Tuolumne County Behavioral Health Advisory Board (BHAB)
(Minutes of the meeting of May 3, 2023)
FINAL

2022 BHAB Membership	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Jaron Brandon - BOS	Meeting Cancelled	✓	Meeting Cancelled	✓	✓							
Anaiah Kirk – BOS Alt		E		E	E							
Mary Anne Schmidt, Chairperson		✓		E	✓							
Sherry Bradley, Vice-Chairperson		✓		✓	✓							
Elizabeth Marum		✓		✓	✓							
Jenn Salazar		✓		✓	✓							
Maureen Woods		✓		✓	✓							
Valerie Shuemake		✓		✓	✓							

Present = ✓ Absent = A Excused = E **7 MHAB Members, 1 BOS Alternate**

Tuolumne County Staff in Attendance
Tami Mariscal, Director – Behavioral Health Department
Lindsey Lujan, Quality Management Deputy Director – Behavioral Health Department
Pandora Armbruster, Administrative Assistant – Behavioral Health Department
Others in Attendance
Terry Garcia, PhD – Licensed Clinical Psychologist in Private Practice
Cathie Peacock – Executive Director, Interfaith Community Services
And Other Community Members

I. CALL TO ORDER

- Behavioral Health Advisory Board Chairperson, Mary Anne Schmidt, announced to attendees that the meeting was being recorded.

  The meeting was called to order at 4:10 pm. All seven members were present and accounted for at the time of roll call, completing a quorum for the Board. Behavioral Health Advisory Board members introduced themselves as roll call was taken. Those present were Jaron Brandon, Mary Anne Schmidt, Sherry Bradley, Elizabeth Marum, Jenn Salazar, Maureen Woods, and Valerie Shuemake.

- The Mission and Vision Statements for the Behavioral Health Advisory Board were read into the record.

II. INTRODUCTIONS

Introductions were made by Tuolumne County staff in attendance, as follows: Tami Mariscal – Director, Behavioral Health Department, Lindsey Lujan - Quality Management Deputy Director, Behavioral Health Department, and Pandora Armbruster – Administrative Technician, Behavioral Health Department, attending virtually.

Others in attendance introduced themselves as follows: Terry Garcia, PhD., Cathie Peacock, Interfaith Ministries. Two other community members were in attendance but chose not to introduce themselves.

III. CORRESPONDENCE

None currently.

IV. AGENDA REVIEW PERIOD

There were no suggested changes to the order of agenda items**.**

V. PUBLIC COMMENT:

Members of the public may be heard on any item not on the Board's Agenda. A person addressing the Board will be limited to **three minutes**. Comments by members of the public on any item on the agenda will only be allowed during consideration of the item by the Board.

No public comments were received.

VI. CONSENT AGENDA

A. Approving Draft Minutes of the April 5, 2023, Behavioral Health Advisory Board Meeting

Valerie Shuemake moved, and Jaron Brandon seconded to approve the Draft Minutes on the Consent Agenda as presented. The motion to approve the Consent Agenda passed unanimously by all members.

(Ayes: 7 – Jaron Brandon, Mary Anne Schmidt, Sherry Bradley, Elizabeth Marum, Jenn Salazar, Maureen Woods, and Valerie Shuemake. Nays: 0 Abstentions: 0 Members Absent: 0)

VII. TUOLUMNE COUNTY BEHAVIORAL HEALTH STAFF REPORTS:

Announcement & Discussion of the Open Comment Period for the MHSA 3-Year Plan FY '23-26 presented by Jenn Guhl, MHSA Agency Manager

Lindsey Lujan, Behavioral Health Deputy Director, provided information on the upcoming Stakeholder Meetings scheduled for the MHSA 3-Yr Plan for FY 23-26. Those meeting dates are set for May 4th and May 15th at the Enrichment Center. Details can be found on the Behavioral Health website. The draft MHSA 3-Yr Plan is posted electronically on the website and in paper form at the Enrichment Center and throughout the county at each Public Library. The open comment period is available now through the next scheduled Behavioral Health Advisory Board Meeting on June 7th, 2023, which will culminate with the Public Hearing portion of the process.

