Mental Health Services
Oversight & Accountability Commission

Commission Packet

Commission Teleconference Meeting
April 22, 2021
9:00 AM – 1:30 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 April 22, 2021**.

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

DATE: April 22, 2021

TIME: 9:00 a.m. – 1:30 p.m.

ZOOM ACCESS:

Link: https://zoom.us/j/92033493807
Dial-in Number: 408 638 0968 US
Meeting ID: 920 3349 3807
Passcode: 723810

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. **<u>When it is your turn to comment, the meeting host will unmute your line and announce the last three digits of your telephone number</u>**. The Chair reserves the right to limit the time for comment. Members of the public should be prepared to complete their comments within 3 minutes or less time if a different time allotment is needed and announced by the Chair.

- **If joining by computer, press the raise hand icon on the control bar.** Pressing the *raise hand* will notify the meeting host that you wish to comment. You will be placed in line to

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

Our Commitment to Excellence

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

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

Our Commitment to Transparency

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

Our Commitment to Those with Disabilities

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

AGENDA

Lynne Ashbeck
Chair

Mara Madrigal-Weiss
Vice Chair

Commission Meeting Agenda

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

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

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

9:05 AM **Roll Call**

Roll call will be taken.

9:10 AM **Information**

1: Public Hearing on Prevention and Early Intervention

Presenters:

- **Vilma Reyes, Psy.D., Clinical Supervisor/Associate Community Mental Health Initiative Director**
- **Joy D. Osofsky, Ph.D., Paul J. Ramsay Chair of Psychiatry and Barbara Lemann Professor of Child Welfare, Louisiana State University Health Sciences Center**
- **Paula Allen, Global Leader and SVP, Research and Total Wellbeing, Morneau Shepell**
- **Andreea L. Seritan, MD, Professor of Clinical Psychiatry, UCSF Department of Psychiatry and Behavioral Sciences**

The Commission will hold a hearing to explore key concepts and opportunities for prevention and early intervention across the lifespan and place-based approaches to prevention and early intervention to meet people where they learn, work, connect with social networks and cultural practices, and receive care and support.

- Public comment

11:10 AM **BREAK**

11:20 PM **Action**

2: Award Early Psychosis Intervention Plus (EPI Plus) Phase 2 Grants

Presenter:

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

The Commission will consider awarding EPI Plus grants to the highest scoring applications received in response to the Request for Applications for the Early Psychosis Intervention Plus Phase 2 grants.

- Public comment
- Vote

12:00 PM **Action**

3: Fresno County Innovation Plans

Presenter:

- **Ahmad Bahrami, MBA, Division Manager-Public Behavioral Health/Equity Services Manager Fresno County Department of Behavioral Health**

The Commission will consider approval of $1,000,000 in Innovation funding for Fresno County's Suicide Prevention Follow-Up Call Program innovation project and $2,400,000 for their California Reducing Disparities Project (CRDP) Evolutions innovation project.

- Public comment
- Vote

12:40 PM **4: Approve March 25, 2021 MHSOAC Meeting Minutes**

The Commission will consider approval of the minutes from the March 25, 2021 teleconference meetings.

- Public Comment
- Vote

12:50 PM **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.

1:30 PM **Adjournment**

AGENDA ITEM 1

Information

April 22, 2021 Commission Meeting

Prevention and Early Intervention Panel Presentation

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

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

Subject matter experts have been invited to participate in the Commission's second public hearing on prevention and early intervention during the April 22nd Commission Meeting. The hearing will present key concepts and opportunities across the lifespan and strategic settings to implement effective strategies where people learn, work, and receive care and support from trusted providers. Presentations are designed to support the Commission's exploration of opportunities for advancing statewide prevention and early intervention in mental health systems and beyond. Presentation materials are enclosed, along with a hearing brief with more information about prevention and early intervention and the Commission's project.

Considerations for Commissioners:

- What are strategic opportunities for leveraging approximately $400 million in MHSA PEI funding to address threats to and inequities in wellbeing across multiple age ranges in settings where individuals and families live, work, learn, and receive other services?
- How should the Commission consider prioritizing prevention and early intervention programs and services provided in diverse settings to reduce risk and increase resiliency across the life span?
- How should the Commission use investments in innovation and grants to diversify settings in which prevention and early intervention services occur to best serve individuals at various ages?
- What policies and practices should the Commission target to incentivize increased investment in prevention and early intervention?

Presenters:

- Vilma Reyes, Psy.D., Assistant Clinical Professor and Associate Director of Community Programs, UCSF/SFGH Department of Psychiatry and Behavioral Sciences Child Trauma Research Program

- Joy D. Osofsky, Ph.D., Paul J. Ramsay Chair of Psychiatry and Barbara Lemann Professor of Child Welfare, LSU Health Sciences Center

- Paula Allen, Global Leader and SVP, Research and Total Wellbeing, Morneau Shepell

- Andreea L. Seritan, M.D., Professor of Clinical Psychiatry, UCSF Department of Psychiatry and Behavioral Sciences

Enclosures (4): (1) Hearing brief; (2) Panelist biographies; (3) Panelist invitation letters; and (4) Panelist presentation slides and supporting materials.

Handout: None.

Overview

This hearing brief provides background information to support the Mental Health Services Oversight and Accountability Commission's (Commission) April 22, 2021 public hearing on prevention and early intervention. First, a brief overview of prevention and early intervention in mental health will be described, followed by an overview of the Commission's Prevention and Early Intervention Project. Then an outline of the Commission's public hearing will be presented, along with questions for consideration by Commissioners as they prepare for and hear presentations by invited speakers.

Prevention and Early Intervention in Mental Health

An estimated one in five people in the United States lives with unmet mental health needs, and less than half of these receive services.[1] Mental health needs are similar to physical health needs in that they result from a complex, dynamic interaction of biological, psychological, social, and cultural factors.[2] A need for mental health services can emerge at any point in life, but most become apparent before age 24 and half before age 14.[3] Similar to other health challenges, some factors increase risk for experiencing unmet mental health needs, while others can reduce risk.[4]

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

Prevention, therefore, is not limited to *illness* prevention, but rather refers to the minimization of factors that stop any person–those with and without unmet mental health needs–from living the life they want to live, while promoting factors that strengthen mental health, such as self-esteem, physical health, and nurturing social relationships.[4] Though effective prevention strategies may decrease the frequency, duration, and intensity of mental health challenges, issues still may emerge for those people most at risk. Early intervention refers to strategies, such as screening and other methods of early detection, to identify the emergence of a need for mental health services early and connect people to appropriate care at the earliest point possible in order to minimize harm.[6]

Negative mental health outcomes often result in significant human and fiscal costs to individuals and families, as well as the communities and systems, such as education, justice, and healthcare systems.[7,8] Without the awareness and use of proper tools and support, a person's mental health risk can increase over time, potentially requiring more intensive levels of care at higher cost, resulting too often in detrimental outcomes such as unemployment,

homelessness, incarceration and suicide.[9] Effective prevention and early intervention can reduce these outcomes and the unnecessary human suffering and costs associated with them.

