

---

**State of California**

**MENTAL HEALTH SERVICES  
OVERSIGHT AND ACCOUNTABILITY COMMISSION**

Minutes of Teleconference Meeting  
April 23, 2020

MHSOAC  
1325 J Street, Suite 1700  
Sacramento, CA 95814

800-369-1840; Code 4380355

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  
Senator Jim Beall  
Ken Berrick  
John Boyd, Psy.D.  
Sheriff Bill Brown

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

**Members Absent:**

Reneeta Anthony  
Assemblymember Wendy Carillo

**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 meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to order at 9:00 a.m. and welcomed everyone.

Chair Ashbeck stated her appreciation for the individuals who joined this teleconference-only meeting during these unprecedented and uncertain times. She asked for patience and understanding as the Commission works through this new technology. She recognized the challenges and struggles that the COVID-19 pandemic is creating in all parts of life, including mental and physical health and wellbeing.

Chair Ashbeck reviewed the meeting protocols. She stated the agenda describes the changes the governor has allowed in public meetings and the Bagley-Keene Open Meeting Act to allow the support of physical distancing required to help manage the spread of COVID-19.

### Roll Call

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

## **ACTION**

### **1: Approve February 27, 2020, MHSOAC Meeting Minutes**

Chair Ashbeck asked for a motion to approve the minutes from the February 27, 2020, meeting.

Commissioner Mitchell made a motion to approve the February 27, 2020, meeting minutes. Commissioner Danovitch seconded.

### **Public Comment**

No public comment.

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

- *The Commission approves the February 27, 2020, Meeting Minutes as presented.*

Motion carried 11 yes, 0 no, and 1 abstain, per roll call vote as follows:

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

The following Commissioner abstained: Commissioner Tamplen.

## **ACTION**

### **2: Award Mental Health Student Services Act (MHSSA) Grants**

**Presenter:**

- Tom Orrock, Chief of Stakeholder Engagement and Grants, MHSOAC

Commissioners Berrick and Gordon and Vice Chair Madrigal-Weiss recused themselves from the discussion and decision-making with regard to this agenda item and left the teleconference call pursuant to Commission policy.

Chair Ashbeck stated the Commission will consider awarding MHSSA grants to the highest scoring applications received in response to the Request for Applications under the MHSSA to support School/County Partnerships in the implementation of programs described in the Mental Health Services Act (MHSA). She asked staff to present this agenda item.

Tom Orrock, Chief of Stakeholder Engagement and Grants, provided an overview, with a slide presentation, of the background, grant apportionment, and Request for Applications evaluation process for the ten MHSSA Category 1 Grants, which will provide funding for counties with existing school mental health partnerships. He announced the counties with the highest overall scores in each population designation as follows:

- Humboldt and Mendocino Counties for the small-county designation funding level of \$2.5 million each.
- Tulare, Solano, San Luis Obispo, and Placer Counties for the medium-county designation funding level of \$4 million each.
- Orange, Ventura, Kern, and Fresno Counties for the large-county designation funding level of \$6 million each.

Mr. Orrock stated applications for the MHSSA Category 2 grants, which will provide funding for counties developing new or emerging mental health partnerships, are due on June 12, 2020.

**Commissioner Questions and Discussion**

Commissioner Alvarez asked, once posted publicly, if there will be a short summary of the proposals and the established partnerships to provide learning opportunities and increased awareness of the types of partnerships that exist in small, medium, and large counties that can be taken to scale in the future.

Mr. Orrock stated that information will be provided since it is valuable to county offices of education, charter schools, and school districts that may be interested in partnering. He stated the California Mental Health Services Authority (CalMHSA) in connection with the California Department of Education (CDE) has put together a matrix of the four current school/county partnerships. This matrix will provide information about what those four counties have done and how they did it. The matrix was put together recently and will be updated based on what counties are doing to adjust and modify their programs to meet the needs of students during the COVID-19 pandemic. A summary of those counties will be made available so other counties can benefit.

**Public Comment**

Sonya Young Aadam, CEO, California Black Women’s Health Project, asked if private schools were eligible for this funding.

Mr. Orrock stated the entities included are county behavioral health departments and a school district or school districts, both public and private. Counties must add to that partnership a county office of education or a charter school.

Janet King, Native American Health Center, stated community-based organizations such as the Native American Health Center have main and school-based clinics. Community-based organizations are capable of bringing behavioral health services to schools and they are already in existence. The speaker suggested that community-based organizations be included in this model of counties working in partnership with schools.

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

- Authorizes the Executive Director to issue a “Notice of Intent to Award MHSSA Category 1 Grants” to the following applicants receiving the highest overall scores in each population category:

**Small County Population:**

Humboldt County  
Mendocino County

**Medium County Population:**

Placer County  
San Luis Obispo County  
Solano County  
Tulare County

**Large County Population**

Fresno County  
Kern County  
Orange County  
Ventura County

- *Authorize the Executive Director to issue a “Notice of Intent to Award MHSSA Category 1 Grants” to the applicants receiving the highest overall scores in each population category.*
- *Establish April 30, 2020, as the deadline for unsuccessful bidders to file an “Intent to Appeal” letter.*
- *Establish that, within five working days from the date MHSOAC receives the Intent to Appeal letter, the protesting Applicant must file with the MHSOAC a Letter of Appeal detailing the grounds for the appeal, consistent with the standard set forth in the Request for Applications.*

- *Direct the Executive Director to notify the Commission Chair and Vice Chair of any protests within two working days of the filing and adjudicate protests consistent with the procedure provided in the Request for Applications.*
- *Authorize the Executive Director to execute the contract upon expiration of the protest period or consideration of protests, whichever comes first.*

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

The following Commissioners voted "Yes": Commissioners Alvarez, Beall, Brown, Bunch, Danovitch, Mitchell, Tamplen, and Wooton, and Chair Ashbeck.