The group discussed logistics of reviewing and making comments on the draft MHSA 3-Yr Plan prior to the Public Hearing at next month's meeting. Several options were proposed however, members decided to scan/review the plan and share their comments either in writing or verbally at the next meeting.

Additional discussion was had regarding the anticipated refresh of the Mental Health Services Act proposed by Governor Newsom. Sherry Bradley noted that Advisory Board members need to understand the Mental Health Services Act as it is now to better understand the proposed changes.

VIII. BUSINESS

A. Discuss application of BHAB member on the YES Partnership.

Maureen Woods and Mary Anne Schmidt recently attended the YES Partnership Meeting. Mary Anne suggested that an Advisory Board Member be identified to join this informative community group.

Sherry Bradley moved, and Jaron Brandon seconded, to have an Advisory Board member apply for membership in the YES Partnership. Motion passed unanimously by all members.

(Ayes: 7 – Jaron Brandon, Mary Anne Schmidt, Sherry Bradley, Elizabeth Marum, Jenn Salazar, Maureen Woods, and Valerie Shuemake. Nays: 0 Abstentions: 0 Members Absent: 0)

B. Discuss Bylaws summary and how to move forward

Mary Anne Schmidt suggested an Ad Hoc Committee be created to edit the Behavioral Health Advisory Board Bylaws to comply with changes to the Welfare and Institutions Code, the updated Tuolumne County Commissions and Committees Handbook, inclusion of Substance Use Disorder (SUD) representation, as well as remove language regarding the Executive Committee which created issues for Advisory Board officers to meet outside of scheduled meetings to plan agendas.

An Ad Hoc Workgroup consisting of Mary Anne Schmidt, Sherry Bradley, and Jaron Brandon was created to propose changes to the existing Behavioral Health Advisory Board Bylaws.

C. Discuss Site Visitation Protocol

Sherry Bradley presented the proposed **Site Visit Protocol** for the group to review. A copy of that protocol will be included as a part of these minutes.

A motion was made by Jaron Brandon and seconded by Maureen Woods to accept the Site Visit Protocol as presented.

(Ayes: 7 – Jaron Brandon, Mary Anne Schmidt, Sherry Bradley, Elizabeth Marum, Jenn Salazar, Maureen Woods, and Valerie Shuemake. Nays: 0 Abstentions: 0 Members Absent: 0)

The first site to be visited will be the Enrichment Center. Sherry Bradley will take the lead and pick a date which works for others participating in that site visit.

IX. ANNOUNCEMENTS:

A. Speaker for June 7, 2023: Questions, Flyers, Stakeholder List Additions

A flyer for the next Advisory Board meeting speaker, Cassandra Jenecke, Tuolumne County District Attorney, was shared with the group. A suggestion was made to share this flyer with as many community members as possible to encourage attendance.

B. Webpage on County Website: Review and Make Suggestions BHAB Webpage

Mary Anne Schmidt shared that the Behavioral Health Advisory Board webpage has recently been refreshed. She requested that members review and make suggestions for any edits and additions.

Mary Anne requested that a "subscribe button" be added to the site allowing those interested in meetings to be added to the Behavioral Health Advisory Board meeting information email list. Jaron Brandon suggested that the "Notify Me" button or a link taking visitors directly to Advisory Board agendas be added as well.

X. BOARD OF SUPERVISOR'S REPORT

Jaron Brandon, Supervisor District 5, updated attendees on the Board of Supervisors recent work and activities regarding housing and budget related items.

As far as housing, Jaron relayed that the Board of Supervisors will be holding their final discussion of the acquisition vote for the Soulsbyville transitional housing unit soon. An advertisement soliciting homes for sale that could be utilized for County purposes recently went out over Facebook. Supervisor Brandon expressed interest in the Enrichment Center playing a role as a potential Navigation Center for homeless. He also shared that the County is looking at camping and parking regulations in relation to the homeless population.

