alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

WELLNESS • RECOVERY • RESILIENCE

2000 Embarcadero Cove, Suite 400
Oakland, California 94606
510-567-8100 / TTY 510-533-5018
Carol F. Burton, MSW, Interim Director

MHSA STAKEHOLDER GROUP (MHSA-SG)

Friday, November 20, 2020 (2:00-4:00pm)

GO TO MEETING TELECONFERENCE: https://global.gotomeeting.com/join/511501621

To participate by phone, dial-in to this number: tel:+18773092073,511501621#

MISSION	VALUE STATEMENT	FUNCTIONS
The MHSA Stakeholder Group advances the principles of the Mental Health Services Act and the use of effective practices to assure the transformation of the mental health system in Alameda County. The group reviews funded strategies and provides counsel on current and future funding priorities.	*We maintain a focus on the people served, while working together with openness and mutual respect.*	The MHSA Stakeholder Group: • *Reviews* the effectiveness of MHSA strategies • *Recommends* current and future funding priorities • *Consults* with ACBH and the community on promising approaches that have potential for transforming the mental health systems of care • *Communicates* with ACBH and relevant mental health constituencies.

1. Welcome and Introductions 2:00
   - MHSA-SG Meeting Structure: *(2) Administration & Operations; (3) Program Planning & Development (4) Quality Assurance*

2. MHSA Presentation: Yellowfin Dashboard & Provider Incentives 2:15
   - FSP Overview
   - Provider Incentives
   - Yellowfin Dashboard
   - How MHSA-SG can be involved/support

3. Administrative Updates & Announcements 3:15
   - MHSA Three-Year Plan
   - Legislative Update
   - New member applications: 2
   - County Announcements
   - MHSA-SG Announcements (*1 minute)*

4. Wrap-Up/Summary 3:55

5. Meeting Adjournment 4:00

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Documents Attached:

- Agenda
- Minutes from October meeting
- PPT Presentation
- Legislative Update Sheet (Chaptered Bills Report 9/25/20)

Alameda County Mental Health Services Act Stakeholder's Meeting
October 23, 2020 • 2:00 pm – 4:00 pm
TELECONFERENCE REMOTE MEETING

Meeting called to order by **Mariana Dailey (Chair)**

Present Representatives: Viveca Bradley (MH Advocate), Annie Bailey, Jeff Caiola (Consumer), Margot Dashiel (NAMI), L.D. Louis (MHAB), Elaine Peng (MHACC), Liz Rebensdorf (NAMI East Bay), Katy Polony (Abode/IHOT), Mark Walker (Swords to Plowshare), Shawn Walker-Smith (MH Advocate), Terri Kennedy (ACBH), Nellie Bagalos (ACBH)
Guests: Cheryl Narvaez (ACBH-PEI Uni), Kelly Robinson (ACBH-PEI Unit), Carly Rachocki (ACBH) , Rosa Warder, Beth Sauerhaft, Tanya McCullom (ACBH-The Office of Family Empowerment)

ITEM	*DISCUSSION*	*ACTION*
Welcome and Introductions (Mariana)	**Mariana** reviewed conference call etiquette tips, and led a brief check-in with the group utilizing the Community Agreements and MHSA-SG Design Team Alliance (DTA) model to identify the desired atmosphere for the meeting and strategies to ensure members thrive and deal with conflict, and asked the group: **Mariana** stated that the meeting structure would focus on 2 of the MHSA-SG meeting structure elements: • Relationship Building, Leadership & Advocacy • Program Planning & Development • Administration & Operations	
MHSA-SG Administrative Updates/Membership and Announcements (Mariana) **MHSA** Three-Year Plan Update (Mariana)	**Mariana** reviewed the new member application: C. Winston. • C. Winston had 3 votes to table her application as member of the MHSA Stakeholder Group. **Mariana** announced 2 new member applications from Ohlone College for the TAY membership: Carissa Samuel, Co-Chair of the Student Advisory Committee & VP of the Wellness Program and Yona, Student Ambassador for Ohlone Student Health Center, Student Government rep, and Graphic Designer for CovEd. **Mariana** assembled the interview panel: **Viveca, Liz and L.D.** **Mariana** reviewed with the MHSA-SG the updates to the Three-Year Plan. • Three-Year Plan will be reviewed by the Board of Supervisors on **10/26**. • The meeting will be a closed session. • In November, the Alameda County Supervisors will review the Three-Year Plan. They have 30 days to send it to the State for approval. • The MHSA-SG can review the **227** public comments after public comments are tabulated and attached to the appendices to the final Three-Year Plan. The Three-Year Plan will be expected to be finalized by November/December and the final plan will have every public comment and response.	• **Mariana** will follow-up with the interview panel before the interviews. • **Mariana** – Will post the final State's approval of the Three-Year Plan. • **Mariana** will review the Legislative Updates and WET Launch of new Learning Management System.