Commissioners Berrick and Gordon and Vice Chair Madrigal-Weiss rejoined the teleconference call.

## **ACTION**

### **3: Response to COVID-19**

#### **Presenter:**

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

Commissioner Berrick disclosed that Seneca, where he serves as the CEO, and the California Alliance of Child and Family Services, where he serves on the Board, have taken various positions on the response to COVID-19 and funding from the response to COVID-19.

Ms. Yeroshek stated Commissioner Berrick is not required to recuse himself from the discussion and action on this agenda item.

Chair Ashbeck stated the Commission will discuss the impact to county mental health programs and consider specific actions in response to the COVID-19 pandemic. She stated staff will outline the Commission's actions to support the state and county efforts on COVID-19, provide an overview of recent correspondence from counties and other mental health stakeholders on requests for flexibility in using MHSA funds during the crisis, and discuss options for the Commission to provide guidance on responding to current and emerging mental health needs. She asked Executive Director Ewing to present this agenda item.

Executive Director Ewing stated all Commission activity has been shifted to remote work and all non-essential activities have been postponed during the COVID-19 crisis in response to the governor's public health statement and county directives about social distancing and sheltering in place. The workload has been impacted in that there are over a dozen county Innovation plans in the queue.

Executive Director Ewing outlined the Commission's actions to support the state and county efforts in response to COVID-19:

- The Commission has reached out to counties and asked them to agree to prioritize COVID-19-related items and items that run the risk of triggering reversion. Staff is waiting to hear from the administration on whether the governor will suspend the reversion rules to help the Commission determine how to best respond to today's issues.
- The Commission has undertaken a number of initiatives to support the governor's COVID-19 response and to support California's community mental health system:
  - The Commission has established a Rapid Response Network in partnership with Social Finance with the goal to better understand how organizations and communities have addressed some of the shared challenges being faced in California.
  - The Commission is working to establish Online Mental Health Resources in partnership with the Department of Health Care Services (DHCS), UCLA, UC Davis, and others to support Californians who are looking for guidance on COVID-19 and the behavioral health impacts of COVID-19 and to lessen the impacts on emergency rooms.
  - The Commission is supporting the governor's California Health Corps, an initiative to expand the health care workforce to fight COVID-19, by working with the administration to better understand how to best link Californians who need assistance with a behavioral health volunteer.

### **Commissioner Questions**

Commissioner Boyd asked about the budget that has been allocated to support this work specific to mental health and addiction.

Executive Director Ewing stated the Commission has allocated \$25,000 for the Rapid Response Network, which is a short-term investment. Social Finance and others have allocated four to five times that to launch this initiative. Additional funding will be required for sustainability.

Executive Director Ewing stated the Commission has set aside \$50,000 to date for the Online Mental Health Resources initiative with the potential for a second \$50,000. The Commission is working to raise an additional \$250,000 for what is called "the sprint" to get something out that can support the governor's effort. Staff is in discussion with CalMHSA and others about what it would mean to do that over the longer term. He noted that the Commission may not be the best organization to help individuals to connect with online resources.

Executive Director Ewing stated no funding has been dedicated to the California Health Corps initiative.

Commissioner Boyd encouraged staff to continue to advocate for additional resources to do this right considering the size and scale of California. He noted that this is a window of opportunity where individuals will seek help and support.

Commissioner Tamplen asked if there is an online location for individuals throughout the state to view the questions that are coming in and the responses given through the Rapid Response Network.

Executive Director Ewing stated staff is beginning to compile that information but it is not yet ready to be shared. Confidentiality and proprietary issues have been raised on the part of the counties asking the questions. He agreed that questions asked by one county can benefit all counties. Staff will continue to work on expediting this information.

Commissioner Tamplen asked about populations and individuals who do not have access to laptops, cell phones, and resources to participate in the remote services and supports being offered during this time of sheltering in place. Consistent information is needed about how communities can access this technology.

Executive Director Ewing agreed. He stated not only is inadequate access to technology and the Internet a barrier, but the vast majority of the tools that are available are in English only. He stated part of the first phase of the Online Mental Health Resources initiative after the sprint to put something up is to ensure that there is robust community engagement. The Commission is in conversation with each of the contract holders for the stakeholder contracts about how to work with them and leverage their expertise to get the word out and to ensure that what is being done is relevant, appropriate, and culturally competent.

Executive Director Ewing stated, although this will not be enough, the state needs to pursue all strategies to serve Californians and online strategies have yet to be fully leveraged. He agreed with Commissioner Boyd's comment that an environment has never before been seen where the public is as aware and receptive to conversations about mental health as it has been during the COVID-19 pandemic. He stated this window provides the opportunity to be responsive in ways that are positive and supportive to help reduce stigma and increase culturally appropriate responses to individual needs.

