



WELLNESS • RECOVERY • RESILIENCE



Commission Packet

**Commission Teleconference Meeting
September 24, 2020
8:00 AM – 12:30 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 September 24, 2020**.

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: September 24, 2020

TIME: 8:00 a.m. – 12:30 p.m.

ZOOM ACCESS:

Link: <https://zoom.us/j/98419376886>

Dial-in Number: 408-638-0968

Meeting ID: 984 1937 6886

Passcode: 658758

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.

8:00 AM Call to Order and Welcome

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

8:05 AM Closed Session

Closed Session – Government Code Section 11126(a) related to personnel

9:05 AM Closed Session Report Out

Chair remarks on any reportable action taken during closed session.

- 9:10 AM** **Roll Call**
Roll call will be taken.
- 9:15 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.
- 9:45 AM** **Action**
1: Approve August 27, 2020 MHSOAC Meeting Minutes
The Commission will consider approval of the minutes from the August 27, 2020 teleconference meeting.
- Public Comment
 - Vote
- 9:50 AM** **Action**
2: San Mateo County Innovation Plan
Presenter:
- **Cynthia Chatterjee, MD, MA, FASAM, Deputy Medical Director at San Mateo County Behavioral Health and Recovery Service**
- The Commission will consider approval of \$663,125 in Innovation funding for San Mateo County’s Addiction Medicine Fellowship in a County/Community Setting Innovation project.
- Public comment
 - Vote
- 10:30 AM** **Action**
3: Suicide Prevention Funding Allocation
Presenter:
- **Ashley Mills, Research Supervisor**
- The Commission will consider approving allocation of up to \$2 million to implement suicide prevention action items consistent with Striving for Zero: California’s Strategic Plan for Suicide Prevention, 2020 – 2025.
- Public comment
 - Vote
- 11:10 AM** **10 Minute Break**
- 11:20 AM** **Action**
4: Statewide Virtual and Digital Strategy for Mental Health
Presenter:
- **Toby Ewing, Executive Director**
- The Commission will consider working with the Administration to support a statewide virtual and digital strategy for mental health.

- Public comment
- Vote

11:50 PM Information
5: Staff Report

Presenters:

- **Toby Ewing, Executive Director**
- **Dr. Dawnté Early, Chief of Research and Evaluation**
- **Ashley Mills, Research Supervisor**

Staff will report out on projects underway, on county Innovation plans approved through delegated authority, and other matters relating to the ongoing work of the Commission.

- Public comment

12:30 PM Adjournment

AGENDA ITEM 1

Action

September 24, 2020 Commission Meeting

Approve August 27, 2020 MHSOAC Teleconference Meeting Minutes

Summary: The Mental Health Services Oversight and Accountability Commission will review the minutes from the August 27, 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 (1): (1) August 27, 2020 Meeting Minutes

Handouts: None.

Proposed Motion: The Commission approves the August 27, 2020 meeting minutes.

State of California

**MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION**

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

Minutes of Teleconference Meeting
August 27, 2020

MHSOAC
1325 J Street, Suite 1700
Sacramento, CA 95814

408-638-0968; Code 622314

Members Participating:

Lynne Ashbeck, Chair
Mara Madrigal-Weiss, Vice Chair
Mayra Alvarez
Reneeta Anthony
Senator Jim Beall
Ken Berrick

John Boyd, Psy.D.
Sheriff Bill Brown
Itai Danovitch, M.D.
David Gordon
Khatera Tamplen
Tina Wooton

Members Absent:

Keyondria Bunch, Ph.D.
Assemblymember Wendy Carrillo

Gladys Mitchell

Staff Present:

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 reviewed the meeting protocols.

Roll Call

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

GENERAL PUBLIC COMMENT

Karin Lettau, Director of Training and Employment, California Association of Mental Health Peer-Run Organizations (CAMHPRO), stated appreciation for the recent Committee meetings but stated concern that there are no future Committee meetings scheduled. Committees must meet on a regular, transparent, and posted schedule. The speaker requested that monthly or bimonthly meeting dates be scheduled and posted. Teleconference meetings provide the opportunity to engage more diverse stakeholder and consumer input.

Karin Lettau requested that the Committee Membership Application be posted on the website and that CAMHPRO, the consumer advocacy contract holder, have a reserved seat on all Committees.

Poshi Walker, LGBTQ Program Director, Cal Voices, and Co-Director, #Out4MentalHealth, requested contact information for meeting participants for networking after the meeting.

Poshi Walker stated there does not appear to be meaningful LGBTQ representation on the Committees. The COVID-19 impact on LGBTQ populations has been severe. There are unique and distinct needs due to sexual orientation and gender identity (SOGI) differences from mainstream populations that require meaningful representation in order for those needs to be addressed. The speaker requested that an individual designated to be a LGBTQ representative and subject matter expert be on all Committees.

Hellan Dowden, President and CEO, Teachers for Healthy Kids, stated Teachers for Healthy Kids and the California Association for School Psychologists are asking for some of the COVID-19 funding to train school psychologists and school personnel in telehealth. The speaker stated the hope that the Commission will consider this. School representatives were not part of the disaster funding that was put under the Department of Health Care Services (DHCS) because they do not fall into the same category, but this is a serious need in the schools.

Andrea Crook, Advocacy Director, ACCESS California, a program of Cal Voices, acknowledged Commissioner Danovitch's recent Evaluation Committee meeting where he began the meeting with an overview of the Mental Health Services Act (MHSA). This historically has not been done at the start of new Committees. The speaker suggested

continuing Commissioner Danovitch's model at the start of all new Committees so all Committee members begin with the same foundational knowledge.

Andrea Crook suggested including the community planning process, which is up to 5 percent of MHSA funding annually and applies to the county three-year plans and annual updates. It includes meaningful involvement in the identification of outcomes. The speaker stated they are only aware of one individual within the Committee composition with lived experience. This might be due to the way the recruitment was worded and put out. The speaker suggested being more inclusive in the future.

Andrea Crook stated concern about the heavy clinical model of the Committee makeup and stated the need to ensure that meaningful client-identified recovery outcomes are captured.

ACTION

1: Approve July 23, 2020, MHSOAC Meeting Minutes

Chair Ashbeck stated the Commission will consider approval of the minutes from the July 23, 2020, teleconference meeting.

Commissioner Brown referred to the second paragraph on page 6 and stated he did recuse himself and did not vote or engage in the discussion, but he did not leave the teleconference call. He asked to strike "and left the teleconference call pursuant to Commission policy."

Chair Ashbeck asked for a motion to approve the minutes.

Commissioner Anthony made a motion to approve the July 23, 2020, meeting minutes.

Commissioner Danovitch seconded.

Public Comment

Poshi Walker referred to the last paragraph on page 2. The speaker stated they did ask that the chat feature be opened up so that advocates could communicate with each other in real time as would ordinarily be done during a regular meeting, but the request regarding the contact information be sent to staff who could then disseminate it out to the list of attendees was a separate request. The contact information was so that attendees could network after the meeting.

Karin Lettau stated they gave a comment during General Public Comment, but it is not reflected in the minutes.

Chair Ashbeck asked staff to review the General Public Comment section of the audio file from the July meeting and update the minutes accordingly.

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

- *The Commission approves the July 23, 2020, Teleconference Meeting Minutes as corrected.*

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

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

ACTION

2: Award Early Psychosis Intervention Grants

Presenter:

- Tom Orrock, Chief of Commission Grants

Chair Ashbeck stated the Commission will consider awarding grants to the highest-scoring applications in response to the Request for Applications (RFA) to support the Early Psychosis Intervention Plus (EPI Plus) Program. She asked staff to present this agenda item.

Tom Orrock, Chief of Commission Grants, provided an overview, with a slide presentation, of the challenge, opportunities, approach, apportionment, and RFA evaluation for the EPI Plus Program grants. He announced the applicants with the highest overall scores as follows:

- Kern County
- Lake County
- San Francisco County
- Santa Barbara County
- Sonoma County

Mr. Orrock stated the Commission anticipated providing eight \$2 million grant awards, but the above five counties were the only applicants for the funding, which leaves \$5,562,000 funds still available to support the EPI Plus efforts. To address the issue of how the remainder of the funds will be distributed, the staff recommendation is to reconvene the EPI Plus Advisory Committee to explore opportunities presented by the available funds and provide recommendations to the Commission on allocation of the undistributed funds.

Commissioner Questions and Discussion

Commissioner Anthony asked why more counties did not apply.

Mr. Orrock stated staff is interested to learn why counties did not apply but could not contact counties until after today when the awards were announced. Staff plans to begin contacting counties soon and will provide that information to Commissioners and the EPI Plus Advisory Committee.

Commissioner Berrick stated his understanding that there was a requirement that the counties had experience in implementing an early psychosis program. He asked if

smaller counties that may not have had the resources or counties that may not have had the opportunity to create start-up grants to begin to implement had been considered.

Mr. Orrock stated this was one of the requirements of Assembly Bill (AB) 1315 for putting out the RFA. He stated there are approximately 30 counties that are currently operating early psychosis programs at different levels. He stated the Commission is hindered from providing start-up funds for counties that do not have programs due to the statutes.

Chair Ashbeck asked for more detail on the five grant awardees and the other counties that are already doing the work.

Mr. Orrock stated the Commission provided Innovation funding to put together a learning health care network of counties that are doing this work. There were additional funds to research what counties were already doing for early psychosis programs across the state. What was found was that there were variations in the types of programs, lengths of treatment, and data collection methods. He stated this makes it difficult to determine which components of the Coordinated Specialty Care Model are working best. He noted that some counties have programs but do not offer supported education of employment, which has been found to be a critical part of early psychosis programs.

Mr. Orrock stated the goal is to bring together a network of counties that are operating programs and collecting data in the same way so that the impact of the program is measurable.

Chair Ashbeck asked for a motion to approve the EPI Plus Grant awards.

Commissioner Berrick moved the staff recommendation.

Commissioner Gordon seconded.

Public Comment

No public comment.

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

- For each of the grants, staff recommends the Commission:
 - Authorizes the Executive Director to issue a “Notice of Intent to Award EPI Plus Grants” to the following applicants receiving the highest overall scores:

Kern County
Lake County
San Francisco County
Santa Barbara County
Sonoma County

- Authorizes the Executive Director to execute the contracts for the five successful applicants.
- Asks the EPI Plus Advisory Committee to provide recommendations regarding the \$5,562,000 of undistributed funds.

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

The following Commissioners voted “Yes”: Commissioners Alvarez, Anthony, Beall, Berrick, Boyd, Danovitch, Gordon, and Wooton, Vice Chair Madrigal-Weiss, and Chair Ashbeck.

Commissioner Brown recused himself from the vote because his county was one of the grant awardees.

ACTION

3: San Mateo County Innovation Plan

Presenter:

- Stephanie Garma Balon, MA, AMFT

Chair Ashbeck stated the Commission will consider approval of \$2,625,000 in Innovation funding for San Mateo County’s Cultural Arts and Wellness Social Enterprise café for Filipino/a/x Youth Innovation project. She asked the county representative to present this agenda item.

Stephanie Garma Balon, MA, AMFT, San Mateo County Health, provided an overview, with a slide presentation, of the need, proposed project to address the need, and budget of the proposed Filipino Mental Health Initiative (FMHI). She stated the proposed project is a place for the community to feel rooted in values and where youth can feel a sense of belonging and self-worth, and not feel “less than” as many members of the community have expressed.

Ms. Balon shared her personal story of growing up in Daly City as a second-generation Pliipino American, suffering from depression and feeling that she did not belong. She stated she wants her son to walk into this space feeling a sense of pride and not question his worthiness and fall into the same shame cycle she was stuck in, thinking she was not enough. She stated her son will know through this culturally-affirming space that he matters and that he does not have to suffer in silence, shame, and isolation.

Ms. Balon stated the community needs a nontraditional therapeutic and intentional space to bridge who and what has been historically divided. The proposed project is a means to break the cycles of intergenerational trauma and bridge the generational gap. It is more than a physical space. It is a symbol of heritage and is something to say the communities’ stories and mental wellness matter.

Commissioner Questions

Commissioner Gordon asked about the rates of student performance in high school and the relationship of the school districts.

Ms. Balon stated the county has a strong relationship with the Jefferson Union High School District and Skyline College is one of the main partners in the work currently being done. The county consulted with them to inform the model and they are in support of the proposed project.

Commissioner Alvarez commended the county for the holistic approach to the proposed project and the recognition of the power and opportunity that young people have. She stated one of the important elements of the proposed project is to prevent the onset of mental illness and to heal as a community. She asked how the county plans to expand its reach to ensure a focus on prevention by connecting with young people who are not already a part of the mental health department.

Christi Kumasawa, Co-Chair, FMHI, gave an example of the county relationships that have already been built. The Westmore High School asked FMHI to host a parent night to discuss culturally relevant topics and share resource ideas. The Community Center serves as a hub with a café that is not only a center for the community to come to but also a working café that will include youth as part of the operation and production of the café. The hope is to do outreach with existing partners and take every opportunity during workshops and other events to promote wellness.

Vice Chair Madrigal-Weiss agreed that San Mateo County does a lot of work around wellness and engaging school districts in mental health and wellness. She stated her hope that there is a connection there and that the county is reaching out to all its school districts. She stated she would love to see more direct and intentional planning with the County Office of Education in San Mateo County. That would be an important connection.

