
State of California

**MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION**

Minutes of Teleconference Meeting
January 28, 2021

MHSOAC
1325 J Street, Suite 1700
Sacramento, CA 95814

951-7811-7972; Code 661614

Lynne Ashbeck
Chair
Mara Madrigal-Weiss
Vice Chair
Toby Ewing, Ph.D.
Executive Director

Members Participating:

Lynne Ashbeck, Chair
Mara Madrigal-Weiss, Vice Chair
Mayra Alvarez
Ken Berrick
John Boyd, Psy.D.

Sheriff Bill Brown
Keyondria Bunch, Ph.D.
Itai Danovitch, M.D.
David Gordon
Khatera Tamplen

Members Absent:

Assembly Member Wendy Carrillo
Gladys Mitchell
Tina Wooton

Staff Present:

Toby Ewing, Ph.D., Executive Director
Filomena Yeroshek, Chief Counsel
Norma Pate, Deputy Director, Program,
Legislation, and Technology

Brian Sala, Ph.D., Deputy Director,
Evaluation and Program Operations

CALL TO ORDER AND WELCOME

Chair Lynne Ashbeck called the teleconference meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to order at 9:03 a.m. and welcomed everyone.

Chair Ashbeck asked to pause for a moment of silence to honor and acknowledge the lives lost over the past year to COVID-19.

Chair Ashbeck reviewed the meeting protocols and meeting agenda.

Announcements

Chair Ashbeck provided the announcements as follows:

- A six-month calendar of meeting dates and tentative agenda items is included in the meeting packet.
 - Two Commission meetings have been scheduled next month (February 17th and 25th) in order to complete the necessary work.
- Reneeta Anthony has resigned after completing her three-year term as a member of the Commission. Chair Ashbeck thanked Commissioner Anthony for her service and wished her well.
- Senator Jim Beall has termed out of his position at the State Senate and as a result has ended his term as a Commissioner. Chair Ashbeck stated the Commission will miss his input and commitment to the cause of mental health and wellness.
- Five staff members have been hired since the last Commission meeting:
 - Amanda Lawrence, Research Data Analyst
 - Sheron Wright, Research Data Analyst
 - Amariani Martinez, Staff Services Analyst for Office Support
 - Trisha Duchaine, Associate Governmental Program Analyst for the Innovation Incubator
 - Sarah Turner, Health Programs Specialist 1, Youth Drop-In Center Program Monitor

Chair Ashbeck announced the names of the Chairs and Vice Chairs of three Committees as follows:

Client and Family Leadership Committee (CFLC)

- Khatera Tamplen, Chair
- Tina Wooton, Vice Chair

The Commission will soon release an application seeking applicants to serve on the CFLC with four proposed meeting dates in 2021.

The CFLC will be focusing on specific opportunities to support and strengthen the implementation of peer certification in California.

Cultural and Linguistic Competence Committee (CLCC)

- Mayra Alvarez, Chair
- Gladys Mitchell, Vice Chair

The Commission will soon release an application seeking applicants to serve on the CLCC with four proposed meeting dates in 2021.

The primary focus of the CLCC will be to review and strengthen the Commission's work to address disparities in California's mental health system.

Research and Evaluation Committee

- Itai Danovitch, Chair
- Ken Berrick, Vice Chair

The primary focus of the Research and Evaluation Committee will be to develop a research agenda for evaluating the broad impact of the Mental Health Services Act.

Roll Call

Filomena Yeroshek, Chief Counsel, called the roll and announced a quorum was not yet present. A quorum was achieved after Commissioner Boyd arrived.

GENERAL PUBLIC COMMENT

Danielle Curtiss shared her son's story of being unable to get treatment medication services for the past seven years. The speaker stated the mental health system in California is desperately in need of reform. There is no standard of care for treatment for the seriously mentally ill or for assisted outpatient treatment. The speaker provided their full written comment to staff.

Vattana Peong, a member of the CLCC and Executive Director, Cambodian Family Community Center, stated the President just signed an Executive Order to deal with racial discrimination and racial inequality. The speaker stated the CLCC is a much-needed Committee and is supposed to meet six times a year, yet it met only once in 2020. The speaker volunteered to help get the CLCC meetings back on track for 2021.

