

# State of California

## MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION AB 1315 EPI Plus Advisory Committee Meeting

Minutes of Teleconference Meeting  
October 5, 2020

MHSOAC  
1325 J Street, Suite 1700  
Sacramento, CA 95814

476 849 0882; Code 111520

### **Members Participating:**

Khatera Tamplen, Chair  
Lauren Becker, J.D.  
Stuart Buttlare, Ph.D., MBA  
Adriana Furuzawa, LMFT, MBA  
Kate Hardy, Psy.D.  
Thomas Insel, M.D.

Yana Jacobs, LMFT  
Karen Larsen, LMFT  
Maggie Merritt  
Tony Tullys, MPA  
Paula Wadell, M.D.

### **Members Absent:**

Itai Danovitch, M.D.  
Gladys Mitchell  
Gilmore Chung, M.D.

### **Staff Present:**

Toby Ewing, Ph.D., Executive Director  
Norma Pate, Deputy Director, Program,  
Legislation, and Technology  
Tom Orrock, Chief, Commission  
Operations and Grants

### **Welcome, Introductions, and Roll Call**

Chair Khatera Tamplen called the meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) Assembly Bill (AB) 1315 Early Psychosis Intervention Plus (EPI Plus) Advisory Committee to order at approximately

1:00 p.m. and welcomed everyone. Tom Orrock, Chief, Commission Operations and Grants, called the roll and confirmed the presence of a quorum.

Chair Tamplen reviewed the meeting protocols and provided a brief overview of the meeting agenda.

### **1: Approval of the January 21, 2020, Meeting Minutes**

Action: Committee Member Becker made a motion, seconded by Committee Member Insel, that:

- *The MHSOAC EPI Plus AC approves the January 21, 2020, Meeting Minutes.*

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

The following Committee Members voted "Yes": Committee Members Becker, Buttlair, Furuzawa, Insel, Larsen, and Waddell.

The following Committee Members abstained: Committee Members Hardy and Tullys and Chair Tamplen.

### **2: Committee Discussion: Options for the Allocation of Funds**

#### **Presenters:**

- Toby Ewing, Executive Director
- Tom Orrock, Chief of Stakeholder Engagement and Grants

Chair Tamplen stated the Commission will hear a presentation on the procurement process and an update on the grants awarded. The Committee will discuss options for allocating \$5,565,000 of funds which were not distributed in the recent procurement. Recommendations will be developed for presentation to the Commission. She asked staff to present this agenda item.

Mr. Orrock provided an overview, with a slide presentation, of the background, helpful documents that have been posted on the website, timeline, allocation of EPI Plus funds to date, and options for allocating the remaining funds. He asked Committee Members for their input on funding options.

#### **Committee Member Questions**

Committee Member Jacobs asked about the number of counties that were eligible and met the criteria for the initial Request for Applications (RFA) to see if it is worthwhile to release another RFA.

Executive Director Ewing stated there were approximately 23 eligible counties.

Committee Member Becker stated the thing that stood out to her while reviewing the meeting documents was Question 4 in the questions for the counties that did not apply asked for suggestions for the requirement to be changed. One county suggested a category for small counties that want to start a program and need help figuring out how

to afford a program like this with a small volume of clients. She asked about proposal modifications that are targeted toward small, rural, and remote counties.

Executive Director Ewing stated the possibility of a regional technical assistance approach.

Committee Member Insel stated the known number estimate is approximately 8,000 new episodes of first episode psychosis each year. In the 22 counties in California with a population of 100,000, this amounts to approximately 20 new cases per year. \$2 million to care for those 20 individuals is \$100,000 per person. He suggested, rather than trying to do this in as many counties as possible, it may strategically make more sense to think about doing it really well in regional centers of excellence that serve several counties.

Committee Member Hardy agreed with exploring rural regional centers and taking the opportunity to provide technical assistance using things such as remote telehealth and a hub-and-spoke model.

Committee Member Jacobs stated the payment system is the barrier. She suggested getting a waiver that goes with the regional centers of excellence.