Commissioner Brown asked if the county has reached out to the police and probation departments in Daly City. He asked about the connection that is hoped for in trying to solicit referrals directly from law enforcement that might not even get to the probation level.

Ms. Balon stated the county has considered that. It is a work in progress, although there is a strong relationship with the city of Daly City. The county will consider engaging law enforcement to work out referral processes because law enforcement is a crucial part of the work being done.

Commissioner Brown encouraged the county to reach out to law enforcement because the proposed project could be a great diversion opportunity for young people who are not necessarily engaged in serious crime but may come to the attention of the police because of some borderline activity, or potentially are headed toward criminal activity. The proposed project could be a great tool and resource for law enforcement and law enforcement could be a great resource and partner to the county.

Chair Ashbeck asked how the funding is divided between the café and peer support and the physical space of a wellness center.

Ms. Balon stated the county has partnered with the Daly City Health Center and has been consulting with the former director. It is a similar space usage. The county is also open to looking for spaces in North San Mateo County. The location will be established after the RFP process is completed.

Commissioner Alvarez asked staff how the topic of cultural identity and appreciation of culture has come up in conversations, if there are opportunities to talk further with the county about what they are finding with young people in Daly City and with the Filipino community, and if there is relevance to conversations that the Youth Innovation Committee has been having across the state.

Sharmil Shah, Psy.D., Chief of Program Operations, stated there was a recent Youth Innovation Committee Idea Lab with a large emphasis on cultural issues. Other idea labs are planned prior to the end of the year to address those issues.

Commissioner Berrick stated the need to actively share the project's activities with other counties. This type of activity is uneven across the state. The degree that San Mateo County can share their successes and ensure that other counties can see what they are doing to engage youth and community support is important.

Public Comment

Poshi Walker commended the fact that this is an Innovation project for a marginalized population. This is what Innovation was meant to be for – to serve the needs of individuals who are unserved, underserved, and inappropriately served. The speaker suggested that the county look at including adverse childhood experiences (ACEs) screenings. Cal Voices' community survey found that queer and trans people of color experience heterosexism and cissexism within their racial and ethnic communities as well as family rejection for their SOGI and expression. This can greatly increase suicidal behavioral, substance use, HIV, and other STIs.

Poshi Walker brought awareness to the Family Acceptance Project to help address trauma with youth and their families for individuals the county will be serving. The speaker volunteered to provide any resources around ACEs screenings, Family Acceptance Project screenings, etc.

Tiffany Carter, Statewide Advocacy Liaison, ACCESS California, a program of Cal Voices, stated the staff analysis indicates that the county is working with the FMHI but lacks reference to a community program planning process birthing this program. Additionally, under the community program planning process section, the staff analysis references that the plan was posted for public comment for the required 30 days in October of last year but public comment is not the same as the community program planning process.

Tiffany Carter stated there is also minimal if any reference to peer support and the usage of peers throughout the entirety of this program. The use of individuals with lived experience breaks down stigma and increases peer engagement, safety, and wellness among other benefits.

Andrea Crook echoed the previous speakers. The biggest issue of the MHSA in general is that these plans are being created internally and then being put out to communities

for buy-in, which is backwards. The MHSA calls for projects to be born through a stakeholder process. The speaker stated the budget is not broken down and there is no indication of youth and peers being employed. The speaker asked the Commission to ensure that the county Innovation plan process is switched so plans are created through a robust community process. This will make Innovation plans much richer.

Dr. Hazel Benigno spoke in support of the proposed San Mateo County Innovation Project.

Marilyn Fernando, Community Outreach Coordinator, San Mateo County Pride Center, echoed the comments of Ms. Balon and Dr. Benigno.

Michael Sagum spoke in support of the proposed San Mateo County Innovation Project.

Chair Ashbeck highlighted Michael Sagum's profound and insightful words: "There are barriers I cannot cross alone."

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), spoke in support of the proposed San Mateo County Innovation Project.

Juslyn Manalo, Vice Mayor for the city of Daly City, spoke in support of the proposed San Mateo County Innovation Project.

Deodor Tronco spoke in support of the proposed San Mateo County Innovation Project.

Fernando Montanes spoke in support of the proposed San Mateo County Innovation Project.

Krystle Cansino, LGBTQ Commissioner, San Mateo County, spoke in support of the proposed San Mateo County Innovation Project.

Pat Racela, Community Organizer, spoke in support of the proposed San Mateo County Innovation Project.

Nicole Condez spoke in support of the proposed San Mateo County Innovation Project.

Karin Lettau agreed with Posh Walker, Tiffany Carter, and Andrea Crook about missing peer support as a key component of this project. The speaker stated the hope that the county will recruit peer support specialists and peer employment specialists from this community who have trained in their specialties and will identify youths with lived experience to become trained as part of this project. As with all projects, peer support seems like a natural fit.

Peter Rojo spoke in support of the proposed San Mateo County Innovation Project.

Christian Guerrero spoke in support of the proposed San Mateo County Innovation Project.

Commissioner Discussion

Chair Ashbeck asked the county to respond to comments and concerns brought up during public comment such as engagement with the county office of education and local law enforcement, peer support, and the community engagement process that created the proposed project.

Ms. Balon stated the county has been gathering stakeholder input since the inception of the FMHI. This project was community-informed even prior to the initiative. A needs assessment was done, a survey was put out, and several focus groups were conducted with Skyline College, Westmore High School, South San Francisco, and with different age groups, including elders. She stated the county is conscious and intentional about engaging the community to ensure that the project is community-informed.

Ms. Balon suggested, regarding peer support, looking at the CommuniTree presentation slide. Peer support is embedded into the ways the project will elevate and amplify youth voices.

Chair Ashbeck asked for a motion to approve San Mateo County's Innovation Project.

Commissioner Brown moved the staff recommendation.

Commissioner Wooton seconded.

Commissioner Beall shared the story of his nephew who is Filipino and has depression. He stated he understands the comments made by some of the public commenters because his nephew has experienced the same things over the years. He stated it is important to have that cultural connection. The proposed project matches perfectly to the needs his nephew has shared with him. He thanked everyone for their testimony.

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

The Commission approves San Mateo County's Innovation Plan, as follows.

Name: Cultural Arts and Wellness Social Enterprise Café for Filipino/a/x Youth

Amount: Up to \$2,625,000 in MHSA Innovation funds

Project Length: Five (5) Years

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

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

INFORMATION

4: Research and Evaluation Transparency Suite Demonstration and Evaluation Committee Update

Presenter:

- Dawnte Early, Ph.D., Chief of Research and Evaluation

Chair Ashbeck stated the Commission will hear an update on the Evaluation Committee and see a demonstration of the newly redesigned Transparency Suite. She asked staff to present this agenda item.

Dawnte Early, Ph.D., Chief of Research and Evaluation, provided a summary of the first Evaluation Committee meeting, which met this past Monday. The Committee discussed research and evaluation areas of the strategic plan and how to shift the conversation in California to data and evaluation. She asked Commissioner Danovitch to say a few words.

Commissioner Danovitch, Chair of the Evaluation Committee, stated there was incredible interest in the participation on the Committee. The Committee members bring a diversity of expertise in policy, health economics, health services, health disparities, and prevention. At least three members of the Committee have self-disclosed as having lived experience as a client or family member.

Commissioner Danovitch stated the two-hour kick-off meeting last Monday began with an overview of the MHSA and the Commission. He stated Dr. Early presented a summary of recent evaluation initiatives and Commissioner Berrick presented a proposed charter. Several points of feedback were received including that a two-hour meeting was not long enough to allow for discussion and public comment, a request to highlight the community planning process more and introduce the importance of the MHSA, and that the MHSA achievements to date be better summarized, specifically the impact of the MHSA, the founding goals it has met and to what extent, and how the MHSA has impacted disenfranchised populations.

Commissioner Danovitch stated the next steps are to complete the development and approval of a Committee charter to guide Committee activities, and to reach out to Committee members individually to hone in on their initial ideas and notions of how to contribute. The Committee will consider adding a communications component to the Committee charter. There are answers to the question about what the MHSA has achieved to date, but a better job needs to be done of clearly articulating them and articulating the challenges with evaluation. He stated these will be essential because framing a problem is a critical step to turning that problem into an opportunity for improvement.

Dr. Early demonstrated and reviewed the updated Transparency Suite, including the dashboards for the Fiscal Reporting Tool, Allocation, and MHSA Programs, and the new Outcomes Dashboards, which include the Client Services Information, Full-Service Partnerships, Demographics, and Criminal Justice Dashboards. She stated two Data forums were held and attended by roughly 160 individuals. Input was gathered and used to revamp the Dashboards, and the new Transparency Suite is expected to be available next month. Counties will have access next week to provide feedback and error correction.

Commissioner Questions and Discussion

Commissioner Alvarez stated data is only as useful as it is to the audience. She asked if individuals can run these numbers and do the analysis and if it is easy to navigate. She asked how to put the power of data into individuals' hands and if staff would consider doing a how-to webinar or recording something to help individuals learn what they can do with this data to strengthen the work.

Dr. Early stated individuals have the ability to download aggregate-level data and can contact staff with questions. Frequent questions and the answers will then be put on a dashboard. She stated recording a webinar should be done to increase utility and accessibility because data can be overwhelming.

Commissioner Gordon stated the K-12 space includes ages 5 to 18, but ages 0 to 5 are foundational to what the K-12 system can or cannot do. Also, schools are engaged in running many preschools, childcare programs, etc. He asked staff to begin a dashboard that would bring together information on health in children ages 0 to 18 as it pertains to schools and other service systems to provide foundational tracking. He stated, even if it is in template form and not populated, it would help everyone to think in terms of outcomes rather than just recommendations.

Commissioner Anthony suggested a dashboard to show the programs within counties to enable individuals to go to counties with more effective rates of success within the communities.

Dr. Early stated that information can be found in the MHSA Programs Dashboard, which is a wealth of information describing programs and their target populations.

Public Comment

Poshi Walker noted that SOGI data is missing from the dashboards. They asked if there is anything the Commission can do to support the effort to get SOGI data to be collected and reported in a way that is usable across the state. The speaker thanked the Commission for including in its PEI and Innovation regulations a requirement for counties to report SOGI data.

Poshi Walker asked to increase transparency by listing the population or area of interest every Committee member is there to represent. The speaker suggested including the same level of opportunity for public comment and interaction in remote Committee meetings as is normally included in in-person meetings.

Theresa Comstock, Executive Director, California Association of Local Behavioral Health Boards and Commissions (CALBHB/C), stated one of CALBHB/C's duties by law is to comment on performance outcome data. The speaker thanked the Commission for the work they are doing. The speaker stated they emailed an Issue Brief to staff that CALBHB/C put together.

Theresa Comstock encouraged the Commission to consider what the law says in terms of reporting requirements to determine what the outcome data points should be and to work with the DHCS and the County Behavioral Health Directors Association (CBHDA) in identifying those points of data. It is important to collaborate and to include the most current data. The speaker noted that 2016 data was still part of the Transparency Suite data.

Theresa Comstock stated CALBHB/C has just completed reviewing every mental health services plan and update and culling the most recent information being reported for criminal justice, children and youth, employment, hospitalization, and housing and homelessness. The speaker noted that all entities report these data points differently.

This up-to-date information is on the CALBHB/C website and is linked to the Issue Brief sent to staff.

Stacie Hiramoto stated REMHDCO strongly commends the reconstitution of the Evaluation Committee. Commissioners Danovitch and Berrick and staff did an exemplary job in selecting members for the Committee in terms of research and evaluation experience as well as strong representation from members from diverse racial and ethnic communities. These representatives are not just individuals who happen to be of color but also have experience and commitment to the needs of the community and a willingness to raise issues on behalf of the community.

Stacie Hiramoto asked if there are Committee members who have experience with community-defined evidence programs. The speaker stated they were glad that there are at least three members with lived experience on the Evaluation Committee. The speaker pointed out that the current rules of procedure call for at least two primary consumers and two family members on each Committee.

Stacie Hiramoto stated Community partners are still awaiting word from the Commission on their recommendations and concerns regarding proposed changes to the rules of procedure and hope to hear back soon.

Stacie Hiramoto agreed with Poshi Walker that public comment needs to be incorporated with each item and not just at the end.

Hector Ramirez, consumer and advocate, ACCESS Ambassador, Cal Voices, stated individuals with visual impairments are unable to access necessary MHSA information in order to participate with their counties. He stated the need to ensure that all online data is Americans with Disabilities Act (ADA) compliant.

Hector Ramirez stated concern that the data in the Transparency Suite was not as up-to-date as it could be, as noted in Theresa Comstock's comments. Data should be not more than a year old due to the dynamic nature of the issues.

Hector Ramirez agreed with Stacie Hiramoto's comments that, as platforms are developed, individuals who are receiving services should be able to provide comment. He suggested a dashboard where consumers can rate services and programs by number of stars so both counties and consumers can better make decisions. Data is complicated for lay individuals.

Tiffany Carter echoed Stacie Hiramoto's comments and stated appreciation for Commissioner Danovitch's opening presentation at the first Evaluation Committee meeting. The speaker requested that his presentation be given at all initial Committee meetings. It is interesting to hear the work being done in other Committees.