Herman DeBose, Ph.D., echoed the comments of the previous speaker and stated the Commission does not appear to value the CLCC since they only met once last year. The speaker stated they met with Executive Director Ewing and Commissioner Bunch to share their concerns and issues and sent a letter summarizing the meeting to staff. The speaker asked that their letter be shared with the new Chair of the CLCC. The speaker noted that 60 percent of Californians are individuals of color and asked how to adequately address the disparities of individuals of color, specifically American Americans, without getting input from a Committee that will have impact and insight as to what those individuals need.

Zofia Trexler, President, California Youth Empowerment Network (CAYEN), stated CAYEN is a co-sponsor of Senate Bill (SB) 224, a bill by Senator Anthony Portantino. California needs to be doing everything in its power to connect youth to mental health care resources. By integrating mental health education into the classroom, knowledge of mental health and potential resources are made available to students, allowing them to recognize the signs of mental illness in themselves and their peers and get connected to resources that help them manage their mental health. The speaker asked

the Commission to join CAYEN as a co-sponsor of SB 224 or, as an alternative, submit a letter in support.

Richard Gallo, consumer and advocate and Volunteer State Ambassador, ACCESS California, a program of Cal Voices, stated concern about counties not going through with the community planning process, such as only doing an online survey for a limited time. The speaker noted that the online survey in their county was not accessible. The speaker stated the need for the Commission to provide clear instruction to counties on the importance of community planning. The speaker asked how counties can understand the needs of the mental health community without consumer and family member feedback.

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), spoke in support of the comments made by Vattana Peong and Herman DeBose. It is a new year and it must be a new start for the CLCC. The speaker stated a presentation was given to the CFLC on the COVID-19 funding allocation, which will be discussed later today. The speaker asked why the presentation was not also given to the CLCC to gather input from the communities that were disproportionately affected by the COVID-19 pandemic. The members of the CLCC were notified the day before the CFLC meeting and invited to participate. This was not respectful. This is one example of structural and systemic difficulties that the CLCC has experienced over the years.

Poshi Walker, LGBTQ Program Director, Cal Voices, and Co-Director, #Out4MentalHealth, spoke in support of the comments made by Vattana Peong and Stacie Hiramoto regarding the CLCC. The speaker stated they served on the CLCC in the past and it only met once or twice. The majority of individuals in California and accessing public mental health services are individuals of color and LGBTQ individuals. The speaker stated concern that there is little to no LGBTQ representation on the CLCC. The speaker advocated that the CLCC be a stronger presence and that the meetings be scheduled far enough in advance for individuals to put it on their calendars and plan to attend.

Mark Karmatz, consumer and advocate, stated the Project Return Peer Support Network is doing certified peer specialist trainings.

ACTION

1: Approve November 19, 2020, MHSOAC Meeting Minutes

Chair Ashbeck stated the Commission will consider approval of the minutes from the November 19, 2020, teleconference meeting.

Chair Ashbeck asked for a motion to approve the minutes from the November 19, 2020, meeting.

Commissioner Brown made a motion to approve the November 19, 2020, meeting minutes. Commissioner Tamplen seconded.

Public Comment

Poshi Walker stated the public cannot access the minutes for review online.

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

- *The Commission approves the November 19, 2020, Teleconference Meeting Minutes as presented.*

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

The following Commissioners voted “Yes”: Commissioners Berrick, Boyd, Brown, Bunch, Danovitch, Gordon, and Tamplen, Vice Chair Madrigal-Weiss, and Chair Ashbeck.

ACTION

2: CRDP - California Reducing Disparities Project

Presenters:

- Cullen Fowler-Riggs, Health Program Specialist II, CDPH, CRDP Lead
- Sosha Marasigan-Quintero, Health Program Specialist I, CDPH, CRDP
- Josefina Alvarado Mena, Esq., Chief Executive Officer, Safe Passages

Chair Ashbeck stated the Commission will hear a presentation from representatives of the California Department of Public Health (CDPH), the Office of Health Equity (OHE), and the Chair of the California Reducing Disparities Project Sustainability Steering Committee on the implementation, evaluation, and sustainability efforts of the CRDP. She welcomed the members of the panel and asked them to give their presentations. She asked Vice Chair Madrigal-Weiss to facilitate the rest of the meeting as she soon had to leave the call.

