
State of California

**MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION**

Minutes of Meeting
January 23, 2020

MHSOAC
Darrell Steinberg Conference Room, Suite 1720
1325 J Street
Sacramento, CA 95814

866-817-6550; Code 3190377

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

Members Participating:

Lynne Ashbeck, Chair
Mara Madrigal-Weiss, Vice Chair
Ken Berrick
Sheriff Bill Brown
Keyondria Bunch, Ph.D.

Itai Danovitch, M.D.
David Gordon
Gladys Mitchell
Khatera Tamplen

Members Absent:

Mayra Alvarez
Reneeta Anthony
Senator Jim Beall

John Boyd, Psy.D.
Assemblymember Wendy Carrillo
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

[Note: Agenda Item 5 was taken out of order and taken after Agenda Items 6, 7, and 8. These minutes reflect this Agenda Item as taken in chronological order and not as listed on the agenda.]

CONVENE AND WELCOME

Chair Lynne Ashbeck called the meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to order at 9:04 a.m. and welcomed everyone.

Chair Ashbeck reviewed the meeting protocols.

Announcements

Chair Ashbeck made the following announcements:

- The format of the agenda has been revised and is subject to change.
 - The Consent Calendar is a new agenda item for routine or noncontroversial items to increase efficiency.
 - The General Public Comment section has been moved to the front of the meeting to provide stakeholders with the opportunity to bring items to the Commission's attention that are not on the agenda.
 - The meetings will adjourn earlier to allow Commissioners to catch their flights home.

Transition Age Youth Representative

Chair Ashbeck stated the Commission made a commitment to include a young person around the table at every Commission meeting to learn the Commission process and to give their perspective on issues. She welcomed Heather Shumway, a Senior at Encina High School in Sacramento and the youth representative for the Coalition for a Safe and Healthy Arden Arcade, and asked her to introduce herself. Heather Shumway introduced herself and said she wanted to be here because youth should be represented in decisions about mental health.

New Personnel

Chair Ashbeck asked Dawnté Early to introduce new Commission staff.

Dawnté Early, Ph.D., Chief, Research and Evaluation, introduced new staff members Mary Bradsbury and Mike Howell. Both are researchers in the Research and Evaluation Division. Dr. Early stated Ms. Bradsbury and Mr. Howell are part of the UCSF embedded staff contract that the Commission approved in July of 2019.

Dr. Early congratulated Ashley Mills on her promotion to Research Supervisor and asked her to introduce her new staff members.

Ashley Mills, Research Supervisor, Policy and Research Section, Research and Evaluation Division, introduced new staff members Tim Smith who is a researcher working on policy research projects in the Research and Evaluation Division, and Kimberly McFadden, UC Intern for the winter quarter through mid-March.

Chair Ashbeck congratulated Ms. Mills on her promotion and welcomed new staff members on behalf of the Commission.

Consumer/Family Voice

The Commission made a commitment to begin Commission meetings with an individual with lived experience sharing their story. Chair Ashbeck invited Arden Tucker to share her story of recovery and resilience.

Arden Tucker shared the story of being bullied throughout high school. She was so tormented by the physical and emotional abuse by the second year that her interest in academics ceased. There was no solace at home because home life often mirrored what she experienced in school. She began using drugs on a daily basis to make it through the school day. Consequently, she was held back as a sophomore.

Ms. Tucker stated, during her fifth year, she rarely used drugs because of her determination to get her grades up so she could attend college. She made the honor roll the last year of high school and was able to attend college. As a parting gift, a few of her teachers gave her a good book and a tennis racket as a positive focus during the summer prior to going away to school. She learned that she is good at tennis.

Ms. Tucker stated she experienced her first episode of major depression in her early twenties. She was living what seemed to be the ideal life – when she was not at work, which was a great job working with children at a residential treatment center, she was on the tennis court. She began struggling with depression six and a half years into her job at the residential treatment center. She stated she did not realize how serious her struggles were until a coworker asked her if she was feeling suicidal. She stated she immediately went into denial, but her denial only intensified the depression and further diminished her desire to live with the psychic pain.

Ms. Tucker stated she was diagnosed with depression and bipolar disorder. She stated her therapist convinced her to try a short-term in-patient hospitalization but, because she did not improve, she was transferred to State Hospital where she stayed for a year and a half. She stated, at that time, no therapy was provided – she was simply warehoused.

Ms. Tucker stated before her year and a half was up, she was put into an experimental residential program where she lived rent-free, and meals were provided. She attended group sessions and was encouraged to find employment and save money for housing. She stated obtaining a job and saving money for housing significantly decreased rehospitalization.

Ms. Tucker stated many years later, she experienced a resurgence of depression and became angry because she was never told that her depression may revisit her. She spent the next 11 years being hospitalized in in-patient and outpatient and bouncing from therapist to therapist.

Ms. Tucker stated finding a therapist as an LGBTQ woman of color is almost impossible. She stated she found a therapist who also ran a group and remained with this therapist for many years. After her therapist moved away, she went into the public

mental health system – calling the access line, getting on a waiting list to get medication and see a psychiatrist. She had to wait a long time for another therapist.

Ms. Tucker stated the next barrier was the termination of her long-term disability, which only lasted two years. While attending another program, she found an advertisement from Crossroads Employment Services that assists individuals with finding employment. She was hired four days later as a receptionist with Crossroads and remained with the company for several years. Her boss encouraged her to become a mental health advocate and allowed her to go to meetings during work hours. She stated she has remained a mental health consumer advocate to this day.

Ms. Tucker stated her journey towards healing was not easy. She often took one step forward only to have to take two steps back. She encouraged, however, that, when that happens, to then take the next step or even two more steps forward because it just might hold an amazing self-discovery and a possibility for other opportunities to develop.

Ms. Tucker stated she has been asked to do public speaking engagements and trainings on mental health issues, has served on numerous mental health boards, committees, collaboratives, focus groups, and councils through the years, and has been honored with the Clifford W. Beers Award. After a few years of working in mental health, Ms. Tucker went back to school and received her master's degree in Counseling in 2014.

Ms. Tucker stated her advocacy, community work, and part-time private practice have aided her in remaining focused on the days when depression would have her in a fog, in combating the tapes that run in her head that try to suggest that she is less than others, in remembering that she is not her diagnosis.

Ms. Tucker stated she learned that isolation is her enemy and connection with others can assuage those feelings of loneliness that seek to invade her inner peace. She stated giving back not only helps others feel better, it also ignites the warmth within the giver that feeds their soul. She stated paying it forward helps build resilience. She stated, on her journey to wellness, she worked hard to remember that she and she alone can find what her recovery looks like and feels like and whether it is attainable or not. Everyone is capable of recovery. It is not controlled by others' perspectives, expectations, or values.

Ms. Tucker stated the most important takeaway from her story is to keep climbing up the hill; although the hill never ends, there is joy in the climb.

Questions and Discussion

Commissioner Tamplen stated her appreciation that Ms. Tucker stated the journey to wellness is hard and nonlinear. She agreed with Ms. Tucker's statements that individuals are not their diagnosis and that giving back lifts spirits.

Commissioner Mitchell suggested asking past speakers to come back to the Commission to provide an update on where they are now.

Roll Call

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

GENERAL PUBLIC COMMENT

Poshi Walker, LGBTQ Program Director, Cal Voices, formerly Mental Health America of Northern California (NorCal MHA), and Co-Director, #Out4MentalHealth, thanked the Commission for moving the General Public Comment section to the front of the meeting. Arden Tucker's story demonstrates intersectionality, a concept which is discussed in the Year 2 Report. The speaker stated intersectionality is where oppressions come together and make everything worse.

