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Mental Health Services
Oversight & Accountability Commission

Commission Packet

Commission Teleconference Meeting
February 25, 2021
9:00 AM – 1:00 PM



Mental Health Services
Oversight & Accountability Commission

1325 J Street, Suite 1700, Sacramento, California 95814

Phone: (916) 445-8696 * Email: mhsoac@mhsoac.ca.gov * Website: www.mhsoac.ca.gov

Commission/Teleconference Meeting Notice

NOTICE IS HEREBY GIVEN that the Mental Health Services Oversight Accountability and Commission (the Commission) will conduct a **teleconference meeting on February 25, 2021**.

This meeting will be conducted pursuant to Governor Newsom's Executive Order N-29-20, issued March 17, 2020, which suspended certain provisions of the Bagley-Keene Open Meeting Act during the declared State of Emergency response to the COVID-19 pandemic. Consistent with the Executive Order, in order to promote and maximize social distancing and public health and safety, this meeting will be conducted by teleconference only. The locations from which Commissioners will participate are not listed on the agenda and are not open to the public. All members of the public shall have the right to offer comment at this public meeting as described in this Notice.

DATE: February 25, 2021

TIME: 9:00 a.m. – 1:00 p.m.

ZOOM ACCESS:

Link: <https://zoom.us/j/99840359076>

Dial-in Number: 408-638-0968

Meeting ID: 998 4035 9076

Passcode: 948547

Public Participation: The telephone lines of members of the public who dial into the meeting will initially be muted to prevent background noise from inadvertently disrupting the meeting. Phone lines will be unmuted during all portions of the meeting that are appropriate for public comment to allow members of the public to comment. Please see additional instructions below regarding Public Participation Procedures.

***The Commission is not responsible for unforeseen technical difficulties that may occur in the audio feed.**

PUBLIC PARTICIPATION PROCEDURES: All members of the public shall have the right to offer comment at this public meeting. The Commission Chair will indicate when a portion of the meeting is to be open for public comment. **Any member of the public wishing to comment during public comment periods must do the following:**

- **If joining by call-in, press *9 on the phone.** Pressing *9 will notify the meeting host that you wish to comment. You will be placed in line to comment in the order in which requests are received by the host. **When it is your turn to comment, the meeting host will unmute your line and announce the last three digits of your telephone number.** The Chair reserves the right to limit the time for comment. Members of the public should be prepared to complete their comments within 3 minutes or less time if a different time allotment is needed and announced by the Chair.
- **If joining by computer, press the raise hand icon on the control bar.** Pressing the *raise hand* will notify the meeting host that you wish to comment. You will be placed in line to comment in the order in which requests are received by the host. **When it is your turn to**

comment, the meeting host will unmute your line and announce your name and ask if you'd like your video on. The Chair reserves the right to limit the time for comment. Members of the public should be prepared to complete their comments within 3 minutes or less time if a different time allotment is needed and announced by the Chair.

Our Commitment to Excellence

The Commission's 2020-2023 Strategic Plan articulates three strategic goals:

- 1) Advance a shared vision for reducing the consequences of mental health needs and improving wellbeing – and promote the strategies, capacities and commitment required to realize that vision.
- 2) Advance data and analysis that will better describe desired outcomes; how resources and programs are attempting to improve those outcomes; and, elevate opportunities to transform and connect programs to improve results.
- 3) Catalyze improvement in state policy and community practice by (1) providing information and expertise; (2) facilitating networks and collaboratives; and, (3) identifying additional opportunities for continuous improvement and transformational change.

Our Commitment to Transparency

Per the Bagley-Keene Open Meeting Act, public meeting notices and agenda are available on the internet at www.mhsoac.ca.gov at least 10 days prior to the meeting. Further information regarding this meeting may be obtained by calling (916) 445-8696 or by emailing mhsoac@mhsoac.ca.gov

Our Commitment to Those with Disabilities

- Pursuant to the American with Disabilities Act, individuals who, because of a disability, need special assistance to participate in any Commission meeting or activities, may request assistance by calling (916) 445-8696 or by emailing mhsoac@mhsoac.ca.gov. Requests should be made one (1) week in advance whenever possible.

AGENDA

Lynne Ashbeck
Chair

Mara Madrigal-Weiss
Vice Chair

Commission Meeting Agenda

All matters listed as "Action" on this agenda, may be considered for action as listed. Any item not listed may not be considered at this meeting. Items on this agenda may be considered in any order at the discretion of the Chair.

9:00 AM **Call to Order and Welcome**

Chair Lynne Ashbeck will convene the Mental Health Services Oversight and Accountability Commission meeting and make announcements.

9:05 AM **Roll Call**

Roll call will be taken.

9:10 AM **General Public Comment**

General Public Comment is reserved for items not listed on the agenda. No debate nor action by the Commission is permitted on general public comments, as the law requires formal public notice prior to any deliberation or action on agenda items.

