
State of California

**MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION**

Minutes of Teleconference Meeting
November 19, 2020

MHSOAC
1325 J Street, Suite 1700
Sacramento, CA 95814

408-638-0968; Code 085310

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
Reneeta Anthony
Ken Berrick
Sheriff Bill Brown

Keyondria Bunch, Ph.D.
Itai Danovitch, M.D.
David Gordon
Khatera Tamplen
Tina Wooton

Members Absent:

Senator Jim Beall
John Boyd, Psy.D.
Assembly Member Wendy Carrillo
Gladys Mitchell

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 10:04 a.m. and welcomed everyone.

Chair Ashbeck reviewed the meeting protocols.

ROLL CALL

Filomena Yeroshek, Chief Counsel, called the roll and confirmed the presence of a quorum.

GENERAL PUBLIC COMMENT

Steve Leoni, consumer and advocate, stated the jail population has been reduced during the COVID-19 pandemic and, as a result, counties have saved millions of dollars. Santa Clara Superior Court Judge Stephen Manley made a plea at the Council on Criminal Justice and Behavioral Health, as county budgets come up, not to let the money go back to the jails, but to use some of that money in the communities to help released individuals and to keep them from reentering the system.

Herman DeBose, Ph.D., former member of the Cultural and Linguistic Competence Committee (CLCC), asked if the CLCC is discussing or making recommendations on the impacts of the COVID-19 pandemic on individuals of color, especially in Los Angeles County.

Chair Ashbeck asked staff to follow up with Dr. DeBose offline.

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), stated in the Assembly Bill (AB) 1315 Early Psychosis Intervention Plus (EPI Plus) Advisory Committee meeting of November 9, 2020, stakeholders raised the possibility of using the leftover \$5.5 million for underserved racial, ethnic, and LGBTQ communities due to the unprecedented impacts of the COVID-19 pandemic and ethnic violence. This was not possible due to the constraints of the legislative language. The speaker noted that public members of the EPI Plus Committee listened to stakeholder concerns and did what they could to accommodate the request. They were supportive of the efforts to alleviate the suffering and disproportionate hardship being experienced by communities. The speaker stated appreciation for the collaborative efforts and hoped for continued joint efforts and successes.

Jim Gilmer thanked the Commission for sending out the recent Student Mental Health Report. It was well-written and had a nice section on reducing disparities for racial and ethnic communities; however, the speaker was concerned about the recommendation for developing school wellness centers, which mentioned universal programs focused on evidence-based practices. The speaker's concern was relative to the wonderful work that has been done through the California Reducing Disparities Project (CRDP) and community-based practices. The speaker suggested providing opportunities for more feedback on the final plan to keep from developing wellness centers without culturally-

congruent practices so the wellness centers will meet needs of local schools and communities of color.

ACTION

1: Approve October 22, 2020, MHSOAC Meeting Minutes

Chair Ashbeck stated the Commission will consider approval of the minutes from the October 22, 2020, teleconference meeting.

Public Comment

Herman DeBose, Ph.D., referred to the third and fourth bullets on page 17 and asked why the CLCC was not involved in the discussion on the Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards). The speaker asked if Los Angeles County was one of the 30 counties that expressed interest in the National CLAS Standards.

Executive Director Ewing stated the Innovation Subcommittee recently had a broader discussion around identifying shared opportunities for Innovation and Innovation funding opportunities for counties to co-invest in Innovations that were of interest across county lines. There is a presentation on that project later in the agenda. He stated he will connect with Dr. DeBose offline for further discussion.

Commissioner Bunch asked to be included in the conversation with Dr. DeBose.

Chair Ashbeck asked for a motion to approve the minutes from the October 22, 2020, teleconference meeting.

Commissioner Alvarez made a motion to approve the October 22, 2020, teleconference meeting minutes.

Commissioner Berrick seconded.

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

- *The Commission approves the October 22, 2020, Teleconference Meeting Minutes as presented.*

Motion carried 6 yes, 0 no, and 3 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Alvarez, Berrick, Brown, Danovitch, and Gordon, and Chair Ashbeck.

The following Commissioners abstained: Commissioners Anthony, Bunch, and Wooton.

ACTION

3: EPI Plus Funds Allocation

Presenters:

- Toby Ewing, Executive Director
- Tom Orrock, Chief of Commission Grants

Chair Ashbeck stated the Commission will consider recommendations from the AB 1315 Advisory Committee on the allocation of \$5,565,000 of remaining funds from the Early Psychosis Intervention Plus Fund. She asked staff to present this agenda item.

