
State of California

**MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION**

Minutes of Teleconference Meeting
February 25, 2021

MHSOAC
1325 J Street, Suite 1700
Sacramento, CA 95814

998-4035-9076; Code 948547

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

Members Participating:

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

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

Members Absent:

Keyondria Bunch, Ph.D.
Assembly Member Wendy Carrillo

Staff Present:

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

Brian Sala, Ph.D., Deputy Director,
Research and Chief Information Officer

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 9:05 a.m. and welcomed everyone.

Chair Ashbeck reviewed the meeting protocols.

Announcements

Chair Ashbeck made the following announcements:

- The next Commission meeting is scheduled for March 25th.
 - The March 25th Commission meeting will include an update on the Workplace Mental Health Project.
- Tomorrow is the last day to apply to serve on the Client and Family Leadership Committee (CFLC) or Cultural and Linguistic Competence Committee (CLCC). Applications are posted on the website.
- The next CLCC meeting is scheduled for March 11th.
- The next CFLC is scheduled for March 18th.
- New staff member Sarah Yeffa, Communications and Public Engagement Officer, joined the Commission staff since the last Commission meeting.

Roll Call

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

GENERAL PUBLIC COMMENT

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), stated concern for the lack of clear direction or mention in Commission's Prevention and Early Intervention Subcommittee meetings and projects about the primary purpose of Senate Bill (SB) 1004, which was to narrow and focus the priority populations of county prevention and early intervention programs. The speaker read a portion of the bill mandating the Commission to establish priorities for the use of prevention and early intervention funds. The speaker stated this has not been mentioned nor has the public been asked to provide input on the list of priority populations to be developed by the Commission.

Stacie Hiramoto stated REMHDCO has deep concerns with the prevention and early intervention language of the transition-age youth (TAY) population with the priority on funding only for TAY who attend college. While REMHDCO supports more mental health programs for TAY, it strongly objects to the priority on TAY attending college. The speaker suggested a robust discussion of the specific and clear purpose of SB 1004 and asked the Commission to solicit feedback on the language for priority populations in focus groups and forums.

Andrea Crook, Advocacy Director, ACCESS California, a program of Cal Voices, stated concern that, under Assembly Bill (AB) 1976, counties must divert critical mental health resources to assisted outpatient treatment (AOT) programs regardless of community needs and despite the unprecedented challenges faced from the COVID-19 pandemic. The speaker stated, although counties can opt out, county directors are being encouraged not to due to political pressures. The speaker asked how the Commission will ensure accountability that counties have a stakeholder process and that the required client services, peer support, data collection, and mobile teams will be upheld.

Poshi Walker, LGBTQ Program Director, Cal Voices, and Co-Director, #Out4MentalHealth, echoed the comments and questions from the previous speakers about AB 1976 and SB 1004. The speaker thanked the Commission for starting up the Committees again but stated the applications for Committee membership were only posted one week ago. The speaker requested an extension on the Committee application deadline – eight days is not long enough.

Tiffany Carter, Statewide Advocacy Liaison, ACCESS California, a program of Cal Voices, echoed Andrea Crook's comments about AB 1976 and the pressure that counties and advocates are feeling respecting the adoption of this law. The speaker stated concern that prioritizing funding for involuntary services further stigmatizes mental health and discourages clients from seeking services for fear of being ordered into treatment. The speaker stated statewide involuntary treatment does not promote the evidence-based practice of client-driven and recovery-oriented services that utilizes shared decision-making and client empowerment that the Mental Health Services Act (MHSA) upholds.

ACTION

1: Approve January 28, 2021, Commission Meeting Minutes

Chair Ashbeck stated the Commission will consider approval of the minutes from the January 28, 2021, teleconference meeting.