- 9:40 AM Action**
1: Approve January 28, 2021 Commission Meeting Minutes
The Commission will consider approval of the minutes from the January 28, 2021 teleconference meeting.
- Public comment
 - Vote
- 9:50 AM Information**
2: Prevention and Early Intervention Panel Presentation
Presenters:
- Deryk Van Brunt, Dr.PH, University of California, Berkeley, School of Public Health
 - Sergio Aguilar-Gaxiola, M.D., Ph.D., Center for Reducing Health Disparities, UC Davis
 - Matt Diep, Community Youth Organizer at Center for the Pacific Asian Family and Youth Innovation Committee Member
 - Jordan Pont, MA, LMFT, Director of TAY and Adult Mental Health Services
- The Commission will hear a panel of subject matter experts on key concepts and opportunities for population-based prevention and early intervention, particularly mental health awareness and identifying and removing barriers to access to appropriate services.
- Public comment
- 12:20 PM 10 MINUTE BREAK**
- 12:30 PM Action**
3: Santa Clara County Innovation Plan
Presenter:
- Jeanne Moral, Program Manager III, County of Santa Clara Behavioral Health Services
- The Commission will consider approval of \$1,753,140 in Innovation funding to support the Addressing Stigma and Trauma in the Vietnamese and African American/African Ancestry Communities Innovation Project.
- Public comment
 - Vote
- 1:00 PM Adjournment**

AGENDA ITEM 1

Action

February 25, 2021 Commission Meeting

Approve January 28, 2020 MHSOAC Teleconference Meeting Minutes

Summary: The Mental Health Services Oversight and Accountability Commission will review the minutes from the January 28, 2020 Commission teleconference meeting. Any edits to the minutes will be made and the minutes will be amended to reflect the changes and posted to the Commission Web site after the meeting. If an amendment is not necessary, the Commission will approve the minutes as presented.

Presenter: None.

Enclosures (2): (1) January 28, 2020 Meeting Minutes, (2) January 28, 2020 Motions Summary

Handouts: None.

Proposed Motion: The Commission approves the January 28, 2020 meeting minutes.

State of California

**MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION**

Minutes of Teleconference Meeting
January 28, 2021

MHSOAC
1325 J Street, Suite 1700
Sacramento, CA 95814

951-7811-7972; Code 661614

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

Members Participating:

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

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

Members Absent:

Assembly Member Wendy Carrillo
Gladys Mitchell
Tina Wooton

Staff Present:

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

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

CALL TO ORDER AND WELCOME

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

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

Chair Ashbeck reviewed the meeting protocols and meeting agenda.

Announcements

Chair Ashbeck provided the announcements as follows:

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

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

Client and Family Leadership Committee (CFLC)

- Khatera Tamplen, Chair
- Tina Wooton, Vice Chair

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

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

Cultural and Linguistic Competence Committee (CLCC)

- Mayra Alvarez, Chair
- Gladys Mitchell, Vice Chair

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

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

Research and Evaluation Committee

- Itai Danovitch, Chair
- Ken Berrick, Vice Chair

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

Roll Call

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

GENERAL PUBLIC COMMENT

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

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

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

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

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

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

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

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

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

ACTION

1: Approve November 19, 2020, MHSOAC Meeting Minutes

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

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

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

Public Comment

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

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

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

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

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

ACTION

2: CRDP - California Reducing Disparities Project

Presenters:

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

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

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

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

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

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

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

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

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

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

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

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

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

Commissioner Questions and Discussion

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Public Comment

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

10 MINUTE BREAK

ACTION

3: Schools and Mental Health Report Implementation Plan

Presenter:

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

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

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

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

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

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

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

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

Commissioner Questions and Discussion

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

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

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

Public Comment

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Additional Public Comment

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

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

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

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

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

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

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

ACTION

4: COVID-19 Related Funding Allocation

Presenter:

- Toby Ewing, Ph.D., Executive Director

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

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

Commissioner Questions and Discussion

Commissioner Alvarez asked more about the priorities.

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

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

Public Comment

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

INFORMATION

5: Governor's Proposed Budget for 2021-2022

Presenter:

- Norma Pate, Deputy Director

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

ADJOURN

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



Motions Summary

**Commission Meeting
January 28, 2021**

Motion #: 1

Date: January 28, 2021

Time: 9:50 AM

Motion:

- The Commission approves the November 19, 2020 Teleconference meeting minutes as presented.

Commissioner making motion: Commissioner Brown

Commissioner seconding motion: Commissioner Tamplen

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

Name	Yes	No	Abstain
1. Commissioner Alvarez	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Commissioner Berrick	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Boyd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Bunch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Danovitch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Mitchell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Wooton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Vice Chair Madrigal-Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Chair Ashbeck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Motions Summary

**Commission Meeting
January 28, 2021**

Motion #: 2

Date: January 28, 2021

Time: 11:33 AM

Motion:

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

Commissioner making motion: Commissioner Bunch

Commissioner seconding motion: Commissioner Alvarez

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

Name	Yes	No	Abstain
1. Commissioner Alvarez	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Commissioner Berrick	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Boyd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Bunch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Danovitch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Mitchell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Tamplen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Wooton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Vice Chair Madrigal-Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Chair Ashbeck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Motions Summary

**Commission Meeting
 January 28, 2021**

Motion #: 3

Date: January 28, 2021

Time: 12:36 PM

Proposed Motion:

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

Commissioner making motion: Commissioner Alvarez

Commissioner seconding motion: Commissioner Bunch

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

Name	Yes	No	Abstain
1. Commissioner Alvarez	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Commissioner Berrick	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Boyd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Brown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Bunch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Danovitch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Mitchell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Wooton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Vice Chair Madrigal-Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Chair Ashbeck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Motions Summary

**Commission Meeting
January 28, 2021**

Motion #: 4

Date: January 28, 2021

Time: 1:06 PM

Proposed Motion:

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

Commissioner making motion: Commissioner Danovitch

Commissioner seconding motion: Commissioner Berrick

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

Name	Yes	No	Abstain
1. Commissioner Alvarez	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Commissioner Berrick	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Boyd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Brown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Bunch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Danovitch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Mitchell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Wooton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Vice Chair Madrigal-Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Chair Ashbeck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AGENDA ITEM 2

Information

February 25, 2021 Commission Meeting

Prevention and Early Intervention Panel Presentation

Summary: The Mental Health Services Oversight and Accountability Commission will hear presentations to support its prevention and early intervention project and to explore opportunities for improving outcomes and reducing the negative consequences that may result from mental health needs.