ITEM	*DISCUSSION*	*ACTION*
PEI Presentation (Kelly Robinson and Cheryl Narvaez)	**Kelly** reviewed the presentation agenda: • PEI Overview – PEI serves all provider voices that represents the community and provides them with an active voice and services across all systems of care. PEI serves the LBGTQ communities, schools, community-based, primary care, un-served and under-served ethnic and language populations, cultural wellness, and faith-based communities. • PEI Virtual Site Visits – providers will receive one visit in the next 2 FYs (20/21 & 21/22). PEI will visit 2 providers every month to follow through with State's policies and procedures, foster collaboration, and transparency, provide technical assistance needs, and create opportunity to strengthen relationships and demystify Alameda Co. Behavioral Health (ACBH) as a "funder." It helps for ACBH to step outside of our identity to get to know the providers personally and see what they would like us to know about their program. • It helps the providers to deliver services relevant to them and address their challenges to who they are serving. It helps to use prevention before participants seeking help through the provider services become disabling, so they can access the services without non-stigmatizing, non-discriminatory pressures. • Prevention reduces suicides, incarcerations, school failure or drop out, unemployment, prolong suffering, removal of children from their homes and homelessness. **Cheryl** reviewed the Virtual Site Visit: • There are over 40 providers PEI wants to visit. • PEI wants to be transparent in what they do and what they ask for from the providers. • BEFORE the virtual site visit providers will receive an email from PEI to schedule a visit. PEI will ask the provider to complete "self-check" Checklist, which is due in 3 working days prior to the site visit. • This checklist is given to lessen the paperwork. This checklist is more specific to what PEI needs to request from the providers. • DURING the virtual site visit PEI will provide introductions and ice breaker, review the completed checklist, request the provider for 5 documentation on the selected items to be emailed to PEI within 1 week. The agenda will include closing with "ELA," asking provider about their experience, learning, or action/awareness of the process.	

ITEM	*DISCUSSION*	*ACTION*
	• **Cheryl** provided an example: She made a site visit with the Afghan Coalition provider and they expressed their concern that not many men were accessing any of their services. She provided a connection to La Clinical, who was experiencing a high volume of men accessing their services. She was able to connect the two providers so they can share information with each other. • AFTER the virtual site visit the provider staff will compile, name, and submit documents via email. ACBH PEI staff will review submitted documents for compliance. • **Katy** – Asked, what do the providers do and what do their programs consists of? • **Liz** – Questioned, for some names of providers. Who are they? Where are they? What do they do? • **Cheryl** – Provided the website, which has the verbiage that **Katy** and **Liz** were asking. • **Kelly** – Contributed that it was a long list of all the providers and their programs are on the website. The providers were all unique and serves different populations. • **Viveca** – Asked, some of the providers are innovation projects, or are they coming from general budge MSA budget? • **Kelly** – Replied, the providers are not part of innovation. • **Annie** – Questioned, does this design help to find people before they enter the system, or have a psychotic break? • **Kelly** – Responded, services and programs throughout the system of care, 51% is allocated to serving 0 – 25 years old as a prevention-based program to help before anyone becomes disabling and from getting into a worse condition. • **Cheryl –** Contributed, Wellness, and cultural workshops provide support groups. The participants who access these programs does not need an eligibility requirement, or insurance-based requirement. They might not be receiving treatment or have no diagnosis. Providers give participants lower-level care not mental health treatment. If they do encounter participant/s in need of more mental health treatment, they would refer as appropriate. • **Kelly** – Contributed, the providers have programs for family, individual and community levels. • **Kelly** – Explained, Work Groups use PEI regulations to guide and inform decisions. It is facilitated by **Cheryl** and **Carly**. It serves clients from diverse ethnic groups and multiple languages.	