Commissioner Tamplen stated she also had to leave the call soon but wanted to let fellow Commissioners know that she is fully in support of the CRDP and the request to support the work moving forward.

Cullen Fowler-Riggs, Health Program Specialist II, CDPH, CRDP Lead, OHE, invited Janet King to lead everyone in a Native land acknowledgement.

Janet King, Program Manager of Policy and Advocacy, Native American Health Center, listed the tribes that are indigenous to Sacramento, although she noted that all of California is California Native land. There is more information about these tribes and why a land acknowledgment is significant on the Native American Health Center website and at native-land.gov.

Mr. Fowler-Riggs provided an overview, with a slide presentation, of the mission and guiding principles of the Community Development and Engagement Unit of the OHE, phases of the CRDP, and Phase 2 foundational components, partners, stakeholder involvement, and statewide and local evaluation. He stated the CRDP has been in full

data collection for a little over two and a half years and is now in the final six months of data collection.

Mr. Fowler-Riggs noted that the original timeline for evaluation was delayed due to Institutional Review Board (IRB) requirements and additional time needed for the community-based practice research (CBPR) approach. To address this, the data collection timeline was extended nine months, which, in turn, extended some initial deadlines. This extension has proven valuable to many projects that had experienced delays in programming evaluation implementation due to the numerous wildfires, public safety shutoffs, and the COVID-19 pandemic. He stated the Statewide Evaluation Final Report will be released in October of 2022.

Sosha Marasigan-Quintero, Health Program Specialist I, CDPH, CRDP, and Lead, Community Mental Health Equity Project (CMHEP), OHE, continued the slide presentation and discussed the background, project flow, and key takeaways of the CMHEP. She stated Assembly Bill (AB) 74 authorized \$8 million to fund mental health equity programs, \$4.5 million dollars of which has been allotted to the OHE to provide up to 35 OHE-affiliated pilot projects with grant funds to expand and enhance mental health services. \$3 million has been appropriated to the Department of Health Care Services (DHCS) through an interagency agreement. Together, CDPH and DHCS form the CMHEP cooperative.

Mr. Fowler-Riggs and Ms. Marasigan-Quintero offered to present progress updates at future Commission meetings.

Josefina Alvarado Mena, Chief Executive Officer, Safe Passages, and Chair of the CRDP Cross-Population Sustainability Steering Committee (CPSSC), noted that the CMHEP funding is not sustainability funding for the CRDP. She stated she represents the 35 implementation pilot projects (IPPs) of the CRDP. She introduced other representatives of the 35 IPPs who will be presenting with her. She shared the story of the CRDP and why it is imperative that this work continues.

Ms. Alvarado Mena provided an overview, with a slide presentation, of the systems change goal, implementation pilot projects, impact measurement and evaluation, and statewide sustainability strategy for the CRDP. She showed a video on IPP COVID-19 programmatic response. She discussed creating a pathway to long-term CRDP sustainability and scalability of the community-defined evidence-based practices.

Ms. Alvarado Mena requested that the MHSOAC support the CRDP sustainability strategies, including extending Phase 2 for three additional years and investing funds to engage state and local decision-makers to create opportunities to scale CRDP community-defined evidence-based practices to reduce disparities in racial, ethnic, and LGBTQ communities.

Commissioner Questions and Discussion

Commissioner Brown asked about the definition and role of the cultural broker.

Mr. Fowler-Riggs stated the cultural broker is a consultant, REMHCDO, which brings a team who lends support from many different communities. One of the primary roles of the cultural broker consultant under the CRDP is to document emerging issues around

mental health disparities. A report will soon be released regarding the impact of the COVID-19 pandemic on communities. The cultural broker is also responsible for providing technical assistance and training to the IPPs on engaging and working with communities. He offered to send a one-page document to staff that goes into more detail.

Commissioner Bunch asked if there is a database of community-defined evidence-based practices that have been developed and how those practices are shared with organizations that are not part of the 35 IPPs.

Ms. Alvarado Mena stated there is no centralized database but stated the hope that it will be created in the future to share throughout the state at all levels. A website will be launched for the CRDP, which will highlight the community-defined evidence practices (CDEPs) of the 35 IPPs that have been part of the CRDP.