The Prevention and Early Intervention Project

As part of the Mental Health Services Act (MHSA), also known as Proposition 63, the Commission oversees California's public mental health system, which includes over $2 billion in MHSA funding per year to transform and enhance this approximately $8–10 billion system. In collaboration with counties, stakeholders, and the public, the Commission provides vision and leadership to expand awareness and understanding of critical issues facing community mental health. The Commission conducts projects to identify opportunities to improve mental health policy and practice. The Commission also has regulatory authority over the Prevention and Early Intervention (PEI) component of the MHSA. Under this component, programs and services are delivered to:

- Prevent and intervene at the emergence of a need for mental health services to reduce the risk of such needs thwarting a person from living the life they want to live. This includes efforts to reduce negative outcomes, such as homelessness, incarceration, prolonged suffering, removal of children from their homes, school failure, suicide, and unemployment.

- Improve timely access to mental health services and supports, especially for inappropriately served, underserved, and unserved communities.

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

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

The Commission has engaged over 800 Californians through a virtual public PEI event series, which began in February 2021. This series included five regional two-hour listening sessions and three four-hour forums. Analyses of the insights shared at these listening sessions and summary

documents are forthcoming. In addition to these events, the Commission held its first public hearing on prevention and early intervention during its February 25th meeting. At this hearing Commissioners heard presentations describing a public-health framework for mental health, which seeks to connect the broad public with information and resources as needs emerge, emphasizing the role technology can play in reaching a large portion of the population. This framework also includes addressing social determinants of health and risk factors.

April 22nd Hearing

The Commission's second public hearing on prevention and early intervention will be held April 22nd to explore opportunities across the lifespan, in addition to place-based approaches to meet people where they learn, work, connect with social networks, engage in cultural practices, and receive care and support. While appropriate services and supports during the prenatal and early childhood periods are essential to lifelong wellbeing, prevention and early intervention are necessary throughout the lifespan to build upon that foundation, buffering against risk factors and reducing negative outcomes of emergent or persistent needs for services.[10] Furthermore, accessible services provided within communities improve consumers' ability to begin and remain in services as long as necessary.[11] Speakers have been invited to present key concepts and opportunities for prevention and early intervention across the lifespan, including approaches to educational, workplace, and elder-care settings. Successful and promising practices and procedures at the state level will also be discussed.

Dr. Vilma Reyes will first discuss prevention and early intervention for parents and young children, including a discussion of effects of the COVID-19 pandemic. Dr. Reyes also will address mental health disparities during early childhood, providing suggestions for addressing risk factors and promoting protective factors experienced by members of marginalized groups. Next, Dr. Joy Osofsky will present on the impacts of the pandemic on K–12 student mental health, considering influences on emergent or persistent disparities, and suggest policies and practices for remediation as students transition back to in-person schooling. Then, Ms. Paula Allen will consider the workplace as a strategic setting for prevention and early intervention, covering findings and recommendations from the Mental Health Index Report. The hearing will conclude with a presentation from Dr. Andreea Seritan, who will explore the impacts of the pandemic on the mental health of older adults, highlighting opportunities and strategic settings for prevention and early intervention and the reduction of mental health disparities in this population.

Considerations for Commissioners:

- What are strategic opportunities for leveraging approximately $400 million in MHSA PEI funding to address threats to and inequities in wellbeing across multiple age ranges in settings where individuals and families live, work, learn, and receive other services?

- How should the Commission consider prioritizing prevention and early intervention programs and services provided in diverse settings to reduce risk and increase resiliency across the life span?
- How should the Commission use investments in innovation and grants to diversify settings in which prevention and early intervention services occur to best serve individuals at various ages?
- What policies and practices should the Commission target to incentivize increased investment in prevention and early intervention?

References

[1] Substance Abuse and Mental Health Services Administration. (2014). *2014 National Survey on Drug Use and Health: Mental health findings*. Substance Abuse and Mental Health Services Administration.
[2] World Health Organization & Calouste Gulbenkian Foundation. (2014). *Social determinants of mental health*. World Health Organization.
[3] Kessler, R. C., Chiu, W. T., Demler, O., & Walters, E. E. (2005). Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, *62*(6), 617–627.
[4] World Health Organization. (2004). *Prevention of mental disorders: Effective interventions and policy options: Summary report.* World Health Organization.
[5] World Health Organization. (2018, March 30). *Mental health: Strengthening our response.* World Health Organization. https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response
[6] Haggerty, R. J., & Mrazek, P. J. (Eds.). (1994). *Reducing risks for mental disorders: Frontiers for preventive intervention research.*
[7] Knapp, M., & Wong, G. (2020). Economics and mental health: The current scenario. *World Psychiatry*, *19*(1), 3–14.
[8] Bloom, D. E., Cafiero, E., Jané-Llopis, E., Abrahams-Gessel, S., Bloom, L. R., Fathima, S., Feigl, A. B., Gaziano, T., Hamandi, A., Mowafi, M., O'Farrell, D., Ozaltin, E., Pandya, E., Prettner, K., Rosenberg, L., Seligman, B., Stein, A. Z., Weinstein, C., & Weiss, J. (2012). *The global economic burden of noncommunicable diseases*. Program on the Global Demography of Aging.
[9] Langellier, B. A., Yang, Y., Purtle, J., Nelson, K. L., Stankov, I., & Roux, A. V. D. (2019). Complex systems approaches to understand drivers of mental health and inform mental health policy: A systematic review. *Administration and Policy in Mental Health and Mental Health Services Research*, *46*(2), 128-144.
[10] Saxena, S., Jané-Llopis, E. V. A., & Hosman, C. (2006). Prevention of mental and behavioural disorders: Implications for policy and practice. *World Psychiatry, 5*(1), 5.
[11] Greene, J. A., Bina, R., & Gum, A. M. (2016). Interventions to increase retention in mental health services: a systematic review. *Psychiatric Services, 67*(5), 485–495.

Prevention and Early Intervention Project
Panelist Biographies
April 22, 2021

Vilma Reyes, Psy.D. is an Assistant Clinical Professor at the University of California, San Francisco in the Child Trauma Research Program. Since 2009, she has been providing Child-Parent Psychotherapy (CPP) services, training, clinical supervision, consultation and coordinating community-based mental health outreach services and evaluation. She is a national trainer in CPP and has co-authored articles and chapters on CPP theory and application.

Dr. Reyes developed a CPP-based group intervention, Building Bridges, which has been applied and researched in several community settings including 7 family shelters across 3 counties in the Bay Area, CA. This intervention was adapted to the displaced community in Bogota, Colombia and the Afro-Colombian community in Tumaco, Colombia. This adaptation, Semillas de Apego, is being researched in two randomized controlled studies with a sample size of over 1,200 families. Dr. Reyes has presented this research at national and international conferences, including the International Society for Traumatic Stress Studies.

In addition to her Doctorate degree in Clinical Psychology, Dr. Reyes has also earned a Master of Arts in Education and has experience offering consultation, supervision and training in trauma informed systems in school-based settings. Dr. Reyes is an immigrant from Peru and is devoted to increasing access to trauma informed services for Latinx immigrant families. She has done several lectures in national conferences on the intersection of immigration and trauma; with a focus on asylum seekers and refugees exposed to armed conflict, systemic oppression and racism.