Commissioner Mitchell asked Executive Director Ewing to explain how the Online Mental Health Resources initiative would look to the public.

Executive Director Ewing stated a number of organizations are sharing online tools for the public to better understand anxiety and how to respond to that to address the increased anxiety caused by the COVID-19 pandemic. These websites can be overwhelming. The governor's California Coronavirus COVID-19 Response website contains a tremendous amount of information. Working with the governor's team to provide information on mental health websites was even overwhelming to community and academic partners to provide input on websites that are helpful.

Executive Director Ewing stated, rather than creating a website that points individuals to hundreds of mental health sites and apps, staff is getting input from stakeholders on tools that would be useful in a website and is working to sort information about available sites in a user-friendly manner so the website itself does not cause anxiety.

Commissioner Gordon asked if the Commission is doing anything to enhance or expand the use of telehealth in these initiatives.

Executive Director Ewing stated staff has engaged DHCS on this issue, particularly in response to questions coming out of the community, community-based organizations, and providers. As staff hears about providers struggling on telehealth issues, they are passing that along and helping DHCS understand what is working and not working in the community and helping to connect them with organizations that are expressing concern. The Commission is working to create environments that can support telehealth but does not engage in telehealth directly.

Executive Director Ewing stated staff is considering how to help the administration understand that creating a base of support that starts with information and web-based tools can prevent individuals from needing to move up into the warm line/crisis line set of services. Telehealth is in that continuum of care that the administration is trying to put in place. The focus has been how to ensure that individuals have their needs met across that continuum but with emphasis on prevention and early intervention tools through the Online Mental Health Resources and California Health Corps initiatives.

Commissioner Danovitch agreed with the work the Commission is doing to enhance or expand telehealth. He suggested, since the Commission is not the service provider, if no one else is articulating a strategic vision for how remote technology and digital services enhance care for Californians and how they can be used to recognize and overcome disparities across California, perhaps that is a role for the Commission – either to articulate that vision or to encourage the appropriate department to articulate that vision.

Commissioner Danovitch stated the current times provide a rare window of opportunity to do these things, given the focus and the transient reduction in bureaucracy around uptake and use of these technologies. Such a vision might articulate principles and values that are important in adopting and addressing the infrastructure barriers that are necessary to get to a place where telehealth services can be used to expand access to quality services.

Commissioner Danovitch stated there also is a tremendous opportunity to address stigma since Californians are faced with a common experience or common threat. Everyone is aware of the stress that is associated with quarantining and with uncertainty and with all the things currently being faced. He stated there is an opportunity to similarly develop a strategy around stigma reduction that may involve explicit public health messaging.

Commissioner Danovitch stated the importance of conveying in the Commission's COVID-19 letter being drafted to the Governor and the Legislature and in any other messaging that the issue of addressing mental health needs to be an incorporated part of how public health is communicated. Communication with the public has increased like never before about their health and individuals are receptive. The more mental health can be incorporated into that conversation, the more the stigma that is associated with it can be intrinsically reduced.

Commissioner Alvarez agreed with Commissioner Danovitch about the importance of telehealth and not only thinking about a short-term response to this crisis but thinking about a long-term commitment to building the infrastructure around telehealth and



ensuring there are opportunities to strengthen the infrastructure to adequately respond to the needs of Californians.

Commissioner Alvarez stated, related to that, thinking about a website that has resources that are better organized is important. She stated she agreed with Commissioner Tamplen about the disparities that exist with regard to the Internet; however, it is important to consider who the right messenger is for these tools and if there are opportunities to leverage relationships across state agencies that would allow the audience to be more receptive to these types of tools and that would communicate most effectively with individuals in need and with agencies and partners that connect with individuals in need.

Commissioner Alvarez asked if there are additional opportunities to continue these conversations outlined in the Commission's draft COVID-19 letter to the Governor and the Legislature regarding the Commission's role or if the scope of the commitment is limited to this website.

Executive Director Ewing stated staff has responded to the requests from the administration to help them think about how to quickly create services to respond to the COVID-19 crisis, such as considering the consequences of millions of individuals accessing the telephone at the same time. Creating a digital platform can help meet individuals' needs, which will take pressure off the telephone and emergency room systems. He stated there is currently a sprint to do that but understanding has increased that there is a disconnect between individuals' needs and the services that are available or how people are served versus how people should be served. He noted that the sprint strategy could be used longer term to help meet the behavioral health needs of health care workers and educators.

Executive Director Ewing stated the intent of the Commission's COVID-19 letter to the Governor and the Legislature is to recognize that, while much of the attention is on the COVID-19 crisis, impacts of the pandemic will also need to be considered. Research shows that there will be a tremendous escalation in behavioral health needs across all communities in California. There is concern that, as the economy begins to weaken and revenues start to decline, the easy answer is to cut funding to programs. The Commission has already laid out strategies to address those impacts in the Schools and Mental Health and Suicide Prevention Projects but those strategies need to be increased.

Executive Director Ewing agreed with Commissioner Danovitch that the Commission can help articulate a strategic vision for how remote technology and digital services enhance care for Californians and how those services can be used to recognize and overcome disparities across California, and that the current times provide a rare window of opportunity to do these things, given the focus and the transient reduction in bureaucracy around uptake and use of these technologies. It is important to consider how the best strategies learned during this crisis can be improved to become permanent strategies.