Poshi Walker appreciated Chair Ashbeck's comment about trying to spend time on issues important to the Commission. The speaker brought to the Commission's attention that, by August of 2020, #Out4MentalHealth, Access, and many other contractors will have spent three years advocating at the state and local levels for the reduction of disparities and the increase of positive mental health outcomes. The Legislature and the MHSOAC has funded this effort with over 16 million Mental Health Services Act (MHSA) dollars.

Poshi Walker stated some contractors plan to have a legislative briefing to discuss what has been accomplished in the last three years and provide recommendations. It is important that Commissioners hear about the work that has been done, especially as the Commission will vote to approve the Request for Proposals (RFPs) for these contracts. It is important to see not only what has been accomplished and the lessons learned, but also to see if changes to these contracts may be warranted or needed. The speaker encouraged Commissioners to request a future agenda item of at least an hour prior to August of 2020 to hear updates from contractors.

Pete Lafollette, consumer and advocate, stated this is a time of un-layering of larger, broader truths to see the light of day.

Joy Burkhard, Founder and Director, 2020 Mom, spoke about maternal mental health and asked for support and attention to this issue. The speaker asked the Commission to consider including maternal mental health as a specialized population, similar to veterans and LGBTQ populations.

ACTION

1: Consent Calendar

- Approval of the minutes from the November 21, 2019, meeting.
- Approval of \$2,158,704 in Innovation funding to support El Dorado County's extension of their Community HUBS Program approved by the Commission in August 2016.

Chair Ashbeck stated all matters listed on the Consent Calendar are routine or noncontroversial and can be acted upon in one motion. There will be no separate discussion of these items prior to the time that the Commission votes on the motion unless a Commissioner requests a specific item to be removed from the Consent Calendar for individual action.

Chair Ashbeck stated there are two public comments on the El Dorado County extension request. She pulled the approval of the El Dorado County extension off the Consent Calendar to be discussed later. She asked for a motion to approve the November 21, 2019, Meeting Minutes.

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

- *The Commission approves the November 21, 2019, Meeting Minutes as presented.*

Motion carried 7 yes, 0 no, and 2 abstain, per roll call vote as follows:

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

The following Commissioners abstained: Commissioner Bunch and Chair Ashbeck.

Chair Ashbeck asked the representatives of El Dorado County to provide their public comment on the second Consent Calendar item, approval of \$2,158,704 in Innovation funding to support El Dorado County's extension of their Community HUBS Program, which was approved by the Commission in August 2016.

Public Comment

Steve Clavere, Chair, El Dorado County Behavioral Health Commission, spoke on the speaker's own behalf and not as a member of the county commission. The speaker stated that the summary of opposition in the staff analysis is not quite accurate. It indicates that the letters of opposition reflect a concern surrounding the possibility of reverted funds being returned to the county. The speaker suggested that the funds will instead be returned to the state. The speaker noted that the entities in opposition to the extension do not have any issues with the funds being returned to the state.

Steve Clavere clarified the concerns that there is not a single mental health position in the Community HUBS Program. The implementing staff of this project are Public Health job classifications performing Public Health duties and Education Department positions performing Education Department duties. The staff have no mental health training; they conduct developmental screenings, not mental health screenings, and engage in developmental activities. Public Health nurses do protective factor surveys. The speaker stated, while there is some overlap, mental health and child development are separate disciplines with different areas of expertise and different screening instruments. It is unclear how developmental screening activities accurately identify mental health problems.

Steve Clavere stated the true impact this has on mental health services can be determined at this point. This project is in its fourth year, in the second year of operation. The speaker stated the most recent data from fiscal year 2017-18, which is the best year, shows 48 out of 824 referrals, or 5.8 percent, for mental health. Out of those 48, 17 were scheduled to receive services, reducing the percent of the original 824 down to 2 percent, proving that the input on mental health services is miniscule.

Steve Clavere stated, for the past four years, MHSA funds have been budgeted to pay for 40 percent of the cost of this project. If this extension is approved, that portion will increase to 65.4 percent in the final year for a possible 2 percent result in services rendered.

Steve Clavere stated the representatives of the El Dorado County Behavioral Health Commission view themselves as mental health advocates rather than being referred to as “the opposition.” The El Dorado County Behavioral Health Commission fully supports the Community HUBS concept; however, it believes that the MHSA share should be much more closely proportionate to the results, specifically to the number of actual mental health referrals made. The speaker asked the MHSOAC to ensure that the direction and guidance it provides will ensure the integrity of the MHSA.

Kathleen Guerrero, Executive Director, First 5 El Dorado Children and Families Commission, provided copies of her testimony to staff. The speaker stated the Community HUBS program was written as a systems change approach to provide prevention and early intervention services.

Kathleen Guerrero responded to concerns that have been raised such as locations in libraries, distribution of literature, reducing stigma and long-term mental health costs, and increased client screening and treatment. The speaker noted that there are three other partners that contribute funding above and beyond the MHSA funding to the large integrative project.

Lynnan Svensson, Nursing Program Manager, Community HUBS program, El Dorado County, spoke in support of the extension of the Community HUBS Program. The speaker read a story received from a public health nurse about how the Community HUBS Program helps members of the community.

Commissioner Questions and Discussion

Chair Ashbeck asked Commissioners if they would like to invite staff to comment on the project and provide more information, hear the concerns and continue to make a motion to approve the extension, or ask El Dorado County to present a full presentation at a future Commission meeting.

Commissioner Bunch stated the letters of dissent did not feel noncontroversial. She stated the need for the Commission to address the concerns of Mr. Clavere and the National Alliance on Mental Illness (NAMI) in El Dorado County.

Commissioner Mitchell noted that staff turnover seems high and asked if the additional funding will be mostly used to expand the staffing to run the HUBS.

Sharmil Shah, Psy.D., MHSOAC Chief of Program Operations, summarized the background and goals of the original Commission-approved Community HUBS Program. She stated the county is requesting the additional amount of funding along with a nine-month time extension to address four areas – staffing, limited family engagement staff, technology and infrastructure, and data analysis and reporting.

Commissioner Brown stated this item has become controversial. People connected with two respected mental health organizations within the county have shared their concerns. He stated the mental health connection to this project is minimal. He asked if this project is in keeping with the spirit of the MHSA. These issues merit inviting the county to present their responses to the concerns at a future Commission meeting. He asked the county to also address their lack of collaboration with the rest of the community.

Commissioner Brown made a motion to continue this item to the next available Commission meeting agenda.

Commissioner Mitchell asked if the HUBS are working and if they are working in the spirit of mental health.

Commissioner Bunch stated there are specific concerns listed in the letter from NAMI that need to be addressed before moving forward. She seconded the motion.

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

- Have representatives of El Dorado County present at the next available Commission meeting their request for approval of additional Innovation funding to support the County's extension of their Community HUBS Program.

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

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

ACTION

2: Youth Drop-In Centers Outline for Request for Applications

Presenter:

- Tom Orrock, Chief of Stakeholder Engagement and Commission Grants

Chair Ashbeck stated the Commission will consider approval of an outline for the Youth Drop-In Centers Request for Applications. She asked staff to present this agenda item.

Commissioner Berrick recused himself from the discussion and decision-making with regard to this agenda item and left the room pursuant to Commission policy.