Mandy Taylor, Outreach and Advocacy Coordinator, California LGBTQ Health and Human Services Network, commended Dr. Early and her team for their work. Transparency and availability of data is crucial for advocacy and for counties as they develop things such as Innovation plans.

Mandy Taylor echoed Poshi Walker's comments about SOGI data. The speaker stated AB 959 requires by law that the majority of the California Health and Human Services

Agency (CHHS) collect and report SOGI data. The speaker noted that there is a difference between collecting data and reporting it in a way that individuals can access and understand.

Mandy Taylor stated, although many departments are collecting SOGI data, it is not being reported through any transparency tool. The speaker asked the Commission to lead on this and to have a statewide system for collecting and reporting SOGI data using the same metrics so that the data is usable. The speaker stated, if there is anything that the California LGBTQ Health and Human Services Network can do to support those efforts, to please let them know.

Anna Lubarov suggested adding the following categories to the dashboard data:

- Peer providers working in the system
- How counties support peer-run organizations and programs
- The amount of funding each county is spending on community planning
- White immigrants
- Separate family members from consumers

Anna Lubarov stated that when talking about individuals with lived experience, it is important to separate family members from consumers. Each is valid but the experiences are very different.

Hellan Dowden asked if staff would be willing to do a presentation to school groups on using the data being made available. Commissioner Gordon has done a great job leading the Schools Committee. It would be helpful to use this as a way to combine the schools and counties so the schools can better understand county programs that are already available so they can do referrals and see where there are deficits. The speaker suggested outreaching to the school community. The speaker stated Teachers for Healthy Kids would be happy to get the word out and work with the education coalition groups.

Steve Leoni, consumer and advocate, commended the work that has been done and made suggestions for moving forward. The speaker stated, historically, there were problems at the county and program levels with accuracy and completeness of data. Perhaps this has been resolved but the speaker wanted to call attention to it because bad data gives bad results. The speaker stated they have heard former Commissioner Richard Van Horn say, until people at the local level see a usefulness in the data, they will not buy into data collection. The way to get buy-in at the local level is to demonstrate why the data is useful to them.

Steve Leoni stated there are two answers to the issue of proving that the MHSA is working. Oftentimes, it is said the MHSA is working in the sense of something versus nothing, but the MHSA is not just about giving something. It is about giving something different than what has been typically given. Effectiveness is more difficult to prove at that level.

Elia Gallardo, Director of Governmental Affairs, CBHDA, stated the CBHDA strongly supports the work of Dr. Early and her team for transparency purposes and accountability. The speaker stated many times the misinformation derives from a misreading of the data, even data that is reported by the Commission and DHCS because most individuals are not as familiar with the MHSA. The speaker stated the CBHDA encourages a careful look at how the information is presented in order to ensure that most of those kinds of misunderstandings are minimized.

ACTION

5: Suicide Prevention

Presenter:

- Ashley Mills, MS, Research Supervisor

Chair Ashbeck stated the Commission will consider priority areas for the allocation of \$2 million authorized to support suicide prevention efforts consistent with Striving for Zero: California's Strategic Plan for Suicide Prevention, 2020 – 2025. She asked staff to present this agenda item.

Ashley Mills, Research Supervisor, provided an overview, with a slide presentation, of the background, proposed action items within the four Strategic Aims, and next steps of the Suicide Prevention Plan.

Commissioner Questions

Vice Chair Madrigal-Weiss referred to the second bullet under Strategic Aim 3, create a standardized training on suicide risk screening and service triage based on risk for schools, and asked for verification that the screening and triage will be in alignment with other state departments such as the California Department of Education and AB 1767, which requires that K-6 districts also have suicide prevention policies to ensure that suicide prevention policies are in place for the K-12 population.

Ms. Mills stated that is correct.

Vice Chair Madrigal-Weiss asked if the standardized training on suicide risk screenings will force a reevaluation of current efforts. She stated it is not about the tools but is about the practice.

Ms. Mills stated that is the idea. Having the standardized training available incentivizes schools and educators to use it. This standardized definition and method of data collection ensures that suicide risk will be measured in a way that is sustainable. There are different ways this captures data around suicidal behavior so it is not just suicidal ideation, which gives some information but not nuanced information that could be used to drive prevention efforts. Using tools such as the Columbia tool as part of the standardized training would allow collection across the state of more standardized data to tell the same story to track outcomes across schools.

Chair Ashbeck encouraged linking with Children's Hospitals because, if something happens to a child, they will end up in a Children Hospital or in a hospital emergency room. Children's Hospitals can play an important role in the data link.

Public Comment

Hector Ramirez, Co-Chair, Latino Underserved Cultural Communities (UsCC) subcommittee, Los Angeles County Department of Mental Health, asked the Commission to help keep youth alive, not only the Latino residents in Los Angeles County but in all of California, especially during the COVID-19 pandemic. The Latino UsCC is seeing not only the technical divide as school starts but the horrible rhetoric that continues to oppress and discriminate against the Latino communities.

Hector Ramirez stated the UsCC supports the Suicide Prevention Plan and requests that the Commission consider having specific populations in mind such as the communities being significantly hit during these difficult times – Black, Native American, and Latino communities. Launching statewide initiatives that are significantly needed is one of the greatest functions of the Commission.

Adrienne Shilton, Senior Policy Advocate, California Alliance of Child and Family Services (CACFS), stated CACFS supports the action items outlined today.

Poshi Walker spoke about the screening component. The speaker stated there is increased risk for suicidal behavior throughout the age spectrum for LGBTQ. The #Out4MentalHealth community survey showed that over 70 percent of youth have considered suicide during their lifetime.

Poshi Walker noted that there are invisible ACEs for LGBTQ youth. LGBTQ youth from high-rejecting homes are eight times more likely to attempt suicide than those from low-rejecting homes. There is a screening for rejecting behaviors and a training to train providers on how to use this that was going to be funded; however, due to the COVID-19 pandemic, that funding has been lost.

Poshi Walker stated the trauma induced by rejecting behaviors is missed in ACEs screenings and in suicide screenings and often is unrecognized as abusive by the parents and providers. This exposure to these rejecting behaviors by family members has only increased due to the shelter-in-place orders, school closures, etc. for youth. The impact of this will last throughout their lifetimes.

Poshi Walker stated there is great risk moving forward for the LGBTQ populations in California. The speaker advocated that funding be set aside to allow the training on this screener and promotion of this screener through California as a way of decreasing and preventing suicide and suicidal behaviors amongst the LGBTQ populations.

Andrea Wagner, Program Manager, CAMHPRO, Stakeholders of Butte County, stated this initiative is a great start but encouraged incorporating adequate resources into this vision to follow up on issues found during the screenings. Rural counties have no resources for youth. Butte County's only non-crisis facility, which has two youth beds, is now closing. Youths at risk of suicide are sent out of the county, away from their family and community. The speaker asked to incorporate this issue in the Suicide Prevention Plan.

Andrea Wagner encouraged that youth peers be empowered within the schools to be a buffer in the community and be trained in evidence-based peer practices.

Commissioner Discussion

Commissioner Anthony stated, based on suicide rates in California, persons over 60 years of age account for 26 percent of suicides. She suggested looking at the numbers based upon the number of individuals who attempt suicide.

Chair Ashbeck asked for a motion to proceed with an implementation plan to direct staff to move on the proposed action items.

Commissioner Gordon moved the staff recommendation.

Vice Chair Madrigal-Weiss seconded.

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

- *The Commission approves the proposed action items to begin the implementation of Striving for Zero: California's Strategic Plan for Suicide Prevention, 2020- 2025; and directs staff to bring back to the Commission for approval outlines for contracts in an amount not to exceed \$2 million to implement these action items.*

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

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

INFORMATION

6: Staff Report

Presenter:

- Norma Pate, Deputy Director

Chair Ashbeck stated the Commission will hear a report out on projects underway and other matters relating to the ongoing work of the Commission. She asked staff to present this agenda item.

Norma Pate, Deputy Director, provided her report:

Budget

- Last year, the Commission received nearly \$100 million to support county mental health programs and as of today almost all those funds have been awarded through competitive procurement.
- This year, the Commission was authorized to spend approximately \$4 million to support two different efforts: (1) Suicide Prevention Plan activities that you just heard about and (2) to address mental health needs as a result of the COVID-19 pandemic.

- A summary of the planning and outreach activities for the COVID-19 related needs are included in the meeting packet under Agenda Item 6. Staff is seeking input from a wide variety of stakeholders, developing a framework to assess the options, and will be developing proposals and projects for the Commission to consider over the next couple of months.

Legislation

- AB 2112 is moving forward. It passed through the Appropriations Committee and is now with the Senate. It should go to the Governor by next week.
- AB 2265, which the Commission supported, was approved through the Appropriations Committee and is moving forward for consideration by the Governor.
- Senate Bill (SB) 803, the peer certification bill, passed through the Appropriations Committee and is moving forward.
- SB 855 is moving forward.
- SB 665 did not make it through the Appropriations Committee and is not moving forward.

Committees

Norma Pate reported that several of the Committees met recently, including, the Schools and Mental Health Subcommittee, Research and Evaluation Committee, Cultural and Linguistic Competence Committee (CLCC), Innovation Subcommittee, and Client and Family Leadership Committee (CFLC). Norma Pate stated that staff is working with the Chair to schedule a meeting of the Rules of Procedure Subcommittee.

Public Comment

Stacie Hiramoto stated, regarding the spending for the programs for the COVID-19 funding, the COVID-19 pandemic has affected communities of color and the LGBTQ community disproportionately. The speaker stated the hope that the Commission will put this item before the CLCC.

Stacie Hiramoto asked to include the date that the prevention and early intervention (PEI) priorities will be voted on the calendar of tentative Commission meeting agenda items. The speaker stated the understanding that those priorities would be finalized by the end of the year.

Stacie Hiramoto stated the need for a robust Committee process that allows ample time for public comment.

Andrea Ball, California Association of School Psychologists (CASP), spoke about the Commission's response to the COVID-19 pandemic. The speaker stated the second imperative for these funds is to engage partners such as schools to develop and scale mental health models to respond to broader mental health needs.

Andrea Ball stated CASP has been working with Teachers for Healthy Kids on training for those working in schools to provide teleservices, specifically mental health

teleservices. The speaker asked the Commission to consider supporting this training not only to provide technical training but also to promote best practices for using telehealth and teleservices during COVID-19. The speaker stated schools are starting now and almost everyone is starting with distance learning. This is an important area that individuals working in schools with students need.

Sally Zinman, Executive Director, CAMHPRO, recommended elevating the support for SB 803, which will soon be on the Governor's desk. The speaker encouraged Commissioners to review the most recent amendments. The essential part of the bill remains – curriculum standardization, code of ethics across the state, standardized trainings, specific billing code, and distinct peer support specialist types and services. The speaker encouraged everyone to write a letter of support to the Governor.

Commissioner Questions and Discussion

Commissioner Wooton asked to resend the Commission's support letter for peer certification to the Governor.

ADJOURN

There being no further business, the meeting was adjourned at 12:58 p.m.

AGENDA ITEM 2

Action

September 24, 2020 Commission Meeting

San Mateo County Innovation Plan

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

1. Addiction Medicine Fellowship in a County/Community Setting

San Mateo County is requesting \$663,125 in Innovation spending authority to train physicians in Addiction Medicine to treat co-occurring substance use disorders and mental illness by offering a county/government accredited Addiction Medicine Fellowship program.

San Mateo County's community identified and raised concerns in treating the vastly growing Medi-Cal, Medicare, and Safety Net population as well as those who do not qualify for Medi-Cal or Medicare that present with co-occurring substance use disorders and mental illness.

Part of the treatment difficulty is (1) finding physicians trained and skilled in substance use disorders and mental illness comorbidity diagnoses; and (2) being able to retain trained addiction medical providers to treat this population on a continual basis.

The shortage of properly trained personnel with authorization to prescribe MAT (Medication Assisted Treatment) treatment as an option or adjunct to care, significantly limits effective treatment options for this vulnerable population.

The County states that Addiction Medicine Fellowship programs train medical providers to treat co-occurring mental health and substance use disorders but there are only 84 addiction physicians in the United States and 125 are needed.

San Mateo County will focus their efforts to address the needs of those suffering from a co-occurring substance use disorder and mental illness by implementing a county/government administered Accredited Addiction Medicine Fellowship program.

The Addiction Medicine Fellowship program proposes to hire and train three physician fellows, one per year, for three years specializing in Addiction Medicine.

- The fellows will work collaboratively with the Interface Team to treat mental illness and Substance Use Disorders, which includes Licensed Marriage and Family Therapists (LMFT), Social Workers, two certified Addiction Medicine psychiatrists, and peer counselors.
 - The rotation sites will include Pain Clinics, HIV clinics within the hospital.

- The fellows will also be available to the Emergency Department (ED), complete a rotation in Street Medicine, and provide field-based medical and psychiatric services to the farmworkers and individuals experiencing homelessness.
- Fellows are encouraged to participate as a Board Member for local substance use organizations and speak at school-based mental health conferences.
- The fellows will attend conferences including the American Society of Medicine (ASAM) and California Society of Addiction Medicine (CSAM).
- Through the BHRS Integrated Medication-Assisted Treatment (IMAT) program, the fellows will work closely with the peer case managers.
- San Mateo County advances equity projects in the clinical and community settings and will offer the fellows training in:
 - Social Determinants of Health,
 - Cultural Humility 101,
 - Gender Identity, Becoming Visible: Using Cultural humility in Asking Sexual Orientation and Gender Identity questions (SOGI questions),
 - Barriers to Accessing care,
 - Working with Interpreters.