Tom Orrock, Chief of Commission Grants, provided an overview, with a slide presentation, of the background, Advisory Committee recommendations, goals for reducing disparities, and Request for Application (RFA) requirements for the EPI Plus funds allocation.

Executive Director Ewing clarified that the clinical research is not about areas of clinical practice but is more on the issue of the alignment between services, the population being served, and the capacity to expand access.

Commissioner Questions

Commissioner Berrick asked about the concern for evaluation and how it will be substituted.

Mr. Orrock stated the original RFA asked the applicants to include a self-evaluation of 22 areas within their existing programs so that information could be provided to the technical assistance provider to help get the programs to full fidelity. That requirement is not included in the current RFA to make it less burdensome to apply.

Executive Director Ewing added that the first-round funding was only available to counties that have a program in place already. There was a heavy emphasis on fidelity to the model and expanding the impact of those services. In this round, counties with no existing programs can apply.

Commissioner Alvarez asked if there will be an opportunity as part of the application process to include in the eligibility or minimum qualifications for counties to demonstrate relationships with community organizations or previous commitment to working with racial, ethnic, or LGBTQ diverse communities depending on their proposal.

Executive Director Ewing stated there is. He stated there is also opportunity around the outreach, education, and research components to better understand some of the tension between the existing care model and the extent that it does or does not apply to communities of color that have shared that they do not feel that the model is culturally appropriate. The RFA will try to do both.

Commissioner Alvarez stated her understanding that fidelity to the statewide coordinated care model is part of the goal of this RFA, but there will also be some flexibility around community-defined interventions.

Executive Director Ewing stated this question of whether the funding that is designed to access care could be used to support alternative models was raised in the Advisory Committee meeting. The Advisory Committee determined that the intent of the legislation was to grow a statewide model and expand the model that is part of a national strategy.

Executive Director Ewing stated, at the same time, the Advisory Committee recognized that that model may not be appropriate to all parts of the community. There are not enough individuals of color working in this field, which creates a barrier to care for

individuals who do not see staff who look and talk like them or have the same cultural perspective in these programs. Part of the outreach, education, and engagement is to learn how to strengthen the alignment between this model and communities of color. He noted that the other side of this question is whether this model works in communities of color. Part of the funding will be used to research this issue.

Commissioner Wooton stated the workforce and development piece of the RFA mentions hiring peers and staff of color. She encouraged including peer staff members moving forward.

Public Comment

Stacie Hiramoto stated the Advisory Committee voted that each of the priorities in the RFA should be pursued with an explicit focus on reducing racial, ethnic, and LGBTQ disparities. The speaker stated REMHDCO is concerned that, although that is included in the RFA, no language about that specific focus is currently included in the RFA outline.

Mandy Taylor, Outreach and Advocacy Coordinator, California LGBTQ Health and Human Services Network, asked that Commissioners specifically ask staff to include changes like those recommended by Commissioner Alvarez into the RFA. Historically, Commissioners agree that equity issues brought up by the public are important and, although they ask staff if the Request for Proposals (RFP) or RFA allows for these changes and staff assures Commissioners that the changes can or will be made, ultimately, the changes to support marginalized communities are not made. The speaker asked the Commission to make concrete changes to support equity beginning with the RFP and RFA process.

Mandy Taylor pointed out that it is possible to specifically prioritize communities of color and LGBTQ communities within the coordinated specialty care system without creating or appropriating funds for alternative models. The speaker asked that the remaining funds be used to ensure that counties are incorporating and affirming communities within the current coordinated specialty care system.

Mandy Taylor stated the RFA makes no mention of prioritizing communities of color, LGBTQ communities, or other marginalized communities that are least likely to have access. The speaker suggested that the Commission implement the equity initiative with concrete steps like including equity requirements and measurements in every RFP and RFA that it releases beginning with this one. Equity to support diverse communities should not be an option or a possibility of something that can be done but should be a foundational and integral component of every program and policy that is overseen by the Commission.

Laurel Benhamida, Ph.D., Muslim American Society – Social Services Foundation and REMHDCO, echoed the comments of the previous speakers. Dr. Benhamida suggested that the scoring rubric explicitly mention and award points for the kinds of content in the project design mentioned by the previous speakers. Waiting to include this in evaluation is too late. It needs to be in the RFP or RFA and in the scoring rubric.