Joy D. Osofsky, Ph.D. is a clinical and developmental psychologist, Paul J. Ramsay Chair of Psychiatry and Barbara Lemann Professor of Child Welfare at Louisiana State University Health Sciences Center. Dr. Osofsky has published widely and authored or edited seven books on trauma in the lives of children. She is past president of the World Association for Infant Mental Health and Zero to Three: National Center for Infants, Toddlers, and Families. She played a leadership role in the Gulf Region following Hurricane Katrina and the Deepwater Horizon Oil Spill and was Clinical Director for Child and Adolescent Initiatives for the Crisis Counseling Program, Louisiana Spirit, following Hurricane Katrina and Co-Principal Investigator for the Mental and Behavioral Capacity Project following the Gulf Oil Spill. She currently serves as Co-Principal Investigator for the National Child Traumatic Stress Network Center, Terrorism and Disaster Coalition for Child and Family Resilience. In 2007, Dr. Osofsky received the Sarah Haley Award for Clinical Excellence in trauma work from the International Society for Traumatic Stress Studies. In 2020, she was awarded the Translational Research Award from the International Congress on Infant Studies

Prevention and Early Intervention Project
Panelist Biographies
April 22, 2021

Paula Allen is the Global Leader, Research and Total Wellbeing and a Senior Vice-President at Morneau Shepell. In this role she manages the research agenda for Morneau Shepell, which includes primary research conducted by Morneau Shepell, exploratory data science, research collaborations and meta-analyses. Given her focus on industry leading research, Paula also leads Morneau Shepell's thought leadership and is co-chair of the organization's product and innovation strategy.

Paula is focused on the current and emerging issues that impact health and productivity and related costs. Her scope includes all areas of wellbeing – social, physical, financial and mental. She is also a well-recognized expert in all areas of workplace mental health, learning strategies, disability management and drug plan management. She designed and led the most comprehensive employer response to the H1N1 pandemic and is currently Morneau Shepell's business response and resource lead for the COVID-19 pandemic. She also works directly with many of Canada's leading organizations.

Paula is a member of the Women's College Hospital's Board of Directors, a member of the Virtual Learning Advisory Board consulting to the public sector's post-secondary on-line learning strategy, a member of the International Women's Forum, was co-chair of Civic Action's Champions Council on workplace mental health, was part of the Income Security Working Group providing advice to the Ontario Government on issues relating to disability and income support, and sits on several research and strategy advisory boards that address issues ranging from e-mental health solutions to substance abuse in the workplace.

Paula completed undergraduate and graduate degrees at the University of Toronto in psychological research and neuropsychological testing and clinical intervention. She has more than 20 years of experience relating to workplace research, product development and operational leadership that spans the range of EFAP, Workplace Learning, Attendance and Disability Management and Health and Benefits Consulting.

Paula is a sought-after speaker by organizations, national media and at conferences for her knowledge and expertise in current issues and the future direction of health, wellbeing, productivity and related risk management.

Andreea Seritan, M.D., is a Professor of Clinical Psychiatry at the University of California, San Francisco. She served as Langley Porter Psychiatric Hospital and Clinics Interim Director for Outpatient Geriatric Psychiatry during the COVID-19 pandemic. Dr. Seritan completed her psychiatry residency at Baylor College of Medicine in Houston, Texas, followed by a geriatric psychiatry fellowship at the University of

California, Los Angeles. Prior to joining UCSF, Dr. Seritan was at the University of California, Davis School of Medicine, where she also served as associate dean for student wellness.

Dr. Seritan's clinical and research work focuses on understanding and managing the psychiatric manifestations of neurodegenerative diseases. She is a member of the UCSF Haile T. Debas Academy of Medical Educators, the Alpha Omega Alpha Honor Medical Society, and a Distinguished Fellow of the American Psychiatric Association and the Association for Academic Psychiatry. Dr. Seritan actively teaches and mentors students, residents, and faculty. She is the author or co-author of 95 articles and book chapters.

STATE OF CALIFORNIA
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Chair

MARA MADGRIGAL-WEISS
Vice-Chair

MAYRA ALVAREZ
Commissioner

KEN BERRICK
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JOHN BOYD, Psy.D.
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KEYONDRIA D. BUNCH, Ph.D.
Commissioner

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Assembly Member
Commissioner

ITAI DANOVITCH, M.D.
Commissioner

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GLADYS MITCHELL
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Commissioner

TINA WOOTON
Commissioner

TOBY EWING
Executive Director

March 23, 2021

Vilma Reyes, Psy.D.
Clinical Supervisor/Associate Community Mental Health Initiative Director
Assistant Clinical Professor
Child Trauma Research Program
UCSF-Zuckerberg San Francisco General Hospital and Trauma Center

Letter sent via email

Dear Dr. Reyes,

Thank you for agreeing to present at the virtual public hearing on prevention and early intervention in mental health during the Commission's April 22, 2021 meeting.

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

The presentations are scheduled to begin at approximately 9:30 a.m. PST following brief announcements and general public comment. Please log into the meeting at 9:00 a.m. PST. We request that your presentation be approximately 20 minutes, including discussion time with Commissioners. Please consider the following topics as part of your presentation:

- Challenges to the wellbeing of parents and young children, including those resulting from the COVID-19 pandemic and impacts on existing or new mental health inequities

- Opportunities to address mental health disparities during early childhood, including addressing risk factors and promoting protective factors experienced by members of diverse communities

- Policies and practices that should be prioritized by the State to promote wellbeing among parents and their children up to age five

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TINA WOOTON
Commissioner

TOBY EWING
Executive Director

Please send a brief biography and written response or background materials related to the items above by April 7th to Amanda Lawrence, Ph.D., at amanda.lawrence@mhsoac.ca.gov. Your written response will allow Commissioners and members of the public to review presentation materials prior to the hearing. Please note that written responses and biographies will be shared as public documents. As a speaker, you will receive Zoom log-in information from Commission staff.

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

Respectfully,

Toby Ewing

Toby Ewing, Ph.D.
Executive Director

Being part of the solution: Working with Latinx immigrant families with young children Presentation to MHSOAC

Vilma Reyes, Psy.D.