Tom Orrock, Chief of Stakeholder Engagement and Commission Grants provided an overview, with a slide presentation, of the background, community engagement, stakeholder feedback, the proposed outline for the Request for Applications (RFA) to fund youth drop-in centers, and next steps.

Commissioner Questions

Commissioner Tamplen asked about the criteria for the technical assistance centers and if experience with youth engagement is included in the criteria.

Executive Director Ewing stated this is a competitive process for the RFA. There will not be an RFA for the technical assistance centers because they are relatively specialized. This will give the Commission the opportunity to negotiate with different vendors on how to do the technical assistance and support.

Executive Director Ewing stated this agenda item is for a competitive procurement to be done through an RFA. There is a budget item later in today's agenda that seeks authorization to allocate funds for technical assistance. He ensured that the provider of those services will be well-versed in the model and in youth engagement.

Heather Shumway asked about insurance coverage for the drop-in centers. Often, opportunities for good programs or specialists are limited due to the lack of insurance coverage.

Mr. Orrock stated these programs will be no- or low-cost youth drop-in centers. The consensus among stakeholders was that the insurance and payment responsibilities should happen behind the counter to help reduce the barrier for youth to participate in the programs.

Heather Shumway asked about the possible locations for the drop-in centers.

Mr. Orrock stated counties or programs that are interested in implementing this program will submit proposed plans in their applications in terms of location and how it will be accessible. This is a program to increase accessibility for youth who have mental health needs and other needs.

Commissioner Gordon stated there is interest in the replication of the work that is going on in Santa Clara County; yet, the need for safe spaces in the community is universal. He stated it may not be possible to replicate Santa Clara County's work in some areas and there are areas that cannot afford it. He stated the need to be open to not just a replication of Santa Clara County but a locally designed program for a particular county.

Executive Director Ewing stated the headspace model is an approach that is aggressively youth-driven, with branding and the array of services, that is tailored to respond to the needs of each target population at each location. How grant recipients will implement the model will be determined for each situation and population it serves.

Commissioner Bunch stated Heather Shumway made a good point about it not just being about what the space looks like, but what a barrier paperwork can be. She gave the example of a coffeeshop in Oklahoma where a counselor sat at a corner table with a piece of paper with "want to talk?" on it. She stated he told her that many individuals stopped at his table to talk. He was able to engage with youth and direct them to mental health services just by putting a sign on his table.

Executive Director Ewing stated head space model is almost a franchise model, where the core elements that the evidence shows works are adapted through the leadership and engagement of the young people, who are the target audience in each community.

Commissioner Brown asked about the one-week period of time between the RFA being released and the deadline for the intent to apply.

Executive Director Ewing stated the deadline can be amended if that is an issue. He stated the interest and awareness is high and noted that staff has already begun to receive letters from counties expressing interest in applying.

Commissioner Gordon stated the first two minimum qualifications of at least two years of experience providing mental health services to youth ages 12 to 25, and at least one year of experience partnering with youth on projects related to mental health and wellness are general criteria that do not suggest that the applicant is already running some sort of drop-in center.

Mr. Orrock agreed that those general requirements could be met in other programs within the county.

Executive Director Ewing stated one of the points of deliberation during the community engagement was if the Commission would use these funds to support any youth drop-in program or if the funding would be limited to youth drop-in programs that have fidelity to the headspace model.

Executive Director Ewing stated the intent of the Legislature was to bring this model to the United States, recognizing that there is flexibility within the model. The first two minimum qualifications require a foundation of working with youth and providing mental health services, but the challenge will be to ascertain the amount and type of experience necessary to provide the quality of care that will lead to success.

Commissioner Gordon encouraged the Commission, given the severity of need in this area statewide and the vast diversity of capability, to leave it open to entities that cannot reach the level of what Santa Clara is doing, but that it would give them space to participate and to at least try. The technical assistance phase will bring entities up to a higher standard than perhaps they can begin with.

Executive Director Ewing stated Commissioner Gordon's concern is consistent with discussions during the community engagement phase of why staff suggests a healthy allocation for technical assistance and support.

Public Comment

Poshi Walker stated Cal Voices has concerns about the outline, specifically supplantation. Cal Voices works with many counties with LGBTQ youth drop-in centers that are already being supported by MHSA funds and is concerned that they will be cut in order to fund this new program. The speaker stated the need to prioritize the LGBTQ trauma-focused cognitive behavioral therapy (CBT) work and assessments in these youth drop-in centers, specifically for LGBTQ rejecting behaviors.

Poshi Walker stated the need to ensure the use of community-defined practices and that, if there is already an LGBTQ drop-in center in the area, developing a youth drop-in center does not reduce or remove funding, but that the already-established center must be incorporated into this plan.

Tiffany Carter, Statewide Advocacy Liaison, ACCESS California, Cal Voices, stated the importance of including youth with lived experience in the criteria for eligibility and not only including youth at the table in the community program planning process, but that the execution of these drop-in centers have peers throughout the entire process as an ongoing part of the program.

Pete Lafollette stated the importance of including measured outcomes as part of the contract and that the awards go to enriching human life and experience and not simply supplementing agency budgets.

Commissioner Discussion

Commissioner Bunch asked staff to answer Poshi Walker's question about how these kinds of centers would impact MHSA-funded LGBTQ funding for centers already in existence.

Mr. Orrock stated counties will be unable to supplant existing programs or to transfer funds to other programs. He stated this will be made clear in the RFA. He noted that there is a potential that these programs could be built on top of and strengthen existing programs.

Executive Director Ewing added that this is a challenging issue. The law is clear that a county cannot use this funding to replace their own dollars. He stated there is no guarantee of a scenario where there is no impact on the service array, but it is expected that those decisions within each county will be part of the community planning process.

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

- *The Commission approves the proposed outline of the Youth Drop-In Center Request for Applications.*
- *The Commission authorizes the Executive Director to initiate a competitive bid process for Youth Drop-In Center program grants.*

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

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

Commissioner Berrick rejoined the Commissioners at the dais.

ACTION

3: Overview of the Governor's 2020-21 Proposed Budget

Presenter:

- John Connolly, Ph.D., Deputy Secretary, Behavioral Health, California Health and Human Services Agency

Chair Ashbeck stated the Commission will be presented with an overview of the California Health and Human Services Agency (CHHS) part of the Governor's Proposed Budget for Fiscal Year 2020-21.

John Connolly, Ph.D., Deputy Secretary, Behavioral Health, CHHS, provided an overview, with a slide presentation, of the three strategic priorities of building a healthy California for all, integrating health and human services, and improving the lives of California's most vulnerable, and the three focus areas of behavioral health of access, integration, and quality. He reviewed the major budget items for behavioral health in the Governor's Proposed Budget of Medi-Cal, the Community Care Collaborative Pilot Program, the Continuum of Care Reform, and the Adverse Childhood Experiences (ACEs) Aware initiative cross-sector trainings and screenings.

Commissioner Questions and Discussion

Commissioner Tamplen asked if the inclusion of billing for peer support services is being considered in the 2020 waiver.

Dr. Connolly stated he was not aware of anything specific to billing code for peer services in the waiver renewal discussions under Medi-Cal: Healthier California for All, although the Department of Health Care Services (DHCS) is in an ongoing conversation with counties about how to expand peer services. He noted that it is important to have the full continuum of professionals and peers available.

Commissioner Danovitch stated one of the priorities around access is reviewing strategies with the Department of Managed Health Care (DMHC) and the DHCS to increase the access to care through oversight. He asked for additional details and how this translates into an impact to consumers.