He informed the group that at this time, a possible $3M shortfall is projected in the budget. This is still early stages so more information to come as work continues.

Supervisor Brandon has requested a performance report for the Board of Supervisors from Archer and Hound, the County's contracted communications and social media promoter. It has been two years and an update is due.

Jaron spoke briefly about artificial intelligence (AI) and the future. He feels that this new technology is already impacting how everything will be done in the future.

XI. BEHAVIORAL HEALTH DIRECTOR'S REPORT

Tami Mariscal provided a more detailed analysis of the Governor's proposed Modernization of the Mental Health Services Act recently published in March 2023.

Tami identified several impacts that could result due to the shifting of funds to new obligations. **A copy of the publication describing the Governor's proposal, as well as Tami's summary of concerns identified through the California Behavioral Health Directors Association** will be included in these minutes.

The group discussed potential concerns about this change and strategies to be put in place as things move forward.

Tami will continue to keep the Behavioral Health Advisory Board apprised of any new developments on this topic.

XII. BEHAVIORAL HEALTH ADVISORY BOARD MEMBER REPORTS

Jenn Salazar announced that she is now in her second term on the Behavioral Health Advisory Board. She shared her personal story and mental health journey. The group congratulated her on her accomplishments and thanked her for the service she now provides to the community.

XIII. BEHAVIORAL HEALTH ADVISORY BOARD CHAIRPERSON'S REPORT

Mary Anne Schmidt spoke to the group about her recent participation in the Not My Kid event. She shared that there were over 1,000 students at the Motherlode Fairgrounds participating in the youth event. Mary Anne attended the parent's evening at Sierra Bible Church. The speaker was funny which put everyone at ease and stories were shared which created empathy and compassion in those attending. She is hopeful that this event will occur again. Overall, she felt that it was successful in starting conversations about mental health within the community.

XIV. SUGGESTIONS FOR NEXT MONTH'S AGENDA

Mary Anne Schmidt and Supervisor Brandon discussed adding an item regarding the housing elements by the Planning Commission at a future meeting.

XV. ADJOURNMENT

The May 3, 2023, Behavioral Health Advisory Board meeting was adjourned at 6:08 pm.

The next Tuolumne County Behavioral Health Advisory Board meeting is scheduled for June 7, 2023, at 4:00 pm at the Tuolumne County Behavioral Health Enrichment Center, 105 Hospital Road, Sonora, CA 95370. Detailed meeting information will be provided on the June 2023 Agenda.

ATTACHMENT 4

Agenda Item VIII. C Discuss Site Visitation Protocol

Tuolumne County Behavioral Health Advisory Board
Ad Hoc Site Visit Committee
April 25, 2023

MEMO TO: Behavioral Health Advisory Board Members

FROM: Sherry Bradley for the Ad Hoc Site Visit Committee

SUBJECT: Status/Progress of the Ad Hoc Site Visit Committee

Dear Advisory Board Members,

The Ad Hoc Site Visit Committee, consisting of Elizabeth Marum, Jenn Salazar, and myself, have been working on the proposed Site Visit Protocol, and an Observations Form.

Because of scheduled vacations and other commitments, we haven't all been able to meet. However, I have met with the Behavioral Health Director, Tami Mariscal, to discuss what site visits would "look like" and what could be proposed. Here is what we came up with:

- There will be about 2 or 3 Site visits per year.
- Protocol for the visits will be drafted (attached)
- The size of the site visiting team will be limited to 2-3 Board members, which will include a Lead Reviewer, but no more than that.
- The team logistics include a Lead Reviewer who works with the Behavioral Health Director, or designee, to establish the location for the site visit, and to obtain contact information for the site.
- The first site visits will be to:
    - The Enrichment Center
    - Behavioral Health Department
    - Lambert Center for the Homeless
- Other site visits will be agreed upon with the Behavioral Health Director, but could include:
    - Contracted programs providing residential care (possibly out of county)
    - MHRC's (Mental Health Rehabilitation Centers) if a client from out county has been placed.
    - PHF's (Psychiatric Health Facility) if a client from our county has been placed there.
    - Others as determined by the Behavioral Health Director

Thank you.