Cutchá Risling-Baldy, Ph.D., Evaluator, Two Feathers Native American Family Services, discussed the thinking behind the collection of the CDEPs and provided an example from the project she is evaluating as to how it is disseminating the information about the CDEP.

Commissioner Danovitch asked if state agencies and departments and county-level providers and entities have been involved in the planning process. He asked how this will work and align to create change that is sustainable and continues to develop.

Joel Baum, Senior Director, Gender Spectrum, stated the data for the young people across the country and across all groups is terrible and continues despite changes in attitudes on this subject. He gave the example from Gender Spectrum's project, the Gender Inclusive Schools Network, a collection of individuals from schools across the state who come together for an ongoing program of professional development and support.

Commissioner Danovitch asked what the ultimate level of success is in evaluation and about the high-level database measures that will be tracked.

Nani Wilson, Program Supervisor, Essence of Mana-Asian American Recovery Services/HealthRight360, stated culturally specific programming allows individuals who may not trust service providers outside of the community to feel welcome and comfortable, which begins to break down the walls of stigma that often impacts communities so individuals are no longer hesitant to fill out surveys or share information that can then be a part of evaluation.

Mr. Fowler-Riggs spoke about the high-level database measures that will be tracked. He stated one of the main goals of the statewide evaluation is to evaluate the overall impact and effectiveness of the CDEPs in improving mental health outcomes for these communities. A long-term goal is beginning to see CDEPs implemented with county dollars and connecting individuals to the main funding streams for MHSA dollars. Another goal is to create a database repository for CDEPs that can be replicated and expanded.

Commissioner Danovitch stated he understands the importance of the project but still was uncertain about the measure of success that will be evaluated.

Commissioner Alvarez stated she had the same question as Commissioner Brown about the consultant contract and what that work is, given that it is almost the same amount of money as the grants that are going to communities. She stated she would love to see that one-pager from the OHE to better understand that work.

Commissioner Alvarez asked how this leadership and these practices are adopted and integrated by the counties overall. Much of the services provided by the 35 providers are prevention and early intervention services. She asked how the CRDP partners are working with their counties to integrate the work as standard practices of how the departments of mental health should be connecting with communities of color and listening to the voice of community leaders so that there is no need for a separate program but that it is baked into how the mental health system responds to the needs of the community.

Ms. Alvarado Mena stated that is part of the sustainability request being asked of the Commission today - to obtain state funding to allow the CRDP to engage counties in a larger sustainability/scalability conversation.

Yolanda Randles, Executive Director, West Fresno Family Resource Center, discussed the Sweet Potato Project in Fresno County as an example of how this can work.

Public Comment

Ryan Tieu Citlali, Executive Director and Mental Health Director, Gender Health Center, spoke on behalf of the LGBTQ hub of the CRDP, which consists of seven different projects throughout the state. The speaker strongly urged the Commission to support the efforts of the CRDP to obtain funding from the state budget in order to sustain and expand the CRDP.

Poshi Walker, as the LGBTQ CRDP Phase 1 lead, highly recommended that the Commission support this request to continue to support the CRDP.

Anne-Natasha Pinckney, Executive Director, Center for Sexuality and Gender Diversity, stated the Center for Sexuality and Gender Diversity has created safe spaces within the county by providing cultural competency trainings and working with the county to integrate systemic changes in gathering information, discovering appropriate names for clients, and finding safe spaces. The speaker stated one measure of success is when individuals can be their authentic self wherever they are in life. Being authentic is the only way to heal.

Janet King agreed with Ms. Alvarado Mena's comments that, because of the CRDP, communities were ready to respond to the COVID-19 pandemic and to provide services that counties could not. Community-based organizations know their communities; it is important that they continue. More time is required to create pathways with counties so that counties can be part of the sustainability plan.

Daniel Toleran, Project Co-Director, LGBTQ TA Center, stated the statewide evaluation has compiled a database with components for all 35 CDEPs. This will prove to be a useful resource as the documentation and supporting materials are built out by the IPPs. The speaker stated the statewide evaluation is measuring progress across all 35 IPPs in the areas of physical, psychological, and spiritual health and wellbeing.

These measures are fairly consistent across the 35 entities. The statewide evaluation is also measuring community, social, and cultural connectedness as impact and outcome measures for these 35 IPPs. Most important is evaluating the level of functionality that is being shown by the participants in school, work, social, and family life domains. The speaker noted that the impact of the CRDP in communities of color has been immeasurable. The speaker provided their full written comment to staff.