Public Comment

Poshi Walker stated they made public comment on February 27, 2020, that the only way to access the minutes is by going to the Commission meeting packet and that revisions are not reflected in the minutes that are posted on the website. The speaker stated, at that time, Chair Ashbeck asked about the process for revising the minutes and reposting the approved version. Stakeholders were told that a page of the motions and approved minutes would soon be added to the website. This has not yet happened. The speaker requested that, when corrections are made to the minutes, those minutes be posted separately.

Chair Ashbeck asked staff to post the revised and approved minutes on the website.

Chair Ashbeck asked for a motion for approval of the minutes.

Commissioner Berrick made a motion to approve the January 28, 2021, teleconference meeting minutes.

Commissioner Danovitch seconded.

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

- *The Commission approves the January 28, 2021, Teleconference Meeting Minutes as presented.*

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

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

INFORMATION

2: Prevention and Early Intervention Panel Presentation

Presenters:

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

Chair Ashbeck stated this project was initiated by SB 1004, which directed the Commission to establish additional priorities for MHSA prevention and early intervention programs and to develop data monitoring and technical assistance strategies. The Commission created the Prevention and Early Intervention Subcommittee, which met twice prior to the COVID-19 pandemic, has recently held two virtual Regional Listening Sessions, has scheduled three additional Regional Listening Sessions in March, and is holding forums on prevention and early intervention beginning in March. She stated information on those meetings is posted on the website. Written summaries will be produced for all events.

Chair Ashbeck stated, in addition to the Regional Listening Sessions and forums, the Commission will hold two hearings on prevention and early intervention to support this project. Today's hearing is the first. She stated the Commission will hear a panel of subject matter experts on key concepts and opportunities for population-based prevention and early intervention, particularly mental health awareness and identifying and removing barriers to access to appropriate services.

Chair Ashbeck stated the second hearing will be on April 22nd and will highlight opportunities across the lifespan and within key settings such as schools and workplaces.

Chair Ashbeck stated Commissioners and the public can read an overview of the hearing topic and the Commission's Prevention and Early Intervention Project in the handouts for today's meeting. She asked Vice Chair Madrigal-Weiss and Commissioner Alvarez to provide opening comments.

Vice Chair Madrigal-Weiss thanked staff for their help in setting up the listening sessions and forums and the community for their participation in the events and for identifying priorities for the state.

Commissioner Alvarez echoed Vice Chair Madrigal-Weiss's comments of thanks to staff and the community for their participation and support. She stated the opportunity to hear from even more individuals during these events has been powerful and highlights the need to redefine prevention and early intervention to ensure that the Commission is responding to the needs of communities.

Chair Ashbeck introduced the members of the panel and asked them to give their presentations.

Deryk Van Brunt, Dr.PH

Deryk Van Brunt, Dr.PH, University of California, Berkeley, School of Public Health, provided an overview, with a slide presentation, of mental wellbeing pre-pandemic, impacts of COVID-19, early intervention, and the population-based mental wellbeing approach. He stated that it is not just mental illness and no mental illness. This continues the stigma. It is about flourishing. He also mentioned that technology is a vehicle that can be used to make a big impact. He shared numbers around basic questions such as if prevention and early intervention works in the area of mental health and if there are examples to guide the work moving forward.

Dr. Van Brunt stated COVID-19 has made the mental health problem worse, resulting in depression, anxiety, and ongoing mental health impacts. He stated there is ample evidence that prevention and early intervention works and needs to be added to the important work of providing specialty services. He noted that there is a communication gap in most counties between public health and behavioral health. He recommended that the Commission work to foster communication between behavioral health and public health in all counties. He made the point that this is about engagement not about posting content and having technology. He recommended partnering with experts that have done this and understand how to pull people in and get them engaged.

Commissioner Questions

Commissioner Boyd stated the need to include diversity and overcome barriers such as access to technology. He asked about outcome measures that define success specifically to the world of technology and partnership.

