-report-finds-youth-are-out-of-sight-and-out-of-mind-in-californias-juvenile-court-schools/

schools. Specifically, grants will be awarded to two very small counties, two small counties, three medium counties, three large counties. Consideration will be given fo counties where 50% of students are socioeconomically disadvantaged. Funding will support the development of a local planning team and planning activities including the assessment of needs, assets, and challenges relative to implementing universal screening in their school districts. Grantees will also participate in a learning collaborative where they will receive guidance and technical support during the planning process and development of a "roadmap" for universal screening. Additionally, one contract, in the amount of $1,000,000, will support technical assistance and facilitation of the statewide learning collaborative.

Between 50 and 75 percent of mental health symptoms begin during youth and young adulthood.[i] Yet, the mental health needs of students are frequently undetected, and therefore, unsupported. The consequences of such oversight can be dire, even fatal, as unaddressed mental health needs can result in school failure, substance abuse, and suicide for young people.[ii] Fortunately, many of these outcomes can be prevented through early detection and intervention.[iii] Universal mental screening – where all people are screened regardless of risk - is a key strategy for promoting early intervention, particularly in settings in which young people spend much of their time, such as schools. Currently, mental health screening practices are underutilized in California schools largely due to fiscal, workforce, and legal barriers, and an absence of guidelines to address these concerns.

In its 2023-24 Budget Act, the legislature requested that the Commission conduct an analysis of tools, best practices, and barriers for implementing universal mental health screening in California's K-12 school system, with the goal of informing future fiscal and policy decisions related to school based universal screening. The attention on screening is consistent with the Commission's school mental health report, *Every Young Heart and Mind,* and its prevention and early intervention report, *Well and Thriving,* both of which recommend universal screening as a key strategy for promoting youth mental health.

This funding will allow a collection of MHSSA partners of various sizes and regions, to explore opportunities for universal screening to better understand and respond to the unique and nuanced needs of students in their districts. With these findings and through the learning collaborative, grantees will create a "roadmap" to guide future implementation of universal mental health screening in their districts. Collectively, this work will inform state level decisions related to universal mental health screening for children and youth.

3. Sustainability - $9,000,000
   Twenty grants, each in the amount of $450,000 will be made available to support

continuous quality improvement and long-term sustainability of school-county partnerships funded by the MHSSA grant. Applicants will be asked to identify dollar for dollar matching funds to extend the sustainability efforts over six fiscal years. Specifically, these dollars will support existing local MHSSA partnerships in hiring a quality improvement and sustainability (QIS) Coordinator. Earlier this year, Commission staff surveyed MHSSA grant partners and learned about the need for dedicated staff to develop sustainability and quality improvement strategies.

The National Center for School Mental Health (NCSMH) provides resources to advance a framework for comprehensive school-based mental health based on a quality improvement system. Resources include support for conducting needs assessments and resource mapping, incorporating evidence-based services, using data to inform decision making, partnering with youth and families, and maximizing diverse financial and non-financial assets to sustain a continuum of school-based mental health services and supports. These resources will be leveraged to support QIS Coordinators in developing and implementing quality improvement and sustainability plans based on local needs. In addition, as the Commission rolls out the MHSSA technical assistance strategy in 2024, there will be opportunities for the quality improvement and sustainability (QIS) Coordinator to participate in learning cohorts comprised of peers.

The Commission's school mental health report, "E*very Young Heart and Mind*" identified continuous improvement and sustainability as critical design features of comprehensive school mental health programs. This effort is aligned with the report's recommendations and will support the vision for schools to become centers of wellness.

4. Other Priorities - $3,000,000
   The RFA will include a fourth category for "other priorities" to allow applicants to identify and address the unique needs of their partnership which may not be reflected in the other three categories. Applicants may elect to build wellness centers, implement mobile crisis support teams, substance use disorder prevention and education, or other services which support the goals of the MHSSA.

If there is a lack of applicants in a specific category, that funding may be moved to another focus category to allow for all grant funding to be disbursed. This proposal for Phase IV will focus funding on these key areas to make an immediate and lasting impact on student mental health and wellness. By focusing on marginalized and vulnerable student populations such as foster and juvenile justice involved youth, universal screening, and quality and sustainability, the Commission will be addressing a large section of the continuum of care for students including prevention and identification of risk factors

associated with mental health disorders, treatment for marginalized and vulnerable student populations, and building the workforce to sustain long-term support.

Fund Administration

The current available MHSSA RFA funds are $23.1 million. To increase the available grant funds to $25 million, $1.9 million will be moved from MHSSA evaluation to grant funds.

Three Years of Ongoing MHSSA Funds		**$ 22,818,000**
	2023/24	$ 7,606,000
	2024/25	$ 7,606,000
	2025/26	$ 7,606,000
Funding left from Round 3 MHSSA		$ 320,000
2021 MHSSA Admin funding		$ 1,862,000
	Total	$ 25,000,000

Minimum Qualifications

- Be a County Behavioral Health Department
- Identify the entities that make up the partnership. Partners must include at a minimum a Behavioral Health Department, a school district, and either a County Office of Education or a Charter School but may also include other organizations or entities that serve school-based mental health initiatives.

RFA Timeline (subject to change)

- February 9, 2024- RFA release date
- March 29, 2024- Applications due
- April 12, 2024- Notice of Intent to Award
- June 30, 2024- Execute contracts.