Stacie Hiramoto thanked the Commission for putting the CRDP on the agenda. She noted that not all CRDP partners have had good experiences trying to get these practices funded by the counties. One of the main purposes of the CRDP was to put enough research behind the community-defined practices so that counties and other entities would fund them. The speaker stated the IPPs need more time to continue their evaluations and projects so that counties, other government agencies, and endowments will provide funding not only to these organizations but others that want to utilize these CDEPs. She urged the Commission to vote to support REMHDCO's efforts to secure funding to sustain the CRDP with letters and testimony at the Legislature Budget Hearings.

Mark Karmatz asked that culturally and linguistically appropriate services (CLAS) be looked at.

Steve Leoni, consumer and advocate, asked the Commission to do everything it can for the CRDP to continue its work and to expand it as has been noted by previous speakers. The speaker highlighted what Janet King stated at the beginning of the meeting about the trauma to Native Californians. The speaker recommended a book by Benjamin Matley titled "An American Genocide: The United States and the California Indian Catastrophe," which shows how distrust and trauma can be in a whole community and last for generations. The speaker stated these are the kinds of issues seen in the CRDP.

Elizabeth R. Stone stated there are peers and consumers who identify in cultural groups other than those designated within the CRDP who have also been fighting for community-based best practices. The speaker stated there is a natural allyship there that should be pursued. The speaker stated the challenge being faced in shifting toward community-defined best practices is butting up against the clinical training of individuals in traditional services and how to align with them. The speaker stated this relates to Commissioner Danovitch's question about what is being used as evidence and successful measures.

Herman DeBose urged the Commission to support the CRDP. The speaker stated the hope that someone can answer Commissioner Danovitch's question on the measure of success both quantitatively and qualitatively. Sometimes the stories in communities cannot be quantitatively measured. The speaker asked how to begin to reach out to licensing boards to share what communities are bringing to the table. The speaker asked the panel if there is preliminary data that can be presented prior to the State Evaluation Final Report in 2022 so advocates can add their support.

Herman DeBose asked Ms. Alvarado Mena to apply to serve on the CLCC to add the voice of the CRDP's 35 IPPs.

Mihae Jung, Community Advocacy Director, California Pan-Ethnic Health Network (CPEHN), urged the Commission to use tools at its disposal and its political and social capital to ensure the study and evaluation of the CRDP CDEPs and the integration of those that have demonstrated efficacy.

Lilyane Glamben, ONTRACK Program Resources, wanted to ensure that Commissioner Danovitch's clear questions about evaluation were answered. The speaker noted that evaluation materials that were sent to the Commission were not received.

Vice Chair Madrigal-Weiss asked for a motion and a second.

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

- *The Commission works with the OHE to support the CRDP and explores opportunities to elevate this work through existing funding streams and additional support.*

Motion carried 7 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Alvarez, Berrick, Brown, Bunch, Danovitch, and Gordon, and Vice Chair Madrigal-Weiss.

10 MINUTE BREAK

ACTION

3: Schools and Mental Health Report Implementation Plan

Presenter:

- **Kai Dawn Stauffer LeMasson, Ph.D., Senior Researcher**

Vice Chair Madrigal-Weiss stated the Commission will consider adopting a plan for implementing recommendations from the report, *Every Young Heart and Mind: Schools as Centers of Wellness*. She asked Commissioner Gordon to introduce this agenda item.

Commissioner Gordon thanked the Commission and members of the Subcommittee for their work on the Schools and Mental Health Project and stakeholders who provided input on the project. He stated now comes the difficult part of working on the ground to transform this system. The dream of making schools become centers of prevention, wellness, and social and emotional support for young people is now within reach. He made the following points:

- Ensure that efforts at the local level reflect true partnerships between all individuals involved in providing services including county health systems and school systems.
- Forge strong links with individuals working in the zero-to-five space and with families while children are young. This will make a tremendous difference.

- Call out to youth at all levels to share their voice in agencies, boards, and commissions, and as paid peer supports within the system.
- Do all of this in a way that ensures that equity is at the center of provision of all services and supports.