Dr. Van Brunt stated mobile access is critical. He stated approximately 60 to 65 percent of users are mobile. Also, he noted that 40 to 50 percent of individuals who use these technologies are doing so on behalf of a friend or family member. He stated his group tags and displays information they collect, but noted that there is a lack of source material.

Dr. Van Brunt stated he thinks of outcome metrics in three buckets: engagement, self-reported outcomes, and non-self-reported outcomes such as claims data and other kinds of clinical metrics, which will require longer-term research.

Sergio Aguilar-Gaxiola, M.D., Ph.D.

Sergio Aguilar-Gaxiola, M.D., Ph.D., Center for Reducing Health Disparities, UC Davis, provided an overview, with a slide presentation, of the preventive opportunities early in life, mental health risks, and the impact of COVID-19 on youth mental health. He stated prevention, early intervention, and community engagement are key. He suggested broadening the scope of prevention to include the social and economic determinants of health, focusing efforts on health promotion and disorder prevention, and implementing screenings to identify individuals at highest risk. He also suggested increasing availability of primary care clinicians and mental health professionals, using digital interventions, and focusing on families and communities to creatively restore the approaches by which they have managed tragedy and loss over generations. All of this needs funding for mental health. He stated one of the lessons learned from the COVID-19 pandemic is to focus much more attention on prevention.

Commissioner Questions

Commissioner Wooton asked how the Commission can help reduce youth suicide.

Dr. Aguilar-Gaxiola stated that the Commission already has this as a focus on this work.

Commissioner Danovitch stated psychological injury or growth can happen after any crisis. In the spirit of trying to promote psychological growth, he stated, in addition to the identification and early intervention, on the cultural side, there is something to the stories told about what is going on that enable people to contextualize their experience and promote growth. He asked two questions related to that: are there things the Commission should be doing or thinking about to tell more effective stories about what is happening to enable such frameworks, and, on the measurement piece, is there a way to measure the resilience and psychological growth in the spirit of incentivizing through measuring?

Dr. Aguilar-Gaxiola agreed that that continues to be neglected – efforts are often focused on the deficits. Much more seldom are efforts focused on the positive side of the illness health continuum. He stated it is critically important to tap into the strengths and assets that human beings have. One of those assets is resilience. He suggested focusing attention on resiliency. He asked to be a part of that conversation in the future.

Commissioner Tamplen asked about things the Commission should be doing in the elementary, middle, and high school areas for prevention and early intervention.

Dr. Aguilar-Gaxiola stated there have been three reports put together by the National Academy of Sciences on prevention. One of those reports was released this past year. Those three reports are full of examples of success when starting early in life.

Matt Diep

Matt Diep, Executive Director and Founder, Psypher LA; Community Youth Organizer, Center for the Pacific Asian Family; and Youth Innovation Committee Member, stated

his presentation will focus more on sharing his story and the different systems and challenges he has identified. He tries to advocate through his lived experiences with the goal of helping everyone recenter the importance of listening to youth lived experiences in addition to the outcomes-based approaches. He provided an overview, with a slide presentation, of the TAY perspective, challenges and missed opportunities in navigating the mental health system, the Youth Innovation Project Planning Committee, and policies and practices that increase mental health awareness and access to resources.

Mr. Diep recommended listening to youth and their families, investing in youth-led prevention efforts, and investing in community collaboration.

Commissioner Questions

Chair Ashbeck thanked the speaker for telling such a powerful story of resiliency.

Commissioner Boyd thanked the speaker and stated his deep respect and gratitude.

Commissioner Berrick stated intervention is often done through law enforcement, especially for an acute crisis. He asked what the first point of contact should be for crisis in a school setting and how youth, through school, could quickly get help in a way that was not stigmatized and that was easily accessible.

Mr. Diep stated the answer lies in a community-based participatory research (CBPR) approach, where community members, community organizations, and researchers are partners and share a reciprocal exchange of information to find answers to difficult questions such as the question asked by Commissioner Berrick.