ITEM	*DISCUSSION*	*ACTION*
	• **Cheryl** – Contributed, they meet every other month to think out of the box and creatively to use methods of collecting feedback. • PEI provider evaluation work group makes recommendations on a set of questions that all PEI funded programs will utilize in their evaluation tool. • UELP evaluation work group has 12 providers that provide community, prevention, and counseling workshops. • For example, a few ethnic groups are pacific islanders, Native Americans, Latinos and Afghans. • These providers use culture and healing to help bring wellness to their communities. • The UELP provides surveys and evaluation reports to participants to collect data back providers. • **Cheryl** – Shared the PEI Data Report Template as an example on how it provides accurate aggregated data for the PEI funded system, it has the ability to share the data to PEI system of providers, ACBH leadership, and the State, it tracks reports and submission of dates/time in a systematic and organized way, and reduces formatting problems and uniform reports in the MHSA Plan update. **<u>Questions/Comments:</u>** • **Annie** – Asked, do you have any mechanism right now what the impact is for people to be linked to services when they need them? • **Cheryl** – Replied, contracts include RBA – type of program that provides light touch wellness. More one and one needs are referred to treatment services when appropriate. • **Carly** – PEI, Management Analyst, tracks those one and one services through the Yellowfin Dashboard. • We track and see their flow in the system. If they go to any UELP program, prevented counseling, or if they transfer to higher level of care. • **Annie** – Questioned, do you have a way to track these consumers who receive PI service and who their provider is? • **Cheryl** – Responded, we administer a client satisfaction survey. We are going to have it more uniform for every provider, standardizing it a lot more. • **Liz** – Asked, If I want to find out what the different services are, or an overview to find resources? • **Kelly** – Contributed, the PEI staff can give some resources. • **Katy** – Questioned if these programs are just not for young people? • **Kelly** – Replied, some programs cross over and some stay in a particular age group.	

ITEM	*DISCUSSION*	*ACTION*
The Office of Family Empowerment (Rosa Warder, Beth Sauerhaft, and Tanya McCullom)	• **Katy** – Asked, how do you find these people, who referred them? Schools? • **Kelly** – Responded, through outreach and recruitment in the community. Some are self-referred and others through people who are participating in other organizations. • **Cheryl** – Contributed, the ages, population served, and languages are on the website under each provider location. • **Mariana** – Asked, what is the best way we can partner with you? • **Kelly** – Responded, everyone can help with the future involvement by attending meetings, which is open to the public. PEI meeting schedules is provided on the website, or on the PowerPoint slide. **Rosa** reviewed The Office of Family Empowerment (OFE) presentation overview: • Is funded through MHSA and provides technical assistance, training, coaching and diverse family perspective to ACBH and community-based partner organizations. • OFE staff: **Beth** is a Couching/Capacity Building/Certified Professional Coach **Tanya** is a Program Specialist • OFE is not a billable service. • They are hoping to expand to a 4th member to work with adult and older adult needs. • OFE partners and collaborates with community-based organizations and ACBH. • OFE consists of family members, trainers, coaches, facilitators, and change agents. • **Tanya** – Provided the context for the Family Movement. • Most family members do not have a sense of their rights, or their loved one's rights and what is appropriate treatment. • There is no help for families under duress. • Outcomes are better when families are part of their treatment. • All of this is intensified in black, brown families. • Anguish to Action: A Timeline – an explanation of how the movement began to help families and their loved ones with mental illness. • This timeline represents white society. Black and brown families and individuals will be a quite different timeline.	• **Mariana** – Will provide an update PowerPoint to the MHSA Stakeholder Group.