Dr. Connolly stated, within the commercial plan space, the DMHC currently enforces both federal parity law and the Knox-Keene requirements within the state of California. He stated parity speaks to how equivalent behavioral health coverage is to medical and surgical coverage. Knox-Keene goes further and speaks to the type of timely access that is being provided and the length of time that individuals wait for service.

Dr. Connolly stated there is an internal review initiated by the Governor to look at what can be done to be more assertive in that space. There is also an ongoing conversation with counties about network adequacy and how to get to the best way to assess how well timely access is being provided to individuals who need services.

Commissioner Mitchell asked for additional details on the DHCS Behavioral Health Quality Incentive Program (BHQIP).

Dr. Connolly stated the CHHS has asked the county behavioral health plans to be integrated, has proposed to revise the medical necessity criteria, and has asked for an enhancement of how counties report data to the CHHS to inform payment models in an effort to move to value-based frameworks. To do that, they have to reorient business processes. Dr. Connolly stated that adjustment requires work and has expense tied to it, so the CHHS is putting resources into this process to help counties meet the expectations of the goals.

Commissioner Berrick asked about the progress in thinking about a one-time transition plan to help relieve the counties to allow them to move forward.

Dr. Connolly stated everyone is anxious to move the payment reform pieces forward as quickly as possible, but it will require an adjustment of infrastructure and systems. He stated there have been discussions about a one-time relief plan but he was unaware of the conclusion to those discussions. He stated he would check into it and get back to staff on that.

Public Comment

Suzanne Edises, mental health advocate, was thrilled that the CHHS is working to increase access to health care and will work with the homeless and that the surgeon general will work on ACEs. The speaker encouraged including Striving for Zero: California's Strategic Plan for Suicide Prevention, put together by the Commission, in the Governor's Proposed Budget.

Poshi Walker echoed the comments of the previous speaker. The speaker stated the hope that the CHHS will continue to have stakeholder involvement to keep stakeholders informed and able to provide feedback. The speaker encouraged the CHHS and the Governor to seek consultation with the VA Homeless Program in California, especially with individuals with boots on the ground, while seeking how best to serve the homeless population. The speaker stated the VA Homeless Program has many lessons learned of what does and does not work. The speaker encouraged the CHHS to involve LGBTQ programming.

Joy Burkhard felt compelled as a professional in the health insurance industry to emphasize the key points that were mentioned in the presentation and to reinforce the need for peer support. The speaker loved that the CHHS is looking at whole person care. Until there is integration, things will not change. Payment parity is a big piece of mental health parity that has yet to be addressed. The speaker applauded the CHHS's effort to look at telepsychiatry in more detail.

Joy Burkhard stated peer support for mothers is critical. Low-income mothers in particular are often afraid to speak up to a medical professional for fear that their children will be taken away. Commissioner Beall has reintroduced Senate Bill (SB) 803. The speaker encouraged the Governor's Office to consider signing that bill. The speaker stated Moms 2020 strongly supports SB 803.

LUNCH BREAK

ACTION

4: Overview of the Commission's 2020-21 Proposed Budget and the Commission's 2019-20 Expenditures

Presenter:

- Norma Pate, Deputy Director, MHSOAC

Chair Ashbeck stated the Commission will be presented with an overview of the Commission's Proposed Budget for Fiscal Year 2020-21 and an update of the Commission's expenditures for 2019-20.

Norma Pate, Deputy Director, provided an overview, with a slide presentation, of the Commission Budget Adjustments for Fiscal Year 2019-20, the Commission budget update for Fiscal Year 2019-20, and the Commission's proposed budget for Fiscal Year 2020-21.

Deputy Director Pate stated the MHSOAC office is currently being expanded to take over the entire 17th floor. Construction will begin in February and is expected to take a year. She noted that the meeting room will be unavailable during construction; the intent is for all meetings to be held in different regions around the state in ways that fit with the agenda.

Commissioner Questions and Discussion

Chair Ashbeck suggested including the expenditure percentages in the mid-year report in the future.

Executive Director Ewing stated including percentages is difficult, since some of the percentages are monthly and others are not. Although he liked the idea of providing this report, it is difficult for staff and confusing for Commissioners and members of the public. He stated staff will try harder to find templates, but there is only one state agency that makes their internal operating budget public to this level.

Action: Commissioner Danovitch made a motion, seconded by Vice Chair Madrigal-Weiss, that:

- *The Commission approves Fiscal Year 2019-20 mid-year expenditures.*
- *The Commission authorizes the Executive Director to enter into a contract with a university for technical assistance to support Youth Drop-In Centers planning and implementation.*

Motion carried 8 yes, 0 no, and 0 abstain, per roll call vote as follows:

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

[Note: Agenda Item 5 was taken out of order and was heard after Agenda Item 8.]

ACTION

6: Amendment to the MHSOAC Rules of Procedure

Presenter:

- Filomena Yeroshek, Chief Counsel

Chair Ashbeck stated the Commission will consider adoption of the proposed amendments to the Commission's Rules of Procedure.

Filomena Yeroshek, Chief Counsel, provided an overview, with a slide presentation, of the background and high-level summary of the proposed changes.

Commissioner Questions

Commissioner Gordon referred to Rule 4.11 and asked why there are two requirements and not just a quorum.

Ms. Yeroshek stated the Attorney General's office released an opinion a few years ago that the majority of the quorum is needed in order to bind the body. The Commission can continue doing business without a quorum but it cannot take action if the quorum is lost.

Chair Ashbeck suggested clarifying the language of Rule 4.11A. The way it is currently written seems that the Commission can take a vote with five members instead of the nine-member quorum.

Commissioner Berrick asked if a recusal would alter the quorum for a vote.

Ms. Yeroshek stated a recusal would not eliminate the quorum.

Commissioner Gordon stated it puts pressure to put the items that require action in the morning.

Vice Chair Madrigal-Weiss asked if a call-in in the morning establishes a quorum.

Ms. Yeroshek stated it does if it is a teleconference, the address is posted on the agenda, and it is an open public meeting.

Commissioner Berrick stated he received an email that a stakeholder requested that this item be postponed.

Executive Director Ewing stated this agenda item was scheduled today as a first read. A second read is scheduled for the February meeting.

Commissioner Berrick suggested, where there is a vote when there is not a quorum present, taking that vote but then moving the item to the Consent Calendar of the following meeting for ratification so that there is a clear procedure. It can always be pulled off of the Consent Calendar if there is Commissioner or public disagreement.

Chair Ashbeck agreed and stated the practice of city government is, if the vote is not unanimous for the first reading, it cannot be put on the Consent Calendar for a future meeting.

Public Comment

Poshi Walker explained that they were knitting during the meeting for their mental health. Bilateral movement such as coloring, doodling, and knitting are helpful activities for anxiety and increase adult learning abilities. The speaker suggested adding a procedure rule to fund adult learning tools to Commissioners.

Poshi Walker spoke in support of updating the Rules of Procedure and continuing the item to the next meeting. The speaker suggested, if the contract authority for the Executive Director is increased, especially on funding, that contracts over \$100,000 go to the Consent Calendar. Also, legislative items can go on the Consent Calendar for transparency and so stakeholders can see what is being advocated for to give them an opportunity to comment.

Tiffany Carter spoke in support of continuing this agenda item to the next meeting to give the public a chance to respond in depth. The speaker spoke in support of Rule 5.1. The speaker echoed Poshi Walker's comment about the Executive Director authority changes. The speaker requested additional language that items pertaining to Rule 2.4 about contracts and interagency agreements will be reported to the Commission.