Vice Chair Madrigal-Weiss stated the hope that the difficulties faced last year will cause everyone to see education as a system and that it cannot continue to function in the way that it traditionally has. To a certain degree, the discipline was arrogant in that it quickly designed tools, parent resources, and academics, but there was little pause. She noted that that came later, when it was realized that success is getting students in a place where they are stabilized and feel safe so they can engage. She stated the question now is why students do not come to class or why they are not engaged. This was not a focus before COVID-19 and should not be expected now. Everything the panel members discussed will help bring further understanding.

Vice Chair Madrigal-Weiss stated she liked Mr. Diep's Psypher LA Voices of 1,000 Survey that includes the ACE's scale, as well as open-ended questions that explore risk and protective factors for youth mental health. She stated this survey needs to be done in other communities instead of relying on the California Healthy Kids Survey. She stated the need to get relevant data that is designed by cultural experts, who are the youth, where education is a service to youth, not the other way around.

Jordan Pont

Jordan Pont, MA, LMFT, Director of TAY and Adult Mental Health Services, Felton Institute, provided an overview of the Felton Institute's TAY Acute Linkage Program,

which began in 2019. She stated certain criteria must be met by clients in order to be accepted into the program and specific referral sites include psychiatric emergency services and hospital psychiatric in-patient units. Individuals in the program are 16 through 25 years of age with severe mental illness who are not linked to or are not well-connected to care or have complex needs requiring more support or consultation than the care they are currently receiving. The program is short-term – up to 180 days.

Ms. Pont summarized early intervention activities delivered at Felton Institute, lessons learned from delivering services to try to prevent repeat or new crises, early system support weaknesses and failures resulting in mental health crises, and policies and practices that promote community access and partnerships to advance the prevention and early intervention work.

Ms. Pont stated Felton Institute has learned that a team made up of clinical and peer support staff has been valuable in connecting with clients. Felton Institute has also learned that immediate engagement, usually within 24 hours of receiving the referral, meeting clients where they are, and having the referrer explain services rather than Felton Institute reiterating what they can do is best. It helps clients to have realistic expectations and to set realistic goals.

Ms. Pont stated teaching clients how to use and linking them to different modes of communication and technology such as cell phones or tablets has helped to increase engagement. She stated client access to web-based self-help groups or other Zoom groups has helped clients access other ways of getting help. She stated Felton Institute tries to communicate with clients through their preferred mode such as text, phone, video call, or face-to-face.

Ms. Pont stated meetings focus on clients' strengths. Felton Institute sets the agenda and works with support systems, which helps engage clients and keeps them on track for achieving their goals. Clients who participate in the program have experienced a decrease in utilization of crisis services, in-patient hospitalization episodes, and visits to emergency departments.

Ms. Pont stated early system and support weaknesses and failures that have resulted in mental health crises include poor communication between providers, multiple psychiatric emergency service visits with no prior referral to the program, clients discharged on a weekend when the program is not in operation, and last-minute referrals.

Ms. Pont stated the need for lower-threshold programs where clients can access intensive-case management services without being in crisis. She stated, although TAY services help bridge the gap between children and adult systems, many clients tend to get lost in the follow-up. She stated the need for improved communication between systems and even better linkages for continuity of care. She stated, because electronic health records do not interface between systems, clients' important stories are often lost.

Ms. Pont stated Felton Institute has conducted outreach and given presentations to referrers to improve relationships, has smaller caseloads, has access to TAY-specific

psychiatry within the California Department of Public Health (CDPH), and provides links to ongoing mental health care services.

Public Comment

Tiffany Carter stated appreciation for the panel presentations, particularly Matt Diep's testimony.

Poshi Walker added to Matt Diep's examples of intrinsic racism within the system. The speaker stated it is important not to forget this when discussing prevention and early intervention. The speaker highlighted Dr. Aguilar-Gaxiola's comments about school failure increasing during the COVID-19 pandemic, especially in communities of color. The speaker stated the need to focus on all youth, not just youth who happen to be in college. Often, youth fail before they get to college age.