[i] Kessler, R. C., Amminger, G. P., Aguilar-Gaxiola, S., Alonso, J., Lee, S., & Ustün, T. B. (2007). Age of onset of

mental disorders: A review of recent literature. Current Opinion in Psychiatry, 20(4), 359-364. https://doi.org/10.1097/YCO.0b013e32816ebc8c

[ii] Ivey-Stephenson, A.Z., Demissie, Z., Crosby, A.E., Stone, D.M., GAylor, E., Wilkis, N., Lowry, R., & Brown, M. (2020). Suicidal ideation and behaviors among high school students — Youth risk behavior survey, United States, 2019. MMWR Supplements, 69(Suppl-1):47–55. http://dx.doi.org/10.15585/mmwr.su6901a6external icon

[iii] Csillag, C., Nordentoft, M., Mizuno, M., Jones, P. B., Killackey, E., Taylor, M., Chen, E., Kane, J., & McDaid, D. (2016). Early intervention services in psychosis: From evidence to wide implementation. Early Intervention in Psychiatry, 10(6), 540–546. https://doi.org/10.1111/eip.12279

Mental Health Services
Oversight & Accountability Commission

Mental Health Student Services Act
Community Engagement Feedback Summary

The Commission has used surveys, polls and listening sessions to solicit input from grantees, students, educators, and county agencies relative to future funding focus. In August 2023, a survey was sent to grantees to determine how they would allocate future funding to support school-based mental health services. A follow-up poll was presented at the September 2023 Collaboration meeting that narrowed the choices to eight areas as highlighted from survey responses. Those eight areas were workforce capacity, vulnerable youth populations, mobile service units, substance use disorder, suicide prevention, universal screening, sustainability coordination, and wellness centers.

Results indicated workforce and sustainability were chief concerns amongst grantees, with over 27% of respondents listing it as their priority. The second most popular option was enhanced programs for marginalized and vulnerable youth populations at 18% of respondents listing it as their priority. Additionally, respondents indicated that infrastructure and space concerns for wellness centers were preventing them from expanding resources for students. The Commission carefully considered this feedback and used responses to prepare for a future listening session.

On January 9, the commission held a listening session focusing on student voice relative to their mental health needs. Educators, school behavioral health partners, and community organizations were invited to attend. Student comment was prioritized, but the adults were allotted time to provide feedback as well. The robust conversation revealed key points of interest for the students, as well as barriers to success. Thoughts and issues presented by participants focused on access to services, expansion of programs, sustainability, and vulnerable populations, as well as other points for consideration. The list below provides insight on the common themes and ideas shared during the listening session.

1. The most important and common theme expressed during the listening session was that a loss of school-based mental health services would be devastating for students and school personnel alike. We heard from an educator who discussed that he has seen direct benefits in his students whether they learned study skills, time management, or received support for stress and anxiety relative to schoolwork. We heard from students who talked about the great counselors they have at their school and how these folks may be the only positive adults that some students have in their lives. In the follow-up survey conducted at the end of the listening session a high-school student shared the following:

> "I can't say how it (losing MHSSA services) would affect my classmates, but I know with the scarce resources we have, without them it would be detrimental. Our culture and atmosphere are very fragile and without certain building blocks, we would be at a loss."

2. Expanding access to, funding for and availability of peer support resources as an avenue of increasing student buy in, adding to the workforce, bolstering services provided and providing training/education to students to recognize and support mental illness symptoms was a major concern.

3. Many vulnerable populations were identified, chiefly were kids in foster care as well as students who 'get in trouble' or are at risk for criminal behavior. A direct quote was "once these kids start getting into trouble, they fall off the radar'". It was also mentioned that these populations are difficult to reach and do not typically seek support services on their own.

4. Both students and adults reminded us that a large group of underserved kids are in an 'unnamed' group such as athletes, the kids smoking behind the gym, the student sitting by themself in the lunchroom, or the scholar. We were urged to not forget about students who do not display typical risk factors or suffer from loneliness, anxiety, or isolation. One survey respondent provided that an unnamed population includes "The students who are 'doing well'. Those who wear a mask but are suffering in silence 'till we lose them."

5. Universal Screening can be helpful, but the schools lack the resources to provide adequate services for all the identified risks. It was also mentioned that universal screening without resources for services may be detrimental as the student is made aware of the potential issue but cannot receive services. Specifically, student feedback was in support of universal screening, and they would like to participate in screening for mental health risk factors. Participants did indicate that an implementation guide with strategies for success would be helpful in working towards universal screening. One survey respondent indicated that the creation of a 'tiered system' for triaging concerns identified by universal screening would be helpful in allocating resources.

6. Space and time for wellness centers are a huge concern, several students mentioned that they are limited to 15 minutes in the wellness centers at a time, while school staff mentioned that they lack adequate space to create wellness centers or staffing to keep them open for extended hours or to see enough students in a day. Additionally, participants indicated that they felt wellness centers have been implemented well in high schools and middle schools but that elementary schools have not been the recipient of funding for these centers.

During the survey, poll, and listening session, the same themes revealed themselves. Grantees and students are concerned about sustainability, marginalized and vulnerable populations, infrastructure, and the implementation of universal screening without sufficient resources. These responses and feedback were used to determine priority areas to focus funding and inform Phase IV of the MHSSA grant process as detailed in the outline.

AGENDA ITEM 10

Action

January 25, 2024 Commission Meeting

Substance Use Disorder Contract Authorization

Summary:

The Commission will consider approval of $20,000,000 in contracts to support the effort to expand access to medication assisted treatment of substance use disorders. The funding for this project comes from the Mental Health Wellness Act (MHWA) and will address service gaps to help treatment organizations reach American Society of Addiction Medicine (ASAM) standards and increase access to Medication Assisted Treatment (MAT).

The project will include $16 million for three counties (Small, Medium, and Large) that reflect the diversity and needs across the state to participate in a pilot project. The remaining $4 million will be issued through contracts to organizations that will provide technical assistance, evaluation of the pilot project, and project coordination.

Background:

The Commission's budget includes $20 million per year in MHWA funding to support and respond to California's behavioral health crisis and to provide prevention and early intervention services. One of the five funding priorities is expansion of and access to SUD programs.

Information and resources related to SUD were presented to the Commission by a panel of experts on September 28, 2023. The panel provided an overview of successful practices that may be considered for expansion through the Commission's MHWA and highlighted the barriers to treatment and known gaps in the continuum of SUD services and approaches which addressed gaps in treatment.

The Commission Chair asked Commissioner Danovitch to work with staff to identify areas for substance use prevention and treatment efforts for MHWA funds. Commissioner Danovitch and staff have met with representatives from the Department of Health Care Services, policy experts, county level leaders, and collaboratively outlined the following pilot recommendations for expanding access to and treatment for SUD services.