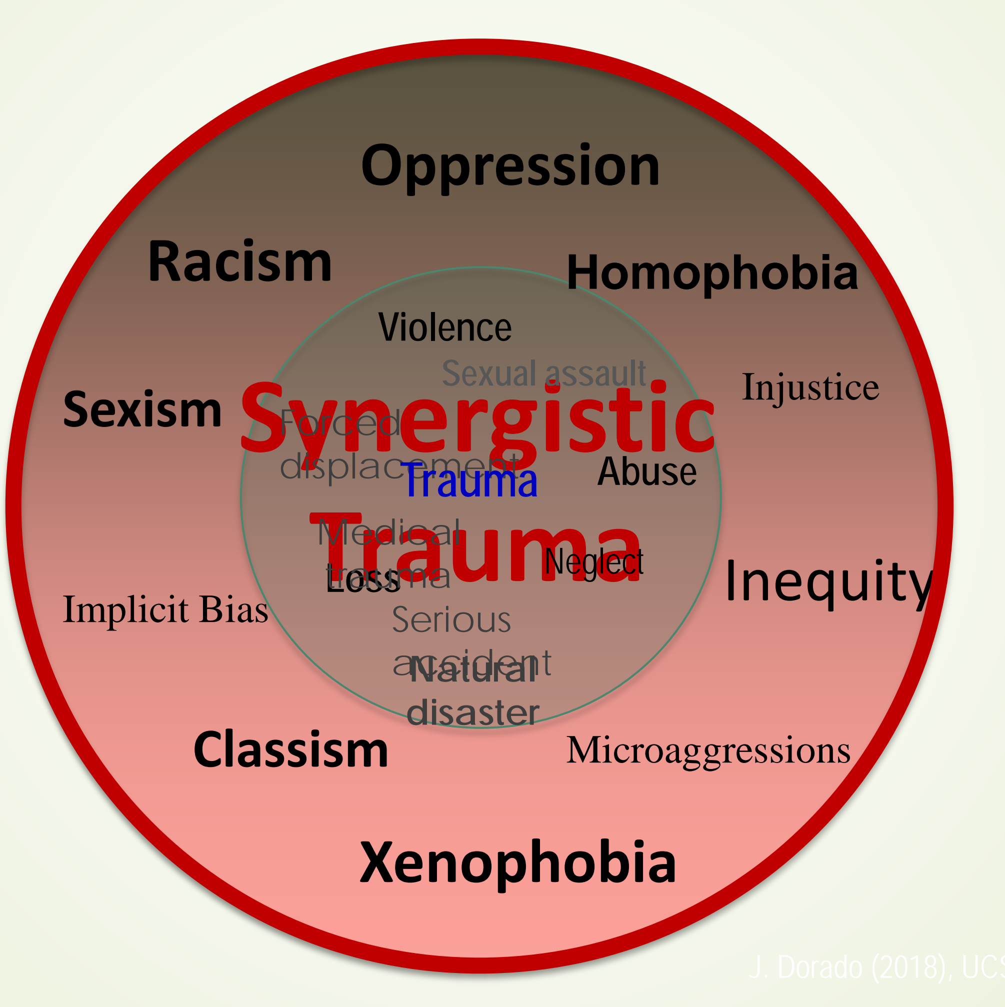
UCSF: Child Trauma Research Program

Agenda

- Challenges to the wellbeing of parents and young children, including those resulting from the COVID-19 pandemic and impacts on existing or new mental health inequities
- Opportunities to address mental health disparities during early childhood, including addressing risk factors and promoting protective factors experienced by members of diverse communities
- Policies and practices that should be prioritized by the State to promote wellbeing among parents and their children up to age five

Trauma is historical, structural, political, intergenerational, interpersonal, and embodied. So, then, must be our healing.

Context Matters



J. Dorado (2018), UCSF HEARTS

The impact of trauma

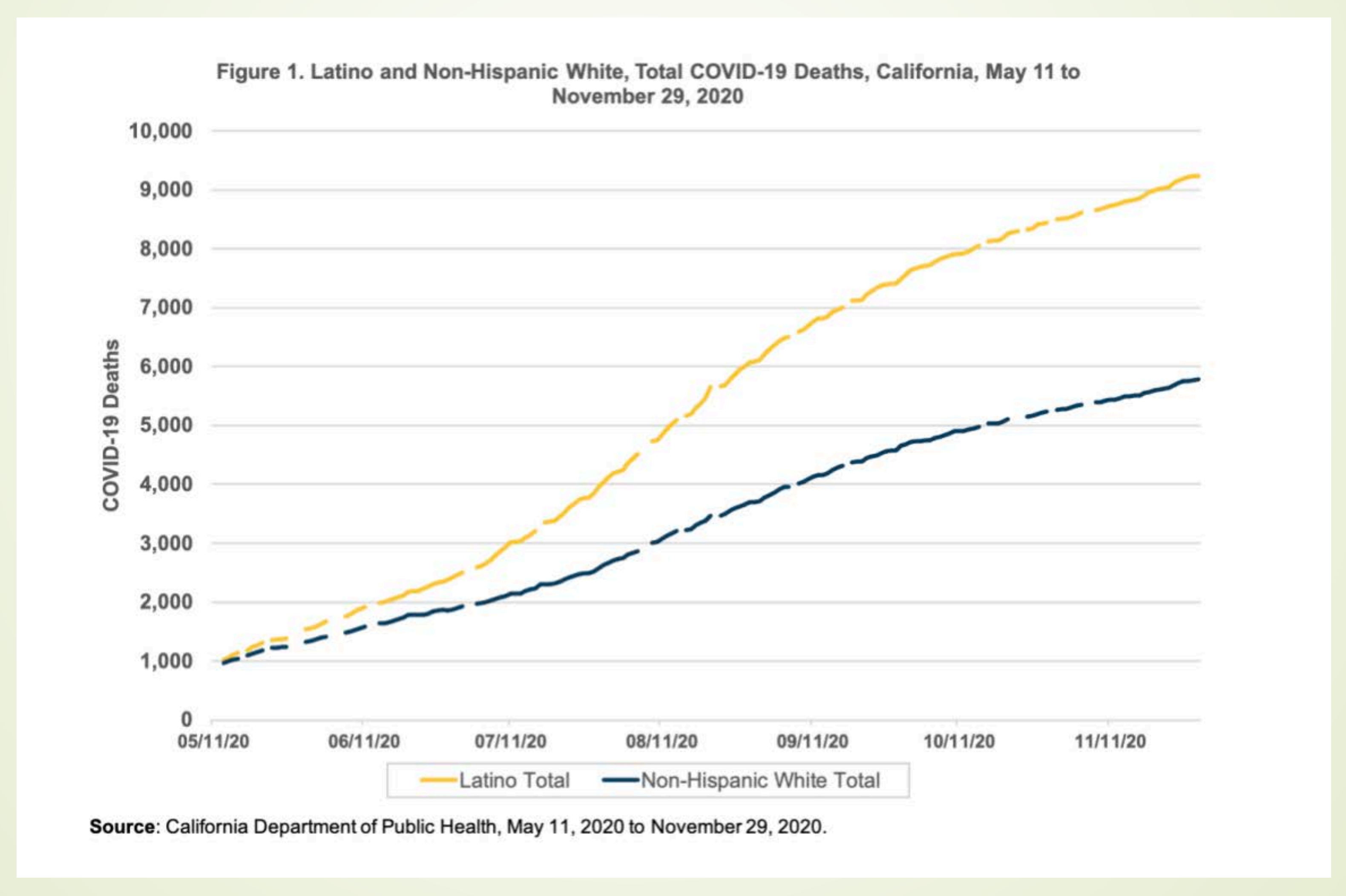
- The protective system of an acute stress response (changes in our biology to activate fight, flight or freeze) is meant to be temporary with a return to a calm state baseline. It's not meant to be a chronic, pervasive way of being
- If it's chronic, there is a breakdown in the body's stress response system and the person's capacity to regulate internal states over time
- Traumatic events overwhelm the system that gives people a *sense of control, connection and meaning*

Impact of trauma on the parent-child relationship

- Child losing trust in their caregiver as their strong protector due to systemic racism
- Parent losing sense of confidence or agency in self
- Forced separations at the border
  - "You told me we would be ok. You lied to me."

System failure causing ruptures of trust

The racial disparities in COVID-19 impact



Source: California Department of Public Health, May 11, 2020 to November 29, 2020.