Dr. DeBose echoed the comments of the previous speakers. The speaker asked how the public can be assured that Commissioner recommendations are made before the RFP or RFA goes out.

Dr. DeBose asked if examples of barriers will be included in the RFA so individuals will better understand what is being referred to. It is important to go beyond the barriers to the public policy that creates those barriers.

Steve Leoni spoke in support of the comments made by the previous speakers. The speaker stated there is an overlap between the population served in many of the full-service partnerships (FSPs) to do street outreach and coordinated specialty care programs. These programs are different from each other. Coordinated specialty care is a national model that is supported strongly while the FSPs are an organic outgrowth of the research of Mark Ragins, M.D., at the Village and adopted via legislation and regulation around the state.

Steve Leoni stated the Commission is the maintainer, defender, and developer of the legacy and heritage of the Mental Health Services Act (MHSA). The speaker suggested taking some of the funding to do research where appropriate and where there is an overlap between populations from FSPs and coordinated specialty care to see if there are things each is doing that would help one or the other.

Poshi Walker, LGBTQ Program Director, Cal Voices, and Co-Director, #Out4MentalHealth, echoed the comments of the previous speakers. The speaker stated the term "minorities" was used while people of color represent at least 60 percent of the California population.

Poshi Walker stated the need to ensure that reducing disparities language be included in the RFA, that counties that respond to the RFA should have to say which marginalized populations they will be serving, and that it should be part of the scoring criteria and be made very clear. It is important when talking about workforce, education, and training (WET) that it is not just workforce expansion but that competency and training be included.

Poshi Walker stated any writing or addressing of racial and ethnic populations have to include LGBTQ communities because LGBTQ individuals exist in all racial and ethnic populations and have disproportionate disparities within those racial and ethnic populations.

Poshi Walker echoed Mandy Taylor's caution to the Commissioners that just seeing an outline or having verbal assurance that recommendations will be included in the RFA or RFP is not enough. The speaker suggested that all Commissioners or a select subcommittee of Commissioners be shown the RFA or RFP before it is released to assure that the wishes of the Commissioners and the public that were promised to be adhered to are adhered to in the document.

Michaela, Social Work Intern, California LGBTQ Health and Human Services Network, supported recommendations made by Stacie Hiramoto, Mandy Taylor, Poshi Walker, and others. The speaker suggested changing the option in the RFA to require partnerships with community-based organizations, universities, or other partners that

serve communities of color and LGBTQ communities. This would prioritize underserved communities that have faced longstanding inequities that have been exacerbated by the COVID-19 pandemic.

Mark Karmatz, consumer and advocate, suggested that peer positions lean toward the professional end rather than coming from a peer purview. Some of the language heard today was offensive because it puts individuals in a step-down position.

Tiffany Carter, Statewide Advocacy Liaison, ACCESS California, a program of Cal Voices, supported statements of the previous speakers. The speaker echoed Dr. DeBose's request about ensuring that the finalized document accurately reflects the language being advocated for. Supporting diverse communities is not optional, especially in California that is made up of multitudes of communities. Every meeting represents the opportunity and responsibility to make changes to the system that will improve care and reduce racial, ethnic, and LGBTQ disparities. The speaker stated, when the individuals, advocates, family members, consumers, and stakeholders who provide public comment see that their recommendations are reflected in documents such as RFPs or RFAs, it strengthens the collaborative bonds and stakeholder engagement, which is at the heart of the MHSA. Additionally, the public can be assured that their voices matter when they come to the table.

Commissioner Discussion

Commissioner Berrick thanked members of the public for the collaborative way in which they gave feedback and the spirit of working together. He stated he likes the idea of a review process for the RFP or RFA in a way that does not compromise or slow the process down.

Chair Ashbeck asked for a motion to adopt the Advisory Committee's recommendations and to direct staff to add language that reflects the feedback received – to include specific attention to the equity issues in the RFA language more explicitly and to engage with community-based organizations with a track record of serving the various groups discussed in the RFA.

Commissioner Alvarez moved the Advisory Committee's recommendations with direction to staff to include specific attention to the equity issues in the RFA language more explicitly and to engage with community-based organizations with a track record of serving the various groups discussed in the RFA.

Commissioner Bunch seconded.

Chair Ashbeck stated the language in the RFA asks for a description of prior work done. She asked to add the words "evidence of" so the RFA will ask for a description and evidence of prior work done. She suggested that the Chair and Vice Chair review the RFA prior to its release.