Vice Chair Madrigal-Weiss agreed with Commissioner Danovitch that now is the time to embed stigma reduction in the messaging. Californians are more alike now than ever

before in experiencing the same stressors, worries, and challenges during the COVID-19 crisis. The problems are expected to continue. The workforce that was released on March 16<sup>th</sup> is not the same workforce that will return. Burnout is defined as ongoing stress for prolonged periods of time. She stated the workforce will return already burned out. It is important to consider what it will look like when schools reopen and individuals return to work who have already been hurting and struggling. She stated now is the time to build something long-term. She stated there currently is time to prepare for that.

Vice Chair Madrigal-Weiss stated her appreciation that the Commission is taking leadership and making recommendations to the administration during this time when the Commission can make a difference and influence the system. She agreed with Commissioner Alvarez that other state agencies need to be brought on. This is the time when the message can be unified around mental health supports.

Commissioner Bunch emphasized the anxiety and stress that essential workers continue to experience on a daily basis. She stated the need to offer as much support as possible.

Commissioner Bunch also stated the need to support individuals who are being housed. Counties are doing a great job of helping to find services, programs, and housing for communities but she questioned what will happen next. Much of the housing is currently in temporary shelters. She asked where those individuals will go after the crisis is over. She noted that California already would be unable to house everyone who needed it during this crisis.

Commissioner Wooton agreed with Commissioners Tamplen and Danovitch around the diversity and stigma issues. She stated the need to focus on individuals who are in crisis who do not have access to telemedicine.

Chair Ashbeck asked Executive Director Ewing to summarize what staff needs from the Commission.

Executive Director Ewing stated there are two items on the agenda under this subject: the issues around proposals for flexibility and the emerging threats caused by COVID-19. He stated staff is looking for authorization to the chair to draft a letter to the administration that communicates the Commission's priorities. Staff drafted a letter that reflects the work the Commission has put into suicide prevention, schools and mental health, and full service partnerships and, because that was built upon so much of the engagement it has done over the last two years, this is not surprising, but it is drawing attention to these issues particularly as they are presented with the crisis at hand.

Executive Director Ewing stated letters received around the flexibility issue have been included in the meeting packet. He asked Commissioners to vote to authorize the chair to communicate priorities to the Legislature and use the remaining time today to articulate what those priorities are.

Executive Director Ewing asked Commissioners to approve the Commission's draft COVID-19 letter to the Governor and the Legislature and possibly include additional information around the flexibility issue.

Chair Ashbeck stated Commissioners cannot provide feedback on the draft letter and hear public comment in the time allotted.

Executive Director Ewing stated his hope that the letter is close enough and that Commissioners will authorize the chair to work through minor changes. This is about high-level guidance in terms of prioritizing mental health.

Chair Ashbeck asked Commissioners for feedback on the Commission's draft COVID-19 letter to the Governor and the Legislature and stated feedback can also be sent to staff offline.

Commissioner Brown suggested, rather than having a title for each section and a preemptory introduction to the recommendations, saying that four imperatives have been identified with four specific recommendations. He suggested labeling Imperative 1 Bolster Suicide Prevention and Response, etc., to help draw more attention to them.

Commissioner Wooton agreed with listing mandatory items. She asked Chair Ashbeck, as spokesperson for the Commission, to recognize that in the letter it talks about hospitalization for individuals with mental health issues. She stated the governor stated yesterday that there is enough room for COVID-19 clients. She stated, given this, she did not understand why the letter needs to push for hospitalization for mental health clients. She stated forced hospitalization was something that was not wanted from the beginning of the MHSA. That is the foundation of recovery principles.

Commissioner Wooton suggested communicating to the administration the importance of those four imperatives but also about including stakeholder input. That also was a foundation for the MHSA. She stated the need to communicate that this is still important. The draft letter talks about reducing administrative activities. Part of the administrative activities is the stakeholder comments.

### **Public Comment**

Gigi Crowder, Founder, Black Minds Matter 2!, emphasized the disparities experienced by African Americans because of COVID-19. The speaker stated the hope that there would be a priority around funding to ensure that programs offered by African Americans for African Americans are lifted up throughout the planning.

Gigi Crowder stated it is appropriate to consider adding a Commission seat specific to addressing the needs of communities of color. COVID-19 has highlighted the need for more targeted services that are not one-size-fits-all but that are more appropriate for the ethnic and cultural communities as well as the LGBTQ community.

Sonya Young Aadam stated the impact of COVID-19 on African American Communities statewide is alarming. The speaker stated the fallout will be devastating, Black families will have to endure another round of structural racism, growth, health, and other disparities and the blatant institutional neglect of needs, and communities will struggle to recover.

Sonya Young Aadam requested that the Commission's draft COVID-19 letter to the Governor and the Legislature acknowledge the disproportionate impacts of COVID-19 on the African American population across the state, the resulting mental health impacts

on families, and the need for additional funding for African-American-centered prevention and early intervention care.