ITEM	DISCUSSION	ACTION
	• The anti-blackness is focused more now on the mental health system. • **Beth** – Questioned the MHSA-SG on the OFE Foundational Values PowerPoint slide. Which 2 values from the list calls out to you and what you would like to talk about? • **Kelly** – Replied, holding systems and institutions accountable. • **Beth** – Provided that accountability is one of the OFE and ACBH challenges is challenging the system in the inside where families have felt devalued. OFE can feel devalued as well. • **Shawn** – Contributed, centering the voices knowledge; and lived experience of family members as informed allies and leaders. • **Beth** – Commented that this has not happened much. We need to decenter whiteness and center on family members offering opportunities at tables where they can be leaders. Example – Parent Cafes (facilitated by **Tanya**). This builds families with leadership skills and a change to engage in very meaningful dialogue. One of her meetings recently centered around social justice. • **Viveca** – Questioned, how do we hold institutions accountable through quality assurance? • **Rosa** – Replied, we talk with family members of all kinds as one way of quality assurance. We explain how IEP works, what their rights are i.e. hospitalizations, incarcerations, who they can contact when things become critical. ACBH offers townhalls, listening sessions, which need more family advocates to be active. • **Beth** – Provided that OFE works directly with providers and system partners. • We need to shift ACBH pathology to inclusion, resilience, and hope. • The challenges ahead mostly deal with a system that counts on billable hours. • The system is: EPSDT/Medi-Cal/Fail First System vs. Family Driven/Family Focused/Consumer Centered. • **Margot** – Asked, what agency are we talking about? What is OFE involvement anywhere? • **Katy** – Questioned, where are these family advocates in the system? • **Tanya**- Replied, in the children system of care there are providers like SENECA, La Familia, FERC, and Children's Hospital, who are all embedded in the clinical setting. • When a clinician has a family member, they introduce a family partner very similar to who are receiving services.	• **Mariana** – Will provide the video link: ***www.thecolearningproject.com***

ITEM	*DISCUSSION*	*ACTION*
	• Birth to young adults who need services and need a family partner can contact **Tanya**. • They must be receiving full scope Medi-Cal. • **Tanya** – Contributed, OFE cross systems strategies – the kind of work we are doing is across the system. We are trying to work on all systems of care which is unique. Our trainings involve family members. i.e. Parents' Tools to Thrive and Parent Café, who train families to become facilitators. • **Tanya –** Contributed that there has been come breakthroughs and progress in the family voice, but with COVID-19 families have had it difficult to participate because of kids being home-schooled and family members working from home. The Parent Café recently was virtual and was held on a Sunday to provide families time to participate about social justice. • **Rosa** – Contributed, the PEER certification that just passed which included youth advocates and family advocates. **Tanya** has been attending the meetings and is inviting other family partners to participate so our voices are front and center for the further design of the certification. **<u>Questions/Comments:</u>** • **Katy** – Questioned, how can we respond and how does addressing racism or systemic equality affect mental health? Can family advocates be a model within case management teams? I do not know if this is happening now. • **Tanya** – Replied, Children's system Wraparound Groups is like a case management team which includes family partners. • **Rosa** – Contributed, family advocates are the eyes and voices that is the only way we can get a level of voice to have everyone and everywhere. • **Margot** – Commented, we struggled for a long time to give input. When we last met you said that there would be a consultant working with you on planning. We asked to be involved, fingers across the County, to know what this work does. It is not visible to me. We need more visibility from OFE.	• **Mariana** – Will compile more questions from MHSA-SG for the OFE group.

ITEM	*DISCUSSION*	*ACTION*
Wrap-Up/Summary (Mariana)	**Stakeholder members** will be invited to support future planning efforts. **The group identified future meeting topics**: • ACBH Yellowfin Dashboard presentation – November 23, 2020 ➢ Carly Rachocki & Juliene Schrick ➢ Jen Mullane ➢ *What information has (or will) the dashboard made visible that was not well understood before?* ➢ *What actions do you hope the information in the dashboard will inspire?* ➢ *How can community stakeholders -- including consumers, family members, and providers -- be involved in shaping the questions the dashboard is designed to answer?* • Need to review MHSA-SG application questions	

ITEM	*DISCUSSION*	*ACTION*
	Stakeholder members will be invited to support future planning efforts. **The group identified future meeting topics**: •	

Next Stakeholder meeting: Friday, November 20, 2020 from 2-4 p.m. LOCATION: GoToMeeting webinar

MHSA-SG MEETING

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES, MHSA DIVISION

4TH FRIDAYS EVERY MONTH, 2-4PM

FACILITATOR/COORDINATOR:

MARIANA DAILEY MPH, MCHES


HELLO
MY NAME IS

COMMUNITY AGREEMENTS/DTA

Atmosphere?
The feeling we want to create

Thrive?
What we need to do our best work

Deal with Conflict?
How we'd like to handle difficulties/conflicts

MEETING OBJECTIVES

- Welcome & Introductions
- PRESENTATION: Yellowfin Dashboard & Provider Incentives
- Administrative Updates & Announcements
- Wrap-Up/ Summary

YELLOWFIN DASHBOARD & PROVIDER INCENTIVES PRESENTATION

Carly Rachocki, Management Analyst
Juliene Schrick, Program Specialist

PRESENTATION AGENDA

- Full Service Partnerships (FSP) Overview
  - What they do
  - Who they serve
  - MHSA Funding
- Provider Incentives
- Yellowfin Dashboard
  - Overview
  - Demonstration
- How MHSA-SG members can support/be involved
- MHSA-SG Questions & Answer

Overview of FSPs – What they do

- Provide voluntary wrap around services to partners.
- Do “whatever it takes” to help individuals on their path to recovery and wellness using the ACT (Assertive Community Treatment) model.
- Comprised of multidisciplinary teams that engage clients who are homeless, involved with the justice system, and/or have high utilization rates of crisis psychiatric services.
- Ratio of clients to team members is 10 to 1.