Commissioners Alvarez and Bunch agreed to Chair Ashbeck's friendly amendments.

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

- *The Commission adopts the Advisory Committee's recommendations on the allocation of \$5,565,966 from the Early Psychosis Intervention Plus Fund and asks staff to add language to the RFA that reflects the feedback received. That language is to include: (a) specific attention to the equity issues; (b) engaging with community-based organizations with a track record of serving the various groups discussed in the RFA; and (c) the words "evidence of" so the RFA will ask for a description and evidence of prior work done. The Chair or Vice Chair and Commissioner Alvarez are to review the RFA prior to its release.*

Motion carried 10 yes, 0 no, and 0 abstain, per roll call vote as follows:

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

10-MINUTE BREAK

INFORMATION

3: Staff Report

Presenter:

- Toby Ewing, Executive Director

Chair Ashbeck stated Executive Director Ewing will report out on projects underway, county Innovation plans approved through delegated authority, and other matters relating to the ongoing work of the Commission.

Executive Director Ewing presented his report as follows:

Personnel

New staff member Anissa Padilla joined the Commission staff since the last Commission meeting.

Two additional staff members will begin in the next few weeks and will be introduced at the January Commission meeting.

Meeting Participation

The Research and Evaluation Subcommittee met on November 18th.

Staff partnered in Breaking Barriers and participated in the launch of Breaking Barriers this morning.

The third of three Youth Innovation Labs met on November 13th.

Words to Deeds met on November 12th. Commissioner Brown participated along with staff.

The EPI Plus Committee met twice.

Staff participated in a check-in with Wellbeings, which is the WETA PBS documentary that the Commission is partnering on on children's crisis work. In that meeting, one of the comments made was that the producers had shifted their focus away from the documentary focusing on the voices of experts and instead focusing on individuals who have the expertise of lived experience.

Staff is represented on a national conversation on early psychosis strategies. The state of Massachusetts put together an advisory committee, which Executive Director Ewing serves on, that is having similar conversations as part of that process around better align early psychosis services with communities of color.

Upcoming Meetings

The Rules of Procedure Subcommittee meeting is scheduled for December 2nd.

The Client and Family Leadership Committee (CFLC) will meet on December 9th and among other things will discuss how to deploy the \$2 million in COVID-19 response funding.

Executive Director Ewing will be presenting before the Council on Criminal Justice and Behavioral Health on December 11th on the Commission's work on criminal justice diversion and COVID-19 response.

Staff will participate in a criminal justice diversion conference in the second week of December.

The state's Behavioral Health Task Force is meeting on January 7th.

Staff is part of the National Action Agenda conversation that is happening on January 25th about interoperability.

Innovation Plan Approval

The Commission delegated authority to the Chair to approve Innovation plans if they are less than a certain dollar threshold. Since the last meeting, the Chair approved a San Mateo County Innovation plan to co-locate the prevention and early intervention services around housing. As with all Innovation plans, staff does an analysis. The county's proposal along with the staff analysis, is widely distributed to all stakeholder contract holders and others who are interested to receive comments. The San Mateo County Innovation plan was approved for \$925,000 over four years and is designed to better connect housing and prevention and early intervention services.

The Chair approved a \$91,000 augmentation to an existing Modoc County Innovation, which is a project to strengthen the county's electronic health record.

COVID-19 Response Funding

Staff will present at the December 9th CFLC meeting for feedback and possibly at the January Commission meeting on the Commission's efforts to assess the impacts of the COVID-19 pandemic on mental health.

Staff has received nearly 300 responses to a survey asking for information on how the COVID-19 pandemic has impacted communities and the mental health system and the kinds of opportunities that stakeholders see to use the \$2 million COVID-19 response

funding to better align the work with new priorities, given the context of COVID-19 and the economic impacts it has had for communities. Staff will provide a report at the January Commission meeting.

Governor's Office of Planning and Research

The Commission has been asked to partner with the Governor's Office of Planning and Research (OPR) along with other state and statewide agencies and organizations, in an effort to strengthen opportunities to engage diverse communities around health care goals as part of a national strategy linked to the OPR's work on precision medicine. Staff is talking with the OPR about how the Commission can support their efforts to connect with diverse communities, particularly working with the stakeholder contractors who are doing some of this work around mental health.