Hector Ramirez, consumer and advocate, stated individuals with disabilities are significantly disproportionately impacted by the effects of COVID-19 and the mental health conditions being faced. The speaker stated the lack of accessibility to public meetings makes it difficult for voices to be heard. Not having Americans with Disabilities Act (ADA) options to join and participate in meetings like this, even though it is mandated by state and federal laws, takes away from the urgent needs that have been echoed not only by the previous speakers but also by the Latino community in California, many of whom have experienced serious mental health conditions prior to COVID-19. The Latino community has been significantly disproportionately impacted by the effects of COVID-19.

Hector Ramirez urged the Commission to provide more ADA accessibility options for participation in public meetings and to revise policies to include the ethnic and cultural needs of Latino, Native American, Black and other ethnic communities that are being seriously impacted by COVID-19 and that had already been experiencing significant health disparities.

Hector Ramirez spoke in support of adding another seat to the Commission to more fully address the health disparities and intersectionality issues that affect the majority of Californians. The speaker suggested revisiting ongoing projects that have failed to meet their outcomes, such as the Technology Suite Collaborative Innovation Project (Tech Suites), which has wasted over \$10 million, and bringing that funding back to the Commission to enhance and provide new services.

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), stated REMHDCO appreciates that racial, ethnic, and LGBTQ communities' disparities are included on the first and last pages of the Commission's draft COVID-19 letter to the Governor and the Legislature, but suggests adding something more specific such as "be sure that nonprofit community-based organizations that specialize in serving communities of color, non-English-speaking communities, LGBT communities, and other underserved communities are included in any grants or awards associated with these initiatives."

Stacie Hiramoto stated these organizations are often the first places that individuals from underserved communities come to, especially in times of crisis. These organizations can also be employed to give technical assistance on how resources and assistance could be prioritized for underserved communities, families, and individuals, which are included in the draft letter.

Stacie Hiramoto suggested that the Commission consider including a point that prevention and early intervention (PEI) funds should not be reduced during this period as programs funded by PEI are often preferred and utilized by consumers and family members from racial, ethnic, and cultural communities.

Stacie Hiramoto referred to the letter from statewide and local groups, including REMHDCO, regarding COVID-19-related recommendations concerning the MHSA, which was included in the meeting packet. The speaker stated this letter was written in

opposition of the transfer of PEI funds to the community services and supports (CSS) component.

Stacie Hiramoto echoed the comments made by Gigi Crowder and Sonya Young Adam.

Karin Lettau, Director of Training and Employment, CAMHPRO, encouraged Commissioners to review the Coalition Guiding Principles that recently was sent out that strongly uphold the MHSA. The speaker applauded the exploration of strategies to mitigate the issues being faced but with the recognition of the reality of the disparities between communities. The speaker spoke in support of the Commission partnering with stakeholders to articulate a strategic vision that will include closing the digital divide by providing both training and equipment.

Janet King agreed with Stacie Hiramoto that the answer to the COVID-19 crisis is not to take funding from PEI and put it into CSS. The speaker stated the reason is that most vulnerable communities are served with PEI funds since PEI funds allow for the flexibility to have culturally responsive coaches to address the mental health of vulnerable communities. The speaker stated the COVID-19 crisis provides an opportunity to reduce disparities but moving funding away from PEI and putting it into CSS will only serve to increase disparities. The speaker stated the need for PEI funding to stay in the vulnerable communities that are being affected the most by COVID-19.

Linda Tenerowicz, Senior Policy Advocate, California Pan-Ethnic Health Network (CPEHN), echoed the comments of the previous speakers, especially as they relate to underserved communities and ensuring that programs are designed to meet those particular needs. The speaker stated the importance of maintaining PEI funds that help support many community-defined programs.

Jerry Hall, San Diego County Behavior Health Advisory Board and the Alcohol and Drug Advisory Board, provided public comment for themselves. The speaker agreed with better resources and directories. One of the technologies that could help that type of tool is artificial intelligence (AI) to help find the best solutions to issues. One of the challenges of that is that, if the AI technology is not done on an open source and open data basis, it allows for bias to be entered.

Jerry Hall encouraged that the new technological solutions that are developed be open source and on an open database to allow any organization, institution, or advocacy group to tailor the resources that are offered to their philosophical direction and to allow individuals to scrutinize how recommendations are being made so that top agencies do not receive all the referrals while other agencies that may be more effective are blocked out because of bias.

Kathleen Gallagher, Jesuit Volunteer, Law Foundation of Silicon Valley, stated Santa Clara County has already started to use the program flexibility debated today in a way that is contrary to the spirit of the MHSA. The speaker stated funding of the county's implementation of the Community Living Coalition was discontinued without explanation or input from the public. This happened despite the project being approved through the MHSA planning process.

Kathleen Gallagher stated this action is an extreme departure from the stakeholder approval process designed to maintain the integrity of the MHSA. The speaker stated, while some relaxing of timelines and requirements may be necessary to address the new needs caused by the COVID-19 pandemic, an outright suspension of all posting, reporting, and limitations on youth sets a dangerous precedent. The speaker urged the Commission not to forget that, prior to this crisis, some legislators were already making attempts to steer MHSA funds toward involuntary treatment and away from community integration. The speaker stated the belief that this Commission can suggest to the governor and counties a balanced approach that will preserve the spirit of the MHSA while allowing counties to adapt their plans and use funds to address current conditions.