Pete Lafollette stated giving more discretion power to the Executive Director weakens public participation. Contrary to the claim that the Commission has established a process for extensive community engagement, just the opposite is true. The speaker stated public comment has been minimalized and censored compared to earlier years of the Commission.

Chair Ashbeck asked Commissioners if there was a consensus that the feedback from Commissioners and the public be incorporated and that this agenda item be brought back for discussion for a second read at the February meeting, including procedures on how to manage second readings, clarity on the quorum, and clarity on reporting out on actions that have been taken.

Commissioners agreed.

ACTION

7: Adopt MHSOAC Strategic Plan

Presenters:

- Toby Ewing, Ph.D., Executive Director
- Susan Brutschy, President, Applied Survey Research
- Lisa Colvig, Vice President of Evaluation, Applied Survey Research

Chair Ashbeck stated Executive Director Ewing and Applied Survey Research will present the final draft of the MHSOAC Strategic Plan and the Executive Director will discuss the implementation of the Strategic Plan.

Executive Director Ewing reviewed the summary sheet provided in the meeting packet to remind Commissioners of the key priorities and the strategic planning process to date. He stated the main statement of the strategic plan is to point to opportunities that the Commission has to shape the impact that the MHSOAC has on systems. The strategic plan broadens the perspective of opportunity that the Commission has and, at the same time, creates a strategic framework to help the Commission decide how to allocate time and resources on the most effective opportunities, and to do that in conjunction with data and analytics and learning collaboratives so that the work being done shapes the

community mental health system around facilitation, technical assistance and support, and incentives.

Executive Director Ewing stated part of this is also how to brand and communicate who the Commission is and how this work is done. The strategic plan is a tool to shape discussions about the best opportunities.

Executive Director Ewing referred to page 7 of the document included in the meeting packet, titled "A Vision for Transformational Change in Mental Health," and reviewed the priorities and objectives for 2020-2023, including Strategic Goal 1, advance a shared vision; Strategic Goal 2, advance data, analytics, and opportunities to improve results; and Strategic Goal 3, catalyze improvement in policy and practice.

Executive Director Ewing recognized the comments made around the Rules of Procedure and stated the Commission has been stepping away from some of its historical practices. He stated the comments from the members of the public are genuine, but the Commission needs to do a better job of highlighting the ways in which it does community engagement through subcommittee meetings and consumer, community, and youth engagement activities.

Executive Director Ewing stated staff would like the Commission's guidance. The strategic plan is a nice blending of the work that Applied Survey Research walked through in terms of the Commission's authorities, and its potential and ways to see that big picture with the things Commissioners have prioritized or that the Legislature has given the Commission to do in terms of budget authority. The plan aims to create a framework that synthesizes that information into strategic goals that can direct decisions made in the future without tying the Commission's hands.

Executive Director Ewing stated he and the representatives from Applied Survey Research are here to answer questions about the process, the vision, what it means to move forward in terms of the results piece of the strategic plan, and how to operationalize it.

Commissioner Questions

Commissioner Danovitch commended Applied Survey Research and everyone that contributed in the strategic planning process. It is an exceptional deliverable that provides a coherent, clear, and articulatable framework that is understandable. The Theory of Change chart makes sense and is a way to understand the incredibly complex entity that is the Commission, how it functions, and its potential.

Commissioner Danovitch stated his appreciation for the Results Framework. Establishing the measures is imperfect but they can be added to, refined, and improved over time. It is a competency that needs to be integrated in all Commission functions so the Commission models what is expected of constituents.

Commissioner Danovitch stated he loved the summary document that was created, including the vision and objectives that are represented. There is an opportunity to crosswalk the objectives, which are qualitative processes, with what the measures are for them to help map them out.

Commissioner Danovitch stated the strategic plan will help make it much easier to talk both internally and externally to other individuals about the work of the Commission.

Commissioner Mitchell asked if something like this can be formalized or institutionalized for future generations.

Executive Director Ewing stated this is a plan; the Commission has work to do to improve the approach while spreading it into other fields. If the Commission adopts this as the official strategic plan, it will be posted on the website and filed with the Department of Finance. More than that, it is the desire that this approach will be adopted by partners in the system around data and analytics.

Executive Director Ewing stated the way in which to garner interest in this approach beyond the work of the Commission is for the Commission to become better at it and to invite partners in to give their input so the transformative process for mental health services can become a reality.

Executive Director Ewing stated continuing to push and be disruptive in the field, continuing to do this in a way that is collaborative and with lots of community engagement, bringing communities together to talk with them and empower them, partnering with entities, hosting webinars and surveys to capture the stakeholder voice is tempered by the quality of the engagement work that the Commission does. If the Commission is successful, the work will be picked up elsewhere and that is how it is solidified for future generations.

Commissioner Berrick echoed Commissioner Danovitch's comments and stated he was particularly excited about the emphasis on working with multi-county groups in collaboration. He stated the Commission's current focus is on data- and idea-sharing, but he hoped, as the Commission moves forward and the public gets more used to the Commission being more activist rather than oversight, that the Commission will be able to incentivize program development and support.

Heather Shumway referred to Objective 3c, support the youth-led efforts to advance and expand practices for consumer-led and consumer-centric services and expand access to youth-focused services, on page 9 of the strategic plan and asked for examples on how the Commission plans to implement the youth voice, such as holding meetings.

Executive Director Ewing stated everything the Commission is doing has not been articulated in the 9-page strategic plan document in the meeting packet. He stated the Commission has provided \$2 million of funding for organizations to support youth voice statewide, has sponsored a multi-county idea lab on how to strengthen youth mental health services, has scheduled additional idea labs with the counties in the Sacramento Valley and Redding areas, is currently talking with counties about doing a youth mental health innovation summit in May in Los Angeles to coincide with the We Rise event, and will provide funding to incentivize counties to invest in the youth-driven drop-in centers.

Executive Director Ewing stated, on top of that, the Commission requires counties to provide information on who they serve, including information on age, tying that information into outcomes to learn if the systems currently in place are helping someone

with a behavioral health need get a job. School success for youth and employment success for others is often the best for recovery and wellbeing because it is about opportunity and hope.

Commissioner Gordon seconded Commissioner Danovitch's comments. He stated this is extraordinary work that will be extraordinarily helpful. Much of the challenge will be with the communication department. Much of the Commission's mission is to create cultures where youth can thrive and employees can thrive. He stated some entities do not know how to do that but, if the systems can work together, they can learn from each other. Keeping score with a dashboard is essential and will help enormously.

Chair Ashbeck asked when the scorecard will be available, even in its imperfect form.

Susan Brutschy, President, Applied Survey Research, stated the scorecard is a live document that will be continually updated.

Chair Ashbeck asked if the scorecard is online or if it should be brought to every meeting.

Ms. Brutschy stated it is in the link and is ready to be populated.

Executive Director Ewing noted that it has yet to be populated with data.

Chair Ashbeck asked when the scorecard will be populated with data.

Executive Director Ewing stated staff will begin to populate it after the strategic plan has been approved by the Commission. The first dashboard is the Innovation dashboard, which is live. The scorecard requires two things: a process needs to be developed to put the data into it and, at the same time, much of the work needs to be shifted into the conversation being held through the Research and Evaluation Committee, not necessarily on the internal metrics but on the external metrics. He stated it will take time, perhaps three years, but the Innovation metrics can begin to be populated.