Fiscal Transparency Tool

Progress is being made on the fiscal transparency work. The data has not been updated in the fiscal transparency tool for approximately 18 months. Staff has been in negotiations with the Department of Health Care Services (DHCS) and the counties to understand the new way in which they are presenting the data. There are discrepancies in the fiscal data that is publicly reported by the DHCS. The goal is to develop a single set of numbers that are trusted, valid, and reliable over time for all counties with a level of detail that the Commission and stakeholders look for in terms of available funding, funding received, and funding spent, which is essential to support the community planning process. Staff will provide a report at the January or February Commission meeting.

Project Portfolio

Staff needs to get better at efficiently streamlining and sharing its portfolio of projects so Commissioners can see the decisions that come in front of them on a given day in the context of the broader workload to help staff see opportunities to connect the work such as between the early psychosis work and the school mental health work.

Commissioner Questions and Discussion

Chair Ashbeck stated sharing the portfolio of projects will add to the engagement of stakeholders.

Commissioner Alvarez asked for an update on the COVID-19 response funding.

Executive Director Ewing stated staff has sent out a survey to partners on challenges, opportunities, and priorities and how to make the best use of the \$2 million COVID-19 response funding. The Commission asked the Legislature to give the Commission authority to renegotiate ways in which counties are prioritizing funding, if needed, and to skip prepayment of certain obligations and instead to be used to strengthen the COVID-19 response. Staff will provide a report on the survey response at the December 9th CFLC meeting for feedback and possibly at the January Commission meeting.

Commissioner Bunch asked if there is a database to learn the status of different Innovation projects that were approved.

Executive Director Ewing stated learning from past Innovation plans has been a perennial challenge in part due to time limitations. It is part of what will be addressed in the portfolio of projects. The next agenda item is one of the first opportunities the Commission has had to hear an update on a past Innovation plan and to encourage other counties to take that plan and move it to scale. The Innovation Subcommittee has been discussing ways to improve understanding of those shared opportunities.

Commissioner Anthony asked about the amount of funding from the MHSA that has been moved over to the State of California Business, Consumer Services, and Housing Agency.

Executive Director Ewing stated he will provide that information to Commissioners offline. He noted that it is annually updated on January 15th.

Commissioner Anthony asked that the new January 15th figure be posted on the website along with where that information can be found.

Public Comment

Mandy Taylor highlighted staff who have done a great job reaching out to the stakeholder advocates and ensuring that communities are able to get involved in these projects.

Poshi Walker stated the Rules of Procedure Subcommittee meeting is not listed on the website. The speaker asked that the dates and times of these types of meetings be published as soon as possible.

Poshi Walker stated appreciation for renegotiating contracts because of the COVID-19 pandemic, including the stakeholder contracts. The speaker suggested an agenda item to look at the stakeholder contracts and to provide the opportunity for the public and Commissioners to make recommendations to help them meet the needs of communities during the COVID-19 pandemic.

Stacie Hiramoto requested that the COVID-19 response funding update be presented to the CLCC along with the CFLC to shorten the number of public commenters at the next Commission meeting. The speaker stated appreciation for sending out the survey on the COVID-19 funding.

Hector Ramirez, consumer and advocate, discussed data inaccuracy as it pertains to the community planning process, particularly in Los Angeles County. The speaker stated the data their county utilizes is outdated and inaccurate particularly in highlighting the disparities that are happening in Latinx, black and African heritage, Native American, Asian/Pacific Islander, and LGBTQ communities. The speaker stated stakeholders cannot make accurate recommendations on county three-year plans due to the faulty data, particularly as it relates to the COVID-19 pandemic and the significant disparities happening in communities. The speaker advocated for a needs assessment to look at the current needs of communities. Inaccurate information harms the community. The speaker suggested that the Commission recommend that the data it is being given to make decisions is current and accurate.

INFORMATION

4: Solano County's Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) Innovation Project

Presenters:

- Tracy Lacey, LMFT, Senior Mental Health Services Manager-MHSA Coordinator, Solano County Department of Health and Social Services Behavioral Health Division
- Sergio Aguilar-Gaxiola, M.D., Ph.D., Director, Center for Reducing Health Disparities, Professor of Clinical Internal Medicine, UC Davis Health

Chair Ashbeck stated the Commission will hear an update on the progress made on the ICCTM Innovation project approved by the Commission on May 28, 2015. She asked the project representatives to present this agenda item.