Background: Since 2019, the Commission has been working to explore statewide opportunities to advance prevention and early intervention in mental health under the leadership of the Prevention and Early Intervention Subcommittee, chaired by Commissioner Mara Madrigal-Weiss and vice chaired by Commissioner Mayra Alvarez. This project was initiated by Senate Bill 1004 (Wiener), which directed the Commission to consider establishing additional priorities for Mental Health Services Act Prevention and Early Intervention programs and develop data monitoring and technical assistance strategies.

Subject matter experts have been invited to participate in the Commission's first public hearing on prevention and early intervention during the February 25th Commission Meeting. The hearing will present key concepts and opportunities for population-based prevention and early intervention, particularly mental health awareness and identification and removal of barriers to access to appropriate services. Presentations are designed to support the Commission's exploration of opportunities for advancing statewide prevention and early intervention in mental health systems and beyond. Presentation materials are enclosed, along with a hearing brief with more information about prevention and early intervention and the Commission's project.

Considerations for Commissioners:

- What are strategic opportunities for leveraging approximately \$400 million in MHSA PEI funding to address broad and often systemic challenges to population-level wellbeing?
- How should the Commission consider prioritizing prevention and early intervention programs and services to reduce risk and increase resiliency in all communities given the diverse array of need across the state?
- How should the Commission use investments in innovation and grants to bolster local prevention and early intervention and fill statewide gaps in services and support?
- What policies and practices should the Commission target to incentivize increased investment in prevention and early intervention?

Presenters:

- Deryk Van Brunt, Dr.PH, University of California, Berkeley, School of Public Health
- Sergio Aguilar-Gaxiola, M.D., Ph.D., University of California, Davis, Center for Reducing Health Disparities
- Matthew Diep, Community Youth Organizer and Youth Innovation Project Planning Committee Member
- Jordan Pont, MA, LMFT, Director of TAY and Adult Mental Health Services

Enclosures (4): (1) Hearing brief; (2) Presenter biographies; (3) Presenter invitation letters; and (4) Presenter written testimony and supporting materials.

Handout (1): Additional biographies or written testimony (if any)

Overview

This hearing brief provides background information to support the Mental Health Services Oversight and Accountability Commission’s (Commission) February 25, 2021 public hearing on prevention and early intervention. First, a brief overview of prevention and early intervention in mental health will be described, followed by an overview of the Commission’s Prevention and Early Intervention Project. Then an outline of the Commission’s public hearing will be presented, along with questions for consideration by Commissioners as they prepare for and hear presentations by invited speakers.

Prevention and Early Intervention in Mental Health

An estimated one in five people in the United States live with mental health needs, and less than half receive services.¹ Mental health needs are similar to physical health needs in that they result from a complex, dynamic interaction of biological, psychological, social, and cultural factors.² These needs can emerge at any point in life, but most become apparent before age 24 and half before age 14.³ Similar to other health challenges, some factors increase risk for experiencing mental health needs, while others can reduce risk.⁴

The World Health Organization describes mental health as “a state of wellbeing in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community.”⁵ Prevention in mental health refers to “...reducing incidence, prevalence, recurrence of mental disorders, the time spent with symptoms, or the risk condition for a mental illness; preventing or delaying recurrences and also decreasing the impact of illness in the affected person, their families and the society.”⁶

Prevention, therefore, is not limited to *illness* prevention, but rather refers to the minimization of factors that stop any person—those with and without mental health needs—from living the life they want to live, while promoting factors that strengthen mental health, such as self-esteem, physical health, and nurturing social relationships.⁷ While effective prevention strategies may decrease the frequency, duration and intensity of mental health challenges, issues still may emerge for those people most at risk. Early intervention refers to strategies, such as screening and other methods of early detection, to identify the early onset of mental health needs and connect people to appropriate care at the earliest point possible, to minimize harm.⁸

Negative mental health outcomes often result in significant human and fiscal costs to individuals and families, as well as the communities and systems, such as education, justice and healthcare systems.^{9,10} Without the awareness and use of proper tools and support, a person’s mental health risk can increase over time, potentially requiring more intensive levels of care at higher cost, resulting too often in detrimental outcomes such as unemployment, homelessness,

Prevention and Early Intervention Project

February 25, 2021 Hearing Brief

incarceration and suicide.¹¹ Effective prevention and early intervention can reduce these outcomes and the unnecessary human suffering and costs associated with them.

The Prevention and Early Intervention Project

As part of the Mental Health Services Act (MHSA), also known as Proposition 63, the Commission oversees California's public mental health system, which includes over \$2 billion in funding per year to transform and enhance this system. In collaboration with counties, stakeholders, and the public, the Commission provides vision and leadership to expand awareness and understanding of critical issues facing community mental health. The Commission conducts projects to identify opportunities to improve mental health policy and practice. The Commission also has regulatory authority over the Prevention and Early Intervention (PEI) component of the MHSA. Under this component, programs and services are delivered to:

- Prevent and intervene at the onset of mental health needs to reduce the risk of such needs thwarting a person from living the life they want to live. This includes efforts to reduce negative outcomes, such as homelessness, incarceration, prolonged suffering, removal of children from their homes, school failure, suicide, and unemployment.
- Improve timely access to mental health services and supports, especially for inappropriately served, underserved, and unserved communities.

Since 2019, the Commission has been working to explore statewide opportunities to advance prevention and early intervention in mental health, which was initiated by Senate Bill 1004 (Wiener). The Commission's project is led by the Prevention and Early Intervention Subcommittee, which is chaired by Commissioner Mara Madrigal-Weiss and vice chaired by Commissioner Mayra Alvarez. The Subcommittee held public meetings in late 2019, prior to the COVID-19 pandemic.