The proposed Innovation plan was posted for 30-day public comment on October 5, 2019 through November 6, 2019. The proposal was approved by the County's Board of Supervisors on April 7, 2020. The County provided seven supportive public comments for this project.

"There is an ongoing shortage of qualified addiction medicine providers in the Bay Area and across the state as well as the country. I would strongly support the planned Addiction Medicine Fellowship for San Mateo County." Monika Koch, MD, PhD, FASAM

"We have a shortage of physicians trained in treating addiction. Substance use disorders in about 5-% of people with mental illness and worsen their prognosis...The Addiction Medicine Fellowship can provide a skilled physician workforce to enable continuity of care for residents, and to make this initiative a success." Lori D.K., MD, Veterans Administration

"The Board of California Society for Addiction medicine (CSAM) strongly believes the proposed Addiction Medicine Fellowship in the San Mateo County Behavioral Health and Recovery Services (SMC BHRS) would be both innovative and unique." Anthony P. Albanese, MD, DFSAM

"I am the Area Director for California (and Hawaii and Alaska) for the American Academy of Addiction Psychiatry (AAAP)...I believe the proposed Addiction Medicine Fellowship in the San Mateo County Behavioral Health and Recovery Services (SMC BHRS) would be both innovative and unique." This aspect is what makes the design of the SMC BHRS program exciting and far more of an innovation than an attempt to access a specialized funding source – the potential for system-wide learning and change that could reduce barriers to care for those most in need." Martin Leamon, MD, Area IV Regional Director AAAP

Commission staff originally shared this project with stakeholders on October 24, 2019 while the County was in their 30-day public comment period and comments were directed to the County. The final version of this project was again shared with stakeholders on

April 22, 2020. No Letters of support or opposition were received after sharing the final version.

Enclosures (4): (1) Biography for San Mateo County’s Innovation Presenter; (2) Staff Analysis: Addiction Medicine Fellowship in a County/Community Setting; (3) Letters of Support (4) PowerPoint Presentation

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/document/2020-09/san-mateo-county-innovation-plan-addiction-medicine-fellowship>

Proposed Motion: The Commission approves San Mateo County’s Innovation plan, as follows:

Name: Addiction Medicine Fellowship in a County/Community Setting

Amount: Up to \$663,125 in MHSA Innovation funds

Project Length: Four (4) Years



San Mateo County Health System
Behavioral Health & Recovery Services

**Addiction Medicine Fellowship in a Community Hospital
Presenter Biography**

Cynthia Chatterjee, MD, MA, FASAM is Deputy Medical Director at San Mateo County Behavioral Health and Recovery Service, where she has been the lead psychiatrist and Addiction Medicine specialist for the Integrated Medication Assisted Treatment program. She is Board Certified in Psychiatry by the American Board of Psychiatry and Neurology and Board Certified in Addiction Medicine by the American Board of Preventive Medicine. She completed her Psychiatry residency at Stanford Medicine and medical school at UC San Francisco. She is Adjunct Clinical Faculty at Stanford, where she volunteers at the Cardinal Free Clinics. She is bicultural, Mexican-American. Her pronouns are She, Her, Hers.



STAFF ANALYSIS—SAN MATEO

Innovation (INN) Project Name:	Addiction Medicine Fellowship in a County/Community Setting
Total INN Funding Requested:	\$663,125
Duration of Innovative Project:	4 Years
MHSOAC consideration of INN Project:	September 24, 2020

Review History:

Approved by the County Board of Supervisors:	April 7, 2020
Mental Health Board Hearing:	November 6, 2019
Public Comment Period:	Oct 5, 2019 - Nov 6, 2019
County <i>submitted</i> INN Project:	February 23, 2020
Date Project Shared with Stakeholders:	October 24, 2019

Project Introduction:

San Mateo County is requesting \$663,125 in innovation spending authority to train physicians in Addiction Medicine to treat co-occurring substance use disorders and mental illness by offering a county/government accredited Addiction Medicine Fellowship program.

Statutory Requirements (WIC 5830(a)(1)-(4) and 5830(b)(2)(A)-(D)):

The primary purpose of this project *introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention* by providing specialized training to physicians in integrated psychiatric and substance use disorder treatment by means of an Addiction Medicine Fellowship sponsored by a county psychiatric residency program.

The proposed project meets INN criteria by *increasing the quality, of mental health services including measured outcomes,* by creating an integrated workforce of physicians with specialized training in the treatment of clients with co-occurring substance use disorders in a county/community setting where it is needed the most.

What is the Problem

San Mateo County's community identified and raised concerns in treating the vastly growing Medi-Cal, Medicare, and Safety Net population as well as those who do not qualify for Medi-Cal or Medicare that present with co-occurring substance use disorders and mental illness.

Part of the treatment difficulty is (1) finding physicians trained and skilled in substance use disorders and mental illness comorbidity diagnoses; and (2) difficulty retaining trained addiction medical providers to treat this population on a continual basis.

A critical treatment option for this population is the ability to prescribe and distribute Medication Assisted Treatment (MAT), such as buprenorphine, through contracted community clinics. The shortage of properly trained personnel with authorization to prescribe MAT treatment as an option or adjunct to care, significantly limits effective treatment options for this vulnerable population.

The County states that Addiction Medicine Fellowship trains medical providers to treat co-occurring mental health and substance use disorders but there are only 84 addiction physicians in the United States and 125 are needed.

The county reports that this fellowship program would be the first county/government administered Accredited Addiction Medicine Fellowship.

How this Innovation project addresses this problem:

San Mateo County will focus their efforts to address the needs of those suffering from co-occurring substance use disorders and mental illness by implementing a county/government administered Accredited Addiction Medicine Fellowship program.

(Accreditation for this fellowship program was received in December 2017 by the American College of Academic Addiction Medicine (ACAAM) for 5 years, ending this year, 2020-2021. The program was not implemented reportedly due to funding problems and this is the last year for ACAAM-accredited fellowships. San Mateo County will pursue accreditation from the Accreditation Council for Graduate Medical Education (ACGME). The County recently reached out to ACGME and County stated that they were informed that their application was "stellar" and that they reportedly would easily qualify for ACGME accreditation).

County may wish to provide an update with the expected date for accreditation approval.

The county proposes to sponsor the first county/government administered Accredited Addiction Medicine Fellowship program by hiring and training three physician fellows, one per year, for three years specializing in Addiction Medicine.

- The fellows will work collaboratively with the Interface Team to treat mental illness and Substance Use Disorders, which includes Licensed Marriage and Family

Therapists (LMFT), Social Workers, two certified Addiction Medicine psychiatrists, and peer counselors.

- The rotation sites will include Pain Clinics, HIV clinics within the hospital.
- The fellows will also be available to the Emergency Department (ED), complete a rotation in Street Medicine, and provide field-based medical and psychiatric services to the farmworkers and individuals experiencing homelessness.
- Fellows are encouraged to participate as a Board Member for local substance use organizations and speak at school-based mental health conferences.
- The fellows will attend conferences including the American Society of Medicine (ASAM) and California Society of Addiction Medicine (CSAM).
- Through the BHRS Integrated Medication-Assisted Treatment (IMAT) program, the fellows will work closely with the peer case managers.
 - Peer case managers will assist with linkages to support services including but not limited to MHSA-funded Wellness Recovery Action Plan (WRAP) services, Voices of Recovery, Food banks, housing programs, residential programs, mutual support groups, and other support services to ensure support at all stages of recovery.
- San Mateo County advance equity projects in the clinical and community settings and will offer the fellows training in:
 - Social Determinants of Health,
 - Cultural Humility 101,
 - Gender Identity, Becoming Visible: Using Cultural humility in Asking Sexual Orientation and Gender Identity questions (SOGI questions),
 - Barriers to Accessing care,
 - Working with Interpreters.

The Community Planning Process

Local Level

The Community Planning Process was initiated in February/March 2019, by sending and posting flyers, announcements made at community venues, emails to community members and partners, stakeholders sharing information, postings on MHSA webpage, and MHSA Innovation brainstorming sessions.

The proposed Innovation plan was posted for 30-day public comment on October 5, 2019 through November 6, 2019. The proposal was approved by the County's Board of Supervisors on April 7, 2020. The County provided seven supportive public comments for this project.

“There is an ongoing shortage of qualified addiction medicine providers in the Bay Area and across the state as well as the country. I would strongly support the planned Addiction Medicine Fellowship for San Mateo County.” Monika Koch, MD, PhD, FASAM

“We have a shortage of physicians trained in treating addiction. Substance use disorders in about 5-% of people with mental illness and worsen their prognosis...The Addiction Medicine Fellowship can provide a skilled physician workforce to enable continuity of care

for residents, and to make this initiative a success.” Lori D.K., MD, Veterans Administration

“The Board of California Society for Addiction medicine (CSAM) strongly believes the proposed Addiction Medicine Fellowship in the San Mateo County Behavioral Health and Recovery Services (SMC BHRS) would be both innovative and unique.” Anthony P. Albanese, MD, DFSAM

“I am the Area Director for California (and Hawaii and Alaska) for the American Academy of Addiction Psychiatry (AAAP)....I believe the proposed Addiction Medicine Fellowship in the San Mateo County Behavioral Health and Recovery Services (SMC BHRS) would be both innovative and unique.” This aspect is what makes the design of the SMC BHRS program exciting and far more of an innovation than an attempt to access a specialized funding source – the potential for system-wide learning and change that could reduce barriers to care for those most in need.” Martin Leamon, MD, Area IV Regional Director AAAP

For complete comments please see section of the plan “Additional Public Comments Received” in the proposal.

Commission staff originally shared this project with stakeholders on October 24, 2019 while the County was in their 30-day public comment period and comments were directed to the County. The final version of this project was again shared with stakeholders on April 22, 2020. No Letters of support or opposition were received after sharing the final version.

Learning Objectives and Evaluation

San Mateo County is proposing to introduce a new practice or approach to the overall mental health system, including but not limited, prevention and early intervention by addressing the challenges of treating individuals with co-morbidity diagnoses (mental illness and substance use disorders). The County is offering an Addiction Medicine Fellowship and proposes to train three Addiction Medicine Physicians, one per year for three years.

The target population for this project are individuals who are Medi-Cal, Medicare eligible or the Safety Net population who do not meet the requirements of eligibility for Medi-Cal or Medicare.

Training of the fellows will be tailored to treating the most vulnerable communities with co-occurring substance use disorders and mental illnesses. Many co-occurring clients' treatments are limited by their insurance which is often Medi-Cal, Medicare, or the safety net population.

The County may wish to discuss if psychotherapeutic training will also be provided.

The County has identified three learning goals for this project:

1. Does an Addiction Medicine fellowship improve workforce capacity to serve vulnerable co-occurring mental health and substance use clients?
2. Does an Addiction Medicine Fellowship, sponsored by a county/government entity increase capacity for fellows to engage in meaningful community advocacy?
3. Does an Addiction Medicine Fellowship in a county/community setting improve behavioral health outcomes for co-occurring mental health and substance use clients?

The County plans to contract with a consultant to complete the evaluation. The MHSA Manager and BHRS Program Coordinator will work collaboratively with the contractor to formally complete the evaluation. The County states that this depicts a “rough evaluation plan” because they are hiring the consultant after the project receives Commission approval.

Measures for each learning objective have been identified along with the following intended outcomes:

Question 1:

- Number of co-occurring clients served
- Number of co-occurring client visits per month
- Demographics
- Social determinant indicators (Employment, housing, etc.)

Question 2:

- Number of community opportunities and types of advocacy programs fellows participate in.
 - Fellows are assigned at least one advocacy activity outside usual work that focuses on building opportunities for community change
- Interviews with fellows to determine level of engagement, the level of confidence in impacting community, policy, etc.
- Satisfaction with the fellowship

Question 3:

- Decreased hospitalizations (baseline available)
- Decreased Emergency Department (ED) and Psychiatric Emergency Services (PES) (baseline available)
- Increased engagement in outpatient care (#visits)
- Decreased alcohol, tobacco, and drug use (Self-report and drug screens)
- Improved mental health (Mood and anxiety scales) The evaluation will be completed by a contractor not yet identified and monitored by the BHRS manager and MHSA manager. All other services will be provided in house by BHRS.

County may wish to expand upon how the selected measurements support the learning goals and what baseline data is available specific to the target population.