Commissioner Gordon stated two things must be done at once: look at the long-term and, at the same time, act quickly. He stated, amidst the COVID-19 pandemic, young people are suffering despite the efforts of many.

Kai Dawn Stauffer LeMasson, Ph.D., Senior Researcher, Project Lead of the Schools and Mental Health Project, provided an overview, with a slide presentation, of the background, state leadership and investment, state-supported capacity building, and key opportunities and potential actions the Commission can take to realize transformational change in school mental health. She stated these opportunities link projects in the Commission's existing portfolio including the Mental Health Student Services Act grant, the excellent work of the Youth Innovation Committee, and other Commission policy projects. She stated activities in the implementation plan are based on the October 2020 report's core recommendations, which were developed through extensive outreach and engagement with stakeholders.

Executive Director Ewing continued the slide presentation and discussed youth leadership and workforce development. He stated an implementation plan has been provided in the meeting packet for the Commission's consideration that touches primarily on the school mental health work but then pulls in some of the related work from the Youth Innovation Committee activities and conversations around Mental Health and the Workplace, and the peer certification work to better integrate the various activities of the Commission to support the goals that are laid out in the Schools and Mental Health Implementation Plan.

Commissioner Questions and Discussion

Commissioner Danovitch asked that any motion made would include the establishment of an evaluation plan.

Commissioner Alvarez stated that the implementation should include work with First 5.

Commissioner Berrick stated the Commission's work on schools and mental health has prepared the way for a larger initiative that the Governor has signaled support on.

Public Comment

Jeannine Topalian, Psy.D., President, California Association of School Psychologists, speaking on behalf of the 6,500 school psychologists and licensed educational psychologists providing mental health services for California students, stated disappointment that the report did not mention the stakeholder committee to assist with the implementation plan, which was requested by Commissioner Berrick at the October Commission meeting. The speaker offered their assistance in putting together a stakeholder committee and suggested the committee include school-based mental health providers, administrators, school staff, staff from the California Department of

Education (CDE) School Climate and Equity Department, community-based agencies, parents, and students.

Loren Dittmar, Ph.D., High School Counselor and Board Member, California Association of School Counselors, thanked the Commission for highlighting the necessity of improving school mental health services throughout California, especially for underserved populations. The speaker asked about the focus of investment and if there is a budget proposal for increasing the number of school counselors throughout the state. The speaker asked if the recommendation in the report is for a medical model, how students will be identified, and how many students are anticipated to be served. The speaker provided their full written comment to staff.

Andres Castro, Ph.D., stated they would like to provide reflective comments and meaningful feedback but asked for clarity on the specifics of what is being proposed. The speaker asked how the proposed model will work within schools, such as starting with the larger school districts. The speaker stated their experience with mental health issues in smaller districts is that on a broader scale they tend to lose focus due to larger issues derived from the larger districts.

Dr. Castro stated the need for a discussion on meeting the mental health needs of students within the urban, rural, and suburban areas through collaborative work with school-based counselors, psychologists, and social workers. As the Schools and Mental Health Learning Collaborative and work groups are established, the speaker suggested that school-based mental health professional leaders statewide take key roles, as they are the qualified mental health experts within the schools.

Kathy Pelzer, Licensed Therapist and Credentialed School Counselor, stated concern about how the implementation plan will move forward. A Statewide Leadership Action Team must include state organizations such as the California Association of School Counselors, the Association of Licensed School Psychologists, and the California Teachers Association, as well as certified mental health professionals who are already working at school sites and have relationships with teachers, students, and families to help implement something as large as a mental health and wellness center on school campuses. It is important to already have an investment in fortifying those mental health professionals who are working at school sites.

Josh Godinez echoed the comments of the previous speaker and stated California has not funded mental health professionals. The speaker agreed on bringing the associations to the table as they are the front-line workers. The speaker asked what has been considered to strengthen the number of school-based mental health professionals.

Paul Brazzel, President, California Association of School Social Workers, asked to be included at the table as mentioned by previous speakers. School counselors, school psychologists, and school social workers have a unique position to know social/emotional supports and curriculums, communities, agencies, families, students, and teachers that may need these types of services.

Hellan Roth Dowden, President and CEO, Teachers for Healthy Kids, echoed many of the comments of previous speakers about embedding these services in the schools.