On November 16, 2023, the Commission heard a presentation on the proposed funding outline. The outline included the following components:

1. Incentivize best practice through a pilot project in Los Angeles County and three additional counties ($16 million)

    a. MAT Prescriber Cost-Sharing Program within the Specialty SUD System
    b. Expanding Integrated Medical Services in Residential Facilities within the Specialty SUD System
    c. Expanding Access to Low-Barrier MAT via Telephone
2. Establish technical assistance on best practice ($2.5 million)
3. Evaluation of the pilot project and research on and barriers to treatment financing mechanisms ($1 million)
4. Project Coordination ($500,000)

A robust discussion took place among Commissioners and staff which highlighted concerns about the proposal's lack of specificity. While Commissioners approved of the concept, concerns were shared about the proposal's lack of clarity on how many organizations would be funded, how organizations would be selected, and sole source contracting. The Commission approved a motion with one small, one medium and one large county as pilot participants and asked that the item come back to the January 2024 meeting for an update on the process and more specifics on the selected pilot participants.

Presenters: Commissioner Itai Danovitch, and Tom Orrock, Deputy Director, Operations

Enclosures: Outline for Substance Use Disorder Programs and Strategies

Handout (1): PowerPoint

Proposed Motion: That the Commission approves the recommendations for expenditure of Mental Health Wellness Act funds in the amount of $20 million to address SUD which includes a total of $16 million to the three selected counties identified in the presentation and $4 million to conduct technical assistance, pilot evaluation and program research, and project coordination.

Mental Health Services
Oversight & Accountability Commission

Outline for Substance Use Disorder Programs and Strategies

Commission Meeting – January 25, 2024

The Commission is authorized through the annual state budget to award $20 million per year in Mental Health Wellness Act (MHWA) funds to support organizations to improve California's ability to respond to behavioral health crises and to provide early intervention services. In previous rounds of funding the Commission has authorized grants to expand the number of EmPATH crisis stabilization units near hospital Emergency Rooms, and for additional mobile support services for older adults experiencing depression and other serious mental illness. The goal of the SUD effort is to create a clear and compelling narrative on SUD and the importance of providing the best care when and where people need it most.

Greater access and service coordination is necessary to improve outcomes for people who experience SUD. The California Department of Public Health reported that in 2021 there were 6,000 opioid-related deaths. The California Health Care Foundation's 2022 report revealed that fentanyl related deaths increased 10-fold from 2015-2019. Despite the clear need for treatment, the report highlights that only 40% of commercial HMO and PPO plan members with a SUD received care that meets the state's quality standards. However, there is good news. California's Drug Medi-Cal Organized Delivery System program has now been implemented in 37 counties and covers 96% of the state's Medi-Cal population.

On September 28, 2023 the Commission assembled a panel of experts in SUD treatment which included emergency room physicians, county SUD treatment experts, and a SUD Navigator with lived experience. The panel highlighted several areas where funds could be used to fill gaps in the SUD continuum of care, support the expansion of existing programs, and provide treatment to individuals who are often hard to reach. The following are some of the panel recommendations:

- Scale and expand access and infrastructure across the state for medical treatment of opioid use disorder, including evidence based low-barrier access to medication assisted treatment (MAT) services;
- Provide whole person solutions that integrate medical care, behavioral health, and SUD treatment options and meet individuals where they are;
- Fund high yield innovative programs;
- Deliver SUD prevention and intervention for youth

At the conclusion of the panel discussion, the Commission Chair asked staff to work with Commissioner Danovitch to identify the goals and objectives for the MHWA funds. Since that time, staff have joined Commissioner Danovitch in discussions with the Department of Health Care Services, policy experts, and county level leaders.

On November 16, 2023 Commission staff shared the SUD outline for funding including the goals and objectives. The outline included the following recommendations:

November Recommendation:

Allocate $20 million of MHWA funding, over three years, through sole source contracts to improve access to evidence-based SUD care. Improving access to appropriate SUD care requires integration of mental health care and medical care, which is highly synergistic with the goal of modernizing the MHSA. This effort will improve access to evidence-based SUD services, inform state level adoption of best practices, improve outcomes, and reduce suffering and substance related deaths.

Staff recommended focusing the MHWA funds on increased access to integrated medical treatment, an area that each of the panelists highlighted as a critical need. Medication treatment of opioid and alcohol use disorder has been shown to be effective in reducing morbidity and mortality, as well as facilitating recovery for people struggling with SUD. An under-investment of funding and specific policies that define SUD services as non-medical, have restricted access to the service. Investments in strengthening and growing the medical infrastructure and workforce within specialty SUD systems will provide easier access to best practice treatments.

Staff recommended dedicating $16 million for a pilot in four counties across the state to address approaches to overcome challenges of reaching American Society of Addiction Medicine (ASAM) standards and increase access to MAT. Due to the size and scope of the challenges in their county, and because of their level of interest in aligning with the Commission in this effort, Los Angeles has been identified as a key program partner. The remaining three counties will reflect the diverse needs of the state and will be a Northern California county, a central valley county, and a rural county partner who can quickly scale up on these efforts. Approximately $2.5 million will be set aside to fund technical assistance, evaluation, and project management contractor that will bring the pilot counties together in shared learning and dissemination of best practices to other regions of the state. Approximately $1 million would be made available for research on barriers to treatment and identification of effective financing models, and approximately $500,000 will be allocated to contract with an SUD expert who can assist Commission staff, make future recommendations, and organize an SUD learning collaborative.