The Budget (see pages 21-23 for detailed project budget)

The County is seeking authorization to use up to \$663,125 in innovation funding over a 4-year period consisting of personnel expenses, direct and indirect costs as well as leveraging of federal funding and in-kind donations:

- Personnel costs total \$490,000 (74% of project total) to cover the salaries and benefits for the following staff:
 - 1.0 FTE Fellow (3 fellows, one per year for 3 years) totaling \$366,000.
 - 0.25 FTE Program Coordinator position totaling \$70,000.
 - 0.10 FTE Faculty Supervisor, ED Physician/Addiction Specialist position totaling \$54,000
 - 0.25 FTE Program Director, Staff Psychiatrist, and Addiction Specialist will be provided by in-kind funding
- Direct costs total \$46,500 (7%) over duration of the term. These annual costs include insurance (\$2,500), conference, supplies, equipment, and travel/mileage (\$13,000) per year
- Indirect costs total \$126,625 (19%) including \$76,625 for BHRS county administration costs including contract monitoring, fiscal tracking, IT support, and oversight for the innovation project
- The evaluation costs total \$50,000 (7.5%) and will be completed by a contractor

Federal Financial Participation (FFP)

- Federal Financial Participation (FFP) anticipated to total \$51,000, for a total budget of \$714,125 including \$663,125 of requested approval of Innovation Funding

Staff Comments:

This project was initially presented to the Chair for her consideration under her Delegated Authority. During her review and due to the subject matter, she requested that Commissioner Danovitch, an Addiction Medicine Physician also review this proposal and provide his comments.

On June 15, 2020, Commission staff sent this project to Commissioner Danovitch for his review and feedback. He provided his comments to Commission staff, who then shared them with the County. Commissioner Danovitch's and the county responses are as follows:

Commissioner Danovitch: Although there is an enormous need for MAT (Medication Assisted Treatment), INN is not the right mechanism to train new MAT providers.

County Response: *INN is intended to allow counties to try new/different ways of addressing some of our biggest challenges in treating mental illness. Having an Addiction*

Medicine Fellowship sponsored by County Health introduces a new approach to addressing clients with co-occurring conditions by developing public sector-focused workforce capacity and skills. This would be the first time that an addiction medicine fellowship includes all rotations within a County system, with the aim of training physicians to work specifically within the public sector, with our own patients, and hopefully to become future employees of our county or other counties.

Creating a fellowship within a public mental health system will also advance the adoption of treating addiction in our system, where there is much reluctance to do so, promoting an environment where training in this area is valued and demonstrated to result in better outcomes. This has the potential of being a model for other Counties across the State that are looking to improve addiction treatment for clients with co-occurring mental health and substance use conditions.

Commissioner Danovitch: Fellowships are an established, approved, and certified mechanism of specializing the workforce, and the Innovation appears to be the funding source not the program itself.

County Response: *Our proposed “County-sponsored” fellowship is innovative because of the approach, not the funding. Academic fellowships will not expose trainees to public sector work, foundational training in social determinants of health, barriers to accessing care, and cultural humility to the extent and across multiple levels that our proposed fellowship will. As was mentioned in our proposal, fellows will provide treatment to farmworkers and the homeless, fellows will be expected to participate in at least one advocacy activity and health disparity learning sessions. Applicants who are dedicated to working with the safety net population will be selected for this unique experience.*

Commissioner Danovitch: What is the County proposing that distinguishes this project from similar projects that other counties and providers have already tested and implemented?

County Response: *There are no other addiction fellowships focused on exposing trainees to the public sector work, social determinants of health and cultural humility to the extent and across multiple levels as our proposed fellowship will. This will be accomplished via the uniquely proposed rotation sites and expectations that fellows participate in at least one advocacy activity and health disparity learning sessions.*

Commissioner Danovitch: This project is more appropriate for WET funds. Do you have WET funds that you can allocate to this work?

County Response: *“WET funds are not available to fund this project.” If this project is deemed successful via Innovation funds then we can build the case to our stakeholders and potentially fund by transferring CSS dollars to WET, as is required by the legislation.*

Given the concerns that Commissioner Danovitch had, Chair Ashbeck did not approve this project under her delegated authority and due to the timing of reversion and the number of INN plans, we were unable to calendar this plan for presentation to the FULL Commission before June 30, 2020.

On August 11, 2020, the County requested that this INN project be re-considered for approval through the next full Commission meeting. Per our conversation with the County on August 12, 2020, Commission staff agreed to schedule this project at the September 24, 2020 Teleconference Commission Meeting.

Additionally, Commission staff recommended that the County reach out to the Office of Statewide Health Planning and Development (OSHPD) to inquire about WET Grants. To our knowledge, San Mateo County has not applied to any WET Grants (deadline has passed) and it is also unclear if the County included this problem in their required WET Needs Assessment and if there was any stakeholder involvement.

Additional Regulatory Requirements:

The proposed project appears to meet the minimum requirements listed under MHSA Innovation regulations.



Translating Science. Transforming Lives.

July 27, 2020

Toby Ewing, PhD
Executive Director, MHSOAC
1325 J Street, Suite 1700
Sacramento, CA 95814

Sent via email attachment to: Toby.Ewing@mhsoc.ca.gov , MHSOAC@mhsoc.ca.gov

Re: Letter of Support for MHSA INN funding for San Mateo County BHRS Addiction Medicine Fellowship

Dear Dr. Ewing:

I am the Area Director for California (and Hawaii and Alaska) for the American Academy of Addiction Psychiatry (AAAP), and as such, represent the interests of patients suffering from substance use disorders and the psychiatric providers who care for them from this area. I am also an Addiction Psychiatrist and Clinical Professor at the University of California, Davis. Over the course of my 24-year career in Addiction Psychiatry, I've worked in private practice, community mental health, the VA and in university clinics, and I've represented AAAP for California for the last nine years. From this perspective, I believe the proposed Addiction Medicine Fellowship in the San Mateo County Behavioral Health and Recovery Services (SMC BHRS) would be both innovative and unique.

While there are other Addiction Medicine fellowships in California (seven others as of now), the SMC BHRS one would be the only one that is completely embedded in a county health system, designed to meet the needs of its safety net population at multiple entry points into the system. Since integration of substance use disorder treatment services into existing systems of care has been shown to be more successful than fragmented or splintered specialty care, the SMC BHRS program has the potential to effect significant change in its system of care as a whole. Its efforts will likely uncover as yet unrecognized barriers to care that can then be targeted for reduction, continuing the cycle of learning and innovation based on that learning.

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Robert Rymowicz, DO
TRAINEE REPRESENTATIVE

Kathryn Cates-Wessel
CHIEF EXECUTIVE OFFICER

This aspect is what makes the design of the SMC BHRS program exciting and far more of an innovation than an attempt to access a specialized funding source – the potential for system-wide learning and change that could reduce barriers to care for those most in need.

I would urge you and the Commissioners to support providing MHSA INN funding for the San Mateo County BHRS Addiction Medicine Fellowship.

Sincerely,



Martin Leamon, MD
Area IV Regional Director, AAAP

cc. Cynthia Chatterjee, MD, Deputy Medical Director, Behavior Health and Recovery Services, San Mateo County Health System via cchatter@gmail.com



California Society for Addiction Medicine

Toby Ewing, PhD
Executive Director, MHSOAC
1325 J Street, Suite 1700
Sacramento, CA 95814

July 31, 2020

Sent via email attachment to: Toby.Ewing@mhsoc.ca.gov, MHSOAC@mhsoc.ca.gov

Re: Letter of Support for MHSA INN funding for San Mateo County BHRS Addiction Medicine Fellowship

Dear Dr. Ewing:

As president of the California Society for Addiction Medicine (CSAM), I send this letter to support the application of the San Mateo County BHRS Addiction Medicine Fellowship for MHSA INN funding. The Board of CSAM strongly believes the proposed Addiction Medicine Fellowship in the San Mateo County Behavioral Health and Recovery Services (SMC BHRS) would be both innovative and unique.

While there are other Addiction Medicine fellowships in California (seven others currently), the SMC BHRS one would be the only one that is completely embedded in a county health system, designed to meet the needs of its safety net population at multiple entry points into the system. Since integration of substance use disorder treatment services into existing systems of care has been shown to be more successful than fragmented or splintered specialty care, the SMC BHRS program has the potential to effect significant change in its whole-health delivery system. Its efforts will likely uncover barriers to care that can then be targeted for reduction, continuing the cycle of learning and innovation based on that learning.

The SMC BHRS program is the **only** Addiction Medicine fellowship sponsored by a County health system, with all rotations within its system, with the aim of training physicians to work specifically within its system to meet the needs of the County's safety-net population.

Again, we strongly feel that the SMC BHRS program is far more of an innovation than an attempt to access a specialized funding source. The potential for this program could reduce barriers to care for those most in need.

The leadership of CSAM would urge you and the Commissioners to support providing MHSA INN funding for the San Mateo County BHRS Addiction Medicine Fellowship. Please feel free to contact me if you have any questions or would like to discuss this further

Sincerely,

Anthony P. Albanese, MD, DFASAM

President, California Society of Addiction Medicine (CSAM)

cc. Cynthia Chatterjee, MD, Deputy Medical Director, Behavior Health and Recovery Services, San Mateo County Health System via cchatter@gmail.com

CSAM MISSION: *The mission of CSAM is to advance the ethical and compassionate treatment of addiction through physician-led education of health professionals, patients, and the public. The Society promotes practice, research, prevention, and implementation of evidence-based treatment and sound drug policy. We advocate for our patients, their families, and other support systems at all stages of care.*

AGENDA ITEM 3

Action

September 24, 2020 Commission Meeting

Suicide Prevention Funding Allocation

Summary: The Mental Health Services Oversight and Accountability Commission will consider funding allocations to support the Commission's suicide prevention work.

Background: [Assembly Bill 114 \(Chapter 38, Statutes of 2017\)](#) directed the Commission to develop a statewide strategic suicide prevention plan. In early 2018, the Commission formed a Suicide Prevention Subcommittee, which included Commissioners Tina Wooton (Chair), Khatera Tamplen, and Mara Madrigal-Weiss. The Commission adopted *Striving for Zero: California's Strategic Plan for Suicide Prevention, 2020-2025* in November 2019. Through the 2020-21 Budget Act, the Commission was authorized to allocate \$2 million of its budget over the next two fiscal years to begin implementing the strategic plan.

Overview: During its August 27, 2020 meeting, the Commission approved several initiatives to address critical statewide gaps in strategic planning, data, safety, training, and support. Below are proposed funding allocations to support these initiatives.

Initiative	Key Activities	Budget (not to exceed)
Advance Local Strategic Planning and Implementation	<p>Deliver technical assistance to increase the number of counties in California with suicide prevention coalitions and strategic plans</p> <p>Deliver training on suicide prevention strategic planning that is guided by data and information from partners and community members, with goals of establishing sustainable suicide prevention systems, processes, and partnerships based on best practices</p> <p>Provide support to increase the collection and use of data, community engagement, technical workgroups, and implementation of planned activities</p>	\$535,000
Increase Lethal Means Safety	Develop a network of state and local partners to increase awareness of lethal means safety, as a key strategy for preventing suicide, particularly suicide by firearm	\$200,000

	<p>Create in collaboration with gun owners and others a training on suicide prevention for firearm distributors and staff, owners, and safety instructors</p> <p>Create a website to increase awareness of practical methods of reducing access to lethal means, especially in the home</p>	
Accelerate Standardized Suicide Risk Assessment and Management Training and Technology Support	<p>Develop a core online training module and curriculum on best practices in suicide risk assessment and management for health care providers, including providers delivering mental health services and services for substance use disorders</p> <p>Develop supplemental modules specifically designed for different health care professionals and paraprofessionals</p>	\$215,000
Deliver Standardized Suicide Risk Screening Training	<p>Identify in collaboration with educators and others a suicide screening tool appropriate for school settings</p> <p>Develop and deliver virtual training on the suicide screening tool selected, including methods for collecting data</p> <p>Explore with partners, such as the California Department of Education, options for submitting standardized and aggregated data for statewide data collection and reporting</p>	\$150,000
Create a Suicidal Behavior Research Agenda and Action Plan and Begin Implementation	<p>Conduct an environmental scan of the sources of suicidal behavior data in California and identify key gaps and challenges</p> <p>Develop strategy for data monitoring and assessment of suicidal behavior data and begin implementation</p>	\$500,000

Presenter: Ashley Mills, Research Supervisor

Enclosure: None

Handout (1): PowerPoint presentation

Proposed Motion: Allocate funding and authorize the Executive Director to enter into contracts to support the five (5) initiatives with the key activities presented in aggregate not to exceed \$2,000,000.

AGENDA ITEM 4

Action

September 24, 2020 Commission Meeting

Statewide Virtual and Digital Strategy for Mental Health

Summary: The Commission will consider strategies for exploring the merits of expanding California's support for virtual and digital strategies to meet behavioral health needs. A strategic digital and virtual behavioral health initiative that is well informed by community input and that leverages public and private funds could improve access to care, meet growing needs and address some disparities.

Background: To meet the challenges presented by the COVID-19 pandemic, the State is exploring ways to improve access to preventative behavioral health support and early intervention services so that behavioral health needs do not escalate and require hospital-based care. To start, the State has expanded access to mental health crisis hotlines, peer support lines and warmlines. Recent changes in state policy also have facilitated the use of telemedicine to reduce barriers to care during required isolation orders and to prevent the escalation of needs into calls for emergency or crisis services.

At the same time, demand for prevention and early intervention services has increased interest in application- and web-based mental health support strategies that reduce pressure on crisis-oriented care delivery systems. The State has supported the development of a web-based navigation tool to improve public access to online mental health and related information tools and is using its public outreach campaigns to direct the public to utilize these resources.