Factors that contribute to increased COVID-19 risk in the Latinx community

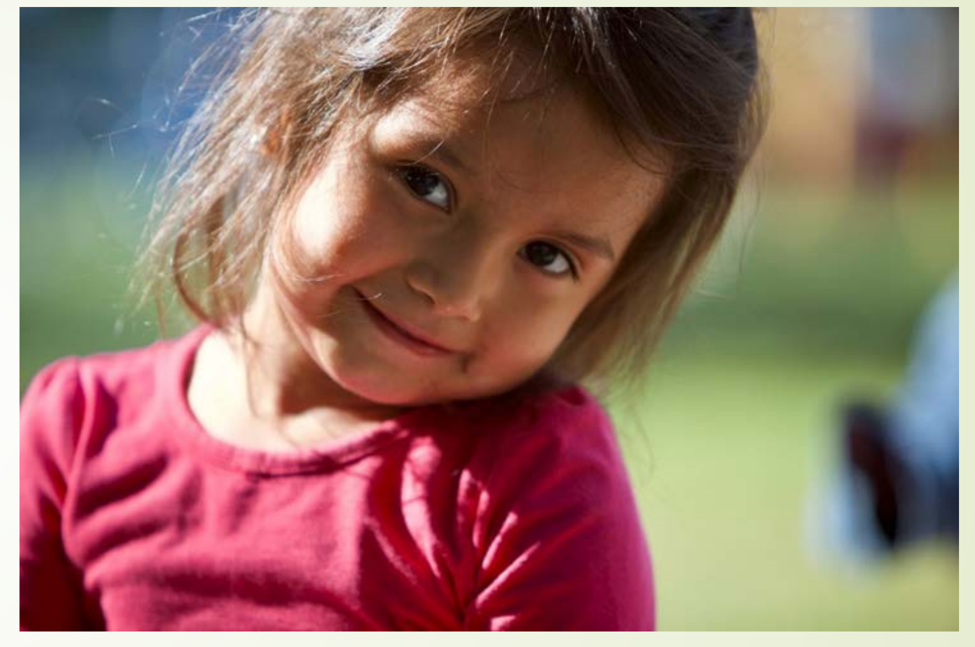
- Discrimination (systemic racism and xenophobia)
- Healthcare access (no access or fear of access)
- Occupation (high risk jobs, no paid sick time)
- Income/wealth gap (less buffer to financially weather difficult times)
- Housing (inadequate, overcrowded)

Post traumatic strength and resilience

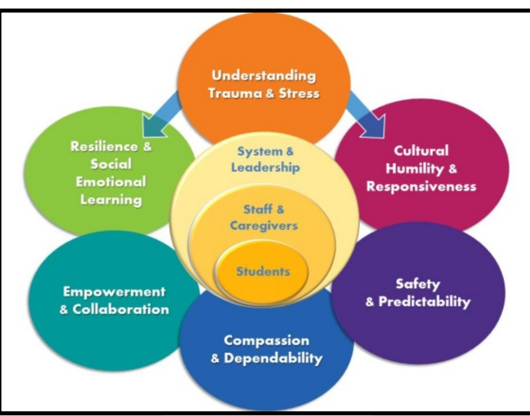
Immigration: Optimism and Bravery

- The immigrant story is not only of the trauma one has lived through or the often horrific journey getting here… it's also a story of hope.
- It's a story of believing that something better is possible for you and your children. There, you will find the protective narrative.
- Restoring the parent-child protective shield

Make a commitment to not talk about a person's manifestation of pain and suffering without also talking about the **context** that shaped it or without talking about the **strengths** they developed to overcome it.



Creating healing organizations



TRAUMA-REACTIVE

- Fragmented
- No felt safety
- Overwhelmed
- Fear-driven
- Reactive
- Rigid
- Numb

TRAUMA-INFORMED

- Realizes widespread impact, including sociocultural trauma
- Recognizes effects
- Responds by shifting practice
- Resists re-traumatizing

SAFE, SUPPORTIVE, HEALING

- Integrated
- Reflective
- Relationship-centered
- Collaborative
- Growth & prevention oriented
- Flexible & adaptable
- Equitable & inclusive

TRAUMA INDUCING TO TRAUMA REDUCING

Modified from San Francisco Dept. of Public Health Trauma Informed Systems Initiative, 2017

Creating healing systems

- Community voice and choice
  - Are community members asked for input on policy, what interventions are needed and offered, new hires?
  - Avoiding an exclusive expert to learner model. Explore opportunities for community expertise to be highlighted. Lift their voices. Mentorship models? Example: Promotoras programs
- Community representation
  - Who is not being represented? Ex. Indigenous communities and dialects

Systemic Recommendations

Risk factors

- Isolation
- Stigma of mental health services
- Fear of accessing services
- Limited resources for undocumented immigrants
- Discrimination

Recommendations

- Encourage support among families
- Provide access to education
- Exploration of their fears
- Be informed about immigration policies
- Have Spanish, Kiche, Mam and other dialect speaking staff

Infant and Early Childhood Mental Health Consultation

- Has been shown to improve:
  - children's social skills and emotional functioning
  - promote healthy relationships
  - reduce challenging behaviors
  - reduce the number of suspensions and expulsions
  - improve classroom quality
  - reduce provider stress, burnout, and turnover.

Advocacy and community organizing

- Lupe, a 38 year old Guatemalan mother of 3 young children tells you that her studio apartment in Richmond (by the refinery) has severe mold and there is a broken window (without glass) that lets cold air in at night. Her 2 year old has developed asthma and has had bad colds and pneumonia in the past month. Lupe is looking for help for her 7 year old who is falling behind at school and is showing significant anxiety. She feels badly she can not help him with his homework and it's hard to communicate with his teacher due to the language barrier.
- They are undocumented and she is afraid to ask the landlord to fix the window or mold. She has heard from her neighbors that he evicted an undocumented family once for "causing problems and complaining." She works 2 jobs to pay the $2,100 rent and is worried she would not find another place for the same rate.

Can you identify all the places of context-induced, preventable harm to this family?

- Injustice in unfair pay
- Housing injustice
- Health disparities (higher rates of asthma)
- Environmental injustice

Outcomes of acculturation

- Among Latinx community, higher levels of adoption of the American host culture has been associated with negative effects on health behaviors
- *The Immigrant Paradox:* the finding that first generation immigrants tend to have better health outcomes than members of the host culture, and that these differences decrease over generations.
- This pattern was also found in psychological, behavioral and educational outcomes

Espiritu de lucha *(a spirit that keeps on fighting)*

How can we support (and help preserve) the protective factors new immigrants bring?

Policies to support young children and their caregivers

- Fund trauma informed, culturally sensitive, relationship centered programs (Mental health intervention and consultation)
- Fund programs that help families with concrete basic needs

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TOBY EWING
Executive Director

March 23, 2021

Joy Osofsky, Ph.D.
Paul Ramsay Endowed Chair of Psychiatry
Professor of Pediatrics and Psychiatry
LSU Health Sciences Center

Letter sent via email

Dear Dr. Osofsky,

Thank you for agreeing to present at the virtual public hearing on prevention and early intervention in mental health during the Commission's April 22, 2021 meeting.