Elia Gallardo, Director, Department of the Governmental Affairs, County Behavioral Health Directors Association (CBHDA), highlighted the letter in the meeting packet, which was sent to the Commission from the CBHDA requesting the Commission to support the \$100 million emergency relief funding for the public behavioral health system. The speaker stated the need for the funding is the result of the immediate impacts of COVID-19 on the ability of the public behavioral health system to bill for services and the need to build out additional capacity and new types of services to meet the behavioral health needs of Californians.

Brian Blanco, Senior Clinical Social Worker, UCSD Psychiatry, stated the Commission approved MHSA Innovations funding for the UCSD CREST Community program for older adults with hoarding disorder in San Diego County to provide services to isolated, low-income, older adults from all ethnic and cultural backgrounds to improve health and safety, prevent evictions and homelessness, connect to resources, and improve quality of life. The CREST program has delivered on that contract; however, the contract is ending in June and the UCSD recently learned there will be no Requests for Proposal or contract extensions due to COVID-19.

Brian Blanco stated the UCSD continues to provide services through telehealth to this vulnerable, older-adult population. The speaker stated the CREST program is aligned with Governor Newsom's recent initiative to provide health and wellbeing to the older adult population during the pandemic. The speaker asked for an extension to the contract for this model program to San Diego County or explore the possibility of using other unrestricted funds.

Liz Oseguera, Senior Policy Analyst, California Primary Care Association (CPCA), stated, in response to the COVID-19 pandemic, health centers have been transitioning to provide services via telehealth; however, patients have expressed difficulties in accessing the technology or understanding how to use it. In response, the CPCA put out a survey to community-based organizations working closely with community members to better understand the barriers and how to respond to the need. The speaker welcomed individuals to respond to the survey and work with the Commission to address the gaps identified.

Liz Oseguera stated, given the pandemic, the CPCA understands the need to create flexibility in how MHSA funds are used in the community; however, it is deeply concerned about the impact this will have to the mental health services currently funded

by the MHSA. The CPCA put out a survey to the health centers to better understand who is receiving MHSA funds, the services being offered, and the services that would be lost if MHSA components were defunded.

Liz Oseguera stated the CPCA requests that counties and the Commission first prioritize using unspent funds to meet the mental health needs created by COVID-19 before considering defunding any component of the MHSA. The speaker stated the CPCA also requests that counties work with organizations currently funded under the MHSA to see if work could be pivoted to meet the mental health needs within communities created by COVID-19.

Danny Offer, National Alliance on Mental Illness (NAMI) California, highlighted NAMI's letter to the Commission on page 86 of the meeting packet. The speaker stated NAMI understands that the information coming out around this crisis is changing at a breakneck speed and wants to be sensitive to the notion of the need to be nimble in the response to this crisis. That said, the speaker stated the need to ensure that the crisis does not deter from the core values of the MHSA for decisions being driven by those served, which includes families and consumers.

Danny Offer stated partnerships must include stakeholders who are most impacted by the decisions being made. NAMI is concerned that the Commission's draft COVID-19 letter to the Governor and the Legislature was posted on the website 90 minutes prior to today's meeting. This did not give the community much time to digest and engage. All efforts to provide transparency and trust need to be increased to truly meet the needs of all Californians.

Steve McNally, family member and Orange County Mental Health Board member, provided public comment for themselves. The speaker stated the Commission's draft COVID-19 letter to the Governor and the Legislature lacks specifics and will not stand up to some of the letters in the meeting packet such as the letter from the Steinberg Institute. The speaker referred to Item 4 on page 3, strengthen and coordinate analysis by state-level partners to provide counties the information they need to use all available funding to improve services and outcomes, and stated the need for the governor to intercede with the departments to encourage them to work together. Much of the Statewide Suicide Prevention Plan is already available but never implemented.

Steve McNally stated the State Audit reports that \$225 million of MHSA funds are unaccountable. The speaker referred to the page 66 of the State Audit and stated the Commission could determine the federal financial participation (FFP) rate by going through the Annual MHSA Revenue and Expenditure Reports. There is a big opportunity there.

Steve McNally stated the need to look at global issues such as to promote mental health parity, which affects two-thirds of the marketplace and private insurance. The speaker also stated concern that the CBHDA is in support of suspending Assembly Bill (AB) 1352, community mental health services: mental health boards, which finally gave mental health boards support and cover to go directly to the board of supervisors.

Steve McNally submitted an email to the Commission containing his full comment.

Andrea Crook, Director of Advocacy, ACCESS California, a program of Cal Voices, thanked Commissioners Tamplen and Danovitch for their comments. The speaker stated appreciation for Commissioner Wooton's emphasis on the stakeholder letters that came forward. The speaker stated there is one common thread throughout the letters that should be emphasized in the Commission's COVID-19 letter to the Governor and the Legislature – ensuring that diverse stakeholders continue to be meaningfully involved and that the local community planning process is the foundation of the MHSA and must remain a key foundation of service planning and delivery.

Andrea Ball, California Association of School Psychologists (CASP) and California Association of Suburban School Districts (CASSD), stated the CASP and the CASSD like the Commission's draft COVID-19 letter to the Governor and the Legislature and the recommendation to align with the Statewide System of Support that is working with schools. The speaker stated, even prior to COVID-19, need for school mental health services were increasingly being seen in schools across the state. The speaker advocated for increased funding for the MHSSA grants awarded earlier in today's meeting. The CASP and the CASSD are happy to see that in the draft letter.