Committee Member Hardy suggested a centralized intake hub with spokes of intervention arms that receive specialty consultation and support from that centralized place. The hub would be the piece that is outside of the county while the interventions would be within the county as a possible way to get around payment issues. She stated Internet access is also a major issue in rural counties.

Committee Member Insel suggested drawing in an entity with the remaining funds to create a center that would serve across part of the state. Doing it county by county does not make sense when many counties have small numbers of individuals who are likely to be affected. Doing it regionally can create something that will serve the kinds of numbers that a coordinated specialty care project is designed to serve.

Committee Member Wadell suggested looking at the lessons learned from the autism community when their regional approach turned into a conflict between the regional center and its participating counties.

Committee Member Hardy spoke about the hub-and-spoke model. The centralized assessment or intake hub holds the model and individuals work out of that hub, going into the regional spokes perhaps one day a week to hold that specialty and working with that team. Access to technology also must be considered. She asked if part of the funding will enable access to high speed Internet perhaps through one of the spokes that has hot spots that individuals travel to and connect back to the hub in that manner.

Committee Member Wadell stated the possible capacity challenge is a complicated issue. It is difficult to know where demands for services will settle. Staffing capacity has been further stretched in the current COVID-19 environment. It is also a challenge to locate individuals with the necessary expertise and then to keep them.

Committee Member Furuzawa agreed that there is both the issue of finding professionals who have the appropriate level of training and experience to deliver

services and the issue of the fast turnover rate. The issue of COVID-19 has added the challenge of professionals now needing to have IT skills to deliver services in different formats.

Committee Member Buttlair stated workforce is a huge issue in mental health. The good news is that remote connection is more accessible for many individuals who cannot drive or who may not be able to make appointments. Also, remote parent groups have increased. There are positive things that have come out of the remote work. Over 90 percent of mental health visits for Kaiser are remote and 75 percent are through video. He cautioned that remote connection does not work for everyone. It is important to be mindful of who it is not working with. It is best to see some populations in person.

Committee Member Buttlair agreed with the regional approach to give the program a greater chance at success. The more clients are seen, the more funding is available to pay staff so they stay. He stated in a regional approach an entity has to take responsibility.

Executive Director Ewing summarized the Committee Member feedback:

- Take a regional approach.
- Think about capacity.
- Consider counties that were not eligible during the first round.
- Build off the hub-and-spoke model.
- Address workforce issues.

Committee Member Insel stated retaining a high-quality workforce is more difficult than ever during the COVID-19 pandemic. He suggested moving the last bullet point to the top of the list. It is important to direct funds to where the pain is the greatest. Quality is the metric to shoot for.

Committee Member Buttlair stated research should not be forgotten as part of the learning. Value and outcomes need to be continually proven so others will want to invest in programs like this.

### **Public Comment**

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), and the California Reducing Disparities Project (CRDP), stated it is clear that another path must be taken. When communities are suffering disproportionately during this overlapping time of crises in this country, it is not business as usual. Funding must be used in a different way. Funding must be redirected whenever possible to address disparities. The speaker asked about the steps that were taken prior to this grant to ensure that communities will be served. The Legislation does not mandate that only counties receive these funds but that other entities are also eligible.

Stacie Hiramoto stated REMHDCO's recommendation is to direct the remaining funds to community-based organizations that are serving racial, ethnic, and LGBTQ communities for mental health services including prevention to address the COVID-19 pandemic and racial reckoning.

Laurel Benhamida, Ph.D., REMHDCO Steering Committee, Muslim American Society – Social Services Foundation Board, spoke in support of REMHDCO's recommendation and encouraged the Commission to use the remaining funds to address the pain in some of the communities the speaker represents, such as the African American and African American Muslim communities.

Clint Carney, Survivors of Torture International, spoke in support of REMHDCO's recommendation to redirect these funds to community-based organizations and specialty care providers.

Richard Zaldivar, Executive Director and Founder, The Wall Las Memorias Project, spoke in support of REMHDCO's recommendation.

Dre Aersolon, California LGBTQ Health and Human Services Network, spoke in support of REMHDCO's recommendation.