While the State of California has adopted emergency regulations to support phone-based and video-based care delivery, and has begun to direct attention to digital mental health strategies, the State has not put in place a strategic initiative to support digital and virtual mental health care that could extend the impact of California's existing care delivery system, reduce costs and expand coverage. Digital and virtual mental health care is increasingly available to Californians with the capacity to self-fund their mental health care, but is largely unavailable to Californians with limited resources and those who rely on publicly funded mental health care, particularly communities of color, non-English fluent communities, or those lacking easy access to the Internet.

A range of questions needs to be explored as part of this work, including:

- How effective are behavioral health services and supports when they are delivered through digital and virtual strategies, for whom and under what conditions?
- What strategies are available to the State to support the use of these tools if demonstrated to be effective?

- What are the roles of the counties and other partners, public and private, in supporting digital and virtual behavioral health strategies?

Presenter: Toby Ewing, Executive Director

Enclosure: None

Handout: None

Proposed Motion: Authorize the Executive Director to work with the Administration and Legislature and support community engagement to explore the potential for a virtual and digital behavioral health strategy to improve access to care, improve outcomes and address disparities.

AGENDA ITEM 5

Information

September 24, 2020 Commission Meeting

Staff Report Out

Summary: Staff will report out on projects underway, on county Innovation plans approved through delegated authority, and other matters relating to the ongoing work of the Commission.

Presenters:

- Toby Ewing, Executive Director
- Dr. Dawnté Early, Chief of Research and Evaluation
- Ashley Mills, Research Supervisor

Enclosures (7): (1) Motions Summaries from the August 27, 2020 Meeting; (2) Evaluation Dashboard; (3) Innovation Dashboard; (4) Calendar of Tentative Agenda Items; (5) Department of Health Care Services Revenue and Expenditure Reports Status Update; (6) Legislative Report to the Commission.

Handouts: A handout will be provided for the meeting.



Motions Summary

**Commission Meeting
 August 27, 2020**

Motion #: 1

Date: August 27, 2020

Time: 9:30AM

Motion:

The Commission approves the July 23, 2020 meeting minutes as corrected.

Commissioner making motion: Commissioner Anthony

Commissioner seconding motion: Commissioner Danovitch

Motion carried 11 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 Anthony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Beall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Berrick	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Boyd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Bunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Danovitch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Mitchell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Tamplen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Vice Chair Madrigal-Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Chair Ashbeck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Motions Summary

**Commission Meeting
August 27, 2020**

Motion #: 2

Date: August 27, 2020

Time: 9:52AM

Motion: For each of the grants, the Commission:

- Authorizes the Executive Director to issue a “Notice of Intent to Award EPI Plus Grants to the following applicants receiving the highest overall scores:

Kern County
Lake County
San Francisco County
Santa Barbara County
Sonoma County

- Authorizes the Executive Director to execute the contracts for the five successful applicants.
- Asks the EPI Plus Advisory Committee to provide recommendations regarding the allocation of the \$5,562,000 of undistributed funds.

Commissioner making motion: Commissioner Berrick

Commissioner seconding motion: Commissioner Gordon

Commissioner Brown recused himself. Motion carried 10 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 Anthony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Beall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Berrick	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Boyd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Brown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Bunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Danovitch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Mitchell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Tamplen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Vice Chair Madrigal-Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Chair Ashbeck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Motions Summary

**Commission Meeting
August 27, 2020**

Motion #: 3

Date: August 27, 2020

Time: 11:02AM

Motion:

The Commission approves San Mateo County’s Innovation plan, as follows:

- Name: Cultural Arts and Wellness Social Enterprise Café for Filipino/a/x Youth
- Amount: Up to \$2,625,000 in MHSA Innovation funds
- Project Length: Five (5) Years

Commissioner making motion: Commissioner Brown

Commissioner seconding motion: Commissioner Wooton

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

Name	Yes	No	Abstain
16. Commissioner Alvarez	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Commissioner Anthony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Commissioner Beall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Commissioner Berrick	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Commissioner Boyd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Commissioner Bunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Commissioner Danovitch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Commissioner Gordon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Commissioner Mitchell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Commissioner Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Commissioner Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Vice Chair Madrigal-Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Chair Ashbeck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Motions Summary

**Commission Meeting
August 27, 2020**

Motion #: 4

Date: August 27, 2020

Time: 12:46PM

Proposed Motion:

The Commission approves the proposed action items to begin the implementation of Striving for Zero: California’s Strategic Plan for Suicide Prevention, 2020-2025; and directs staff to bring back to the Commission for approval outlines for contracts in an amount not to exceed \$2 million to implement these action items.

Commissioner making motion: Commissioner Gordon

Commissioner seconding motion: Vice Chair Madrigal-Weiss

Motion carried 9 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 Anthony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Berrick	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Boyd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Bunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Danovitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Mitchell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Vice Chair Madrigal-Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Chair Ashbeck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Updates

Contracts

New Contract:

Total Contracts: **7**

Funds Spent Since the February Commission Meeting

Contract Number	Amount
17MHSOAC073	\$852,350
17MHSOAC074	\$390,850
17MHSOAC081	\$584,700
17MHSOAC085	\$66,936
18MHSOAC020	\$45,504
18MHSOAC040	\$155,126
19MHSOAC022	\$8,600
Total	\$2,104,066

Contracts with Deliverable Changes

[17MHSOAC073](#)

[17MHSOAC074](#)

[17MHSOAC081](#)

[17MHSOAC085](#)

[18MHSOAC040](#)

Regents of the University of California, Davis: Triage Evaluation (17MHSOAC073)

MHSOAC Staff: Kai Le Masson

Active Dates: 01/16/19 - 12/31/23

Total Contract Amount: \$3,528,911.50

Total Spent: \$1,312,350

This project will result in an evaluation of both the processes and strategies county triage grant program projects have employed and the outcomes obtained in those projects, funded separately to serve Adult, Transition Age Youth and child clients under the Investment in Mental Health Wellness Act in contracts issued by the Mental Health Services Oversight and Accountability Commission. This evaluation is intended to assess the feasibility, effectiveness and generalizability of pilot approaches for local responses to mental health crises in order to promote the implementation of best practices across the State.

Deliverable	Status	Due Date	Change
Workplan	Complete	4/15/19	No
Background Review	Complete	7/15/19	No
Draft Summative Evaluation Plan	Complete	2/12/20	Yes
Formative/Process Evaluation Plan	Complete	1/24/20	Yes
Data Collection and Management Report	Complete	6/15/20	Yes
Final Summative Evaluation Plan	Complete	7/15/20	No

Deliverable	Status	Due Date	Change
Data Collection Implementation Progress Reports	Not Started	10/15/20	No
Formative/Progress Evaluation Plan Implantation Reports and Summative Evaluation Implantation Progress Reports	Not Started	1/15/23	No
Statewide Conferences	Not Started	4/15/22	No
Midpoint Progress Report	Not Started	10/15/21	No
Revised Final Summative Evaluation Plan	Not Started	4/15/21	No
Data Quality Report and Summative Evaluation Progress	Not Started	4/15/22	No
Draft Summative Evaluation Final Report	Not Started	1/15/23	No
Final Report and Recommendations	Not Started	4/15/23	No

The Regents of the University of California, Los Angeles: Triage Evaluation (17MHSOAC074)

MHSOAC Staff: Kai Le Masson

Active Dates: 01/16/19 - 12/31/23

Total Contract Amount: \$3,528,911.50

Total Spent: \$850,850

This project will result in an evaluation of both the processes and strategies county triage grant program projects have employed and the outcomes obtained in those projects, funded separately to serve Adult, Transition Age Youth and child clients under the Investment in Mental Health Wellness Act in contracts issued by the Mental Health Services Oversight and Accountability Commission. This evaluation is intended to assess the feasibility, effectiveness and generalizability of pilot approaches for local responses to mental health crises in order to promote the implementation of best practices across the State.

Deliverable	Status	Due Date	Change
Workplan	Complete	4/15/19	No
Background Review	Complete	7/15/19	No
Draft Summative Evaluation Plan	Complete	2/12/20	Yes
Formative/Process Evaluation Plan	Complete	1/24/20	Yes
Data Collection and Management Report	Complete	6/15/20	Yes
Final Summative Evaluation Plan	Complete	7/15/20	No
Data Collection Implementation Progress Reports	Not Started	10/15/20	No

Deliverable	Status	Due Date	Change
Formative/Progress Evaluation Plan Implantation Reports and Summative Evaluation Implantation Progress Reports	Not Started	1/15/23	No
Statewide Conferences	Not Started	4/15/22	No
Midpoint Progress Report	Not Started	10/15/21	No
Revised Final Summative Evaluation Plan	Not Started	4/15/21	No
Data Quality Report and Summative Evaluation Progress	Not Started	4/15/22	No
Draft Summative Evaluation Final Report	Not Started	1/15/23	No
Final Report and Recommendations	Not Started	4/15/23	No

Regents of University of California, Los Angeles: Population Level Outcome Measures (17MHSOAC081)

MHSOAC Staff: Rachel Heffley

Active Dates: 7/1/2018-7/31/2020

Total Contract Amount: \$1,200,000

Total Spent: \$1,200,000

The purpose of this project is to develop, through an extensive public engagement effort and background research process, support for datasets of preferred (recommended) & feasible (delivered) measures relating to

- 1) negative outcomes of mental illness
- 2) prevalence rates of mental illness by major demographic categories suitable for supporting the evaluation of disparities in mental health service delivery & outcomes
- 3) the impact(s) of mental health & substance use disorder conditions (e.g., disease burden),
- 4) capacity of the service delivery system to provide treatment and support,
- 5) successful delivery of mental health services
- 6) population health measures for mental health program client populations.

Deliverable	Status	Due Date	Change
Work Plan	Complete	09/30/18	No
Survey Development Methodology/Survey	Complete	12/31/18	No
Survey Data Collection/Results/Analysis of Survey	Complete	6/19/20	Yes

Deliverable	Status	Due Date	Change
Summary Report (3 Public Engagements)	Complete	3/30/19	No
Summary Report (3 Public Engagements)	Complete	6/30/19	No
Outcomes Reporting Draft Report —3 Sections	Complete	9/31/19	No
Outcomes Reporting Draft Report – 2 Sections	Complete	12/31/19	No
Outcomes Reporting Draft Report –2 Sections	Complete	1/31/20	Yes
Outcomes Reporting Final Report	Complete	06/01/20	Yes
Outcomes Reporting Data Library & Data Management Plan	Complete	06/01/20	Yes
Data Fact Sheets and Data Briefs	Complete	06/01/20	Yes

Mental Health Data Alliance: FSP Pilot Classification & Analysis Project (17MHSOAC085)

MHSOAC Staff: Rachel Heffley

Active Dates: 07/01/18 - 3/31/19

Total Contract Amount: \$234,279

Total Spent: \$234,279

The intention of this pilot program is to work with a four-county sample (Amador, Fresno, Orange, & Ventura) to collect FSP program profile data, link program profiles to the FSP clients they serve, & model a key outcome (early exit from an FSP) as a function of program characteristics, service characteristics, & client characteristics

Deliverable	Status	Due Date	Change
Final Online Survey	Complete	02/04/19	No
FSP Program Data Sets	Complete	05/06/19	No
FSP Formatted Data Sets (Amador & Fresno)	Complete	09/07/19	No
FSP Formatted Data Sets (Orange & Ventura)	Complete	09/30/2019	No
FSP Draft Report	Complete	1/24/20	Yes
FSP Final Report	Complete	3/31/20	Yes

The iFish Group: Hosting & Managed Services (18MHSOAC020)

MHSOAC Staff: Rachel Heffley

Active Dates: 01/01/19 - 12/31/20

Total Contract Amount: \$400,143

Total Spent: \$387,242

To provide hosting & managed services (HMS) such as Secure Data Management Platform (SDMP) & a Visualization Portal where software support will be provided for SAS Office Analytics, Microsoft SQL, Drupal CMS 7.0 Visualization Portal, & other software products. Support services & knowledge transfer will also be provided to assist MHSOAC staff in collection, exploration, & curation of data from external sources.

Deliverable	Status	Due Date	Change
Secure Data Management Platform	Complete	01/01/19	No
Data Management Support Services	In-Progress	12/31/20	No

The Regents of the University of California, San Francisco: Partnering to Build Success in Mental Health Research and Policy (18MHSOAC040)

MHSOAC Staff: Dawnte Early

Active Dates: 07/01/19 - 06/30/21

Total Contract Amount: \$1,171,008

Total Spent: \$445,378

UCSF is providing onsite staff and technical assistance to the MHSOAC to support project planning, data linkages, and policy analysis activities.

Deliverable	Status	Due Date	Change
Quarterly Progress Report	Complete	09/30/19	No
Quarterly Progress Report	Complete	12/31/19	No
Quarterly Progress Report	Complete	03/31/2020	Yes
Quarterly Progress Report	Complete	06/30/2020	No
Quarterly Progress Report	Not Started	09/30/2020	No
Quarterly Progress Report	Not Started	12/31/2020	No
Quarterly Progress Report	Not Started	03/31/2021	No
Quarterly Progress Report	Not Started	06/30/2021	No

The iFish Group: Hosting & Managed Services (19MHSOAC022)

MHSOAC Staff: Rachel Heffley

Active Dates: 01/01/20 - 12/31/20

Total Contract Amount: \$313,604

Total Spent: \$298,604

To provide hosting & managed services (HMS) such as Secure Data Management Platform (SDMP) & a Visualization Portal where software support will be provided for SAS Office Analytics, Microsoft SQL, Drupal CMS 7.0 Visualization Portal, & other software products. Support services & knowledge transfer will also be provided to assist MHSOAC staff in collection, exploration, & curation of data from external sources.