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

The presentations are scheduled to begin at approximately 9:30 a.m. PST following brief announcements and general public comment. Please log into the meeting at 9:00 a.m. PST. We request that your presentation be approximately 20 minutes, including discussion time with Commissioners. Please consider the following topics as part of your presentation:

- Impacts on student mental health resulting from the COVID-19 pandemic, including impacts on existing or new mental health inequities
- Lessons learned for transitioning students back to school after a disaster, including recommended services and supports for students and school personnel
- State policies and practices to promote student mental health, including examples of efforts in other states

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TOBY EWING
Executive Director

Please send a brief biography and written response or background materials related to the items above by April 7th to Amanda Lawrence, Ph.D., at amanda.lawrence@mhsoac.ca.gov. Your written response will allow Commissioners and members of the public to review presentation materials prior to the hearing. Please note that written responses and biographies will be shared as public documents. As a speaker, you will receive Zoom log-in information from Commission staff.

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

Respectfully,

Toby Ewing, Ph.D.
Executive Director

Helping Children, Adolescents, and Schools following COVID-19

California Mental Health Services Oversight and Accountability Commission, April 22, 2021

Joy D. Osofsky, Ph.D

Ramsay Chair of Psychiatry & Lemann Professor of Child Welfare

Louisiana State University Health Sciences Center, New Orleans, josofs@lsuhsc.edu

How Does COVID-19 DIFFER From Other Disasters?

- INDEFINITE UNCERTAINTY!
  - About duration – when will it end or be controlled
  - Anxiety and Worry - about getting COVID-19 – and for family and friends; worry about death
  - Social Distancing - Isolated more than with other disasters
    - It should be described as physical distancing and social and emotional bonds
    - Lack of support from extended family & friends
  - Very broad economic impact – even more than other disasters
  - FEAR – of something we can't see or control

Disaster related Risk Factors are Similar and Different from COVID-19 Risk Factors

Disasters

- Loss of homes and community - Displacement
- Separation from Caregivers
- Death of friends and family members
- Lack of social support
- Disruptions to infrastructure, including schools and community agencies
- Family stress – abuse, neglect, domestic violence
- Economic issues

COVID-19

- Social Isolation
- Missing friends and family
- Virtual Schooling
- Parents working at home
- Economic Issues - Loss of jobs and income
- Illness and death from COVID-19
- Loss of traditional transitions
- Family stress – abuse, neglect, domestic violence, increase alcohol use

Inequities with COVID-19

Data released from the CDC indicate that the COVID-19 pandemic is amplifying preexisting social inequities tied to race, class and access to health care. Preliminary nationwide data reveal that 30 percent of COVID-19 patients are African American even though African Americans make up around 13 percent of the population of the United States.

https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html

Increase in Mental Health Symptoms – anxiety and depression- during COVID-19

https://www.brookings.edu/blog/brown-center-chalkboard/2021/02/24/educators-are-key-in-protecting-student-mental-health-during-the-covid-19-pandemic

- Through the Terrorism and Disaster Coalition for Child and Family Resilience (National Child Traumatic Stress Network Center), the concerns of a broad range of teachers during the pandemic were similar to those of local school systems
  - How to make distance learning work for students' individual needs, concerns for students left behind
  - Emotional and mental health needs among staff, their own families, and for students

Focus on Supporting Student Resilience

- Following the COVID-19 pandemic, it is crucial to concentrate on things that we can control – and identify short and long-term goals
  - Helping students maintain a sense of perspective is important to figure out how to manage new and uncomfortable situations
- It is important to incorporate in the school setting ways to stay healthy and to relate to other students safely. Students can learn to manage adversity and be supported through physical activity, social interactions, and team sports whenever possible
  - Provide support when things may not go well – many students may be behind coming back
  - Celebrate successes, even when small
  - If possible, find ways for older students to contribute to school activities, help younger students
- Social support is crucial – help support students making and maintaining good relationships with friends, teachers, family – to help deal with their setbacks

Steps to Support Child and Youth Mental Health with the COVID-19 Pandemic

- Routines and structure are very important
- With schools opening, parents/caregivers and teachers should create new schedules - Recognizing the new normal
  - Daily routine at home – waking in the morning for breakfast, how to get to school – and how to get home (who picks child up), meal, homework, and bedtime routines, ensuring enough sleep, limit media exposure
- Schools should also plan schedules for the student's day – week - in school so that the days are predictable
- Living with so much "indefinite uncertainties," structure and predictability is now important to support resilience in children

There is now "Hope" that Uncertainty May Soon End

We can help ourselves and students become more resilient, emotionally stable, and as physically protected as possible through careful planning with schools, parents, and caregivers.

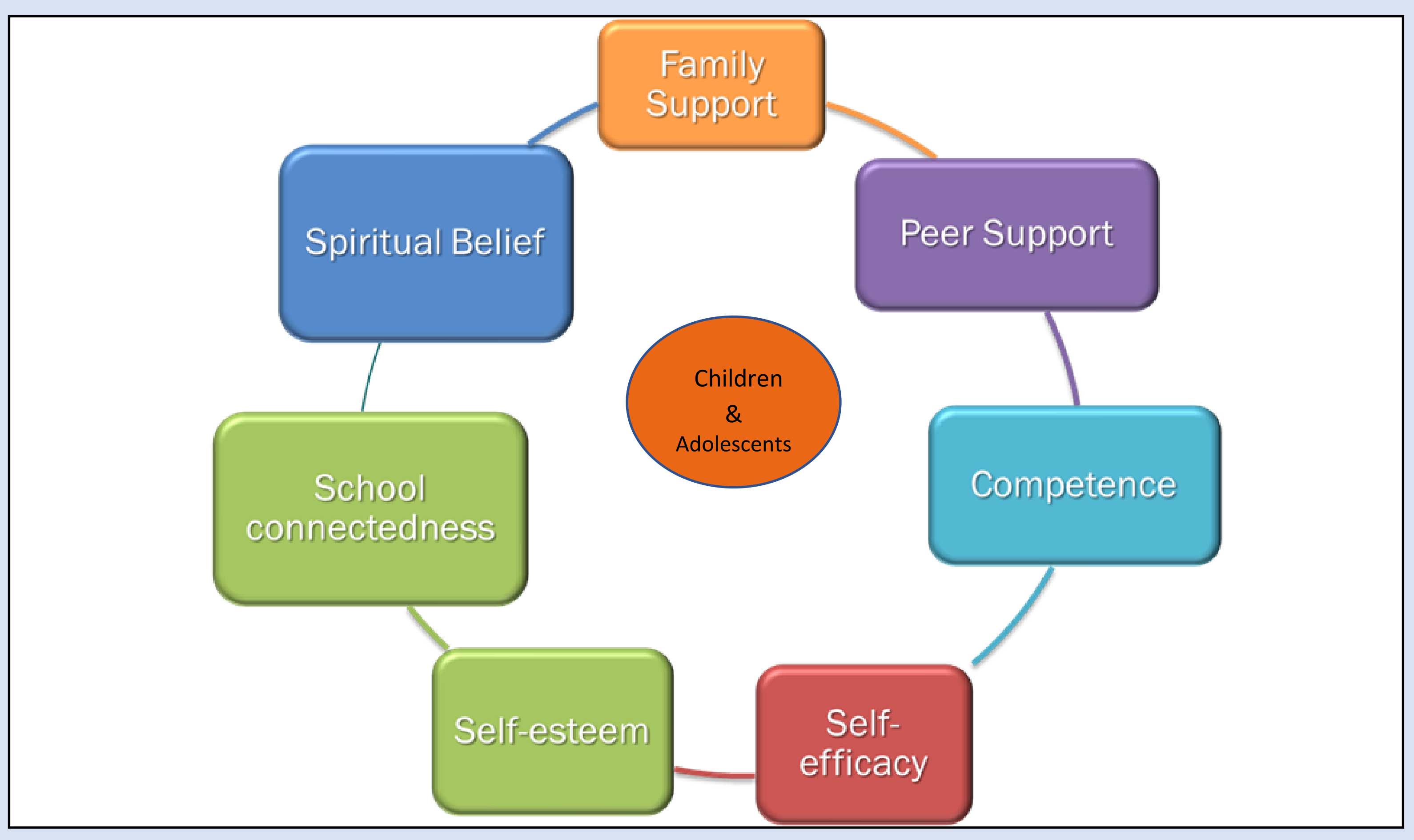
What you can do to support children and youth