Sergio Aguilar-Gaxiola, M.D., Ph.D., Director, Center for Reducing Health Disparities, Professor of Clinical Internal Medicine, UC Davis Health, provided an overview, with a slide presentation, of the ICCTM Project background, goals, and evaluation of the five-year three-phase MHSA Innovation Project. He stated the project is anchored in the nationally recognized Culturally and Linguistically Appropriate Services (CLAS) Standards and is the first project of its kind combining the CLAS Standards with community engagement.

Tracy Lacey, LMFT, Senior Mental Health Services Manager-MHSA Coordinator, Solano County Department of Health and Social Services Behavioral Health Division, continued the slide presentation and discussed the 14 culturally and linguistically relevant quality improvement (QI) action plans, highlighted current QI action plan activities such as LGBT ethnic posters, school-based wellness centers, a county resource guide, and workforce development, and reviewed the ICCTM outcomes. She stated it is important to note that the ICCTM Project has been significantly impacted by the COVID-19 pandemic since many QI action plans involve engagement with the community.

Commissioner Questions and Discussion

Commissioner Alvarez commended the county for putting the CLAS Standards into practice. She asked for further details on the evaluation of these efforts, especially around the wellness centers, the data, and the call centers and how to measure the impacts of the public education campaign and other resources.

Ms. Lacey stated five school-based wellness centers were opened prior to the COVID-19 pandemic and school closures, and 30 additional wellness centers have since been funded, set up, and are ready for students to go back to school. In the meantime, virtual wellness rooms have been developed. She stated data has yet to be collected due to school closures but good outcomes are anticipated once the schools reopen.

Dr. Aguilar-Gaxiola added that the county and UC Davis have good evaluation teams that take into consideration what matters to the community. The evaluation plans are

tailored to each QI action plan and are community-, outcome-, and sustainability-driven. Detailed reports are provided listing the specific indicators for each QI action plan.

Ms. Lacey stated the total number of calls to the access line for new services in 2020 was 2,502. In fiscal year 2014-15, the total number of calls was 1,713. She stated there are quick response (QR) codes and web shorteners on the posters that will take individuals to a subpage of the website specific to their community of interest with access line, crisis, and other resource information. She stated the number of hits to those subpages are tracked. Also, the access line includes questions about how individuals learned about these services. This information will be tracked closely as the posters are live and in the community.

Commissioner Alvarez asked if committing to equity as a county happened prior to this project or if it was on a parallel timeline. It is important that they are simultaneous conversations. The work to advance mental health and wellbeing in communities has to be aligned with the work to advance racial equity.

Ms. Lacey stated, simultaneously to the launching of this project, the individuals in public health and behavioral health providers were trained in the Government Alliance on Race and Equity (GARE). While the GARE team is doing work at the Department level, staff at the wellness centers are being trained in advancing health equity, which is being implemented into the county's 40-hour crisis intervention team training. She stated other county departments will soon be joining the team, and an equity committee to the board of supervisors is being considered.

Chair Ashbeck asked about the amount of funding required for the school-based wellness centers.

Ms. Lacey stated approximately \$950,000 was invested in the furnishings, wall hangings, and supplies for all 35 school-based wellness centers. She noted that this also includes funding the Office of Education to provide the support for the wellness centers.

Public Comment

Mark Karmatz announced that the Project Return Peer Support Network currently has job openings for regional coordinator and warmline workers.

Karen Vicari, Director of Policy, Cal Voices, asked why the penetration rates were so high in 2013-14. The speaker suggested that other counties that implement this plan incorporate an advocacy or training component or tie the outreach into the county community planning process to build on this outreach to get communities more active in the process. The speaker stated there is more learning to be done on the evaluation piece for advocates and other counties. The speaker suggested learning about beliefs, values, and barriers to seeking care that were found in the focus groups and making that information public.

Karen Vicari stated this project was presented in the meeting materials as an opportunity for counties to model this or to work together on this. The speaker cautioned that the value of this project is that it is localized. If the Commission uses this project to

help other counties, the speaker suggested that it remain very localized and that each county will go into their diverse populations to find its unique needs.

Mandy Taylor stated they would love to see this project implemented in every county across the state. The speaker stated they will contact the project representatives offline to discuss collaboration and relationship-building with other counties. The speaker asked how the county is compensating their community members for their expertise, input, and involvement.