Since then, the Subcommittee partnered with cultural brokers to hold virtual listening sessions to obtain input from members of African American, Asian American and Pacific Islander, Latinx, LGBTQ+, and Native American communities. Participants in the listening sessions highlighted the need for culturally and linguistically appropriate services that recognize the unique challenges and strengths of their communities and honor their histories and values while also increasing accessibility and awareness and reducing stigma. In addition to these sessions, Commission staff are conducting qualitative analyses of prevention and early intervention programs and services to describe the characteristics of programs currently delivered by local behavioral health departments. A series of briefs also are in development, highlighting several

Prevention and Early Intervention Project

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avenues to advance opportunities in early childhood, improve timely access to services, and accelerate best practices in early psychosis intervention.

Efforts currently are underway to hear from additional community members through several virtual events. Regional virtual listening sessions will be held across the state during February and March. These two-hour sessions include opportunities for community members to share their experience with and barriers to wellness in their communities, in addition to receiving general information about project goals. Virtual forums in March and April will bring together subject matter experts to explore opportunities for using data and technical support to advance the implementation of effective PEI programs and services.

The Commission also is holding two public hearings featuring presentations by subject matter experts during regularly scheduled Commission meetings in February and March. The first public hearing on prevention and early intervention will explore key concepts and opportunities for population-based prevention and early intervention. The second public hearing will consider possibilities for prevention and early intervention across the lifespan, in addition to place-based approaches to meet people where they learn, work, connect with social networks, engage in cultural practices, and receive care and support.

February 25th Hearing

The public health approach to mental health focuses on the wellbeing of the entire population and seeks to ensure that people with mental health needs receive the services and supports necessary to achieve and maintain recovery and build resilience.¹² Wellness promotion and the prevention of negative mental health outcomes are central elements of this approach.¹³ Speakers have been invited to present key concepts and opportunities for population-based prevention and early intervention, particularly mental health awareness and identification and removal of barriers to access to appropriate services.

Dr. Deryk Van Brunt will first describe prevention and early intervention in mental health from a public health perspective and opportunities for reducing population-level risk factors and connecting people to a range of services as needs emerge. Some communities may continue to experience entrenched disparities in mental health access and outcomes if advances in prevention and early intervention do not address inequity. Dr. Sergio Aguilar-Gaxiola will discuss health equity and cultural considerations in policies and practices so that all Californians may benefit from prevention and early intervention. Mr. Matthew Diep will share his lived experience and describe missed opportunities that could have prevented negative outcomes or increased timely access to needed services. Mr. Diep also will discuss Youth Innovation Project Planning Committee activities and findings related to the advancement of prevention and early intervention and recommendations for increasing awareness of mental health and connection

Prevention and Early Intervention Project

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to appropriate services, particularly among youth. Ms. Jordan Pont will provide an overview of prevention and early intervention activities delivered by the Felton Institute, including the TAY Acute Linkage Program, and will highlight lessons learned for prevention and early intervention from the delivery of crisis services, including early system and support failures resulting in mental health crises.

Considerations for Commissioners:

- What are strategic opportunities for leveraging approximately \$400 million in MHSA PEI funding to address broad and often systemic challenges to population-level wellbeing?
- How should the Commission consider prioritizing prevention and early intervention programs and services to reduce risk and increase resiliency in all communities given the diverse array of need across the state?
- How should the Commission use investments in innovation and grants to bolster local prevention and early intervention and fill statewide gaps in services and support?
- What policies and practices should the Commission target to incentivize increased investment in prevention and early intervention?

References

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Prevention and Early Intervention Project
Panelist Biographies
February 25, 2021

Derek Van Brunt, DrPH is CEO of CredibleMind, Clinical Professor of Health Informatics at the University of California, Berkeley, School of Public Health, and President of the Healthy Communities Foundation. Van Brunt teaches Health Informatics with a focus on clinical, personal and community health information systems and conducts research in the area of individual and community health information systems in the areas of (1) mental, emotional and spiritual health, (2) chronic care management, and (3) improving population health. CredibleMind provides an information system to organizations like employers, hospitals and health departments, to improve the mental health and emotional wellbeing of the population they serve. CredibleMind works upstream and focuses on early intervention and prevention of mental health and emotional wellbeing issues. Van Brunt was a recent member of President Obama's Council of Advisors on Science and Technology Systems Health Care Working Group, and a contributor to the Report to the President: Better Health Care and Lower Costs (May 2014). Van Brunt's community health information system was the 2012 winner of the U.S. Department of Health and Human Services "Best Community Application" Award, and the 2011 winner of the Health and Human Services MyHealthyPeople Award. Dr. Van Brunt has overseen the creation, development, and evaluation of clinical and patient-centered information systems implemented in over 500 healthcare and public health institutions. Van Brunt received an MPH in Epidemiology and Biostatistics and his DrPH in Health Informatics from the University of California at Berkeley.

Sergio Aguilar-Gaxiola, MD, PhD is Professor of Clinical Internal Medicine, School of Medicine, University of California, Davis. He is the Founding Director of the Center for Reducing Health Disparities at UC Davis Health and the Director of the Community Engagement Program of the UCD Clinical Translational Science Center (CTSC). He is a past member of the National Advisory Mental Health Council (NAMHC), National Institute of Mental Health (NIMH). He is Past Chair of the Board of Directors of Mental Health America (MHA; formerly the National Mental Health Association) and Past President of the Board of Directors of NAMI California. He is a member of the National Advisory Council of the Substance Abuse and Mental Health Administration (SAMHSA) - Center for Mental Health Services (CMHS), and board member of the California Health Care Foundation, Physicians for a Health California, and the Public Health Institute. He was recently appointed to the California COVID-19 Vaccine Drafting Guidelines Workgroup with the charge of drafting guidelines for the prioritization of initial supplies of available COVID-19 vaccines. He is a national and international expert on health and mental health comorbidities on diverse populations. Over the last 25 years, he has held several World Health Organization (WHO) and Pan American Health Organization



Prevention and Early Intervention Project
Panelist Biographies
February 25, 2021

(PAHO) advisory board and consulting appointments and is currently a member of the Executive Committee of WHO's World Mental Health Survey Consortium (WMH) and its Coordinator for Latin America overseeing population-based national surveys of Mexico, Colombia, Peru, Argentina, a regional survey of Brazil, and two surveys of the Medellín, Colombia.