- **Listen** to their concerns
- **Inform** them what is happening and changes in school including schedules
- **Explain** why they have to keep social distance in cafeteria
- **Include positive things** they can do to be in control- sanitizing stations, doing “elbow bumps”, wearing masks when required, keeping physical distance
- **Talk about positive connections now** with friends, making new friends

Ways to Build Resilience

- Focus on maintaining and strengthening important relationships- for children and youth
- “The biggest protective factors for facing adversity and building resilience are social support and remaining connected to people”(Masten,2020)
- Look for activities in school - old and new ones - that make you feel better
- Helping others even when we feel depleted ourselves – very important for teenagers

Factors that Enhance Resilience



Ten Considerations For Mental Health Professionals Helping in Schools Following The Covid-19 Pandemic

Joy D. Osofsky, Ph.D.,
Louisiana State University Health Sciences Center

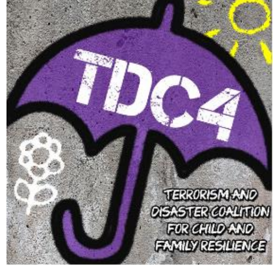
1. **Remember that the entire school community and their families have been impacted by the COVID-19 pandemic – school administrators, teachers, staff, support personnel, and students.**

2. **Recognize that each school has its own culture. It is important to learn the culture of the school as well as the community.**
   - Has the school been impacted by previous adversities?
   - Has the school been able to institute virtual learning reliably and adequately during COVID?
   - If possible, learn more about the school and specific plans for that school when they re-open.

3. **Is the school facility adequately prepared to institute the necessary structural and physical precautions that are needed for safety.** Just as school prepare for fire drills – or now, active shooter drills - are they prepared as a structure to have:
   - proper ventilation
   - sanitizing stations throughout the school
   - social distancing as required
   - mask mandates as needed and other safety measures

4. **The way you start a relationship with a school system will set the tone for your work:**
   - First, ask administrators how you can be of help to them
   - Ask for knowledge about students who have fallen behind in the past year
   - Ask about those who have had behavioral changes or have experienced loss and grief, and concerns they have about the needs of students and staff
   - Remember that schools are the experts for their own school community and students – and that you are a guest in the school.

5. **For mental health professionals or counselors:**
   - Define your role in the school before providing services
   - Determine if your organization has an agreement and what your role will be with the school district – this will impact how referrals and confidentiality is handled
   - If you represent an outside agency, discuss who is going to obtain consents from parents. Will it be school staff? How will referrals to you be handled. Remember you need the school to provide a private place to see students.



6. **Work with the school system to identify what their needs are following COVID-19:**
    - In collaboration with the school, learn what trainings, consultations, or services may be helpful.
    - If possible, have the school conduct a needs assessment including screening of both school personnel and students.
    - The screening of students should be done confidentially but not anonymously to identify at-risk students and services that will be most helpful.
    - Determine how services may need to be adapted. Discuss with the school offering multiple levels of services to address the diverse needs of the students and staff.

7. **It is important to be flexible when working in schools.** If you are meeting with a child, you may need to adjust your plans based on the schedule at the school. You may also have to adapt to seeing the child in whatever private space is available at the school.

8. **It may be helpful to talk to additional staff at the school** (such as the office or lunchroom staff), whom you might not ordinarily think about, in order to gain information about how students are handling the trauma of COVID-19, the long separation from school and friends, social distancing, wearing masks, concerns about family, etc. They may have additional and important perspectives on the children.

9. **With COVID-19, like other major disasters, it is important to recognize that everyone has been impacted in some way**. With COVID-19, the stress and anxiety has been prolonged with indefinite uncertainty. Be supportive to administrators, teachers, and support staff in addition to children and parents/caregivers. They will have their own concerns about COVID, may have had economic loss, illness and/or death in their families, and also concerns about their own children while working to support their students.

10. **Parents and caregivers are always important.** If the school wants services for children, even though you will be seeing the children in school, parental consent must be obtained. Further, it is important to include the children's primary caregivers in any service you provide. Recognize that, at times, eliciting parental involvement for behavioral health support may require additional effort.

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TOBY EWING
Executive Director

March 23, 2021

Paula Allen
Global Leader and Senior Vice President
Research and Total Wellbeing
Morneau Shepell

Letter sent via email

Dear Ms. Allen,

Thank you for agreeing to present at the virtual public hearing on prevention and early intervention in mental health during the Commission's April 22, 2021 meeting.

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

The presentations are scheduled to begin at approximately 9:30 a.m. PST following brief announcements and general public comment. Please log into the meeting at 9:00 a.m. PST. We request that your presentation be approximately 20 minutes, including discussion time with Commissioners. Please consider the following topics as part of your presentation:

- The workplace as a strategic setting for prevention and early intervention and promotion of wellbeing
- Findings and recommendations from the Mental Health Index Report and opportunities for measuring wellbeing in the workplace
- Policies and practices for promoting prevention and early intervention to support employee wellbeing and incentives for employers to develop and implement robust workplace mental health strategies

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

Respectfully,

Toby Ewing

Toby Ewing, Ph.D.
Executive Director

MORNEAU SHEPELL
Focus on workplace mental health
Paula Allen
Global Leader and SVP, Research and Total Wellbeing, Morneau Shepell
April 22, 2021

Mental health is a critical issue for business and the workplace experience is critical to mental health

- Different workplaces have different experiences in mental health disability and costs
- The employment relationship requires “do no harm”
- The workplace also has influence on several determinants of mental health

The business imperative to focus on workplace mental health is clear

$16 trillion in lost output - the projected Global impact of mental illness

The costliest medical condition in the U.S.

59% of the economic costs deriving from injury or illness for illness related productivity loss in the United States, followed by alcohol abuse at 34%.

4.2 times higher costs including medical, pharmaceutical and disability costs, for employees with depression may be than those incurred by a typical beneficiary.