Chair Ashbeck asked Ms. Brutschy to share one or two practical things to begin to change the strategic plan away from a completed project into the culture of the way the Commission thinks and operates.

Ms. Brutschy stated one way is by speaking with results language, which means following simple rules so that, when the Commission communicates what it does, why it does it, and how it knows it is successful, everyone is speaking in the same language.

Ms. Brutschy stated the second way is to keep exploring what is possible in terms of the world of communication because this is a communication function at its most basic.

Lisa Colvig, Vice President of Evaluation, Applied Survey Research, added a third way of periodically doing progress reports on the strategic plan to check things off and move toward the next items on the list. Without an update, it is difficult to see how the strategic plan is rolling out.

Public Comment

Poshi Walker stated they have been involved in and excited about the strategic planning process from the beginning and understands there have been technical difficulties. The speaker stated there was not enough time allowed for stakeholders to review and

provide comment on the strategic plan. The speaker made the same request they did for the Rules of Procedure earlier in the agenda – to hold the adoption of this item until it can be fully addressed at the February meeting to give time for written public comment.

Poshi Walker stated they had long conversations with Applied Survey Research regarding public engagement and operationalizing what that means. It is easy to engage a population; yet that population does not feel like they were engaged. The speaker highly recommended that cultural brokers be used, especially for special populations like LGBTQ or youth, to ensure that they really are met with at locations where they will show up, and that it not just be called “community engagement.”

Poshi Walker stated the need to ensure that this is operationalized somewhere so that the box is not just checked off. That is not the point. When communities are not meaningfully engaged, their voices are not represented within documents, committees, RFPs, and reports.

Steve Leoni, consumer and advocate, stated major changes will be occurring between the MHSOAC refresh and Medi-Cal update. The speaker stated it will potentially be a very different environment in a very short period of time. The speaker stated they thought at first that this may not be the right time to approve the strategic plan, but then thought, rather, this was the best time for the Commission to stake its claim and put its knowledge into that mix to help shape the changes to come.

Steve Leoni agreed with Poshi Walker to wait for adoption until the next meeting to allow stakeholders to voice their concerns. The speaker referred to Number 5, integrated service delivery, of the Commission’s Core Principles listed on page 1 of the document in the meeting packet and stated the term was originally “integrated service experience.” The speaker noted that the change in the wording is symptomatic of what has been discussed – the experience had to do with the core transformation. Nowhere in the MHSOAC is the word “transformation” mentioned.

Steve Leoni stated the group who had the most investment in transformation were the clients, followed by the family members. That transformation was about changing how individuals related to members of the mental health community, changing about voluntary engagement, changing about using strengths rather than weaknesses – that core central transformation was so much a part of why the client community supported this. The speaker stated the hope that the language could be adjusted somehow to bring that flavor out more than it is now.

Suzanne Edises stated they are pleased that the Commission is stepping back from the managing of the Innovation items and is looking at this from a vigorous systems perspective. The speaker loved the idea of looking at wellbeing, youth, data, and suicide prevention.

Pete Lafollette stated the main strategy of the MHSOAC is reducing disparities. The speaker questioned how individuals will be impacted, where and how individuals will be touched, and how individuals will be changed by the Commission’s work. The speaker stated it requires rendering an ethical health care model, not just simply passing on the most successful business model to each community. The work, recovery, history of the

MHSA, how individuals are impacted, and how individuals can learn to help themselves with the assistance rendered to them are overarching over anything else.

Commissioner Discussion

Executive Director Ewing stated the strategic plan was agendaized at the October meeting and this is a second read. The part that is new is the summary piece to catalyze it. The framework, deliverables, and the material in the two PowerPoints have been publicly available and on the website. He stated he is happy if the Commission wants to bring it back for further discussion at the next Commission meeting.

Chair Ashbeck suggested using the strategic plan framework to organize future agendas. She asked Commissioners for their input.

Commissioner Gordon stated the strategic plan is not static but will change and evolve over time as the work is done and perfected. He stated the Commission should be open to comments and suggestions all along the way.

Commissioner Berrick stated he was confused by some of the comments because no substantive changes have been made to the strategic plan in several months. The additional document in the packet is a summary for convenience.

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

- *The Commission adopts the 2020-2023 Strategic Plan as presented.*

Motion carried 8 yes, 0 no, and 0 abstain, per roll call vote as follows:

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

Chair Ashbeck asked staff to provide laminated copies of the strategic plan at the table for every meeting for the next year.

ACTION

8: Legislative Priorities for 2020

Presenters:

- Toby Ewing, Ph.D., Executive Director
- Michelle Teran, Legislative Director for Assembly Member Sharon Quirk-Silva

Chair Ashbeck stated the Commission will consider legislative and budget priorities for the current legislative session including: SB 803 (Beall) Peer Certification; clarifying use of MHSA funding for services for individuals with potential co-occurring needs; expanding support for the Mental Health Student Services Act; and expanding the SMART/START initiative statewide.

Chair Ashbeck invited Michelle Teran to come to the presentation table to present a legislative proposal from Assembly Member Sharon Quirk-Silva.

Michelle Teran, Legislative Director for Assembly Member Quirk-Silva, presented a legislative proposal by Assembly Member Quirk-Silva that would strengthen mental health strategies to respond to persons with co-occurring mental health needs. She stated Assembly Member Quirk-Silva is preparing her legislative package for 2020 and wanted to meet with the Commission to look at legislation for providing mental health services to many Californians who need support services and addressing co-occurring issues with mental health and substance use disorders as they occur simultaneously.

Ms. Teran asked for the Commission's support and guidance on behalf of Assembly Member Quirk-Silva on how to better address co-occurring situations as these topics are explored.

Executive Director Ewing stated this gets at some of the language in the Rules of Procedure. This time of year, the Commission receives many inquiries from legislative offices that are interested in doing something related to mental health. He stated it is standard practice for departments to informally provide technical assistance. Staff has had several conversations with Assembly Member Quirk-Silva's office on the issue and challenges of co-occurring disorders. What staff has been discussing is that the MHSA is clear around mental health. Even though the field has moved towards behavioral health, there is ambiguity about when MHSA dollars can be used.

Executive Director Ewing stated providers have shared with staff that it quite often is unclear, when someone is presenting for services, if what is happening in that person's life at that moment is a mental health need or a drug-induced psychosis. If it is a co-occurring mental illness and substance use issue, quite often there is a freedom to use MHSA resources to support that, but individuals who need help often do not know if the need is a qualifying mental health or co-occurring disorder.

Executive Director Ewing stated Assembly Member Quirk-Silva's office asked the Commission to help them think about how to craft clarifying language to better align the rules with the realities in the service delivery system – not suggesting that MHSA funding is available to deal with substance use disorders in the absence of mental health, but the idea that it could take time to figure that out, so asking if there are provisions that would help a county or provider to begin to serve someone during that period of ambiguity.

Executive Director Ewing stated his hope that Commissioners would share their thoughts on this issue and perhaps work with the author to craft legislation that the Commission could support that would help address this in-between moment in time that may cause counties to be hesitant to provide services that might put them at audit risk.

Commissioner Questions

Chair Ashbeck asked for clarification that there is no document on this legislation yet, but the Assembly Member is looking for open feedback on if there was legislation regarding individuals with co-occurring disorders.

Ms. Teran stated it is still very early on in the process of trying to determine what legislation would look like.