1) **Incentivize best practice through a pilot project in LA and up to three additional counties. ($16 million)**
    a. MAT Prescriber Cost-Sharing Program within the Specialty SUD System – Los Angeles County & regional model counties will support a cost-sharing program to help specialty SUD agencies who traditionally have not had the resources to hire clinicians that prescribe medications. This cost-sharing program addresses one of the key barriers to scaling MAT in the specialty SUD system and establishes a pathway to sustainability through Medi-Cal billing. This effort could support approximately 80 new MAT health care providers serving specialty SUD system clients.
    b. Expanding Integrated Medical Services in Residential Facilities within the Specialty SUD System. While residential SUD treatment facilities are considered “non-medical” per State regulations, there is a provision that allows residential settings to provide “Incidental Medical Services (IMS)” to directly offer MAT and address associated medical issues. Funding will be used to support residential facilities serving Medi-Cal clients with obtaining IMS approvals to expand their medical capabilities and provide more integrated services for clients. This funding amount is anticipated to support at least 45 residential SUD sites obtain IMS approval to be able to offer MAT on site.
    c. Expanding Access to Low-Barrier MAT via Telephone. Fund Los Angeles County’s MAT Consultation Telephone Line to allow reach into additional communities. The MAT Consultation Telephone Line is staffed with prescribers and substance use navigators who perform telephonic assessments, initiate MAT prescriptions via participating community pharmacies, and navigate patients to community settings that offer MAT to support continuity of care. This model could be scaled to other regions of the state as an innovative approach that significantly expands availability across safety net populations served by counties.

2) **Establish technical assistance on best practice. ($2.5 million)**

Grantees will receive technical assistance on best practices in meeting treatment standards and expanding MAT services. The TA will include participation in a learning collaborative organized by the project coordinator. The Commission will work with Commissioner Danovitch to identify an appropriate TA provider.

3) **Research on barriers to treatment and financing mechanisms ($1 million)**

A research contractor would be engaged to evaluate outcomes of the pilot project and create a white paper on known barriers to treatment and recommendations on how the barriers can be addressed. The research contractor would also assist in identification of sustainable financing structures to ensure that SUD treatment

programs can expand services in future years. The research contractor will work closely with the technical assistance provider to ensure that research findings are shared with all counties.

4) Project Coordinator ($500,000)

A project coordinator will organize a SUD Learning Collaborative and align the project with other statewide efforts. The project manager will work closely with Commission staff, organize convenings, and coordinate the activities of contractors across the various components.

Contractors and counties will be required to:

- Provide a budget on how the funds will be spent as part of their plan. Matching funds will be encouraged.
- Contribute to a sustainability strategy to support the program following the end of the contact term.
- Submit annual or more frequent reports on progress against the goals outlined in their contract.

In response to the outline presented in November 2023, the Commission engaged in a robust discussion which highlighted concerns about the proposal's lack of specificity on the selection process for the pilot project participants. While Commissioners approved of the project goals and overall concept, concerns were shared about the proposal's lack of clarity on how many organizations should be funded, how organizations would be selected, and pros and cons of sole source versus competitive contracting.

At the November 2023 meeting, the Commission approved a motion with one small, one medium and one large county as pilot participants and asked that the item come back to the January meeting for an update on the process and more specifics on the selected pilot participants.

Funding Timeline

- January 25, 2024: Approval consideration by full Commission on selected counties and contractors
- April 26, 2024: Execute contracts with all program participants

AGENDA ITEM 11

Action

January 25, 2024 Commission Meeting

Governor's Proposed 2024 Budget, Expenditure Update, and Legislative Priorities for 2024

Background:

Governor's Proposed 2024-25 Budget

On January 10, 2024, the Governor released the 2024 proposed budget focused on supporting mental health and substance use services in California. This budget aims to address the growing need for mental health services and promote the overall well-being of residents in the state.

1. Increased Funding for Mental Health Programs

One of the primary ways in which the Governor is supporting mental health is through increased funding for mental health programs. This funding allows for the expansion of existing programs, as well as the development of new ones.

- Children and Youth Behavioral Health Initiative Wellness Coaches
    - Includes $9.5 million in 2024-25 increasing annually to $78 million in 2027-28 to establish the wellness coach benefit in Medi-Cal effective January 1, 2025. Wellness coaches will primarily serve children and youth and operate as part of a care team in school-linked settings and across the Medi-Cal behavioral health delivery system.

2. Expansion of Mental Health Services

The Governor's budget also includes provisions for the expansion and improvement of mental health services across California. This includes increasing the number of mental health clinics, hospitals, and other facilities to provide more accessible care to residents in need. By expanding access to these services, the proposed budget aims to reduce the stigma surrounding mental health and improve the overall mental health outcomes in the state. In recent Budget Acts, investments have been made to improve the lives of all Californians, with a focus on the state's most vulnerable communities.

- Behavioral Health Continuum
    - Maintains over $8 billion total funds across various Health and Human Services departments to expand the continuum of behavioral health treatment and

infrastructure capacity and transform the system for providing behavioral health services to children and youth.

- Expanding Medi-Cal to All Income-Eligible Californians
    - Maintains $8.5 billion to expand full-scope Medi-Cal eligibility to income-eligible adults aged 26 to 49 regardless of immigration status as of January 1, 2024. With this expansion, Medi-Cal will be available to all income-eligible Californians.

- Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment Demonstration
    - Maintains $7.6 billion ($87.5 million Mental Health Services Fund) for the Department of Health Care Services and the Department of Social Services to implement the BH-CONNECT Demonstration, effective January 1, 2025.

- Behavioral Health Continuum Infrastructure Program
    - Delays $140.4 million General Fund from 2024-25 to 2025-26, for a total of $380.7 million for the final round of grants in 2025-26. The Budget maintains $300 million General Fund in 2023-24 and $239.6 million General Fund in 2024-25.

- Behavioral Health Bridge Housing
    - Shifts $265 million from Mental Health Services Fund appropriated in the 2023 Budget Act to General Fund in 2024-25.
    - Delays $235 million General Fund originally planned for 2024-25 to 2025-26. Despite the delays, the Budget maintains $1.5 billion for this program.

3. Focus on Early Intervention and Prevention

Recognizing the importance of early intervention and prevention, the Governor's budget emphasizes these approaches in mental health. By investing in early intervention programs, the proposed budget aims to identify individuals at risk and provide timely support to prevent the onset of more severe mental health conditions. This approach aims to promote resilience and well-being among individuals of all ages.

- California Advancing and Innovating Medi-Cal
    - Maintains approximately $2.4 billion to continue transforming the health care delivery system through CalAIM.
    - Maintains $24.7 million in 2025-26 increasing to $197.9 million at full implementation to allow up to six months of rent or temporary housing to eligible individuals experiencing homelessness or at risk of homelessness transitioning out of institutional care, a correctional facility, the child welfare system, or other transitional housing settings.