The speaker asked about the timeline for implementation and when the recommended goals are anticipated to be met.

Danny Offer, National Alliance for Mental Illness (NAMI) California, stated they were excited to see the recommendation to establish a mental health curriculum in schools as part of the implementation plan. NAMI California would love to work with the Commission on this issue. The speaker stated SB 224 mandates a mental health curriculum in schools. The speaker offered to partner with the Commission at NAMI's upcoming Youth Symposium on April 13th and 14th as part of the report's recommendation to sponsor a youth mental health convening.

Carol West, Peer Support Specialist, stated interest in representation of youth in decision-making bodies and having representation opportunities on their school campuses. The speaker noted that SB 803 passed to allow Peer Support Specialists to be certified in California, but individuals need to be 18 years or older. The speaker stated their county has high school students who are doing this work under the supervision of professionals. The speaker asked how to best use the voice of students in this process.

Laurel Benhamida, Ph.D., Muslim American Society - Social Services Foundation and REMHDCO Steering Committee, stated funding for the education system is based on ZIP Codes. School districts with low income from property taxes will need to be supplemented to fund the implementation of this plan. The speaker suggested inviting private, parochial, and charter schools to the table. Many children in California attend these schools and have the same mental health needs as children in public schools.

Loretta Whitson, Ph.D., Executive Director, California Association of School Counselors, spoke on behalf of herself and as a reflection on conversations and stated school counselors want to work collaboratively and be at the table discussing the details of the implementation efforts.

Herman DeBose agreed with Paul Brazzel that there should be seats at the table for different individuals and organizations in the Statewide Leadership Action Teams. The speaker stated 60 percent of the population of the state of California are people of color. The speaker asked the Commission to take that into consideration when forming the Statewide Leadership Action Teams and the Student Leadership Conference. The speaker agreed that private, parochial, and charter schools should be invited to the table, although they stated their primary focus is on public schools where parents may not have the resources to send their children to private, parochial, or charter schools.

Mark Karmatz suggested that peer specialists be a part of the training. The speaker stated the need for more peer respite centers throughout Los Angeles County and throughout the state.

Additional Public Comment

Per Vice Chair Madrigal-Weiss's request, a summary of the written public comment submitted by members of the public who were in the teleconference queue to provide their public comment for Agenda Item 3 but were unable to get through are as follows:

Christiana Cobb-Dozier, School Counselor and representative with the California Association of School Counselors, wrote that the report misses the mark. Following through with the plan would not have the intended benefit. The speaker wrote that school counselors and other school-based mental health providers must have an opportunity to provide feedback regarding student mental health as they are the mental health providers daily working with students, observing their development, and providing them with the skills and tools to build resilience. The state lacks resources and support for more counselors, school psychologists, and social workers to effectively serve all students. The speaker urged the Commission to partner with the experts in the field.

Vice Chair Madrigal-Weiss asked for a motion and a second.

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

- *The Commission adopts the School Mental Health Report Implementation Plan and directs staff to work with the Administration and Legislature to take the necessary steps to pursue the Implementation Plan.*

Motion carried 7 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Alvarez, Berrick, Bunch, Danovitch, Gordon, and Tamplen, and Vice Chair Madrigal-Weiss.

ACTION

4: COVID-19 Related Funding Allocation

Presenter:

- Toby Ewing, Ph.D., Executive Director

Vice Chair Madrigal-Weiss stated the Commission will consider the allocation of \$2.02 million authorized to fortify the public mental health system's response to COVID-19. She asked staff to present this agenda item.

Executive Director Ewing provided an overview of the background of the COVID-19 funding allocation. He reviewed the Framework for Responding to COVID-19 Impacts memo, which was included in the meeting materials. The framework memo includes the legislative intent of the funding, needs and emerging priorities identified through community outreach and engagement, and the Commission's strategic priorities and opportunities for aligning those priorities with COVID-related needs. Two areas that have been elevated as the most pressing for the Commission's consideration are investing in youth and suicide risk and investing in reducing disparities. Another priority identified was the need for a rapid response network to quickly answer questions from partners on how to respond to COVID-19.

Commissioner Questions and Discussion

Commissioner Alvarez asked more about the priorities.