Andrea Ball commented on telehealth and providing services during the COVID-19 crisis. School psychologists have shifted their work at schools as well as helped teachers who are also working remotely. Resources are available to the public on the CASP and CASSD websites.

Andrea Ball stated the CASP and CASSD are also working with DHCS, on telehealth services especially, to be able to provide more of those services and be able to bill for Medi-Cal and federal funds is important because of the increased need due to the COVID-19 crisis.

Sharon Ishikawa, MHSA Coordinator, Orange County Health Care Agency, stated appreciation for the responsiveness of the Commission in establishing the Rapid Response Network and today's discussion on digital navigation solutions. The speaker stated Orange County received approval from the Commission on the Behavioral Health System Transformation Innovation Project at the May 23, 2019, Commission meeting. A key element of this project is engaging the diverse community stakeholders, agencies, and organizations to build a digital resource navigation tool.

Sharon Ishikawa agreed with Executive Director Ewing that it is overwhelming to self-navigate traditional websites particularly during something like the COVID-19 crisis and it has become more complicated when individuals may not know the "right" terms to use in their computer search. Orange County's proposed digital resource navigation tool will contain computer-aided assistance based on user-identified social determinants of health that are impacting daily lives that will help automatically sort and prioritize resources according to the person's most pressing identified need.

Sharon Ishikawa stated Orange County would be happy to partner with the Commission on this effort to allow work to be leveraged not only in providing a rapid response to COVID-19, but also in creating a sustainable platform that will continue to be responsive as communities are supported through the lingering long-term impacts of COVID-19 and beyond.



Jessie Wright, Cal Voices, echoed the comments of Gigi Crowder, Sonya Young Aadam, Hector Ramirez, and Andrea Crook who spoke about the need for cultural diversity to be included in the Commission's COVID-19 letter to the Governor and the Legislature.

Mandy Taylor, Outreach and Advocacy Coordinator, California LGBTQ Health and Human Services Network, stated there are currently over 150 racial, ethnic, culturally-specific programs in California being funded through MHSA dollars. Most of these are funded through PEI and Innovation funds. The speaker stated this information can be found on the Commission's website on the Transparency Suite Dashboard.

Mandy Taylor stated culturally-specific programs are more effective in serving communities and are often not only preferred by members of the community but are often the only resources that community members feel emotionally or physical safe accessing. The speaker echoed what many of the previous speakers have requested – to ensure that the Commission's COVID-19 letter to the Governor and the Legislature specifically articulates recommendations to perfect and prioritize services in racial, ethnic, and cultural communities.

Mandy Taylor cautioned the Commission to ensure that a sunset date is included on any changes made to respond to the COVID-19 crisis to avoid long-term unintended consequences that will leave the most marginalized communities behind.

Anna Labaro, thanked Commissioner Wooton and Gigi Crowder for their comments. The speaker brought the limited utilization of peer providers to the Commission's attention. The governor has requested individuals in the mental health field to return to work but, to do this, these individuals must be licensed. Peer providers currently are not licensed. The speaker suggested including this issue in the Commission's COVID-19 letter.

Anna Labaro stated technical support in using online resources for consumers is a huge obstacle. Peer providers can be of help in that area without burdening existing staff.

Carol West, Peer Support Specialist, Sonoma County Peer Council, Cal Voices ACCESS Ambassador, District 2 Mental Health Board representative, and Sonoma County Steering Committee, stated the biggest concern is the request for suspension of public posting and consultation requirements. The speaker stated that will impact the community participatory process in a negative way. The speaker suggested that the Commission's COVID-19 letter to the Governor and the Legislature ensures that stakeholder input to decision making is protected. It is essential to include stakeholder and public comment.

Jevon Wilkes, Executive Director, California Coalition for Youth, highlighted what the California Coalition for Youth is doing during this crisis as it operates its 24/7 365-day call, text, and chat California Youth Crisis Line for youth and caregivers. The speaker stated there has been a 227 percent increase in call volume over last year and 71 percent of the calls are from individuals of color. The speaker noted that youth are more resilient when their needs are prioritized.

Lilyane Glamben, ONTRACK Program Resources, echoed the comments made by the previous speakers. The speaker stated the disproportionality of African Americans is breathtaking. When factoring in the economic tsunami that will hit communities as a result of the COVID-19 crisis in the weeks and months to come, the need cannot be emphasized enough for a Commissioner task force. This is a statewide issue, which requires a statewide coalition. The speaker suggested including a fifth key point in the Commission's COVID-19 letter – a specific actionable COVID-19 response that speaks to the needs around racial and economic disparities.

Chair Ashbeck stated the Commission will welcome written public comment before the close of business on Friday, April 24<sup>th</sup> via email for members of the public who were in the teleconference queue but were unable to get through. She requested that these comments be made part of the official record.

### **Additional Public Comment**

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

Josefina Alvarado Mena, Chief Executive Officer, Safe Passages, wrote that the Commission's draft COVID-19 letter to the Governor and the Legislature references "emerging threats," however, one of California's most deadly COVID-19 emerging threats is barely mentioned – as the early data clearly illustrates, the threat to California's individuals of color and LGBTQ communities is urgent and deadly. To truly address the needs of all of California's most vulnerable populations, the Commission's COVID-19 letter must include a specific recommendation to prioritize addressing the mental health disparities in marginalized racial, ethnic, and LGBTQ communities.