- Health and Human Services Innovation Accelerator Initiative
    - Delays $74 million General Fund until 2025-26 and 2026-27 for the Health and Human Services Innovation Accelerator Initiative.

4. Mental Health Training and Education

The Governor's budget also includes funding for mental health training and education programs. This training will help healthcare professionals, educators, and other professionals develop the necessary skills to identify and support individuals with mental health needs. By equipping professionals with this knowledge, California can foster a culture of understanding and care in various sectors of society.

The 2022 Budget invested approximately $2.2 billion General Fund towards the state's goals of increasing the workforce in California and creating more innovative and accessible opportunities to recruit, train, hire, and advance an ethnically and culturally inclusive health and human services workforce. The Budget largely maintains those investments but proposes reductions.

- Healthcare Workforce Investments

    - Delays $140.1 million General Fund for the Nursing and Social Work Initiatives to 2025-26. Additionally, given lower-than anticipated Mental Health Services Act revenue.
    - Delays $189.4 million Mental Health Services Fund to 2025-26 for various Department of Health Care Access and Information workforce investments.
    - Maintains $974.4 million (General Fund and Mental Health Services Fund) through 2025-26 for various workforce investments in the Department of Health Care Access and Information.

In conclusion, the California Governor's budget released in 2024 includes a strong commitment to supporting mental health in California. Through increased funding, the expansion of mental health services, a focus on early intervention and prevention, and mental health training and education.

The Commission will be presented with an overview of the Governor's proposed 2024 budget at the meeting.

Update on the Commission's 2023-2024 Spending Plan and Proposed 2024 budget

Each year, the Mental Health Services Oversight and Accountability Commission is presented with a budget update in July at the beginning of the new fiscal year, and again in January which coincides with a presentation on the Governor's proposed budget for the following fiscal year. Staff also provides a budget presentation in May that coincides with the Governor's May Revision. The goal of these presentations is to support fiscal transparency and ensure that Commission expenditures are in line with the Commission's priorities.

Background:
The Commission's budget is organized into three main categories: Operations, Budget Directed, and Local Assistance.

- Operations: Includes Personnel and Core Operations. These funds are provided for staff, rent, and other related expenses needed to support the work of the Commission. Funding is usually ongoing with some exceptions such as one-time funding to support Commission directed initiatives.
- Budget Directed: Funding provided in the Governor's Budget Act for technical assistance, implementation, and evaluation of grant programs with one-time and ongoing funding that is allocated over multiple fiscal years.
- Local Assistance: Includes the majority of Commission's funding that is provided to counties and other local partners. Funding is provided via grants to counties or organizations on an ongoing and/or one-time basis, spread over multiple fiscal years.

Annual funding in the Commission's budget can be authorized for a single fiscal year, or multiple fiscal years. Fluctuations in annual funding reflect the availability of one-time funding, funding authorizations that are available over multiple years and periodic on-going budget decisions that result in either growth or reductions in expenditure authority.

The Commission Staff will present and update on the Commission's 2023-24 expenditures for consideration and an overview of the Commission's 2024 proposed budget.

	Fiscal Year 2021-22	Fiscal Year 2022-23	Fiscal Year 2023-24	Fiscal Year 2024-25
Operations				
Personnel	$6,720,000	$8,100,000	$8,968,000	$9,303,000
Core Operations	$3,890,000	$3,168,000	$4,295,000	$4,295,000
Total Operations	**$10,610,000**	**$11,268,000**	**$13,263,000**	**$13,598,000**
Budget Directed				
Anti-Bullying Campaign*	$5,000,000			
MHSSA Admin Augmentation*	$15,000,000			
MHSSA Admin/Evaluation*	$10,000,000	$16,646,000		
Fellowship/Transformational Change*		$5,000,000		
Evaluation of FSP Outcomes		$400,000	$400,000	$400,000
Universal Mental Health Screening Study*			$200,000	
EPI Reappropriation*			$1,675,000	
Total Budget Directed	**$30,000,000**	**$22,046,000**	**$2,275,000**	**$400,000**
Local Assistance				
Children & Youth Behavioral Health Initiative*			$15,000,000	
Community Advocacy Partnership	$5,418,000	$6,700,000	$6,700,000	$6,700,000
Mental Health Student Services Act (MHSSA)**	$188,830,000	$8,830,000	$7,606,000	$7,606,000
Mental Health Wellness Act	$20,000,000	$20,000,000	$20,000,000	$20,000,000
Total Local Assistance Funds	**$214,487,000**	**$78,430,000**	**$49,306,000**	**$34,306,000**
Grand Total	**$255,097,000**	**$111,744,000**	**$64,844,000**	**$48,304,000**

*one-time funds

**one-time funds and ongoing funds

2024 Legislative Priorities

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

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

At the October and November 2023 Commission meetings, the Commission had a preliminary discussion about legislative priorities for 2024 including carryover legislation from 2023, previously sponsored legislation that was unsuccessful, and recommendations from the Commission's policy reports that have yet to be implemented. Three proposals were identified for the Commission to pursue legislatively in 2024:

1. The recommendation from the Commission's 2020 report, "*Every Young Heart and Mind: Schools as Centers of Wellness*," that the Governor and the Legislature should establish a leadership structure dedicated to the development of schools as centers for wellness and healing.

2. The recommendation from the Commission's 2023 report, "*Working Well: Supporting Mental Health at Work in California,*" that the Governor and Legislature should launch a center of excellence on workplace mental health that can fully leverage the capacity of employers to address stigma, improve mental health literacy, and ensure access to comprehensive mental health care; and

3. A reintroduction of the Commission's 2021 sponsored bill, Assembly Bill 573 (Carrillo), which would require each community mental health service to have a local youth advisory board to provide youth with a platform to better advocate for effective and quality mental health programs.

At the January 2024 Commission meeting, the Commission will hear an update on the progress made with the Legislature on these three proposals. In addition, the Commission will consider broader expectations for the 2024 legislative session given California's current budget deficit and ways in which they can work with the California Health and Human Services Agency, the Department of Health Care Services, and other partners to strengthen California's investment in early intervention strategies to help reduce long term costs.