Commissioner Danovitch spoke in support of the spirit behind this initiative. He stated it is important to achieve flexibility in the language. Substance use disorder is a mental health disorder. On one hand, the issue is not to let funds that are dedicated to one area be consumed by another area, but, on the other hand, the reality is the individuals who need to be touched often have both of these conditions together.

Commissioner Danovitch stated it is important not to let concern about funding lines interfere with the ability to screen, identify, and respond to the needs of individuals. He stated there is not a one-size-fits-all answer to how it is delineated, when something needs to be mental health versus substance use, but their separation is the exception and not the rule. The more flexibility there is in the language, the more that this can be resolved at the level of the issue of programming.

Commissioner Mitchell stated often those two disorders run in tandem. She asked if the language can be made flexible enough to include "and/or," because sometimes there will not be a delineation simply because of what is going on with an individual at that time. The next episode could be more related to the other disorder. Often, the two are so closely tied together that there is no distinction.

Commissioner Berrick pointed out that there are times when the funding stream drives the assessment process so there is not a good diagnostic picture. This should be avoided.

Vice Chair Madrigal-Weiss stated she looked forward to having staff time on this and to having Commissioner Danovitch working towards this as well because it has been an ongoing concern. Co-occurring effects are also seen in schools. To spend time to do the research and to develop something around this to help inform practices and systems is worth the investment of time, energy, and resources.

Chair Ashbeck summarized the feedback from Commissioners that they would like to work with the author on language and would like an update at a future meeting. It is a long-overdue gap in the system of care in California.

Public Comment

Poshi Walker spoke in support of this legislation. The speaker stated, when the MHSA first came onboard, they kept hearing "no wrong door," but there is a wrong door and entities are being audited. The speaker stated they interned at a substance abuse program and looked forward to doing therapy but were told they could not provide therapy because individuals had to be sober for a year to deal with their own mental health issues. Substance use was not seen as a mental health issue. The speaker stated they were removed from that program because their views did not agree with the program's views.

Poshi Walker stated it is their personal and professional opinion that almost all individuals with substance use disorder have underlying mental health issues and that is what led them to the substances to begin with. Also, if this was not the case and an

individual got into a substance use addiction, that creates mental health problems anyway.

Poshi Walker stated Proposition 64, the Adult Use of Marijuana Act, does not mention mental health but is all about substance abuse. The speaker stated Cal Voices cannot apply because they would not be able to show that they do substance abuse work because Cal Voices' work is considered mental health work, even though many of the individuals and peers involved with Cal Voices also have co-occurring substance use disorder.

Steve Leoni stated the DHCS has been holding a series of two to three meetings per week over the past three months on behavioral health. One of those meetings is on payment reform. Another issue they are working on is not being required to have a diagnosis before services can be received. The speaker stated the idea is that individuals can seek services and the diagnosis will be figured out later.

Steve Leoni stated the meetings will conclude at the end of February and the DHCS will submit a report to the federal government in June. The speaker stated, if everything works well, many of these things are expected to be in operation by January of 2021. The speaker strongly advised checking in with the DHCS to see what they are doing because this legislation may not be needed.

Jeff Nagel, Ph.D., Director, Orange County Behavioral Health, stated Orange County has many co-occurring individuals but agreed that there is an ambiguity that occurs to determine if it is substance use disorder or a mental health issue when an individual presents. The speaker stated being patient-centered requires the opportunity to serve first and not be concerned about whether it was a substance use disorder primary diagnosis, in which case MHSA funds are not allowed. The speaker stated having a bill like this would provide the flexibility that would create a person-centered system and provide care first.

Jeff Nagel stated, if the diagnosis is substance use disorder primary, the county would be able to make that referral but not worry about going back and losing or giving up some of those funds. The speaker offered Orange County's support.

Senate Bill 803 (Beall): Peer Support Specialist Certification Act of 2020

Senate Bill 854 (Beall): Mental Health Parity: Access to SUD Treatment

Senate Bill 855 (Wiener): Mental Health as a Medical Necessity

Executive Director Ewing asked Commissioners to consider supporting SB 803, SB 854, and SB 855 and noted that the facts sheets for each are included in the meeting packet.

Proposed SMART/START Statewide Initiative

Executive Director Ewing stated there is an opportunity for the Commission to advocate for an innovation that was developed in two communities to go statewide. He suggested that the Commission support a statewide initiative to help schools put appropriate strategies in place for assessments such as the School Threat Assessment Response

Team (START) Program in Los Angeles and the System-wide Mental Health Assessment and Response (SMART) Program in Glenn County.

Executive Director Ewing suggested working with the Legislature and Los Angeles and Glenn Counties to begin to discuss how the state could support a statewide initiative rather than wait for every county to recognize the need and try something new. He asked Commissioners for their feedback.

Executive Director Ewing stated the SMART Program is innovation funding to strengthen a partnership between education and public safety to think about what to do when there is a threat and how to handle threats in an appropriate way. Counties use a variety of assessment strategies and schools have a differential approach to assessing suicide risk. A statewide initiative can address how to create uniformity in the approach that is more evidence-based, and how the state might support that conversation so that these issues would improve over time.

Commissioner Questions

Vice Chair Madrigal-Weiss stated other counties besides Los Angeles and Glenn Counties are beginning to react to concerns and, oftentimes, law enforcement is taking the lead. It is coming from a law enforcement perspective, not necessarily from a mental health perspective. It is important that this is a thoughtful process while engaging the Legislature about this issue.

Executive Director Ewing stated this will provide an opportunity for individuals to come together and learn, such as by a conference or by the development of a toolkit. He stated the Commission asked how to support individual innovations going to scale. The need is there, and this is one opportunity to help with that need. The part that is unknown is the path forward.

Executive Director Ewing stated Commissioners who are members of the Legislature could help the Commission figure out what that path forward is, which could be directing the Commission, the Department of Education, or the Department of Justice to do this work or in collaboration with all three.

Commissioner Gordon suggested that the Commission have a conversation about how to help counties take this type of innovation to scale before approaching a legislator with a bill for this purpose because sometimes it suggests a sense that this is a big priority for the Commission as compared to taking some other innovation to scale.

Commissioner Bunch asked why this would not be a priority for the Commission and across the country. It is not an issue of how different counties or school districts are responding, it is matter of if they are responding. She stated, in the absence of a mental health response, they are responding with law enforcement, which is why this is important.

Chair Ashbeck stated this is a chance to practice what the Commission has talked about – to take a project, see if it can be scaled, and see what that looks like. She suggested using this as a test case because it is important, and it is important to get it done. It has not been done in an intentional way; this can be a test example of what that looks like.

Commissioner Gordon further pointed out that, beyond this project, there are many places that do this work in many different ways around the state in both school districts and counties.

Executive Director Ewing stated the action item is about legislative and budget priorities. He stated the Commission is not ready to approach legislators with a possible bill. The budget and bill processes are starting up and Commissioners can give staff direction that this is something they want the Commission to invest in and figure it out in conversations with partners, the governor's office, and the Legislature, and return at a future Commission meeting with a proposal.

Commissioner Berrick stated he was less concerned with the specific idea and more concerned that the Commission coordinates it with the strategic goal. He stated he sometimes worries that violence prevention programs become a simplified method of doing integrated school-based mental health and school climate instead of being integrated into a broader approach. He stated he loved the idea of using this as a point of entry to begin the broader discussion, as long as the Commission is couching it as part of a broader strategy and goal to think about how this relates to mental health in schools.