Why Should the TCBH Advisory Board Conduct Site Visits?

California Welfare & Institution Code 5604.2(a), items in **bold** reflect October 2019 CA legislative update:

1. Review and evaluate the community's **public mental** health needs, services, facilities, and special problems **in any facility within the county or jurisdiction where mental health evaluations or services are being provided, including, but not limited to, schools, emergency departments, and psychiatric facilities.**

Tuolumne County Behavioral Health Advisory Board
Proposed – Site Visit Protocol

PURPOSE:

Site visits provide an opportunity to "review and evaluate the community's mental health needs, services, facilities and special problems". *(Statutory Duties: WIC 5604.2(a))*

The purpose of this protocol is to define the policy and procedures for Behavioral Health Advisory Board members to complete site visits.

POLICY & PROCEDURE

1. Each Behavioral Health Advisory Board member shall participate in at least one site visit per year.
2. Site visits can be performed by a maximum of _____Board members.
3. The Behavioral Health Advisory Board (BHAB) receives a current facilities list(s) on an annual basis from the Behavioral Health Director. This list will be reviewed by the Ad Hoc Site/Facility Visit Committee. These lists will include both county operated services and contracted services.
4. The Ad Hoc Site/Facility Visit Committee, with input from the BHAB, chooses which sites to visit and provides this list to the Behavioral Health Director (or designee). Note: Additional sites can be considered throughout the year at the request of BHAB members, the Behavioral Health Director, with approval by the BHAB.
5. The Ad Hoc Site/Facility Visit Committee, working with the Behavioral Health Director (or designee), identifies targeted months, and site locations to be visited. The Ad Hoc Site/Facility Visit Committee canvasses which board members are available during those months and develops the schedule of site visits.
6. The site visit calendar for each year will be distributed during a BHAB meeting. One BHAB member will serve as the Lead Reviewer for each site/facility visit. The BHAB Chair will designate the Lead Reviewer for each site/facility visit.
7. Approximately one month prior to a site visit, the Ad Hoc Site/Facility Visit Committee Chair:
    a. Provide a "Site Visit Observations" form (to Facility/Program) - the Site Manager and/or Contractor is given the form for informational purposes. The form is to be completed during the site visit by the BHAB site visitor(s). Contractors are welcome to offer information in advance if desired.
    b. Receive the Site Contact (name/email/phone) for Lead Reviewer (arranged through the Behavioral Health Director or designee).
    c. Receive a copy of the current Contract, if applicable, (to include Scope of Work and Budget) Information to Site Visit Team.
8. The Lead Reviewer will reach out to the Site Contact and BHAB Site Visit Team to schedule the site visit.
9. Prior to the site visit, the Ad Hoc Site/Facility Visit Committee will forward to the Site Visit Team:
    a. Copies of recent reports to the Tuolumne County Behavioral Health Department (if there are any).

b. A blank “Site Visit Observations” form (for use during visit.)

10. After conducting the site visit, the Lead Reviewer will provide the Site Visit Team’s completed “Site Visit Observations” to the BHAB Chair and Behavioral Health Director (or designee) to be included for review at the next BHAB Meeting.

11. Concerns raised from site visits should be addressed by the Behavioral Health Director (or designee) with follow-up information reported to the BHAB.

Date approved by TCBH Advisory Board

TUOLUMNE COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

SITE/FACILITY/PROGRAM OBSERVATION REPORT

BY:_____

Board Member Name or Site Supervisor, Manager, or Coordinator

This Report Is Based On A Personal Visit From One Or More Members Of The Tuolumne County Behavioral Health Advisory Board

Date Of Site Visit:

Program/Facility Name:

Street Address:

Program Supervisor/Manager/Coordinator Contact Information:
(Name & Phone #):

OBSERVATIONS / STAFF INTERVIEW

1. How does the staff interact with individuals? For example, does the staff appear compassionate, patient, caring, rushed, indifferent or perfunctory?