Presenter(s):
Norma Pate, Deputy Director of Administration and Performance Management
Kendra Zoller, Deputy Director of Legislation

Enclosures: None

Handouts: PowerPoint slides will be made available at the Commission Meeting

Proposed Motion: The Commission approves the revised Fiscal Year 2023-24 spending plan.

MISCELLANEOUS ENCLOSURES

January 25, 2024 Commission Meeting

Enclosures (4):
(1) Evaluation Dashboard
(2) Innovation Dashboard
(3) Department of Health Care Services Revenue and Expenditure Reports Status Update
(4) Rolling Calendar

Mental Health Services
Oversight & Accountability Commission

Summary of Updates

Contracts

New Contracts: 0

Total Contracts: 5

Funds Spent Since the November Commission Meeting

Contract Number	Amount
17MHSOAC073	$ 190,036.50
17MHSOAC074	$ 190,036.50
21MHSOAC023	$ 0.00
22MHSOAC025	$ 0.00
22MHSOAC050	$ 150,000.00
TOTAL	**$ 530,730.00**

Mental Health Services
Oversight & Accountability Commission

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

MHSOAC Staff: Kai LeMasson
Active Dates: 01/16/19 - 12/31/23
Total Contract Amount: $2,453,736.50
Total Spent: $2,453,736.50

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

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

Mental Health Services
Oversight & Accountability Commission

Deliverable	Status	Due Date	Change
Formative/Process Evaluation Plan Implementation and Preliminary Findings (11 quarterly reports)	Complete	1/15/21-3/15/23	No
Executive Summary and Meeting Presentation and Workplan (a and b)	Complete Complete	9/15/21 12/23	No
Midpoint Progress Report for Formative/Process Evaluation Plan	Complete	7/15/21	No
Draft**s** Formative/Process Evaluation Final Report (a and b)	Complete Complete	3/30/23 7/15/23	No
Final Report and Recommendations	Complete	11/30/23	No

Mental Health Services
Oversight & Accountability Commission

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

MHSOAC Staff: Kai LeMasson
Active Dates: 01/16/19 - 12/31/23
Total Contract Amount: $2,453,736.50
Total Spent: $2,453,736.50

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

Deliverable	Status	Due Date	Change
Workplan	Complete	4/15/19	No
Background Review	Complete	7/15/19	No
Draft Summative Evaluation Plan	Complete	2/12/20	No
Formative/Process Evaluation Plan Updated Formative/Process Evaluation Plan	Complete Complete	1/24/20 1/15/21	No No
Data Collection and Management Report	Complete	6/15/20	No
Final Summative Evaluation Plan	Complete	7/15/20	No
Data Collection for Formative/Process Evaluation Plan Progress Reports (10 quarterly reports)	Complete	1/15/21- 6/15/23	No
Formative/Process Evaluation Plan Implementation and Preliminary Findings (11 quarterly reports)	Complete	1/15/21-6/15/23	No

Mental Health Services
Oversight & Accountability Commission

Deliverable	Status	Due Date	Change
Executive Summary and Meeting Presentation and Workplan (a and b)	Complete Complete	9/15/21 12/23	No
Midpoint Progress Report for Formative/Process Evaluation Plan	Complete	7/15/21	No
Drafts Formative/Process Evaluation Final Report (a and b)	Complete Complete	3/30/23 7/15/23	No
Final Report and Recommendations	Complete	11/30/23	No

Mental Health Services
Oversight & Accountability Commission

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

MHSOAC Staff: Rachel Heffley
Active Dates: 07/01/21 - 06/30/24
Total Contract Amount: $5,414,545.00
Total Spent:$ 3,183,262.56

UCSF is providing onsite staff and technical assistance to the MHSOAC to support project planning, data linkages, and policy analysis activities including a summative evaluation of Triage grant programs.

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	Complete	06/30/2022	No
Quarterly Progress Reports	Complete	09/30/2022	No
Quarterly Progress Reports	Complete	12/31/2022	No
Quarterly Progress Reports	Complete	03/31/2023	No
Quarterly Progress Reports	Complete	06/30/2023	No
Quarterly Progress Reports	Complete	09/30/2023	No
Quarterly Progress Reports	Complete	12/31/2023	Yes
Quarterly Progress Reports	In Progress	03/31/2024	Yes
Quarterly Progress Reports	Not Started	06/30/2024	No

Mental Health Services
Oversight & Accountability Commission

WestEd: MHSSA Evaluation Planning (22MHSOAC025)

MHSOAC Staff: Kai LeMasson
Active Dates: 06/26/23 - 12/31/24
Total Contract Amount: $1,500,000.00
Total Spent: $300,000.00

This project will result in a plan for evaluating the Mental Health Student Services Act (MHSSA) partnerships, activities and services, and student outcomes. The MHSSA Evaluation Plan will be informed by community engagement and include an evaluation framework, research questions, viable school mental health metrics, and an analytic and methodological approach to evaluating the MHSSA.

Deliverable	Status	Due Date	Change
Project Management Plan	Complete	August 1, 2023	No
Community Engagement Plan	Complete	September 1, 2023	No
Community Engagement Plan Implementation (a, b and c)	Complete In Progress	December 15, 2023 January 15, 2024 October 30, 2024	No
Evaluation Framework and Research Questions	In Progress	December 15, 2023	No
School Mental Health Metrics	Not Started	June 15, 2024	No
Evaluation Plan (draft and final)	Not Started	September 1, 2024 October 30, 2024	No
Consultation on Report to the California Legislature	Not Started	March 1, 2024	No
Progress Reports (a, b, and c)	Complete In Progress	September 15, 2023 January 15, 2024 June 15, 2024	No

Mental Health Services
Oversight & Accountability Commission

Third Sector: FSP Evaluation (22MHSOAC050)

MHSOAC Staff: Melissa Martin Mollard
Active Dates: 06/28/23 – 6/30/24
Total Contract Amount: $450,000.00
Total Spent: $150,000.00

This project will evaluate the effectiveness of FSPs through community engagement, outreach and survey activities culminating in a final report to the Commission with specific recommendations for strengthening the implementation and outcomes of FSP programs throughout the State.