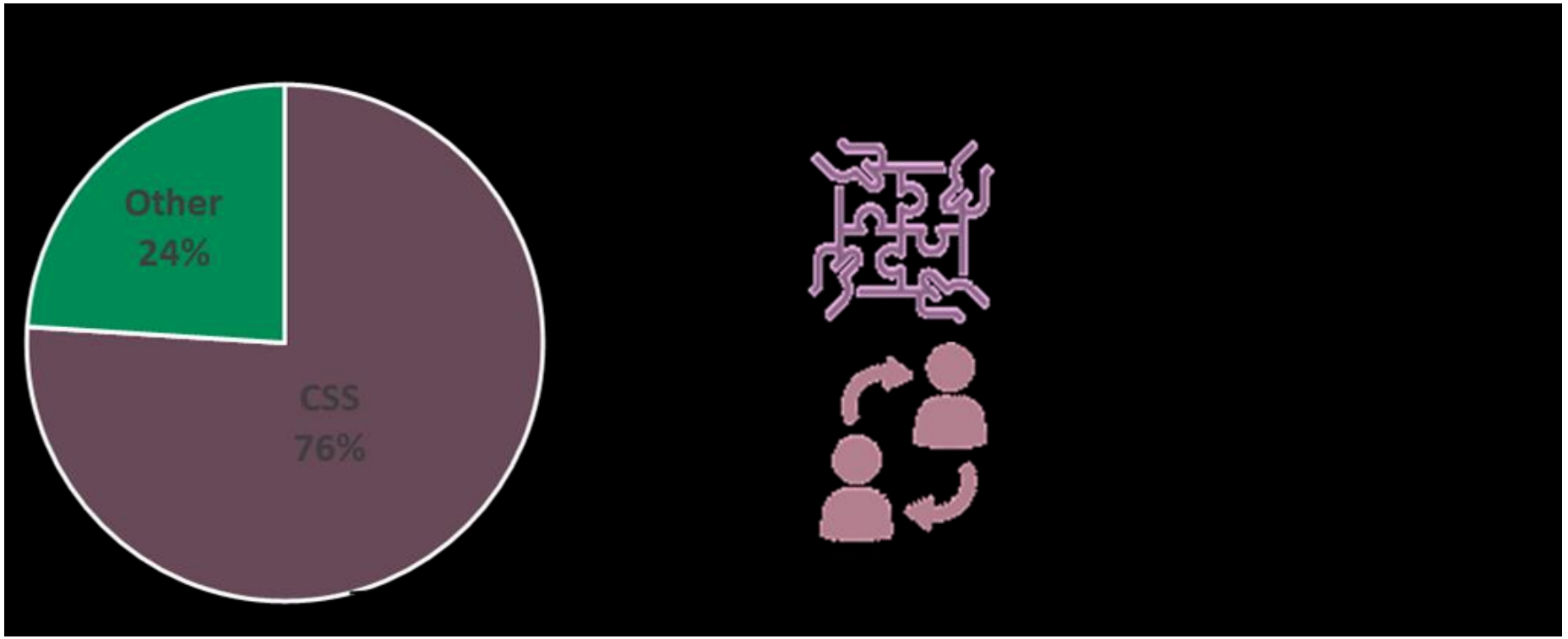
Overview of FSPs – Who they serve

- Programs are designed for individuals with serious emotional disturbance (SED) or a severe mental illness (SMI) who would benefit from an intensive service program.
- Live in Alameda County.
- Medi-Cal/Medi-Cal eligible or on HealthPAC
- Persons cannot be currently incarcerated in county jail or prisons and juvenile detention centers unless it is facilitating discharge for mentally ill offenders.
- Mental health services are voluntary and not in locked facilities.

Overview of FSPs – Who they servce

- Current Programs
  - Child under 18 (2 programs)
  - Transition Age Youth 18-25 (2 programs)
  - Adults 25-59 (2 programs)
  - Chronically Homeless Adults 18+ (2 programs)
  - Criminal Justice involved adults (2 programs)
  - Older Adults 59+ (1 program)

Overview of FSPs –MHSA Funding



Provider Incentives

- During Fiscal Year 2017-2018, ACBH began piloting an incentive payment program for FSPs to move toward population-based program improvement payments from fee-for-service payments.
- FSPs can be paid partial or full payments depending on their success.

FY 20-21 Incentive Design Program

TAY (ages 18-24)/Adult (ages 25-59)/Older Adult (ages 60+) Measures

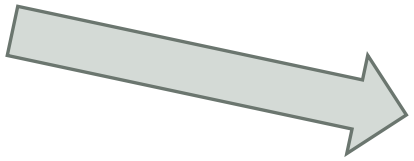
#	Measure	Full Benchmark	Partial Benchmark	Low Denominator Threshold
1	**Follow-up After Mental Health Hospitalization or Crisis:** Percentage of FSP clients who receive a face-to-face (F2F) outpatient visit within 5 calendar days of qualifying event.	85%	70%	20
2	**Average of 4 or More F2F Visits per Month:** Percentage of FSP clients who receive an average of 4 or more F2F outpatient visits per month during the reporting period (new and existing clients).	80%	65%	30
3	**Primary Care Connection:** Of clients who completed 6 consecutive months during the 12-month reporting period, percentage who had an appointment with a primary care provider during the reporting period.	75%	60%	20
4	**Reductions in Psychiatric Emergency, Inpatient, Crisis Stabilization Utilization*:*** Of clients who completed 6 consecutive months during the 12-month reporting period, percentage with a reduction in psychiatric emergency services/inpatient/CSU, comparing unduplicated days from the 12 months prior to the reporting period to the 12-month reporting period.	85%	80%	15

* Indicates modifications when compared to FY 19-20 incentive design measures.

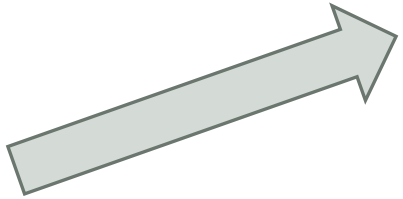
sellers dorsey
realize the opportunity.