Dr. Aguilar-Gaxiola's applied research program has focused on identifying unmet mental health needs and associated risk and protective factors to better understand and meet population mental health needs and achieve equity in health and mental health disparities in underserved populations. He is also very active translating health, mental health and substance abuse research knowledge into practical information that is of public health value to consumers, service administrators, and policy makers.

Dr. Aguilar-Gaxiola is the author of over 190 scientific publications. He is the recipient of multiple awards including the Vanderbilt University Distinguished Alumnus Award, the Medal of Congress (*"Medalla de la Cámara de Diputados"*) of Chile for work related to mental health research, the DHHS' Office of Minority Health's 2005 National Minority Health Community Leader Award (Hispanic Community), Washington, DC, the 2007 UC Davis Academic Senate Scholarly Distinguished Service Award, the 2008 Latino Mental Health Conference Excellence in Science and Research Award from NYU Univ., the 2009 National Award of Excellence in Blending Research and Practice from the National Hispanic Science Network, the 2012-2013 UC Davis Chancellor's Achievement Award for Diversity and Community in the Academic Senate category, the 2014 National Award of Excellence in Public Service by the National Hispanic Science Network on Drug Abuse, the 2016 Dean's Award for Excellence in Equity, Diversity and Inclusion - Community Engagement, UC Davis School of Medicine and was named a distinguished member of the Top 10 U.S. Latino Physicians in the May, 2016 issue of *Latino Leaders Magazine*. More recently, he received the 2018 UC Davis Health Dean's Team Award for Inclusion Excellence, along with the Center for Reducing Health Disparities Team for outstanding multidisciplinary team contributions in the area of community engagement, the 2018 NAMI California Multicultural Outreach Excellence Award, the 2018 Mental Health California's Research and Health Disparities Award, and the 2018 Mental Health California's Research and Health Disparities Award. In September 2020, he received the Ohtli Award, the highest honor granted by the Mexican government to individuals who have dedicated their lives to improving the well-being of Mexicans, Mexican Americans and other Latinos in the US and abroad.

Dr. Aguilar-Gaxiola was a member of the Institute of Medicine (IOM/NRC) Committee on *Depression, Parenting Practices, and the Health Development of Young Children*



Prevention and Early Intervention Project
Panelist Biographies
February 25, 2021

(2007-2009) report and a member of the IOM/NRC *Women's Health Research: Progress, Pitfalls, and Promise* (2010) report. He is currently serving as co-chair of the Steering Committee of the National Academy of Medicine (NAM) Assessing Meaningful Community Engagement in Health and Health Care, a project of the NAM Leadership Consortium and the Robert Wood Johnson Foundation.

Matthew Diep is a transformational leader who advocates for youth mental health across our country by holding space for others and sharing stories about how he navigated the intersections of his Vietnamese and Queer identities. Born and raised in Rosemead, CA by parents who fled their motherlands during the Vietnam war, Matthew is now the Founder and Executive Director of Psypher, a nonprofit based in the San Gabriel Valley that is led by AAPI, Transitional-Aged-Youth (TAY) who have used the expressive arts to facilitate mental health workshops for thousands of youth across the country. Matthew also brings his leadership to Center for the Pacific Asian Family (CPAF) as a Community Youth Organizer where he supports youth advocates to help end relationship violence in their communities. In 2019, Matthew's advocacy work allowed him to help bring together hundreds of youth and adult allies to propose youth-led solutions to school-based preventative mental health in an inaugural multi-county collaborative called the Youth Innovation Idea Labs hosted by the Mental Health Services Oversight & Accountability Commission's (MHSOAC). Matthew is committed to ending cycles of violence in his family and community by reclaiming his pride as a Gay Vietnamese man and unapologetically sharing about his journey in doing so.

Jordan Pont, MA is a Licensed Marriage and Family Therapist who has worked at Felton Institute since 2009. Jordan joined Felton as a Clinical Case Manager on the Adult and TAY Full Service Partnership teams and her positions and responsibilities have changed over the years. Jordan is now the Director of Adult Mental Health Services and oversees the TAY FSP (full service partnership program), Adult FSP, Adult ICM (intensive case management program), and the TAY Acute Linkage (TAL) program.



STATE OF CALIFORNIA
GAVIN NEWSOM, Governor



WELLNESS • RECOVERY • RESILIENCE

February 3, 2021

LYNNE ASHBECK
Chair

MARA MADGRIGAL-WEISS
Vice-Chair

MAYRA ALVAREZ
Commissioner

RENEETA ANTHONY
Commissioner

JIM BEALL
Senator
Commissioner

KEN BERRICK
Commissioner

JOHN BOYD, Psy.D.
Commissioner

BILL BROWN
Sheriff
Commissioner

KEYONDRIA D. BUNCH, Ph.D.
Commissioner

WENDY CARRILLO
Assembly Member
Commissioner

ITAI DANOVITCH, M.D.
Commissioner

DAVID GORDON
Commissioner

GLADYS MITCHELL
Commissioner

KHATERA TAMPLIN
Commissioner

TINA WOOTON
Commissioner

TOBY EWING
Executive Director

Deryk Van Brunt, Dr.PH
Associate Clinical Professor of Biostatistics
University of California, Berkeley School of Public Health

Letter sent via email

Dear Dr. Van Brunt:

Thank you for agreeing to present at the virtual public hearing on prevention and early intervention in mental health during the Commission's February 25, 2021 meeting.