Deliverable	Status	Due Date	Change
Community Engagement Plan (draft and final)	Complete	August 31, 2023 September 30, 2023	Yes
Statewide Survey (draft and final)	In Progress	October 31, 2023 December 31, 2023	No
Progress Reports (#1 and #2)	#1 Complete #2 In Progress	October 31, 2023 March 31, 2024	Yes
Final Report (draft and final	Not Started	March 31, 2024 May 31, 2024	No

Mental Health Services
Oversight & Accountability Commission

INNOVATION DASHBOARD

JANUARY 2024

UNDER REVIEW	Final Proposals Received	Draft Proposals Received	TOTALS
Number of Projects	2	1	**3**
Participating Counties (unduplicated)	2	1	**3**
Dollars Requested	$16,726,481	$40,000,000	**$56,726,481**

PREVIOUS PROJECTS	Reviewed	Approved	Total INN Dollars Approved	Participating Counties
FY 2018-2019	54	54	$303,143,420	32 (54%)
FY 2019-2020	28	28	$62,258,683	19 (32%)
FY 2020-2021	35	33	$84,935,894	22 (37%)
FY 2021-2022	21	21	$50,997,068	19 (32%)
FY 2022-2023	31	31	$354,562,908.86	26 (44%)

TO DATE	Reviewed	Approved	Total INN Dollars Approved	Participating Counties
2023-2024	7	7	$130,607,874	7

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	Riverside	Eating Disorder Intensive Outpatient and Training Program	$40,000,000	5 Years	11/29/2023	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	Sutter-Yuba	Multi County FSP Project	$1,226,250	5 Years	9/12/2023	10/31/2023
Under Final Review	Sacramento	Community Defined Mental Wellness Practices for the African American/Black/African Descent Unhoused	$15,000,231	5 Years	9/19/2023	11/7/2023

APPROVED PROJECTS (FY 23-24)

County	Project Name	Funding Amount	Approval Date
Santa Clara	TGE Center	$11,938,639	7/27/2023
San Luis Obispo	Embracing Mental & Behavioral Health for Residential Adult Care & Education (EMBRACE)	$860,000	9/28/2023
Santa Cruz	Crisis Now Multi-County Innovation Plan	$4,544,656	9/28/2023
Amador	Workforce Retention Strategies	$1,995,129	9/28/2023
Tri-City	Community Planning Process	$675,000	10/26/2023
Los Angeles	Kedren Children and Family Restorative Care Village	$100,594,450	11/16/2023
Sacramento	allcove Multi-County Collaborative	$10,000,000	11/16/2023

DHCS Status Chart of County RERs Received
January 25, 2024, 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 August 30, 2023. This Status Report covers FY 2020 -2021 through FY 2021-2022, 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 2021-2022 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 2021-22 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
January 25, 2024, Commission Meeting

DCHS MHSA Annual Revenue and Expenditure Report Status Update

County	FY 20-21 Electronic Copy Submission	FY 20-21 Return to County	FY 20-21 Final Review Completion	FY 21-22 Electronic Copy Submission	FY 21-22 Return to County	FY 21-22 Final Review Completion
Alameda	1/26/2022	2/3/2022	2/8/2022	1/31/2023	2/6/2023	2/7/2023
Alpine	1/26/2022	2/3/2022	2/15/2022	4/14/2023		4/17/2023
Amador	1/27/2022	2/3/2022	2/10/2022	1/31/2023	2/7/2023	2/17/2023
Berkeley City	2/1/2022	2/3/2022	3/1/2022	1/31/2023	2/2/2023	2/7/2023
Butte	8/11/2022	8/12/2022	8/15/2022			
Calaveras	1/31/2022	2/4/2022	2/8/2022	1/27/2023		2/7/2023
Colusa	2/1/2022	2/4/2022	2/15/2022	4/3/2023	4/4/2023	5/11/2023
Contra Costa	1/31/2022	2/4/2022	3/11/2022	1/30/2023		2/1/2023
Del Norte	1/28/2022	2/7/2022	2/23/2022	1/30/2023		2/7/2023
El Dorado	1/28/2022	2/4/2022	2/9/2022	2/24/2023		2/28/2023
Fresno	1/26/2022	2/7/2022	2/16/2022	1/31/2023	2/2/2023	2/10/2023
Glenn	3/21/2022	3/22/2022	4/6/2022			
Humboldt	8/15/2022	8/16/2022	8/24/2022	1/31/2023		2/2/2023
Imperial	1/31/2022	2/4/2022	2/15/2022	1/20/2023	1/23/2023	2/1/2023
Inyo	4/1/2022	4/12/2022	5/19/2023	5/19/2023		8/16/2023
Kern	2/3/2022	2/7/2022	2/17/2022	1/31/2023	2/1/2023	2/15/2023
Kings	2/22/2022	2/22/2022	3/11/2022	1/10/2023	1/19/2023	2/14/2023
Lake	2/1/2022	2/8/2022	2/23/2022	1/31/2023		2/1/2023
Lassen	2/2/2022	2/8/2022	2/17/2022	2/8/2023	2/9/2023	2/14/2023
Los Angeles	2/1/2022	2/7/2022	2/22/2022	1/31/2023	2/2/2023	2/17/2023
Madera	3/25/2022	3/29/2022	5/19/2022	2/8/2023	2/9/2023	2/14/2023
Marin	1/31/2022	2/7/2022	2/9/2022	1/30/2023	1/31/2023	2/3/2023
Mariposa	1/31/2022	2/7/2022	2/25/2022	4/19/2023	4/20/2023	4/21/2023