YELLOWFIN DASHBOARD - Overview

FSP Program Staff Enter Data into EHR



Data from other sources



ACBH data warehouse

Yellowfin Dashboard - Demonstration

MHSA-SG Involvement

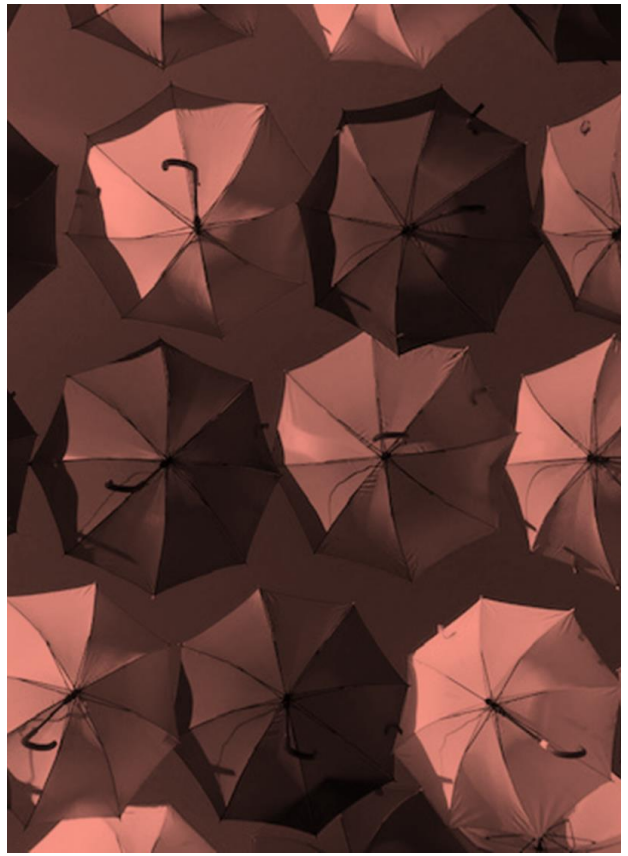
- Support the community in become more welcoming, accepting, less stigmatizing of people with SMI
- Work on increasing affordable housing for people in deep poverty in the community
- Work on increasing rights for people without homes, and those types of things.

MHSA-SG Questions

- What information has (or will) the dashboard made visible that wasn't well understood before?
- What actions do you hope the information in the dashboard will inspire?
- How can community stakeholders -- including consumers, family members, and providers -- be involved in shaping the questions the dashboard is designed to answer?

ADMINISTRATIVE UPDATES

- New member application(s)
- ACBH/MHSA Updates
  - ❑ Three-Year Plan Update
  - ❑ Legislative Update: SB803 & AB 2265
  - ❑ WET LMS for ACBH Trainings
  - ❑ Nellie's Last Day
- MHSA-SG Announcements (1 minute)



THANK YOU

Next Meeting:
December 18, 2020
2:00 pm– 4:00 pm
Location (Virtual)

** Stipends: Follow-up with Terri Kennedy**

Bills Signed by the Governor – Chaptered Bills

9/25/2020

CBHDA Sponsor

SB 803 **(Beall D) Mental health services: peer support specialist certification.**

Position
1. CBHDA Sponsor

Summary: SB 803 establishes a certification program for peer support specialists and provides the structure needed to maximize the federal match for peer services under Medi-Cal. The program defines the range of responsibilities and practice guidelines for peer support specialists, specifies required training and continuing education requirements, determines clinical supervision requirements, and establishes a code of ethics and processes for revocation of certification.

The amendments allow a county to secure Medi-Cal federal matching funds if the county opts to employ or contract with a certified, peer support specialists to provide Medi-Cal reimbursable peer support services so long as the county provides the nonfederal share. Additional amendments designate counties or an agency representing a county or counties to administer the certification process.

Support

AB 465 **(Eggman D) Mental health workers: supervision.**

Position
4. Support

Summary: This bill would require any program permitting mental health professionals to respond to emergency mental health crisis calls in collaboration with law enforcement to ensure the mental health professionals participating in the program are supervised by a licensed mental health professional. The bill defines licensed mental health professionals as LCSWs, LPCCs, LMFTs, and licensed psychologists. Author accepted CBHDA's amendments that allows supervision of mental health professionals to be consistent with existing county behavioral health agency standards and requirements for supervision in collaborations between law enforcement and county behavioral health agencies

AB 1766 **(Bloom D) Licensed adult residential facilities and residential care facilities for the elderly: data collection: residents with a serious mental disorder.**

Position
5. Support

Effective January 1, 2020, and quarterly thereafter, AB 1766 would direct the California Department of Social Services (CDSS) to report to county mental health or behavioral health departments the data for licensed ARFs for residents with a serious mental health disorder, and the number of beds per facility. Effective May 1, 2021, and quarterly thereafter, CDSS would be required to report the number of ARFs and RCFEs that have permanently closed in the prior quarter by facility and by county, including the reasons for closure along with other relevant data. Further, if CDSS receives notice that any of these facilities plan to close, it would be required to notify counties within three business days.