Josefina Alvarado Mena strongly urged the MHSOAC to recommend that the Governor and the Legislature leverage the infrastructure of the California Reducing Disparities Project (CRDP) funded through the Office of Health Equity within the California Department of Public Health (CDPH). Resources that leverage this infrastructure would immediately result in increased capacity to address the COVID-19 crisis and mitigate the mental health disparities among families, consumers, and communities during this time of pandemic crisis.

Sally Zinman, Executive Director, California Association of Mental Health Peer-Run Organizations, wrote that racial and ethnic disparities that already exist in society have been magnified by the COVID-19 crisis. Diverting funds from PEI would reduce support from the very agencies and individuals whom they serve who are disproportionately affected by the coronavirus.

Sally Zinman wrote against undermining the MHSA's basic principles in the name of fighting the coronavirus, especially stakeholder involvement in decision making.

Sally Zinman wrote that the digital divide is magnified by the shelter-in-place orders. Individuals in the public mental health system disproportionately do not have virtual access – either they do not have computers or Internet service or their phones have restrictive service plans. The Commission's COVID-19 letter to the Governor and the

Legislature should express this concern and ask for remedies such as to provide computers, negotiate with service providers for free service, or ask counties to pay for the service. The writer noted that NAMI California has suggested technology prescriptions, similar to medical prescriptions.

Sally Zinman wrote that peer support services are especially relevant at this time and should be promoted. Social connectivity and peer support during this time of isolation is important. Peers can assist others with the process and direct individuals to recovery and resiliency tools.

Richard Gallo, State Ambassador/Bay Area Region Ambassador, ACCESS California, Cal Voices, wrote that they are concerned about giving counties leeway without stakeholder and community feedback and allowing to use MHSA funding without following the intent of the MHSA requirements during the COVID-19 crisis. Counties must use their reserve funds including earned interest related to COVID-19 with strict regulations or guidance from DHCS and the MHSOAC.

### **Commissioner Discussion**

Chair Ashbeck asked Executive Director Ewing to state the motion to be voted on.

Executive Director Ewing stated the motion is to authorize the chair to communicate with the governor and the Legislature to prioritize mental health needs in response to the COVID-19 crisis consistent with the Commission's draft COVID-19 letter to the governor and the Legislature. He welcomed the opportunity for the chair to modify the letter consistent with comments from Commissioners and members of the public.

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

- *The Commission authorizes the Chair to communicate with the Governor and the Legislature on prioritized needs consistent with the draft letter and to modify the draft letter consistent with the Commissioners and public comment received at the April 23, 2020 Commission meeting.*

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

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

**[Note: General Public Comment was added to the agenda after Agenda Item 3 per the chair's request.]**

### **GENERAL PUBLIC COMMENT**

Carletto stated peer support is more alive than ever. The speaker's group is doing surveys and through the end of March had 85 percent of 27 individuals who were providing support in peer-run organizations either virtually, by telephone, or by video. The speaker stated peer support is essential and cost-effective. The speaker stated the need for recommendations made in the Commission's COVID-19 letter to the Governor and the Legislature to include peer support services.

Lorraine Zeller, MHSA Steering Committee, County of Santa Clara; Coordinator, Community Living Coalition; and ACCESS Ambassador, Cal Voices, spoke on behalf of recovery- and resiliency-focused MHSA programs driven by meaningful stakeholder participation. The speaker echoed Kathleen Gallagher's comments.

Lorraine Zeller emailed the Commission last week with questions which challenge the decisions made in their county due to the COVID-19 crisis. Santa Clara County executives were allowed to make a decision without a community planning process to defund a program already approved for funding through the County Behavioral Health Board, the board of supervisors, and the state. The speaker stated, as Kathleen Gallagher pointed out, funding for this project was discontinued after it was approved last year, and the decision was made without knowledge or an opportunity for discussion with the Steering Committee and community.

Lorraine Zeller stated this is a prime example of freedom already exercised by executive management of counties throughout the state to bypass the stakeholder participation process. The speaker stated the voices of clients and family members are silenced as county executives continue to make decisions behind closed doors, and now there are requests due to the COVID-19 crisis to bypass the stakeholder process. As the MHSA Coalition stated, the integrity of the MHSA, as driven by and for the voices of those it was designed to serve, must be preserved.

#### **Additional General Public Comment**

Per Chair Ashbeck's request, a summary of the written general public comment submitted by members of the public who were in the teleconference queue to provide their public comment but were unable to get through are as follows:

Amanda McAllister-Wallner, Director, California LGBTQ Health and Human Services Network, wrote that they were following up with the public comment on stakeholder advocacy contracts, given by Mandy Taylor, Outreach and Advocacy Coordinator, California LGBTQ Health and Human Services Network, at the February 27<sup>th</sup> Commission meeting. Amanda McAllister-Wallner requested that the Commission distribute Local-Level Entity funding in a more equitable way within each year, and that \$65,000 be moved from year three to year one in order to allow for equitable funding to all fifteen Local-Level Entities all three years for the Cycle 2 Stakeholder Advocacy awards.

#### **ADJOURN**

There being no further business, the teleconference meeting was adjourned at 11:36 a.m.