Poshi Walker stated it is not only in policing that mental health trauma happens. Children of color and children who are perceived to be LGBTQ are more likely to have school detentions and to be punished and the punishment is more severe for the same offenses. They are much more likely to be expelled from school and to be in the school-to-prison pipeline.

Poshi Walker stated concern that no one is screening LGBTQ youth for the unseen abuse and harm that they suffer from families who may love them but are doing rejecting behaviors that are just as abusive as physical abuse. The speaker stated the need for screenings for rejecting behaviors along with the adverse childhood experiences (ACEs) screenings.

Mandy Taylor, Outreach and Advocacy Coordinator, California LGBTQ Health and Human Services Network, thanked Matt Diep for pointing out areas for growth within the system and ways to meaningfully collaborate and engage with communities to develop interventions that really work and that are affirming and appropriate for communities.

Mandy Taylor spoke about the idea of individual self-care that Dr. Van Brunt brought up and the division of mental health services into individualized self-care or professional services. The speaker stated there is inherent class privilege and the ability to be resourced that goes into access individualized self-care and using a western model of individualism when discussing mental health and wellness.

Mandy Taylor stated community and collaborative care are a middle ground in under-resourced communities that is crucial for prevention services. This is how under-resourced communities get mental health services. They do not need what the medical model calls "professional services." Instead, they need the crucial services that support individuals without resources to engage in individualized self-care. The speaker stated the need to consider this when discussing prevention – it is not individual self-care or professional care, but that community collaborative models of care are crucial for under-resourced communities.

Mandy Taylor echoed Dr. Aguilar-Gaxiola's comments regarding using a public health model. That is so important and the partnerships are important. The speaker stated the Office of Health Equity and the Department of Health Care Services (DHCS) will be partnering on the Community Mental Health Equity Project, where individuals will offer

training to county behavioral health systems on creating cultural competency plans. That community collaborative model is vital.

Stacie Hiramoto thanked the Commission for convening a diverse and stimulating panel. All presentations were valuable. The speaker stated Matt Diep's presentation was moving, compelling, and inspiring. The speaker stated all implementation pilot projects that are a part of the California Reducing Disparities Project (CRDP) are community-based organizations that are embedded within the community that Matt Diep discussed in his presentation.

Stacie Hiramoto thanked Mandy Taylor for her comments about focusing on the individual as opposed to the community and family when, in many communities of color, the individual is not stressed the same way as it is in western culture.

Laurel Benhamida, Ph.D., Muslim American Society – Social Services Foundation, one of the CRDP Phase 2 contractors, echoed the comments of previous speakers. The speaker asked the presenters what they think about the legislative lack of emphasis on non-student young people in the current prevention and early intervention agenda. The speaker stated many individuals in California will not be college students but may go to technical schools or be a part of apprenticeship programs. These individuals' mental health needs are also valuable.

Laurel Benhamida suggested accessing the video of yesterday's Sacramento County Board of Supervisors meeting where they discussed a 9-1-1 alternative response and call center program.

April McGill, Director of Community Partnerships and Projects, California Consortium on Urban Indian Health, stated they appreciated Dr. Van Brunt's presentation on the research around population-based mental health. The speaker stated it is important to understand that prevention and early intervention for many California Native individuals in urban communities starts with self-care. Self-care is an evidence-based practice for the Native American community because starting with early intervention has connection to culture. Traditional healing practices are integrated into everyday life beginning from birth. It is important to see this as a model and as evidence for prevention.

April McGill stated they appreciated hearing about technology as a vehicle for prevention because, during this time of COVID-19, Native Americans use technology to have cultural programming online. The speaker stated the high rate of depression in the community goes down when connected to culture.