2. Are individual grievance procedures prominently posted? **Y/N**

3. Are grievance forms readily available to the individual? **Y/N**

4. Is the current Patients' Rights Advocate's contact information posted? **Y/N**

5. What are desired outcomes/treatment goals? How often are these achieved? *(this can also be in the form of a written policy, rule, procedure, or brochure)*

6. What are two or three obstacles your program, staff and individuals face which may make it difficult to achieve these outcomes/goals?

7. (Will not apply to all programs): Do some individuals require re-entry to the program/facility after discharge? If yes, what percentage return and why?

8. (Will not apply to all programs): How many individuals are engaged in your program? How often do they visit? What programs are the best attended?

9. What efforts are made to provide linguistically and culturally competent services/programs? Do the people you serve reflect the ethnic make-up of the community?

10. Does your agency's Board of Directors, owners or management include any individuals with lived mental health experience? **Yes / No**

11. Does your agency's staff include any peer providers? **Yes/No** Are peer providers consumers, family members or caretakers of adults with mental illness? Are they paid or volunteers?

12. How many people seeking services/involvement did your organization turn away over the course of a year? Why? (Qualifications? Behavioral? Medical? Waiting List? Other? – please specify)

13. Is there any other aspect of the program you'd like to share with us today?

SITE VISIT SUMMARY

The Lead Reviewer for the TCBHAB will collect all completed Site Observation Forms. Based upon the information provided on the forms, in consultation with the Site Review Team, the Lead Reviewer will compile a report AFTER visiting the program.

COMPLETE THE INFORMATION, BELOW, AFTER VISITING THE PROGRAM

1. Complete a brief description of the Program:

2. What Is Your Overall Impression Of The Facility/Program, Including Strengths And Limitations? *(use back of sheet of paper to answer, if needed)*

3. Any Recommendations For This Facility Or Program to provide to the Behavioral Health Director and for the TCBH Advisory Board to consider? *(use back of sheet of paper to answer, if needed)*

4. Has the Site Supervisor/Manager/Coordinator been provided a copy of the completed Site Visit Report? **Yes/No**

5. Any additional comments or suggestions?

Updated CSAC/CBHDA MHSA Reform Principles

CHBDA continues to support the reform principles we developed with CSAC in 2019 *(attached). Given that the current reform discussion is somewhat different, we offer the following additional MHSA reform principles as considerations for our members to share with your counties.*

Proposed Principle:

- **MHSA must remain a core source of funding for Medi-Cal:** In order to avoid diverting a core source of funding for Medi-Cal treatment services, use of the MHSA as a core source of Medi-Cal matching dollars must be protected.

Rationale

- Currently, the MHSA accounts for a third of the revenues sent to counties to pay for the delivery of specialty behavioral health services.
- Overall, county behavioral health funding, including MHSA funding, is not tied to caseload or need.
- New state Medi-Cal benefits are often added as "voluntary" to counties in order to avoid triggering a state funding requirement.
- As demand for both mental health and SUD services increases post-pandemic, funding streams are not adjusted on an ongoing basis to account for expanded caseload and responsibilities.
- The MHSA is also crucial in funding Medi-Cal services for children and youth, including child welfare and justice involved youth.
- If funding from the MHSA is required to fund infrastructure, long-term housing, room and board, or longer stays in inpatient and residential treatment settings (for example with conservatorship reforms), including locked treatment settings, that cannot be matched under Medi-Cal, then counties will have fewer MHSA funds to sustain Medi-Cal entitlement services.
- A significant diversion of county funding away from Medi-Cal may put county behavioral health plans at risk for fiscal sanctions for failure to meet timely access to medically necessary care for Medi-Cal beneficiaries, as Medi-Cal is an entitlement.
- Restricting MHSA funding could also undermine the state's payment reform efforts as it would limit sources of non-federal share for IGTs under payment reform.
- The state has suggested that if counties run out of MHSA funds to pay for Medi-Cal, they should rely on county general funds.