The public hearing portion of the meeting will feature four presentations to support the Commission's effort to advance prevention and early intervention in communities across the state. Presentations made during the hearing will help the Commission explore opportunities for improving outcomes and reducing the negative consequences that may result from mental health needs.

As a speaker, you will receive Zoom log-in information from Commission staff.

The presentations are scheduled to begin at approximately 9:30 a.m. following brief announcements and general public comment. Presentations should be 10–15 minutes, with an additional 10–15 minutes for discussion time with Commissioners. Please consider the following topics as part of your presentation:

- Description of prevention and early intervention in mental health from a population-level public health perspective, including definitions of key concepts
- Consequences of crisis-oriented vs. prevention-oriented systems
- Policies and practices that promote population-level wellbeing and considerations for ensuring equitable access to services and supports

Please send a brief biography and written response or background materials related to the items above by February 10th to Amanda Lawrence, Ph.D., at amanda.lawrence@mhsoac.ca.gov. Your written response will allow Commissioners and members of the public to review presentation materials prior to the hearing. Please note that written responses and biographies will be shared as public documents.

Should you have any questions, I can be reached at toby.ewing@mhsoac.ca.gov. Thank you again for your willingness to participate in this important meeting.

Respectfully,

A handwritten signature in blue ink that reads "Toby Ewing". The signature is written in a cursive style with a light blue background behind the text.

Toby Ewing, Ph.D.
Executive Director



STATE OF CALIFORNIA
GAVIN NEWSOM, Governor



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February 3, 2021

LYNNE ASHBECK
Chair

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Vice-Chair

MAYRA ALVAREZ
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JIM BEALL
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WENDY CARRILLO
Assembly Member
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ITAI DANOVITCH, M.D.
Commissioner

DAVID GORDON
Commissioner

GLADYS MITCHELL
Commissioner

KHATERA TAMPLIN
Commissioner

TINA WOOTON
Commissioner

TOBY EWING
Executive Director

Sergio Aguilar-Gaxiola, M.D., Ph.D.
Director, U.C. Davis Center for Reducing Health Disparities
Professor of Clinical Internal Medicine
University of California, Davis School of Medicine

Letter sent via email

Dear Dr. Aguilar-Gaxiola:

Thank you for agreeing to present at the virtual public hearing on prevention and early intervention in mental health during the Commission's February 25, 2021 meeting.

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- Health equity and cultural considerations in prevention and early intervention strategies for diverse communities
- Innovative approaches to integrating health equity into community prevention and early intervention programs and assessing outcomes
- Policies and practices that reduce mental health disparities

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Toby Ewing, Ph.D.
Executive Director



STATE OF CALIFORNIA
GAVIN NEWSOM, Governor



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February 3, 2021

LYNNE ASHBECK
Chair

Matthew Diep
Community Youth Organizer
Youth Innovation Project Planning Committee Member

MAYRA ALVAREZ
Commissioner

Letter sent via email

RENEETA ANTHONY
Commissioner

Dear Mr. Diep:

JIM BEALL
Senator
Commissioner

Thank you for agreeing to present at the virtual public hearing on prevention and early intervention in mental health during the Commission's February 25, 2021 meeting.

KEN BERRICK
Commissioner

The public hearing portion of the meeting will feature four presentations to support the Commission's effort to advance prevention and early intervention in communities across the state. Presentations made during the hearing will help the Commission explore opportunities for improving outcomes and reducing the negative consequences that may result from mental health needs.

JOHN BOYD, Psy.D.
Commissioner

BILL BROWN
Sheriff
Commissioner

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WENDY CARRILLO
Assembly Member
Commissioner

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ITAI DANOVITCH, M.D.
Commissioner

- Your lived experience with mental health and missed opportunities that could have prevented negative outcomes or increased timely access to needed services
- Youth Innovation Project Planning Committee activities and findings related to advancing prevention and early intervention (to date)
- Policies and practices that increase awareness of mental health and connection to appropriate services, particularly among youth

DAVID GORDON
Commissioner

GLADYS MITCHELL
Commissioner

KHATERA TAMPLIN
Commissioner

TINA WOOTON
Commissioner

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TOBY EWING
Executive Director

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Toby Ewing, Ph.D.
Executive Director



STATE OF CALIFORNIA
GAVIN NEWSOM, Governor



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February 3, 2021

LYNNE ASHBECK
Chair

Jordan Pont, MA, LMFT
Director of TAY and Adult Mental Health Services
Felton Institute

MAYRA ALVAREZ
Commissioner

Letter sent via email

RENEETA ANTHONY
Commissioner

Dear Ms. Pont:

JIM BEALL
Senator
Commissioner

Thank you for agreeing to present at the virtual public hearing on prevention and early intervention in mental health during the Commission's February 25, 2021 meeting.

KEN BERRICK
Commissioner

The public hearing portion of the meeting will feature four presentations to support the Commission's effort to advance prevention and early intervention in communities across the state. Presentations made during the hearing will help the Commission explore opportunities for improving outcomes and reducing the negative consequences that may result from mental health needs.