April McGill stated Dr. Van Brunt talked about portals for each population. The speaker stated the Native American community is in their own portal because they have their own ways of practicing and dealing with mental health and prevention. It starts with engagement. Engaging the American Indian community is important since they are always left out of the statistics.

Geoffrey McLennan, a Member of the CFLC, stated 9-8-8 will replace 9-1-1 on July 16, 2021. The speaker encouraged everyone to call Michelle at the Federal Communications Commission (FCC) at 202-418-0388 and their cellular providers to ensure this system begins with all resources and input.

Vice Chair Madrigal-Weiss thanked the members of the panel for sharing their expertise and experience. She stated the Commission will reach out to panel members with additional questions to continue the conversation.

Commissioner Alvarez thanked the members of the panel for their presentations and recognized that they are a part of the Commission's network and family. She stated she looks forward to staying in touch with the panel to ensure that the work being done around prevention and early intervention reflects panel members' expertise and perspectives and that their thoughts and teaching will be incorporated into future listening sessions and town hall meetings. She stated she looks forward to a strong outcome because of the panel members' participation.

10-MINUTE BREAK

ACTION

3: Santa Clara County Innovation Plan

Presenter:

- Jeanne Moral, Program Manager III, County of Santa Clara Behavioral Health Services

Chair Ashbeck stated the Commission will consider approval of \$1,753,140 in Innovation funding to support the Addressing Stigma and Trauma in the Vietnamese and African American/African Ancestry Communities Innovation Project. She asked staff to start the presentation on this this agenda item.

Sharmil Shah, Psy.D., Chief of Program Operations, provided an overview, with a slide presentation, of Santa Clara County's community planning process and identification of the problem.

Jeanne Moral, Program Manager III, County of Santa Clara Behavioral Health Services, continued the slide presentation and discussed the proposed project to address the problem, learning goals, and budget and evaluation of the proposed Addressing Stigma and Trauma in the Vietnamese and African American/African Ancestry Communities Innovation Project.

Commissioner Questions

Commissioner Brown stated his understanding that the genesis of the proposed project was an underutilization of services by African American and Vietnamese residents of the county due to a feeling of not being welcome in existing programs and the proposed program is more of an adjunct to what exists now in the behavioral and wellness department. He asked what is missing in existing programs if they are not viewed as being culturally competent.

Commissioner Brown stated the concern that this would result in a segregation of parts of the community, not from programs that are lacking but from programs that are not being properly utilized. He asked if there is a long-term goal to either integrate the two of these to end up with a presumably more culturally competent and more utilized set of services from the behavioral wellness department.

Ms. Moral stated the county has made progress in African American and Vietnamese utilization but it needs to be better. One of the lessons learned is that most members of these communities gravitate toward their own community members. She stated the proposed project is a supplement to the existing system where providers will do engagement and collaboration so it will be a seamless part of the system. Although the proposed project targets specific populations, the providers and partners will work with behavioral health to ensure that everything is seamless so that when there is a linkage that is needed, they know who to go to.

Chair Ashbeck asked about the term “co-located” and the geography of the county. She stated her sense is that communities live in neighborhoods.

Ms. Moral stated “co-location/partnership” is where the community-based organization brings services to service centers or where the population is going.

Public Comment

Tarab Ansari, Behavioral Health Contractors Association (BHCA), spoke in support of the proposed project.

Mark Karmatz, consumer and advocate, stated the Promotoras Program in Los Angeles County is similar to the proposed project. The speaker suggested that the Commission also look at that program.

Mark Karmatz stated the Western Recovery Conference will be held on March 12th and 13th via Zoom. The cost is \$25 to join the meeting and \$5 for individuals with scholarships.

David Hai Tran, Policy Director, San Jose City Council, and Board Member, Santa Clara County Behavioral Health Board, spoke in support of the proposed project.