MHSA must continue its commitment to prevention and early intervention: MHSA is one of the only sources of funding counties have to fund upstream mental health prevention and early intervention.

Rationale

- This funding has made it possible for counties to deliver services otherwise not reimbursable under Medi-Cal and other forms of insurance such as:
    - Prevention and wellness – including suicide prevention

    - Culturally aligned community defined practices that often work better than traditional therapy and outreach for BIPOC, immigrant, and LGBTQ communities.
    - Crisis services not reimbursable under insurance
- **If the state is going to require a prioritization that puts an emphasis on housing/homeless populations, as well as FSP services, it could divert funding away from the following:**
    - **Local groups providing outreach and support for family members**
    - **School-based services**
    - **Mental health awareness campaigns**
    - **Mental health crisis and warm lines**
    - **Suicide prevention**
- **To date, the state has not discussed alternative sustaining funding for these programs and services should the MHSA shift its focus toward more acute care, downstream interventions.**

MHSA Reforms should improve accountability and transparency without adding to administrative burden: Counties welcome the opportunity to reform the MHSA to ensure that expenditures and outcomes are reported in a way that can tell a consistent statewide story and increase public confidence about how much funding is being spent, and the outcomes of these local investments

Rationale

- Any new reporting requirements should also align with the goals of CalAIM to streamline documentation requirements and burdens on providers
- Fiscal reporting should encourage public trust with clear, consistent, and accessible fiscal transparency
- Reforms should seek to smooth out the volatility of the MHSA
- Rural counties should be granted waivers and exceptions to provide greater flexibility given their relatively smaller populations and amounts of funding (i.e., smaller populations can making public reporting more challenging due to privacy considerations)

MHSA reforms must preserve local control and improve flexibility: Counties need to retain the ability to tailor programs and services to meet local needs.

Rationale

- Not every community has the same population, geography, cultures, strengths, gaps, or needs. Everything from prevalence of mental illness and SUDs to the availability of affordable housing varies significantly throughout the state.
- If counties are going to be held accountable for outcomes, they need to have the ability to retain local control in spending.

Consistent with the goals of CSAC's AT HOME initiative, MHSA reforms should not take pressure off the need for the state to make ongoing, sustainable investments in housing/homelessness: Even with the MHSA's existing significant investments in housing

and homelessness, the state's homelessness crisis has continued to grow, indicating that putting a stronger emphasis on housing/homelessness with MHSA reforms is unlikely to do enough to turn the tide on the full population of Californians who are experiencing homelessness

Rationale

- Even with the MHSA's existing significant investments in housing and homelessness, the state's homelessness crisis has continued to grow, indicating that putting a stronger emphasis on housing/homelessness with MHSA reforms is unlikely to do enough to turn the tide on the full population of Californians who are experiencing homelessness
- In fact, half or more of individuals living in encampments often do not meet specialty mental health services criteria
- CBHDA supports the concepts laid out in the CSAC AT HOME initiative, which would ensure accountability and investments across all levels of government

COUNTY PRIORITIES FOR MHSA MODERNIZATION

Approved by the CSAC MHSA Working Group on March 9, 2020
Approved by the CSAC Executive Committee on April 16, 2020
Final Approval and Adoption by the CSAC Board of Directors on May 28, 2020

The Mental Health Services Act (Proposition 63, MHSA), passed by voters in 2004, provides critical resources for county behavioral health programs to implement the "whatever it takes" model of recovery for those living with mental illness. The MHSA helps support vital treatment, prevention, and innovative services for all Californians regardless of age, ethnicity, location, or income.