JOHN BOYD, Psy.D.
Commissioner

BILL BROWN
Sheriff
Commissioner

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Assembly Member
Commissioner

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ITAI DANOVITCH, M.D.
Commissioner

- Prevention and early intervention activities delivered by the Felton Institute, including the TAY Acute Linkage Program
- Lessons learned for prevention and early intervention from the delivery of crisis services, including early system and support failures resulting in mental health crises
- Policies and practices that promote community assets and partnerships to advance prevention and early intervention

DAVID GORDON
Commissioner

GLADYS MITCHELL
Commissioner

KHATERA TAMPLIN
Commissioner

TINA WOOTON
Commissioner

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Executive Director

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Toby Ewing, Ph.D.
Executive Director



San Francisco Health Network
Behavioral Health Services



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Family Service Agency
of San Francisco

San Francisco - Felton Institute's Prevention and Early Intervention Programming

Prevention and early intervention activities delivered by Felton include:

Felton has a few different programs that provide prevention and early intervention services to transitional age youth, including the TAY Acute Linkage program and the (re)Mind and BEAM UP programs. The (re)Mind and BEAM UP Programs use an evidence-based model with an interdisciplinary team (of therapists, employment and education specialists, family and peer support specialists, psychiatric nurse practitioners and psychiatrists) to offer comprehensive identification, intervention and treatment services for young people at clinical high risk of or with recent onset of psychosis.

Today, I will be focusing on the services provided by the TAY Acute Linkage team. The team is comprised of a Program Director, 2 Clinical Case Managers, and a Case Manager/Peer Support. TAL (TAY Acute Linkage) provides intensive case management to youth 16-25 and their families living throughout San Francisco. Our staff provide short-term (up to 180 days), community-based services to youth as they step down from crisis services such as a psychiatric hospitalization, to ensure they are linked successfully to long-term support services. TAL's goal is to help clients maintain stable mental health, access the right services to achieve wellness, and prevent future crises. The TAL program director receives referrals for services only from specific referral sites, including San Francisco's Department of Public Health's TAY Linkage program, psychiatric emergency services at San Francisco General Hospital, the Acute Diversion Units (ADUs), psychiatric inpatient units, and Comprehensive Crisis/Mobile Crisis. The criteria that must be met for a client to receive services is that the client is (1) not connected to another provider, is not well connected to care, or has complex needs requiring more support or consultation, (2) has presented at one of our referral sites, and (3) is between the ages of 16-25. The TAL referral phone is answered Monday through Friday, 9am-5pm. TAY Acute Linkage serves a multicultural population of transitional age youth who are being discharged from crisis services and then are not able to follow through with discharge plans, lack the support to do so, or are not being served at a high enough level or care, leading to repeat crises. The program provides flexible, relationship-focused, and culturally responsive engagement and intensive case management services for TAY.

Early intervention activities delivered by Felton's TAY Acute Linkage include:

- Initiating contact while the client is still in inpatient or in Psychiatric Emergency Services (PES) which helps to ensure secure linkage to our services prior to discharge to the community.



- Rapid referrals to primary care and psychiatry services to attend to medical conditions, continue course of medications started while hospitalized, and/or to initiate a psychiatric medication evaluation.
- Coordination of transportation for clients through rideshare or TAL staff outreach directly to the client to increase the likelihood of appointment attendance. Our goal is to reduce the barriers for clients to access and receive needed services to prevent further crises.
- Face to face outreach and appointment attendance with clients to build trust, rapport, and assist in attending appointments, rescheduling follow-up appointments, and helping clients understand the outcome of the appointment (for example, staff can help summarize what the doctor said to them or what other follow-up is needed to link to income, etc.)

Lessons learned for prevention and early intervention from the delivery of crisis services, including early system and support failures resulting in mental health crises.

Lessons learned:

- Immediate engagement with the client is best (within 24 hours if possible).
- Face to face meetings are most helpful, which is more challenging during Covid-19.
- Meeting clients where they're at leads to stronger attachment and engagement in services, meaning that we physically meet them at the hospital, their home/place of residence, or wherever they are most comfortable if they are homeless.
- Introducing our services to the client and explaining what we can and cannot do at our initial meeting helps to set realistic expectations. We can help with linkage to housing, benefits, entitlements, medical insurance, psychiatric care, and primary care physician, we provide short-term therapy, and we provide rehabilitative skills training.
- During Covid-19, we have been helping clients link to phones or tablets that allow Zoom or video phone calls and teaching them how to use the equipment. Sending text message reminders has proven to be helpful in increasing client engagement and follow-up.
- We have learned that communicating with the clients however they feel most comfortable increases continued engagement. Different modes of communication include texting, phone sessions, Zoom sessions, or face to face meetings in the office or in the community is offered.
- Focusing on strengths, setting an agenda, and working with families has been helpful in engaging the client and accomplishing goals.
- Our program, along with other TAY linkage programs, have helped to decrease the use of emergency and urgent services related to psychiatric reasons for transitional age



youth. Based on evaluation results from 7/1/18 - 6/30/20, clients who participated in our system's TAY linkage programs experienced the following:

- Utilization of crisis services decreased from 125 crisis episodes to 55 crisis episodes.
- Utilization of inpatient hospitalization episodes decreased from 36 episodes to 19 episodes.
- Visits to the Emergency Department decreased from 322 episodes to 137 episodes.

Early system and support weaknesses/failures resulting in mental health crises include:

- Poor communication between providers, possibly because other providers are not aware of our services; high staff turnover that result in everyone not understanding the system of care; providers are busy and do not have the time to collaborate/coordinate care with our team, etc.
- A client has had multiple PES visits with no referral to TAL.
- A client is discharged from the hospital or PES on a Saturday or Sunday when TAL is not operating.
- Last minute referrals (for example, 1-2 hours from hospital discharge) prove to be difficult in advocating for services (for example, getting a client prioritized for an outpatient clinic or into an ADU).
- Clients should not have to be in crisis in order to access intensive case management programs. There should be lower threshold programs that support clients with linking to basic needs, including housing and psychiatric medications, even if they are not in crisis.
- While TAY services have helped to bridge the gap between the children system and the adult system, we believe some clients are still getting lost to follow-up after they are discharged from the children system. Our electronic health record systems "do not talk," meaning that we cannot read treatment plans and discharge summaries from other providers; therefore, it is hard to know of the client's discharge plan, if and where they were linked to services, and if any entitlements are pending for them (income, housing, insurance, etc).