Lilyane Glamben, ONTRACK Program Resources, stated there is a need for a cultural lens for this project.

Nina Moreno, Ph.D., Director of Research and Strategic Partnerships, Safe Passages, and local evaluator with the CRDP, agreed with not going with the county strategy but stated there is another component that is not being accounted for: individuals of color as well as the LGBTQ community are being disproportionately impacted by first episode psychosis. The speaker encouraged the Committee to dedicate the remaining funds to the CRDP to leverage the CRDP infrastructure to deliver interventions to disproportionately impacted communities.

Priya Kannall, Mental Health Services Act (MHSA) Coordinator, Nevada County, stated Nevada County was one of the small, rural counties that serves early psychosis clients but did not feel they qualified for the original RFA as they do not have an existing coordinated specialty care clinic or team explicitly for early psychosis. The county also has staffing constraints and the timing and detail of the RFA as it relates to COVID-19. Nevada County supports Option 2 and would love the opportunity to pilot an EPI program in the community. While the county would also be interested in exploring a regional approach, it is all too familiar with some of the practical challenges of regional programming.

S. J. Williamson stated they are from a large county with an early psychosis program in development. The county wanted to apply for the grant but felt they could not meet the requirements because it seemed to require a robust program. The county would benefit from coordinated specialty care implementation, technical assistance, and collaborative training opportunities. The speaker suggested an option for training for counties to improve and continue to develop their current programs.

Juan Garcia, Integral Community Solutions, one of the CRDP partners, spoke in support of REMHDCO's recommendation.

Andrea Crook, Director of Advocacy, Advancing Client and Community Empowerment for Sustainable Solutions (ACCESS), spoke in support of REMHDCO's recommendation.

Amie Miller, Psy.D., Executive Director, California Mental Health Services Authority (CalMHSA), suggested a discussion on funding a web-based model to support rural counties. This innovative pilot program would use telehealth to bridge the digital divide. Many counties will not have the economy of scale to serve individuals who are coming forward in their community. There is innovation to be done here and an opportunity to test it out during this time to bridge that gap.

Tiffany Carter, Statewide Advocacy Liaison, ACCESS California, a program of Cal Voices, spoke in support of REMHDCO's recommendation.

Elizabeth Oseguera, California Primary Care Association, spoke in support of REMHDCO's recommendation.

Ruth Yanez, National Latino Behavioral Health Association, stated the need for language access services.

Tara Niendam, Ph.D., stated she will send a slide with information to address Committee Member Jacobs' question about counties that have and have not received funding to staff. Dr. Niendam supported the notion to encourage counties to apply to start a program. The hub-and-spoke regional centers is an interesting idea and should be explored in collaboration with the communities that will be served by those spokes.

Dr. Niendam suggested setting funding aside as grants for university programs that are training the mental health workforce to support sending their students to trainings that are being held by the early psychosis training and technical assistance teams.

Rachel Loewy, UCSF Health, echoed Dr. Niendam's comments. The speaker suggested including a research piece in the early psychosis programs. There is an opportunity to look at the data by partnering with Kaiser to demonstrate the impacts.

### **Committee Member Discussion**

Executive Director Ewing summarized the feedback received:

- Create new opportunities for additional county participation in this process through a second funding proposal.
- Extend existing capacity into rural areas either through a regional or hub-and-spoke approach or create additional capacity to serve those individuals through existing centers.
- Address workforce.
- Address cultural and linguistic competency to align with needs of communities that are disproportionately impacted.
- Discuss technology and how it is extending the reach of existing capacity.
- Support research.
- Include demographics of who is being served.

Chair Tamplen asked for a motion to approve the recommendations.

Committee Member Insel asked staff to come back with a set of three or four options for Committee review.

Committee Member Buttlair agreed.

Chair Tamplen tabled the vote to the next meeting.

**3: Discussion of Next Steps**

Executive Director Ewing tabled this item due to time constraints.

**ADJOURN**

There being no further business, the meeting was adjourned at 3:06 p.m.