CDSS also would be required, effective January 1, 2022, to annually report specified data from these facilities to counties, which includes the number of residents who had a serious mental illness or were homeless during anytime within the last 12 months. Residents' confidentiality would be protected in accordance with Federal and State laws.

AB 2112 **(Ramos D) Suicide prevention.**

Position
5. Support

Summary: Creates the Office of Suicide Prevention in the California Department of Public Health and make the office responsible for, among other things, providing strategic guidance to statewide and regional partners regarding best practices on suicide prevention and reporting to the Legislature on progress to reduce rates of suicide. The office is responsible for using data to identify opportunities to reduce suicide and marshaling the insights and energy of medical professionals, scientists, and other academic and public health experts, to address the crisis of suicide.

AB 2174 **(Gallagher R) Homeless multidisciplinary personnel teams.**

Position
5. Support

Summary: This bill would allow jointly the counties of Yuba and Sutter to establish a homeless adult and family multidisciplinary personnel team.

AB 2265 **(Quirk-Silva D) Mental Health Services Act: use of funds for substance use disorder treatment.**

Position
5. Support

Summary: Adds Section 5891.5 to the MHSA code section to clarify that MHSA funds may be used to treat a person with co-occurring mental health and substance use disorders when the person would be eligible for treatment of the mental health disorder pursuant to the MHSA. The bill requires treatment for co-occurring disorders (COD) be identified in the counties' three-year plan and annual update. If the person being treated is ultimately determined to have a substance use disorder and not another mental health illness that is fundable under the MHSA, the county will quickly refer the person receiving treatment to county SUD treatment services. This bill allows MHSA funds to be used to treat a person believed to have CODs even when the person is later determined not be eligible for services under the MHSA.

The bill requires counties to report how many individuals with COD are served with MHSA and of these individuals, how many are ultimately determined to have a substance use disorder and not another mental health illness that is fundable under the MHSA.

AB 2377 **(Chiu D) Residential facilities.**

Position
5. Support

Summary: This bill takes existing closure protections for Residential Care Facilities for the Elderly (RCFEs) and applies them to Adult Residential Facilities (ARFs). AB 2377 requires that prior to transferring a resident of the facility to an independent living arrangement due to the forfeiture of a license, the ARF will take all reasonable steps to transfer residents safely, minimize possible transfer trauma and follow guidelines and procedures laid out by the bill. This bill would also give the city or county the first opportunity to purchase the property when an ARF intends to close.

San Francisco Department of Public Health is the sponsor of this legislation.

AB 3242 **(Irwin D) Mental health: involuntary commitment.**

Position
5. Support

Summary: AB 3242 clarifies that telehealth can be utilized for assessments and evaluations required by the Lanterman-Petris Short Act (LPS), under Welfare and Institutions Code (WIC) § 5150 and adds that telehealth can be utilized under WIC § 5151. This bill clarifies that assessments and evaluations shall be consistent with the county's authority to designate facilities for evaluation and treatment under WIC § 5404.. This bill is cosponsored by CHA and NAMI-CA

SB 855 **(Wiener D) Health coverage: mental health or substance use disorders.**

Position
5. Support

Summary: SB 855 recasts California's existing Mental Health Parity Act and expands upon it. The bill would require every health care service plan contract or health insurance policy issued that provides hospital, medical or surgical coverage to provide coverage for the diagnosis of medically necessary treatment of mental health and substance use disorders including but not limited to severe mental illnesses of a person of any age, and serious emotional disturbances of a child under the same terms and conditions applied to other medical conditions.

Oppose

AB 1976 **(Eggman D) Mental health services: assisted outpatient treatment.**

Position
2. Oppose

Summary: This bill requires a county to offer AOT unless a county opts out by a resolution passed by the governing body stating the reasons for opting out and any facts or circumstances relied on in making that decision. This bill allows a county to combine with one or more counties to provide AOT, instead of opting out. This bill removes the sunset on these AOT provisions. Finally, this bill authorizes a judge in a superior court to request a petition to initiate the process to evaluate a person who appears before the judge for AOT. Current law allows the individual, their family, clinicians overseeing the individual's care, and peace, parole or probation officers assigned to supervise the person to initiate an evaluation for the AOT process.