The Newsom Administration has called on MHSA stakeholders to consider reforms to better align with the administration's focus on several key issues, including prioritizing the needs of homeless, justice-involved and at-risk youth populations. We believe that the concepts outlined below would help to facilitate that focus, along with improving the flexibility of counties to expand the "whatever it takes" ethos to foster prevention, intervention, and recovery efforts for individuals with mental health and substance use disorder needs.

To that end, we offer seven simple strategies to sustain our mission to serve all Californians with MHSA funding:

DEVELOP STATEWIDE ACCOUNTABILITY OUTCOME MEASURES

Increase the efficacy and accountability of MHSA funding by developing robust statewide outcome measures for key populations. We recommend convening counties and a diverse team of experts, client and family representatives, and data scientists to develop measurable and timely shared outcomes for MHSA-funded programs statewide. The MHSA's existing seven negative outcomes under Prevention and Early Intervention funds should serve as the foundation for the development of measurable outcomes.

INCREASE TRANSPARENCY

Bolster MHSA transparency for counties, the state, and the public by building on current county data reporting requirements to strengthen and improve state-level reporting and data sharing. Improving accountability and transparency practices around the MHSA, including timely reporting and measurement against goals in the key areas, is critical to ensuring positive outcomes for the people we serve.

PROVIDE FLEXIBILITY TO ENHANCE FOCUS ON CORE PRIORITIES

Regulatory caps on MHSA funding components hamper our ability to implement the "whatever it takes" model for some of the sickest and highest-cost clients we serve, including those who are homeless or involved in the criminal justice system. Increasing the flexibility between funding categories allows counties to respond to pressing local needs and the volatility of MHSA funding, while also preserving the Act's directive to reduce seven identified negative outcomes, including: untreated mental illness; suicide; incarcerations; school failure or dropout; unemployment; prolonged suffering; homelessness;

and removal of children from their homes. Any changes to the funding structure must also remain responsive to local decision-making and preserve opportunities for community input.

INCORPORATE SUBSTANCE USE DISORDER SERVICES

To continue fidelity to the "whatever it takes" model of recovery and integrated care, counties seek additional flexibility to integrate MHSA funding for substance use disorder services, including prevention and outreach efforts. Substance use disorders are widely classified as a mental illness, and the Journal of the American Medical Association estimates that roughly 50 percent of individuals with serious mental illness are also living with a substance use disorder. Additional flexibility will reduce rigid funding barriers and bolster counties' ability to make progress on new accountability metrics by allowing counties to more comprehensively serve our most critical and complicated populations with MHSA-funded services.

SUSTAIN FUNDING FOR LOCAL SERVICES

The sustainability of county MHSA funding is of critical importance to the people, providers, and programs within the county behavioral health safety net today. Counties are already responsible for specialty mental health services through Medi-Cal and providing a broader community mental health safety net regardless of income via the Bronzan-McCorquodale Act requirements. In addition, counties are expert at braiding multiple funding streams to provide a broad range of Medi-Cal and non-Medi-Cal funded services to various vulnerable communities. Preserving this critical funding and aligning outcome measures, transparency, and flexibility will ensure a future for our innovative services and supports, such as Full Service Partnerships, supportive housing, and grief recovery services for all ages and payer types.

RIGHT-SIZE RESERVES

Increase available funding by adjusting reserve levels to maximize flexibility and align with policy goals. Current law *requires* county reserves of no more than 33 percent of the average of the last five years of Community Services and Supports funding, not **total** MHSA funding received by each county. Should the additional accountability and flexibility above be implemented, along with the development of clear criteria for accessing reserve funding, it makes sense to reduce the current reserve level percentage in order to adjust for a comparable prudent reserve applied to *all* MHSA funding directly received by a county.

AMPLIFY INNOVATION

Maximize innovation funding and outcomes by expanding the definition of innovation, further streamlining the process for funding innovative programs, and allow counties to sustain successful innovations. Counties also seek to continue the development of community-defined practices to better meet the diverse needs of Californians, share county- and data-driven best practices and outcomes to propagate innovation statewide, and support multi-county or regional initiatives with both county and non-county partners.

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