Deliverable	Status	Due Date	Change
Secure Data Management Platform	Complete	01/01/20	No
Data Management Support Services	In-Progress	12/31/20	No

INNOVATION DASHBOARD SEPTEMBER 2020



UNDER REVIEW	Final Proposals Received	Draft Proposals Received	TOTALS
Number of Projects	4	10	14
Participating Counties (unduplicated)	2	5	7
Dollars Requested	\$2,604,349	\$7,477,647	\$10,081,996

PREVIOUS PROJECTS	Reviewed	Approved	Total INN Dollars Approved	Participating Counties
FY 2015-2016	N/A	23	\$52,534,133	15 (25%)
FY 2016-2017	33	30	\$68,634,435	18 (31%)
FY 2017-2018	34	31	\$149,219,320	19 (32%)
FY 2018-2019	53	53	\$303,143,420	32 (54%)
FY 2019-2020	28	28	\$62,258,683	19 (32%)

TO DATE	Reviewed	Approved	Total INN Dollars Approved	Participating Counties
FY 2020-2021	1	1	\$2,625,000	1

Total number of counties that have presented an INN Project since 2013:	Average Time from Final Proposal Submission to Commission Deliberation [†] :	[†] This excludes extensions of previously approved projects, Tech Suite additions, and government holidays. FY: Fiscal Year (July 1st – June 30th)
57 (97%)	52 days	

INNOVATION PROJECT DETAILS

DRAFT PROPOSALS

Status	County	Project Name	Funding Amount Requested	Project Duration	Draft Proposal Submitted to OAC	Final Project Submitted to OAC
Under Review	Sonoma	Using Cognitive Technologies to Create Client Care Plans	\$992,428	2 Years	11/13/2019	Pending
Under Review	Sonoma	New Parent TLC	\$394,586	3 Years	3/5/2020	Pending
Under Review	Sonoma	Instructions Not Needed	\$689,860	3 Years	3/5/2020	Pending
Under Review	Sonoma	Nuestra Cultura Cura Social INN Lab (aka On the Move)	\$736,584	3 Years	3/10/2020	Pending
Under Review	Colusa	Social Determinants of Rural Mental Health Project	\$495,568	3 Years	4/17/2020	Pending
Under Review	Madera	Project DAD (Dads, Anxiety & Depression)	\$930,401.56	5 Years	3/3/2020	Pending
Under Review	San Luis Obispo	BH Education & Engagement Team (BHEET)	\$963,197.00	4 Years	6/4/2020	Pending
Under Review	San Luis Obispo	MH Integration for Older Adults in Residential Facilities	\$544,252.00	4 Years	6/4/2020	Pending
Under Review	San Luis Obispo	SoulWomb Project	\$733,640.00	4 Years	6/4/2020	Pending
Under Review	Santa Clara	Independent Living Facilities Project	\$990,000	3 Years	6/29/2020	Pending

FINAL PROPOSALS

Status	County	Project Name	Funding Amount Requested	Project Duration	Draft Proposal Submitted to OAC	Final Project Submitted to OAC
Under Final Review	Modoc	INN and Improvement through Data (IITD)-Extension	\$91,224	1 Year	3/4/2020	3/4/2020
Under Final Review	San Mateo	Co-location of Prevention Early Intervention Services in Low Income Housing	\$925,000	4 Years	9/30/3019	2/24/2020

FINAL PROPOSALS

Status	County	Project Name	Funding Amount Requested	Project Duration	Draft Proposal Submitted to OAC	Final Project Submitted to OAC
Under Final Review	San Mateo	PIONEERS (Pacific Islanders Organizing, Nurturing, and Empowering Everyone to Rise and Serve)	\$925,000	4 Years	10/2/2019	2/24/2020
Under Final Review	San Mateo	Addiction Medicine Fellowship in a Community Hospital	\$663,125	4 Years	10/2/2019	2/23/2020

APPROVED PROJECTS (FY 20-21)

County	Project Name	Funding Amount	Approval Date
San Mateo	Cultural Arts and Wellness Social Enterprise Café for Filipino/a/x Youth	\$2,625,000	8/27/2020

Calendar of Tentative Commission Meeting Agenda Items

Proposed 9/16/2020

Agenda items and meeting locations are subject to change

October 22, 2020: Sacramento, CA (Teleconference)

Election of the MHSOAC Chair and Vice-Chair for 2021

Nominations for Chair and Vice-Chair for 2021 will be entertained and the Commission will vote on the nominations and elect the Chair and Vice-Chair.

Schools and Mental Health Project Report

The Commission will consider adoption of the Schools and Mental Health Project Report.

EPI Plus Funds Allocation

The Commission will hear recommendations made by the EPI Plus Advisory Committee on the allocation of available funds and determine the best strategies to support early psychosis and mood disorder programs.

Strategic Plan for the Research & Evaluation Division

The Commission will hear about the Strategic Plan for the Research and Evaluation Division

Potential Innovation Plan Approval

The Commission reserves time on each month's agenda to consider approval of Innovation projects for counties. At this time, it is unknown if an innovative project will be calendared.

Staff Report Out

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

November 19, 2020: Sacramento, CA (Teleconference)

Potential Innovation Plan Approval

The Commission reserves time on each month's agenda to consider approval of Innovation projects for counties. At this time, it is unknown if an innovative project will be calendared.

Staff Report Out

Commission Staff will report out on projects underway, on county Innovation plans approved through delegated authority, and other matters relating to the ongoing work of the Commission.

DHCS Status Chart of County RERs Received
September 24, 2020 Commission Meeting

Attached below is a Status Report from the Department of Health Care Services regarding County MHSA Annual Revenue and Expenditure Reports received and processed by Department staff, dated June 3rd, 2020. This Status Report covers the FY 2016-17 through FY 2018-19 County RERs.

For each reporting period, the Status Report provides a date received by the Department of the County's RER and a date on which Department staff completed their "Final Review."

The Department provides MHSOAC staff with weekly status updates of County RERs received, processed, and forwarded to the MHSOAC. MHSOAC staff process data from County RERs for inclusion in the Fiscal Reporting Tool only after the Department determines that it has completed its Final Review. FY 2017-18 RER data has not yet been incorporated into the Fiscal Reporting Tool due to format changes.

The Department also publishes on its website a web page providing access to County RERs. This page includes links to individual County RERs for reporting years FY 2006-07 through FY 2015-16. This page can be accessed at: <http://www.dhcs.ca.gov/services/MH/Pages/Annual-Revenue-and-Expenditure-Reports-by-County.aspx>. Additionally, County RERs for reporting years FY 2016-17 through FY 2017-18 can be accessed at the following webpage: http://www.dhcs.ca.gov/services/MH/Pages/Annual_MHSA_Revenue_and_Expenditure_Reports_by_County_FY_16-17.aspx.

Counties also are required to submit RERs directly to the MHSOAC. The Commission provides access to these reports through its Fiscal Reporting Tool at <http://mhsoac.ca.gov/fiscal-reporting> for Reporting Years FY 2012-13 through FY 2016-17 and a data reporting page at https://mhsoac.ca.gov/resources/documents-and-reports/documents?field_county_value=All&field_component_target_id=46&year=all

On October 1, 2019, DHCS published a report detailing MHSA funds subject to reversion as of July 1, 2018, covering allocation year FY 2015-16 for large counties and 2008-09 for WET and CFTN funds, updating a July 1, 2018 report detailing funds subject to reversion for allocation years FY 2005-06 through FY 2014-15 to satisfy Welfare and Institutions Code (W&I), Section 5892.1 (b). Both reports can be accessed at the following webpage:

<https://www.dhcs.ca.gov/services/MH/Pages/MHSAFiscalRef.aspx>

Agenda Item 5: DHCS Status Chart of County RERs Received
September 24, 2020 Commission Meeting

DCHS MHSA Annual Revenue and Expenditure Report Status Update

FY 2005-06 through FY 2016-17, all Counties are current

County	FY 17-18 Electronic Copy Submission Date	FY 17-18 Return to County Date	FY 17-18 Final Review Completion Date	FY 18-19 Electronic Copy Submission Date	FY 18-19 Return to County Date	FY 18-19 Final Review Completion Date
Alameda	3/25/2019	3/26/2019	4/9/2019	12/31/2019	1/2/2020	1/6/2020
Alpine	5/10/2019	5/13/2019	5/15/2019	5/11/2020	5/12/2020	5/28/2020
Amador	12/19/2018	12/19/2018	12/21/2018	12/20/2019	12/24/2019	1/17/2020
Berkeley City	12/28/2018	1/2/2019	1/8/2019	2/11/2020	2/13/2020	2/19/2020
Butte	6/26/2019		6/26/2019	1/6/2020	1/7/2020	1/31/2020
Calaveras	1/10/2019		1/11/2019	12/30/2019	1/2/2020	1/2/2020
Colusa	3/28/2019	4/25/2019	4/30/2019	2/28/2020	3/2/2020	3/27/2020
Contra Costa	12/31/2018	1/7/2019	1/22/2019	1/6/2020	1/6/2020	1/10/2020
Del Norte	12/31/2018		1/2/2019	12/31/2019	1/2/2020	1/22/2020
El Dorado	12/28/2018	1/3/2019	1/25/2019	12/31/2019	1/2/2020	1/3/2020
Fresno	12/28/2018	1/2/2019	1/2/2019	12/30/2019	1/2/2020	1/21/2020
Glenn	12/31/2018	1/7/2019	2/11/2019	12/23/2019	n/a	12/26/2019
Humboldt	12/20/2018	12/21/2018	1/2/2019	1/6/2020	1/6/2020	1/29/2020
Imperial	12/26/2018		1/2/2019	12/9/2019	12/13/2019	12/18/2019
Inyo	3/19/2019	3/20/2019	3/22/2019	3/5/2020	3/5/2020	6/3/2020
Kern	1/4/2019		1/7/2019	12/19/2019	12/24/2019	1/22/2020
Kings	1/31/2019	2/4/2019	2/11/2019	1/6/2020	1/7/2020	1/17/2020
Lake	7/12/2019		7/16/2019	1/13/2020	1/14/2020	1/17/2020
Lassen	1/8/2019	1/14/2019	1/31/2019	12/30/2019	1/2/2020	1/14/2020
Los Angeles	12/31/2018	1/14/2019	1/29/2019	1/31/2020	2/3/2020	2/20/2020

Agenda Item 5: DHCS Status Chart of County RERs Received
September 24, 2020 Commission Meeting

County	FY 17-18 Electronic Copy Submission Date	FY 17-18 Return to County Date	FY 17-18 Final Review Completion Date	FY 18-19 Electronic Copy Submission Date	FY 18-19 Return to County Date	FY 18-19 Final Review Completion Date
Madera	12/31/2018	1/7/2019	2/4/2019	1/7/2020	1/7/2020	1/22/2020
Marin	12/21/2018	12/21/2018	12/21/2018	12/23/2019	12/24/2019	12/26/2019
Mariposa	12/20/2018	1/3/2019	1/31/2019	12/19/2019	12/23/2019	1/29/2020
Mendocino	12/31/2018		1/3/2019	12/30/2019	1/2/2020	1/9/2020
Merced	12/21/2018	12/21/2018	12/31/2018	12/17/2019	12/23/2019	12/26/2019
Modoc	1/16/2019	1/16/2019	1/24/2019	2/3/2020	2/3/2020	2/4/2020
Mono	12/28/2018	1/3/2019	1/17/2019	12/27/2019	12/31/2019	1/3/2020
Monterey	3/5/2019	3/6/2019	9/4/2019	12/23/2019	12/26/2019	1/8/2020
Napa	12/28/2018	1/2/2019	1/4/2019	12/20/2019	12/26/2019	1/2/2020
Nevada	12/21/2018		12/21/2018	12/31/2019	n/a	1/23/2020
Orange	12/28/2018	1/2/2019	1/31/2019	12/27/2019	12/31/2019	12/31/2019
Placer	1/18/2019		1/22/2019	1/15/2020	1/16/2020	1/28/2020
Plumas	9/16/2019	9/17/2019	10/4/2019	3/19/2020	3/19/2020	3/26/2020
Riverside	12/31/2018		1/29/2019	12/31/2019	1/3/2020	1/28/2020
Sacramento	12/31/2018	1/2/2019	1/2/2019	12/27/2019	12/30/2019	1/13/2020
San Benito	3/8/2019	3/8/2019	3/18/2019	5/13/2020	5/14/2020	5/14/2020
San Bernardino	12/31/2018		1/2/2019	12/30/2019	12/31/2019	1/16/2020
San Diego	12/26/2018		1/15/2019	12/31/2019	1/6/2020	1/24/2020
San Francisco	12/31/2018	1/3/2019	1/30/2019	12/31/2019	1/3/2020	1/7/2020
San Joaquin	12/31/2018		1/7/2019	1/7/2020	1/10/2020	1/16/2020
San Luis Obispo	12/14/2018	12/18/2018	12/28/2018	12/30/2019	12/31/2019	1/16/2020
San Mateo	12/31/2018		1/2/2019	12/24/2019	12/30/2019	1/23/2020
Santa Barbara	12/21/2018	1/3/2019	1/14/2019	12/20/2019	12/26/2019	1/31/2020