Tiffany Carter spoke in support of the proposed project. The speaker asked where peers will be used in this plan. They are not reflected in the budget. The speaker stated the general standards reflected in the proposal have the client and family-driven general standard combined. The speaker stated the need to contract with community-based organizations with understanding that these are two separate general standards and are empowered with understanding why these are separate.

Asha Albuquerque, Patients’ Rights Attorney, Law Foundation in Silicon Valley, stated they had several concerns about this project. It is important that findings that come from research and interviews from this project are specific and nuanced in light of the unique needs for each of the populations.

Asha Albuquerque stated the team should not convey both experiences of trauma and stigma as being the same experience for both the African American and Vietnamese groups. The speaker recommended caution and recognition of differences in both

cultures. This should underline any research done over the next few years. While it is undeniable that many Vietnamese and Black Americans face different day-to-day interactions and have different socioeconomic and cultural experiences, it is crucial to understand how the history of both groups state their position in society today in comparison to their white peers.

Asha Albuquerque suggested connecting with professors who have studied colorism and systematic oppression as the speaker is concerned about some of the framing of what systematic oppression is in the work shown so far. The speaker asked the county to consider why they are examining the African American and Vietnamese communities at once and grouped together. The speaker stated the need to ensure that the county looks at and understands what oppression and systematic oppression of the individual identified is in bi-racial and multi-racial individuals in collaboration with professors who have published in this area.

Laurel Benhamida mentioned a prior project that focused on African immigrant populations and asked if African immigrant populations are included in this project.

Tiffany Le, parent, spoke in support of the proposed project. It is important to educate parents and family members of individuals with lived experience.

Chair Ashbeck asked the county to respond to comments and concerns brought up during public comment.

Ms. Moral responded to Tiffany Carter's question about the use of peers. She stated peers are important to the county. This program includes a stipend component that each community-based organization can access.

Ms. Moral responded to Asha Albuquerque's comments around research and ensuring the context of culture. She stated this is why it is important for the county to select community-based organization providers for each community that have that lived experience and are a part of the community. These community-based organizations will provide services to the community and will be a part of the evaluation process. The proposed project will inform how to better engage communities in terms of planning for future programming.

Ms. Moral responded to Laurel Benhamida's question about linking this project to earlier work. She stated the earlier work is still going on. It is now called the Cultural Community Wellness Program, where mental health peer support workers, family members, and consumers go out into the community to conduct mental health first aid training.

Commissioner Discussion

Commissioner Mitchell asked the county to consider co-locating together. It builds strength for community-based organizations to collaborate and to support each other. It would help represent what society needs to do – to learn about each other and to work together.

Commissioner Alvarez stated the Commission has heard that many Innovation projects are innovative because of their culturally specific approach. She stated the hope that it

gets to a point where this is not an innovative addition but is a core function of how counties operate. The Commission should expect counties to integrate vital programming for their communities in all funding streams.

Chair Ashbeck asked for a motion to approve Santa Clara County's Addressing Stigma and Trauma in the Vietnamese and African American/African Ancestry Communities Innovation Project.

Commissioner Alvarez moved to approve the project.

Vice Chair Madrigal-Weiss seconded.

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

The Commission approves Santa Clara County's Innovation Plan, as follows:

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

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

Project Length: Three (3) Years

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

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

ADJOURN

Chair Ashbeck responded to comments heard in General Public Comment about extending the deadline beyond tomorrow to apply to serve on the CFLC or the CLCC. She stated the deadline will remain as is. She explained that moving the application deadline would necessitate moving subsequent Committee meeting dates. The Committee dates have been set for the remainder of the year and are posted on the website.

Chief Counsel Yeroshek responded to comments heard in General Public Comment about posting approved meeting minutes on the website. She stated approved meeting minutes have been posted separately on the website under the Events tab for the past year. Staff is working to better publicize this and to make the approved minutes more accessible.

Chair Ashbeck asked staff to show a screencap on how to access the minutes at the next meeting.

There being no further business, the meeting was adjourned at 12:49 p.m.