

## SB 326 (Eggman) – Changes to MHSOAC

### Administrative

<b>1.</b> Rebranded to be the Behavioral Health Services Oversight and Accountability Commission
<b>2.</b> Eleven new Governor appointed Commissioners.
<b>3.</b> The Assembly and Senate commissioners may appoint designees.
<b>4.</b> Stronger data sharing authority with state and local entities.
<b>5.</b> Commission’s fellowship program and advisory committee expanded to include SUD (i.e., the Sally Zinman Consumer and Rusty Selix Mental Health Professional Fellows).
<b>6.</b> Behavioral Health Student Services (BHSSA) grants expanded to include victims of domestic violence and sexual assault.
<b>7.</b> The Commission may establish a technical advisory committee such as a reducing disparities committee focusing on demographic, geographic, and other communities; and the Commission may provide pertinent information gained from all committees to relevant state agencies and departments.
<b>8.</b> Early Psychosis Intervention Plus (EPI Plus) Advisory Committee expanded to include a California public school administrator, a representative knowledgeable in community-defined evidence based practices and reducing behavioral health disparities, and a school social worker, school psychologist, or school counselor holding a pupil personnel services credential.
<b>9.</b> Administers the Innovation Partnership Fund and publishes a report on practices funded and their key accomplishments.
<b>10.</b> Complies with State Auditor requests.
<b>11.</b> Refers county performance issues to DHCS for the new County Behavioral Health Outcomes, Accountability, and Transparency Report.
<b>12.</b> Receives county Integrated Plans.

## Reporting Requirements

<p><b>13.</b> Publishes recommendations for the state in collaboration with DHCS based on data from technical assistance and a robust community engagement process focused on priority populations and diverse communities.</p>
<p><b>14.</b> Publishes a report that includes recommendations for improving and standardizing promising practices for Behavioral Health Services Act programs in collaboration with DHCS, Planning Council, and CBHDA.</p>

## Consulting Roles

<p><b>15.</b> Consults with CDPH on identifying best practices to overcome stigma and discrimination.</p>
<p><b>16.</b> Consults with CDPH on population-based prevention programs.</p>
<p><b>17.</b> Consults with DHCS to set early intervention priorities.</p>
<p><b>18.</b> Consults with DHCS to establish a biennial list of evidence-based practices and community-defined evidence based practices for counties to implement locally.</p>
<p><b>19.</b> Consults with DHCS, counties, providers, and stakeholders in establishing FSP standard of care with levels based on an individual's acuity and criteria for step-down into the least intensive level of care.</p>
<p><b>20.</b> Consults with DHCS, counties, and stakeholders to establish metrics to measure and evaluate the quality and efficacy of programs and services. The metrics shall be used to identify demographic and geographic disparities in the quality and efficacy of behavioral health services and programs.</p>
<p><b>21.</b> Provides technical assistance to counties on implementation planning, training, and capacity building investments including on innovative behavioral health models of care and innovative promising practices.</p>
<p><b>22.</b> Member of the Behavioral Health Services Act Revenue Stability Workgroup required to develop and recommend solutions to reduce BHSA revenue volatility and to propose appropriate prudent reserve levels to support the sustainability of county programs and services.</p>

**23.** Additionally advises the Governor and the Legislature on SUD.