Commissioner Tamplen echoed Commissioner Berrick's comments about further discussing this issue at a future meeting. She stated it is an important issue to address and discuss as a Commission, but there is also more that needs to be learned from other communities. There are many sensitivities with this subject that affect underserved and inappropriately served communities. It is important to recommend something that is not reactive but responsive. She stated it is important that the Commission does it right.

Chair Ashbeck thanked Commissioner Berrick for linking this item back to the strategic plan. She restated the need for staff to supply laminated copies of the strategic plan at the table at every future meeting for Commissioner reference.

Public Comment

Steve Leoni stated much of the problem with past peer certification bills has been because the DHCS has not been in support of funding peer certification; yet, the governor's veto on last year's peer certification bill mentioned how valuable peer support is and that he had his own ideas on this issue. The speaker stated sometimes there is tunnel vision in mental health. This is a bill inspired by peers with lived experience, but the peer movement is catching on in other areas.

Steve Leoni suggested that perhaps the governor thought the bill was too narrow and wanted to do something that covered all peer work. If that is the case, the mental health community needs to determine if they want to support a broader bill to include all peers. The speaker stated it might be helpful to explore what is out there with these things in mind.

Jeff Nagel stated Orange County has a program that has a model for the SMART teams. The speaker noted that the program is proactive in terms of the threat assessments being done. In fact, as children are identified in the school systems that

are viewed as at-risk or if there is a minor threat made, the schools include the sheriff's department as part of the team to do assessments and make referrals. The program also has the Active Shooter Simulation Drill for tabletop exercises that is part of this as well. The speaker asked that Orange County also be included in the models.

Joy Burkhard brought back the topic of maternal mental health as a potential legislative priority and a priority topic area for the Commission. The speaker shared ideas for potential legislation:

- AB 1676 introduced last year, called for a telepsychiatry consultation program to increase primary care provider capacity to treat basic depression and anxiety not just in mothers but in the pediatric population.
 - This is from a model developed out of Massachusetts Child Psychiatry Access Program, which has proliferated in many states. Massachusetts has since developed the Massachusetts Child Psychiatry Access Program for Moms model that was rolled out five years ago.
 - There is excellent evidence of successful outcomes in providing first-line providers with the support and lifeline that they need to do this work competently and confidently.
- 2020 Mom is interested in introducing a pilot budget ask this year to have three to five counties of various sizes participate in a pilot centralized at the state level. The speaker asked the Commission to support that work in contracting with state agencies that would oversee the pilot.
- 2020 Mom would like to hear from counties through a one-page report to the Commission reporting out what, if any, they are spending their MHSA dollars on relative to maternal mental health. 2020 Mom is interested in connecting more counties and supporting the implementation of best practices but needs to learn what the counties are doing.

Chair Ashbeck asked for a motion to support SB 803, 854, and 855, to work with Assembly Member Quirk-Silva to develop her proposal with guidance from Commissioner Danovitch, and to add an agenda item at a future meeting on the SMART/START initiative.

Commissioner Tamplen moved to take a formal support position on Senate Bills 803, 854, and 855, with direction to staff to update the Commission as these bills evolve, to work with Assembly Member Quirk-Silva to develop her proposal with guidance from Commissioner Danovitch, and to gauge interest and start to develop a proposal for the SMART/START initiative and a maternal mental health pilot project, and bring them back for a future meeting.

Commissioner Mitchell seconded.

Commissioner Gordon suggested sponsoring briefings for legislators and legislative staff on the strategic plan so they can get the idea of fitting some of their ideas into the strategic plan and the data platform that the Commission has created.

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

- *The Commission takes a support position on Senate Bills 803 (Beall), 854 (Beall), and 855 (Wiener), with direction to staff to update the Commission as these bills evolve.*
- *Staff is to work with Assembly Member Quirk-Silva to develop her proposal with guidance from Commissioner Danovitch and staff is to gauge interest and start to develop a proposal for the SMART/START initiative and a maternal mental health pilot project, and bring them back for a future meeting.*

Motion carried 8 yes, 0 no, and 0 abstain, per roll call vote as follows:

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

INFORMATION

5: Executive Director Report Out

Presenter:

- Toby Ewing, Ph.D., Executive Director, MHSOAC

Executive Director Ewing presented his report as follows:

Partnerships

The CHHS is in the process of forming the Governor's Behavioral Health Task Force to address the urgent mental health and substance use disorder needs across California. Executive Director Ewing has been asked to represent the Commission on the Task Force. Many meetings are anticipated. The CHHS has announced an application process for stakeholders and community members who would like to be considered for membership in the Task Force.

Staff has been meeting with the First 5 Association and the First 5 Sacramento Commission with Commissioners Alvarez and Berrick. It is recognized that more needs to be done in the early years.

Executive Director Ewing attended a meeting with the Commission on Aging and talked with them about Prevention and Early Intervention (PEI) programs. The Commission on Aging expressed frustration that much of the conversation around PEI is on children, when older adults also have first-episode mental health needs later in life.

Executive Director Ewing attended a meeting with the California Indian Health Service, which is a federal agency. They are interested in learning more about the work of the Commission and how to strengthen partnerships between the federal government and state agencies that are working on mental health issues for Tribal communities. The California Indian Health Service is planning to host a site visit to a facility that they are building, as well as to connect with Tribal health centers in the northern part of the state.

Project Updates

The Commission is supporting projects to reduce the number of individuals who are at risk of an incompetent-to-stand-trial declaration. There are three projects underway. Staff will provide an update at the February meeting.

Statewide Suicide Prevention Plan

A hard copy of the Suicide Prevention Plan that the Commission adopted at the end of last year was distributed at the meeting and included in the meeting packet. Staff will work to implement the plan in coordination with the Governor's Office and the Legislature.

Workplace Mental Health

Executive Director Ewing attended a meeting with the DMHC to discuss the Commission's work on mental health in the workplace. Periodically, staff receives phone calls from individuals who are unable to access care even though they have insurance. Staff is hoping to partner with the DMHC to develop information products to point individuals in the right direction.

Executive Director Ewing is in discussion with the DHCS and the Department of Human Resources (CalHR) about the Commission's work on mental health in the workplace.

Youth Innovation Project

The first Youth Innovation Idea Lab was held in Santa Barbara where there was a lot of excitement and staff learned a lot. It was helpful to have this youth-driven event. Staff is interested in the extent that the counties that participated use that energy to drive decisions that they are making in terms of how they design programs to support young people. Staff is also interested in whether that activity counts towards the community planning process requirement because it may not in the minds of local advocates. Staff is testing that by giving counties the opportunity to get ideas and seeing how that works with their local stakeholder groups and with their boards of supervisors as they move program proposals forward.

Solano County has offered to host a second Youth Innovation Idea Lab.

Past Projects

Fiscal Reversion

When the Commission identified unspent funds, the state reset the clock for those funds, particularly on Innovation funds. Staff continues to work closely with the DHCS to understand what the updated numbers are in terms of revenues, expenditures, and unspent funds. Under the AB 114 reset language, the DHCS is interpreting the law that counties have until June 30th of this year to spend their Innovation funds that otherwise would have reverted if the reset not happened. The DHCS interpretation of the law is, if those funds are in a dedicated Innovation plan that has been authorized by the Commission, then they are protected from

reversion. If the funds are not spent or authorized by the Commission, they are subject to reversion.

Executive Director Ewing asked Commissioners to let staff know if they are interested in participating in upcoming Commission activities.

ADJOURNMENT

There being no further business, the meeting was adjourned at 3:16 p.m.