Executive Director Ewing stated the priorities were derived from what the Legislature intended and the most pressing needs. He highlighted that the County Behavioral Health Directors Association (CBHDA) stated the best way that the Commission can support their capacity to work with communities and engage was to focus on disparities and the needs of youth, particularly school-age youth. He noted that a letter from the CBHDA giving feedback on the framework memo is included in the meeting materials.

Commissioner Berrick urged fellow Commissioners to help move this along as soon as possible due to the tremendous need during this difficult time.

Public Comment

Poshi Walker stated LGBTQ youth are experiencing high rates of trauma at home when they have to shelter in place with families that exhibit rejecting behaviors, whether those families realize they are doing it or not. The speaker stated the need to do not only suicide screenings but adverse childhood experiences (ACEs) screenings and the Family Acceptance Project screenings because LGBTQ children sometimes do not show up in typical screenings and yet they are high risk.

Poshi Walker noted that the school-to-prison pipeline and criminal justice referrals have gone down since schools have been closed. This should highlight inequities that should not be repeated when schools reopen. The speaker stated the need to ensure that the COVID-19 response includes looking at fixing those inequities as well.

Herman DeBose referred to the priority Investing and Reducing Racial/Ethnic and LGBTQ Disparities in the framework memo and stated one of the programs is a Solano County Innovation project. The speaker stated they commented at the November meeting that that program had not gone through the CLCC because that program does not reflect the population of the state of California. The speaker stated concern that, if the Solano Innovation project will be sent to all 58 counties, it should be made clear that this project is somewhat limited and does not reflect the population of the state of California. If it had gone through the CLCC, it would have had a chance to be evaluated and monitored. Voting to move this forward would do a disservice to the population of the state of California. The speaker spoke in support of the rest of the framework memo but asked that the Innovation project in Solano County be looked at again before it is moved forward.

Hellan Roth Dowden stated the DHCS received funds last year for COVID-19. Those funds were used to train practitioners in the use of telehealth; however, school districts do not contract with counties. No school counselors or school psychologists were included in this training. The speaker suggested that some of this funding allocation be used for training school counselors in the use of telehealth and in cultural competency.

Beatrice Lee, Executive Director, Diversity in Health Training Institute; President, REMHDCO, urged the Commission to use these funds to support communities that have been disproportionately impacted by the COVID-19 pandemic. The speaker suggested that this funding not only support direct mental health services, but also social support needs. The speaker spoke in support of telehealth services to help provide services remotely.

Beatrice Lee urged the Commission to consider augmenting the funding for the existing CRDP organizations as well as MHSA-funded prevention and early intervention programs.

Vattana Peong, Executive Director, Cambodian Community Center, asked the Commission to consider allocating funding to support the existing CRDP contractors.

Eba Laye, Executive Director, Whole Systems Learning, asked the Commission to consider allocating funding to support the existing CRDP contractors.

Elissa Feld, Senior Policy Analyst, CBHDA, stated counties are excited to learn from what Solano County did. While Solano County's population is unique to them, it was clear from their presentation a few months ago that their process in which they engaged the community and learned can be applied statewide. There are valuable lessons to learn there. The speaker echoed the support for addressing racial/ethnic and LGBTQ disparities as well as shedding light on and finding ways to support youth especially with suicide prevention.

Carol West highlighted Ending Silence, a program in Solano County that is working well. The speaker suggested using students to speak to other students, peer to peer.

Vice Chair Madrigal-Weiss asked for a motion and a second.

Action: Commissioner Danovitch made a motion, seconded by Commissioner Berrick, that:

- *The Commission approves the proposal presented to release \$2.02 million to fortify the public mental health system's response to COVID-19.*

Motion carried 7 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Alvarez, Berrick, Bunch, Danovitch, Gordon, and Tamplen, and Vice Chair Madrigal-Weiss.

Vice Chair Madrigal Weiss asked Commissioner Alvarez, as the Chair of the CLCC, and Commissioner Danovitch to work with staff to help shape the funding for disparities, and Commissioners Gordon and Berrick to work with staff to help shape the youth funding.

INFORMATION

5: Governor's Proposed Budget for 2021-2022

Presenter:

- Norma Pate, Deputy Director

Vice Chair Madrigal-Weiss tabled this item to the February 17th Commission meeting.

ADJOURN

There being no further business, the meeting was adjourned at 1:07 p.m.