DHCS Status Chart of County RERs Received
January 25, 2024, Commission Meeting

County	FY 20-21 Electronic Copy Submission	FY 20-21 Return to County	FY 20-21 Final Review Completion	FY 21-22 Electronic Copy Submission	FY 21-22 Return to County	FY 21-22 Final Review Completion
Mendocino	2/1/2022	2/7/2022	2/24/2022	1/31/2023		2/2/2023
Merced	1/27/2022	2/7/2022	2/8/2022	1/19/2023		1/23/2023
Modoc	4/27/2022	4/28/2022	4/28/2022	3/23/23	4/4/2023	4/5/2023
Mono	1/18/2022	2/7/2022	2/17/2022	1/31/2023		2/2/2023
Monterey	2/2/2022	2/7/2022	2/9/2022	1/31/2023	2/2/2023	2/2/2023
Napa	2/7/2022	2/8/2022	3/3/2022	1/31/2023	2/1/2023	2/13/2023
Nevada	1/31/2022	2/2/2022	2/3/2022	1/31/2023	2/1/2023	2/2/2023
Orange	1/31/2022	2/3/2022	2/17/2022	1/31/2023		2/1/2023
Placer	1/31/2022	3/17/2022	4/13/2022	1/31/2023	2/1/2023	2/14/2023
Plumas	7/14/2022	7/14/2022	11/29/2022	2/14/2023	2/15/2023	2/21/2023
Riverside	1/31/2022	2/4/2022	3/11/2022	1/31/2023	2/1/2023	2/15/2023
Sacramento	1/31/2022	2/3/2022	3/11/2022	1/25/2023	1/26/2023	1/27/2023
San Benito	2/13/2023	2/13/2023	2/27/2023	5/10/2023	5/11/2023	5/25/2023
San Bernardino	3/23/2022	3/23/2022	3/29/2022	1/31/2023		2/6/2023
San Diego	1/31/2022	2/3/2022	2/18/2022	1/31/2023	1/31/2023	2/14/2023
San Francisco	1/31/2022		2/4/2022	1/31/2023	2/1/2023	2/16/2023
San Joaquin	3/22/2022	3/23/2022	3/25/2022	1/31/2023		2/1/2023
San Luis Obispo	1/26/2022	2/2/2022	2/7/2022	12/30/2023	1/6/2023	1/19/2023
San Mateo	1/31/2022	8/3/2022	8/4/2022	3/6/2023	3/24/2023	4/3/2023
Santa Barbara	1/26/2022	1/26/2022	2/10/2022	12/23/2023	2/7/2023	2/15/2023
Santa Clara	1/31/2022	2/15/20222	2/18/2022	1/31/2023	1/31/2023	2/16/2023
Santa Cruz	3/25/2022	3/25/2022	4/4/2022	4/6/2023	4/14/2023	
Shasta	1/25/2022	1/26/2022	2/10/2022	1/31/2023	2/2/2023	2/16/2023
Sierra	1/31/2022	2/2/2022	2/28/2022	1/27/2023	1/30/2023	2/16/2023
Siskiyou	7/18/2022	7/18/2022	8/10/2022	2/6/2023	2/7/2023	2/9/2023
Solano	1/31/2022	2/2/2022	2/8/2022	1/31/2023	1/31/2023	2/15/2023

DHCS Status Chart of County RERs Received
January 25, 2024, Commission Meeting

County	FY 20-21 Electronic Copy Submission	FY 20-21 Return to County	FY 20-21 Final Review Completion	FY 21-22 Electronic Copy Submission	FY 21-22 Return to County	FY 21-22 Final Review Completion
Sonoma	1/31/2022	2/3/2022	2/22/2022	1/31/2023	2/2/2023	3/6/2023
Stanislaus	1/31/2022	2/2/2022	2/15/2022	1/31/2023	2/2/2023	2/3/2023
Sutter-Yuba	2/9/2022	2/10/2022	2/15/2022	1/31/2023	2/2/2023	3/6/2023
Tehama	4/12/2023	4/12/2023	4/13/2023			
Tri-City	1/31/2022	2/2/2022	5/25/2022	1/25/2023	1/25/2023	2/16/2023
Trinity	7/5/2022	7/5/2022	7/27/2022	7/18/2023	7/24/2023	8/24/2023
Tulare	1/31/2022	2/2/2022	2/10/2022	1/31/2023	1/31/2023	2/15/2023
Tuolumne	1/31/2022		2/4/2022	3/29/2023	3/30/2023	4/5/2023
Ventura	1/28/2022	2/2/2022	2/14/2022	1/30/2023	1/30/2023	1/31/2023
Yolo	1/31/2022	2/2/2022	2/2/2022	1/31/2023	2/2/203	3/15/2023
Total	**59**	**56**	**59**	**56**	**41**	**56**

Mental Health Services
Oversight & Accountability Commission

Commission Meeting Calendar (Tentative)

Focus areas are identified through the Commission's Strategic Plan priorities (2020-2023 Priorities include: data/metrics, Full-Service Partnerships, the Impact of Firearm Violence, and Strategic Planning). The Commission's 2024-2027 Strategic Plan will be finalized at the January 2024 Commission meeting. Until then, the draft calendar below reflects efforts to align the Commission meeting focus areas with priorities outlined in the 2020-2023 Strategic Plan and anticipated future Strategic Plan priorities. **All topics and locations subject to change**.

Dates	Locations	Focus Areas*
February 21-22	Napa	**2/21** – Site Visit to Napa State Hospital **2/22** – Panel: Strengthening early intervention to reduce criminal justice involvement
March 28	Sacramento	Mental Health Wellness Act Funding proposal and K-12 Advocacy RFP Outline
April 25	Chico	**4/24** - Site Visit to Everhart Village, Chico Housing Action Team **4/25** - Panel: Full-Service Partnership
May 23	Sacramento	Strategy Session on Early Intervention of Psychosis and Expansion of Coordinated Specialty Care clinics.
June 27	No Meeting	
July 25	San Diego	TBD: Priority agenda items for July 2024 will be determined after adoption of the 2024-2027 Strategic Plan.
August 22	Bay Area	TBD: Priority agenda items for August 2024 will be determined after adoption of the 2024-2027 Strategic Plan.
September 26	Sacramento	TBD: Priority agenda items for September 2024 will be determined after adoption of the 2024-2027 Strategic Plan.
October 24	Fresno	TBD: Priority agenda items for October 2024 will be determined after adoption of the 2024-2027 Strategic Plan.
November 21	Southern California	TBD: Priority agenda items for November 2024 will be determined after adoption of the 2024-2027 Strategic Plan.

*NOTE: The priorities listed are not the only agenda items under consideration for each month.