Policies and practices that promote community assets and partnerships to advance prevention and early intervention:

- Smaller caseloads permit more time available for each client (10 clients per Clinical Case Manager, 4 clients per Program Director). Appointments don't feel rushed and staff are able to meet with clients 1-3 times a week.
- Referents understand our program well and therefore prepare the client for our services and collaborate and coordinate with us well; however, some outpatient clinics struggle to collaborate with us. This is possibly because our program is new, providers are stretched thin and do not have time to collaborate, and/or do not understand HIPAA



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and that providers can talk for the purposes of treatment planning and coordination of care as long as providers are a part of our behavioral health system.

- Access to psychiatry, especially TAY-specific psychiatrists, has been an incredible asset.
- Providers communicating per DPH umbrella and under HIPAA treatment/coordination of care guidelines as to not delay consultation and coordination of care.
- The SF TAY System of Care has grown over the years and the support we provide each other is invaluable. We partner often with SFDPH BHS TAY Linkage program (provides overall TAY Linkage collaboration coordination and general linkage services), RAMS Peer Support Services (embedded peer support for TAY receiving Linkage services, Progress Foundation (which includes TAY Co-Ops, TAY residential treatment programs, and an urgent care clinic), Felton's PRSPR (provides substance use linkage services for TAY with history of contact with criminal justice system), a new TAY Outpatient program, and TAY FSP programs.

AGENDA ITEM 3

Action

February 25, 2021 Commission Meeting

Santa Clara County Innovation Plan

Summary: The Mental Health Services Oversight and Accountability Commission (MHSOAC) will consider approval of Santa Clara County's request to fund the following new Innovative project:

1. Addressing Stigma and Trauma in the Vietnamese and African American/African Ancestry Communities

Santa Clara County is requesting \$1,753,140 in Innovation spending authority to address the mental health disparities facing the Vietnamese and African American/African Ancestry communities by focusing on culturally responsive prevention and community outreach/education services for children, adults, and families co-located in two existing community hubs. While the emphasis is on mental health prevention for youth and children, psychoeducation will also target parents and grandparents on child/brain development and mental health conditions and services.

Santa Clara County worked with Research Development Associates (RDA) to conduct a county-wide needs assessment utilizing focus groups, surveys, demographics, and additional information to identify unmet needs. RDA identified that African American/African Ancestry and Vietnamese residents are underrepresented in the behavioral health system in Santa Clara County.

Utilizing the needs assessment and ideas submitted through the community planning process, Santa Clara's MHSA Stakeholder Leadership Committee developed this proposal through collaboration with numerous community members, local ethnic specific agencies, and County employees who are bicultural and bilingual.

The County will release a Request for Proposal (RFP) and contract with two local, community-based organizations to create an integrated service experience for clients and families. The project will build and deploy two teams, one team for the Vietnamese Community and another team for the African American/African Ancestry Community. Each team will be co-located in a trusted, culturally affirming community location that already provides medical care and other services.

By leveraging locations that provide medical care, dental care, and wellness-based services, patients in need of mental health education and support will be directly referred to co-located partners offering services such as education through parent cafes, healing circles and linkages to additional mental health services through warm hand-offs with culturally affirming treatment providers.

In addition to co-located services, this innovation investment will create the following:

- A community outreach stipend program
- Development of new ethnic-cultural sensitivity trainings
- A physician and faith-based leader strategic planning committee

The proposed Innovation plan was posted for 30-day public comment on October 17, 2020 through November 24, 2020. The proposal was approved by the County's Board of Supervisors on December 15, 2020.

Commission staff originally shared this project with stakeholders on November 24, 2020 and the final version of this project was again shared with stakeholders on January 25, 2021. No Letters of support or opposition were received after sharing the draft or final version.

Enclosures (1): (1) Biography for Santa Clara County's Innovation Presenter.

Handouts (2): (1) Staff Analysis: Addressing Stigma and Trauma in the Vietnamese and African American/African Ancestry Communities; (2) PowerPoint presentation; (3) Letters of Support.

Additional Materials (1): A link to the County's Innovation Plan is available on the Commission website at the following URL:

<https://www.mhsoac.ca.gov/innovation/santa-clara-county-mhsa-innovation-addressing-trauma-and-stigma>

Proposed Motion: The Commission approves Santa Clara County's Innovation plan, as follows:

Name: Addressing Stigma and Trauma in the Vietnamese and African American/African Ancestry Communities

Amount: Up to \$1,753,140 in MHSA Innovation funds

Project Length: Three (3) Years



Biography for Santa Clara County Presenter Addressing Stigma and Trauma in the Vietnamese and African American/African Ancestry Communities

Jeanne Moral, Program Manager III

Jeanne Moral oversees the Systems Initiatives, Communication and Planning Division for the County of Santa Clara Behavioral Health Services Department. In her role, Ms. Moral oversees the MHSA team responsible for the community planning process of the County's Annual Update and Three-Year Planning Process and other components of the MHSA plan, including the Innovation component. Ms. Moral also oversees the Behavioral Health Board Liaison Team that supports the County's Behavioral Health Board. In addition, Ms. Moral manages system-wide initiatives and projects.