Agenda Item 5: DHCS Status Chart of County RERs Received
September 24, 2020 Commission Meeting

County	FY 17-18 Electronic Copy Submission Date	FY 17-18 Return to County Date	FY 17-18 Final Review Completion Date	FY 18-19 Electronic Copy Submission Date	FY 18-19 Return to County Date	FY 18-19 Final Review Completion Date
Santa Clara	12/27/2018		1/2/2019	12/13/2019	12/16/2019	12/31/2019
Santa Cruz	12/31/2018	1/3/2019	1/7/2019	1/2/2020	1/7/2020	1/29/2020
Shasta	12/13/2018	12/17/2018	1/2/2019	12/18/2019	12/23/2019	12/30/2019
Sierra	12/28/2018		1/2/2019	12/19/2019	12/26/2019	1/29/2020
Siskiyou	9/3/2019	9/3/2019	9/24/2019	4/6/2020	4/8/2020	4/23/2020
Solano	12/31/2018	1/3/2019	2/21/2019	12/30/2019	1/2/2020	1/27/2020
Sonoma	1/16/2019	1/29/2019	2/1/2019	12/18/2019	12/26/2019	1/23/2020
Stanislaus	12/26/2018		1/3/2019	12/31/2019	1/3/2020	1/3/2020
Sutter-Yuba	1/7/2019	1/28/2019	1/31/2019	1/2/2020	1/6/2020	1/15/2020
Tehama	6/20/2019		8/12/2019	8/6/2020	8/12/2020	8/26/2020
Tri-City	12/31/2018	1/3/2019	1/30/2019	12/30/2019	12/31/2019	1/14/2020
Trinity	1/30/2019		2/7/2019	2/10/2020	2/10/2020	2/14/2020
Tulare	12/19/2018	12/21/2018	12/26/2018	12/19/2019	12/23/2019	12/23/2019
Tuolumne	12/11/2018	12/12/2018	12/12/2018	10/21/2019	10/23/2019	10/25/2019
Ventura	12/20/2018		12/21/2018	1/13/2020	1/16/2020	1/31/2020
Yolo	1/30/2019	1/31/2019	1/31/2019	12/20/2019	12/24/2019	1/3/2020
Total	59	39	59	59	57	59

2020 Legislative Report to the Commission As of September 15, 2020

SPONSORED LEGISLATION

Assembly Bill 2112 (Ramos)

Title: Suicide Prevention

Summary: Suicide claimed the lives of 4,323 Californians in 2017. Suicide rates in California are increasing, especially in our rural communities. Despite the increasing number of deaths, there is mounting evidence that lives can be saved from suicide. Assembly Bill 114 (Chapter 38, Statutes of 2017) directed the Commission to develop a new strategic plan for suicide prevention for the State of California. Over the course of two years the Commission developed this plan based on the latest in research on suicide and its prevention, and with the input and guidance of our communities. The state's plan outlines over five years strategic steps state and local partners can take to save lives. To accelerate these lifesaving steps, the plan recommends the State establish an Office of Suicide Prevention.

Commission's Position: Assemblymember Ramos's Staff and the Co-Sponsor of AB 2112, the California Alliance of Child and Family Services Staff presented AB 2112 to the Commission at the February 27, 2020 Commission Meeting. The Commission agreed to Sponsor the bill, if the bill was amended and consistent with the recommendations in the Commission's 2019 report "Striving for Zero".

Status/Location: Passed the Senate – August 30, 2020. Passed the Assembly August 31, 2020. Enrolled on September 4, 2020.

On August 24, 2020, AB 2112 was amended as follows:

- 1) Require the duties and responsibilities of the OSP to be accomplished using existing staff and resources.
- 2) Allows the OSP, if established, to apply for and utilize federal, state and foundation grants.
- 3) Make implementation contingent on funds being appropriated in the annual Budget Act or another statute.
- 4) Require the OSP, if established, to consult with the Mental Health Services Oversight and Accountability Commission (MHSOAC), to implement suicide prevention efforts.

Budget Act of 2020

The Budget Act of 2020 (FY 2020-21) includes provision language to allow the Commission, within existing resources, to enter into contracts to begin implementing recommendations in "Striving for Zero."

Co-Sponsors: California Alliance of Child and Family Services

SUPPORTED LEGISLATION

Assembly Bill 2265 (Quirk-Silva)

Title: Mental Health Services Act: use of funds for substance use disorder treatment.

Summary: Some individuals living with serious mental illness simultaneously experience alcohol and drug use disorders, complicating diagnosis and treatment. A third of adults who receive county mental health services for serious mental illnesses, have a co-occurring substance use disorder. The stakes for these individuals are especially high. People with drug or alcohol use disorders are almost six times more likely to attempt suicide than those without. AB 2265 would provide counties the flexibility to treat these individuals using Mental Health Services Act dollars.

AB 2265 supports the State's effort to support function integration of mental health care and response to substance use disorder. The bill is a significant step to tailor financing and practice standards and approaches to be responsive to individuals rather than trying to get individuals to fit into administrative categories.

Commission's Position: Staff from Assembly Member Quirk-Silva's Office presented AB 2265 to the Commission in January 2020. The Commission directed staff to work with Assembly Member Quirk-Silva to develop her proposal with guidance from Commissioner Danovitch and staff is to gauge interest and start to develop a proposal for the SMART/START initiative and bring the bills back for a future meeting.

On June 18, 2020, SB 855 was amended. Amendments to AB 2265 are consistent with the direction from the Commission and the Executive Director worked with Commissioner Danovitch to develop the language for the amendments.

In July 2020, Executive Director presented the amended bill to Commissioners and the Commission took a support position for SB 855.

On August 12, 2020, AB 2265 was amended as follows:

- Limit the programs eligible under the provisions of this bill to all MHSA-funded programs except the No Place Like Home Program
- Require SUD services pursuant to this bill to comply with applicable requirements of the MHSA
- Change "as quickly as possible" to "in a timely manner" in reference to referring those with only an SUD to appropriate treatment services
- Permit DHCS to implement, interpret, or make specific the provisions of this bill through letters, notices, bulletins, or other similar instructions
- Require DHCS to adopt regulations by July 1, 2025, to implement the provisions of this bill.

Status/Location: Passed Senate – August 28, 2020. Passed Assembly – August 30, 2020. Enrolled on September 1, 2020.

SUPPORTED LEGISLATION

Senate Bill 803 (Beall)

Title: Mental health services: peer support specialist certification.

Summary: Peer support is an evidence-based practice for the treatment of those with unmet mental health needs. The use of peer support specialists can reduce rehospitalization rates and inpatient days, increase use of outpatient services, lower overall cost of services, and improve outcomes for people with mental health needs. Almost every other state in the nation has established programs to train and certify peer specialists. SB 803, would add California to that list by requiring the establishment of a certification program for peer providers and provides the structure needed to maximize federal match for peer services under Medi-Cal.

California is behind in embracing peer support as an evidence-based model and in establishing a certification program that standardizes best practices. SB 803 will result in a more comprehensive and effective approach to mental health care. This certification would standardize high-quality peer and family support services leading to increased family support, a fuller continuum of wraparound services, and an individualized focus on clients in order to promote recovery and self-sufficiency.

Commission's Position: Executive Director Toby Ewing presented SB 803 to the Commission in January 2020, the Commission took a support position on this bill, with direction to staff to update the Commission as this bill evolves.

On July 27, 2020 SB 803 was amended as follows:

Requires the Department of Health Care Services to seek any federal waivers or other state plan amendments, as necessary, to do the following:

- Include a peer support specialist certified as a provider type.
- Include peer support specialist services as a distinct service type, which may be provided to eligible Medi-Cal beneficiaries who receive specialty mental health services or Drug Medi-Cal services in any county, including any county that has implemented a Drug Medi-Cal organized delivery system, or both, if that county elects to do both of the following:
 - Opt in to provide peer support specialist services.
 - Fund the nonfederal share of those services.
 - Develop and implement one or more billing codes, reimbursement rates, and claiming requirements for peer support specialist services.

Status/Location: Passed Assembly – August 31, 2020. Passed Senate – August 31, 2020. Enrolled and presented to the Governor on September 10, 2020.

SUPPORTED LEGISLATION

Senate Bill 854 (Beall)

Title: Health care coverage: substance use disorders.

Summary: Prohibits a mental health plan or insurer from imposing any prior authorization requirements or any step therapy requirements before authorizing coverage for FDA-approved prescriptions. It will also place the FDA-approved medications for treatment of substance use disorders on the lowest cost-sharing tier.

Commission's Position:

Executive Director Toby Ewing presented SB 854 to the Commission in January 2020, the Commission took a support position on this bill, with direction to staff to update the Commission as this bill evolves.

On April 24, 2020, SB 854 was amended.

As amended, the bill modifies existing state and federal laws that are currently in place to ensure Californians struggling with mental illness, including substance use disorders, can receive appropriate treatment when they most need it.

Status/Location: Senate – Dead.

Senate Bill 855 (Wiener)

Title: Health coverage: mental health or substance abuse disorders.

Summary: Mental health and addiction are serious crises facing California residents. Insurance companies, under the California Parity Act of 1999, are currently required to fund emergency mental health services; however, the California Parity Act does not apply to all medically necessary mental healthcare nor to substance use disorders. SB 855 (Wiener) requires insurance companies to fund medically necessary mental healthcare and substance use disorder treatment, whether treatments are defined as urgent or not. This will allow people to receive care before being forced into full mental health crisis. SB 855 (Wiener) will also require health plans to cover out-of-network services at in-network rates if required services are not available in-network. This will give people with mental illness and substance use disorder the ability to access treatment sooner and get back on their feet without going into debt.

Commission's Position: Executive Director Toby Ewing presented SB 855 to the Commission in January 2020, the Commission took a support position on this bill, with direction to staff to update the Commission as this bill evolves.

On August 24, 2020, SB 855 was amended as follows:

- 1) Clarify that Independent Medicare Review rights of enrollee/insured are not affected;
- 2) Add the following providers to the list of health care providers defined in this bill:
 - a) An associate clinical social worker functioning pursuant to existing law, as specified;
 - b) An associate professional clinical counselor or professional clinical counselor trainee functioning pursuant to existing law, as specified;
 - c) A registered psychologist assistant, as described;
 - d) A registered psychological assistant, as described; and,
 - e) A psychology trainee or person supervised as set forth in existing law, as specified;
- 3) Revise the provisions related to medically necessary out-of-network treatment to require plans and insurers to arrange coverage to ensure the delivery of medically necessary out-of-network services and follow-up services that, to the maximum extent possible, meet those geographic and timely access standards. Defines “arrange coverage to ensure the delivery of medically necessary out-of-network services” to include, but not be limited to, providing services to secure medically necessary out-of-network options that are available to the enrollee/insured within geographic and timely access standards;
- 4) Delete a provision regarding changes in terminology, organization, or classification of mental health or substance use disorders in future version of various professional manuals, as specified; and,

Status/Location: Passed Assembly – August 26, 2020. Passed Senate – August 30, 2020. Enrolled and presented to the Governor on September 9, 2020.

OPPOSED LEGISLATION

Senate Bill 665 (Umberg)

Title: Mental Health Services Fund: county jails

Summary: SB 665 would allow counties to use their MHSA funds for projects, programs, and services inside a county jail. The spirit of the MHSA is to help individuals outside institutional systems. While the Commission agrees that mental health services in jails and reentry programs are important, the jails have received funding from Proposition 47, the Community Corrections Partnerships, and others. When Californians passed the MHSA through Proposition 63, they were voting to spend more money outside as opposed to inside the jail system.

The Commission opposes SB 665 but does support counties looking at how individuals being discharged from jails are supported to ensure they are integrated into the community with necessary support to meet their needs.

Commission’s Position: The Executive Director and staff from Senator Umberg’s Office presented SB 665 to the Commission in July 2019, the Commission took a position to oppose this bill.

On July 27, 2020, SB 665 was amended as follows:

Requires the Commission to approve up to eight counties, to include Orange County, to establish a Jail-Based Community Mental Health Innovation Program designed to meeting the mental health needs of persons in jail, including persons who have been convicted of a felony and sentenced to imprisonment in a county jail.

Authorizes, with approval from the Commission, each county that is accepted into the Jail-Based Community Mental Health Innovation Program to use Mental Health Services Act Innovation Funds for the establishment of a program.

Status/Location: Assembly – Dead.

TECHNICAL ASSISTANCE

Assembly Bill 3229 (Wicks)

Title: Maternal mental health

Summary: Would require each county to submit to the Mental Health Services Oversight and Accountability Commission by January 31 of each year a report describing how the county is using moneys allocated to the county from the Mental Health Services Fund to address maternal mental health issues. The bill would require the commission to post on its internet website the reports submitted by the counties. By imposing new duties on the counties, the bill would impose a state-mandated local program.

Commission's Position:

The Commission directed staff to gauge interest and start to develop a proposal for a maternal mental health pilot project and bring bill back for a future meeting.

Status/Location: Assembly – Dead.

***Bills that have no action since 2019 are no longer listed on this report. We will continue to monitor all legislation and add bills to the report if action is taken.**