Poshi Walker stated the CLAS Standards do not include sexual orientation and gender identity and was glad to hear that the project representatives were aware of that. The speaker stated the hope that the project representatives join them in ongoing advocacy efforts to include the LGBTQ inclusive standards in the National CLAS Standards. The speaker asked to be a part of the sexual orientation and gender identity trainings for county staff and contracted providers.

Dr. DeBose asked about the contributing factor for the county to decide to focus on Latinx and Asian/Pacific Islander populations and if only Latinos and Asians were included in the LGBTQ population. The speaker noted that black transgender individuals have one of the highest incidents of mental health and being killed in this society. The speaker stated they did not understand how the black community was left out as an underserved population. Along with the Innovation Subcommittee, the CLCC should be involved in the process of looking at this project to determine how to utilize resources to ensure that, when looking across the state of California, this project can be reproduced.

Jim Gilmer applauded the county for their strong statements on the website for racial and social equity as it relates to mental health. The speaker spoke in support of this plan and its focus on the populations but stated it is another fragmented attempt to focus on certain populations to the exclusion of others. The speaker stated the CRDP went through this where stakeholders were fighting over funds amongst communities of color when the amount of funding allocated to communities of color was less than 1 percent of MHSOAC funds. This is the real issue.

Jim Gilmer stated the blueprint has been available through the CRDP for years, which is congruent to this study. The speaker stated it is troublesome that everyone is still here doing similar reports when the CRDP has been pitching the same message for years that the problem is about the lack of resources. In this report there is no mention of the CRDP and that foundation. There is much to build upon and all communities of color can be reached if the decision is made to look at the resources and target them appropriately so everyone is not fighting amongst themselves.

Stephanie Franco, California Pan-Ethnic Health Network (CPEHN), spoke in support of the project as a backbone for the diverse racial and ethnic community stakeholder contracts. The speaker urged the Commission to use the tools at their disposal to ensure that counties are using their Innovation dollars to take a population-specific approach. A one-size-fits-all approach does not work. Culture is essential to addressing communities as Solano County has proved.

Kit Wall, Project Director, Words to Deeds, asked how the county is engaging law enforcement and how law enforcement and the forensics population is interfacing.

Mark Karmatz encouraged the Commission to listen to a webinar on culturally and linguistically appropriate services recently put out by Doors to Wellbeing.

Chair Ashbeck asked the project representatives to answer a few of the questions asked during public comment. She asked staff to make the list of questions and the answers available online or put together another network call with the county and others who want to learn more.

Ms. Lacey answered Karen Vicari's question about the values the public identified. She stated three narrative reports by UC Davis based on the health assessment for the three priority populations are listed on the Innovation page of the county website in multiple languages. The county learned from the community where improvements were needed, what their values were, and what needed to be implemented, which helped develop the training that UC Davis provided for the county.

Ms. Lacey answered the questions about why the African American and Native American communities were not chosen for this project. She stated her predecessor and the team at the time was focused on looking at the penetration rates and the communities that were considered underserved in the county. At that time, it was the Latino and Filipino communities and, because there was no data on the LGBTQ community, the team knew that if that data was not being collected, they were not doing a good job of providing culturally-responsive services.

Ms. Lacey stated work groups were done prior to initiating the project. One of them was with the African American community. The county continued to fund the African American Faith-Based Initiative in tandem with this project. The county learned that everything it is doing to improve services and having a cultural lens will improve services for all. The county is transferring lessons learned from this project to other communities that may not have been included in the original project. She acknowledged that the county has a lot of work yet to do.

Ms. Lacey answered the question about the differences in other counties implementing this project. She acknowledged that this project cannot be done in the same way in each community because each community has different populations that are marginalized and need attention. She stated the hope to find a way for counties to at least be more familiar with the CLAS Standards and community engagement practices and with working with communities that are marginalized to find the solutions for that community on how to do things differently and better.

Ms. Lacey stated the county knows this project is not the end-all, be-all. There are many years of institutional racism that one Innovation project cannot undo, but the county is trying to make an effort to learn how to do better.

Dr. Aguilar-Gaxiola assured Dr. DeBose that they are being heard. The first question UC Davis asked when the county approached them was about including African Americans and Native Americans. The county assured that they were including those populations in other efforts.

MHSOAC Teleconference Meeting Minutes

November 19, 2020

Page 16

Chair Ashbeck asked staff to continue to engage with Solano County and stakeholders to do a follow-up session or to make the list of questions and the answers available online.

ADJOURNMENT

There being no further business, the meeting was adjourned at 1:28 p.m.