The determinants of mental health which the workplace can influence is clear

- Access to health care
- Social norms
- Income equity
- Job security
- Chronic or traumatic stress
- Education
- Discrimination/social exclusion

Access to support and care for individuals

Workplace experience and risk management

Access to support and care for individuals	Workplace experience and risk management
Wellbeing solutions mental, physical, social and financial wellbeing continuum of care; scalable on demand programming	**Optimization and growth** education and development, influence, visible leadership focus on wellbeing
Problem-solving support solution focused counselling, work life services, multiple modalities and access points	**Problem-solving capability** manager training and competency, disability and return to work programs, workload management, involvement
Chronic needs health benefits, behavioural health programs, removal of financial and access barriers	**Foundational needs** income equity, respect, communication, clear expectations, inclusiveness, recognition, anti-stigma
Crisis needs crisis line, trauma intervention, substance use, suicidal risk response	**Do no harm** anti-harassment, anti-discrimination, reasonable expectations, address unique job/industry risks

Further, employees indicate that mental health is the #1 factor in their overall well-being

	Canada	U.K.	U.S.
Mental health (1)			35%
Physical health (2)			21%
Relationships (3)			21%
Financal health (4)			15%

The definition of financial health includes financial awareness and confident decision-making

Over 3 in 4 employees (76%) say that the way an organization supports mental health specifically, **is a factor in whether or not they will stay**

Younger employees are more likely to agree

2020-21:

a watershed moment in mental health

The Mental Health Index (MHI) offers a clear measure of mental health in the working population, over time

- We poll a representative national sample in each of four geographies:

United States	Canada	United Kingdom	Australia
5,000	3,000	2,000	1,000

- Benchmark data was collected over three years – 2017 to 2019
- MHI data is collected and published monthly

A significant majority indicate that the pandemic has negatively impacted their mental health

Negative mental health impact of pandemic

	Significant negative impact	Negative impact	No/positive	Total negative
Canada	31%	49%	20%	80%
Australia	35%	46%	19%	81%
United Kingdom	32%	42%	26%	74%
United States	27%	48%	25%	75%

0% 20% 40% 60% 80% 100% 120%

■ Significant negative impact ■ Negative impact ■ No/positive

The MHI shows that mental health of working Americans declined significantly since the pandemic and continues to be strained

Mental Health Index - United States

- A score of “zero” equals 2019 levels of mental health
- The current level (-6.8) represents a significant decline in mental health relative to 2019

-4.0
-4.5
-5.0
-5.5
-6.0
-6.5
-7.0
-7.5
-8.0
-8.5

-8.0
-6.3
-5.8
-5.1
-5.6
-6.3
-6.2
-7.3
-7.9
-7.6
-6.8

April 2020
July 2020
December 2020
March 2021

The mental health score for managers is lower than it is for non-managers

Managers vs non-managers MHI scores

	Score
Managers	-5.9
Non-Managers	-4.5

Axis: -7.0, -6.0, -5.0, -4.0, -3.0, -2.0, -1.0, 0.0

Almost 4 in 10 managers have thought about leaving their job in 2020

VS

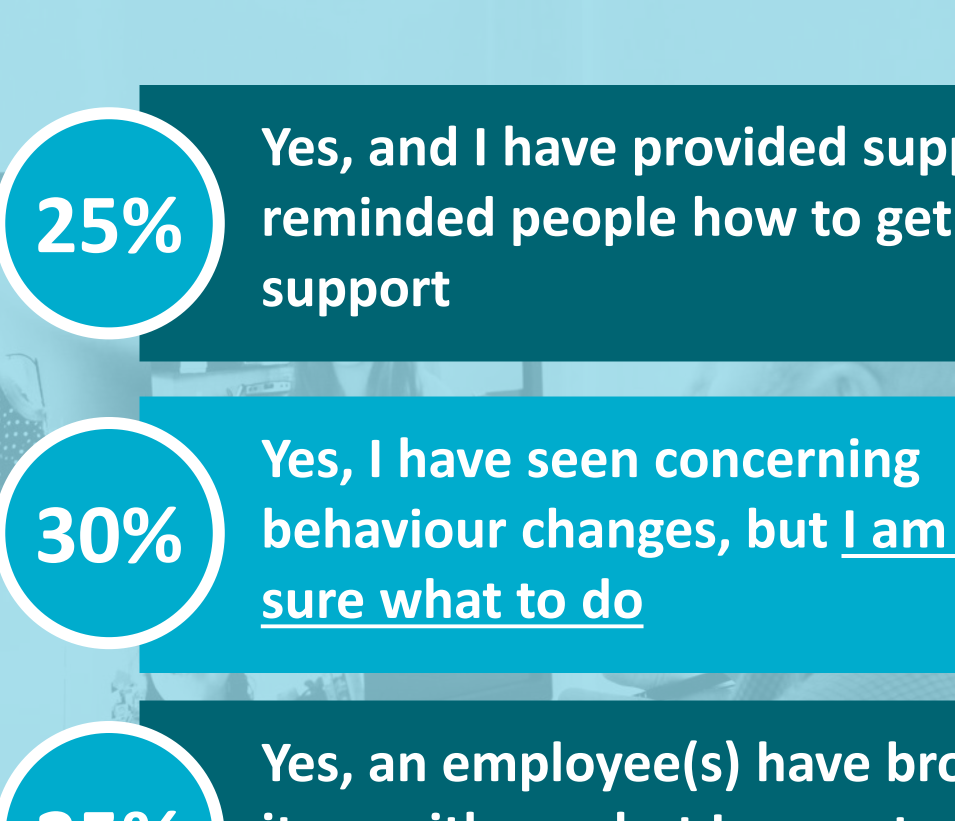
Managers	38%	24%	Non-managers

43% Managers in the public sector

An increase in mental stress is the main reason for considering leaving their job

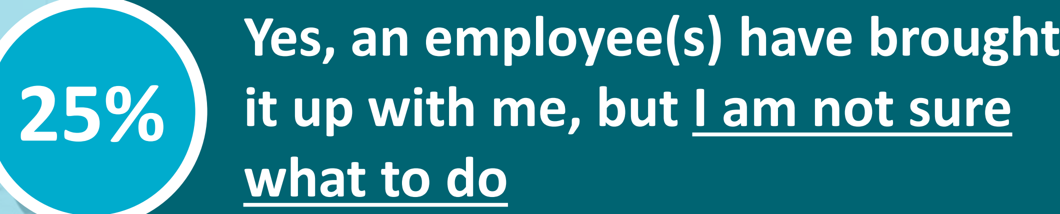
64%	due to increased **mental stress at work**
40%	my **employer's response to the pandemic**
35%	increased **mental stress at home**
17%	my **employer's response to issues of race and diversity**
6%	better **pay/advancement**

4 in 5 managers have dealt with a specific mental issue with at least one employee

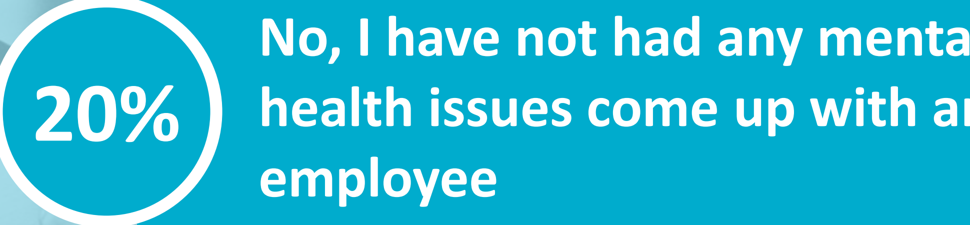


25% Yes, and I have provided support or reminded people how to get support

30% Yes, I have seen concerning behaviour changes, but I am not sure what to do

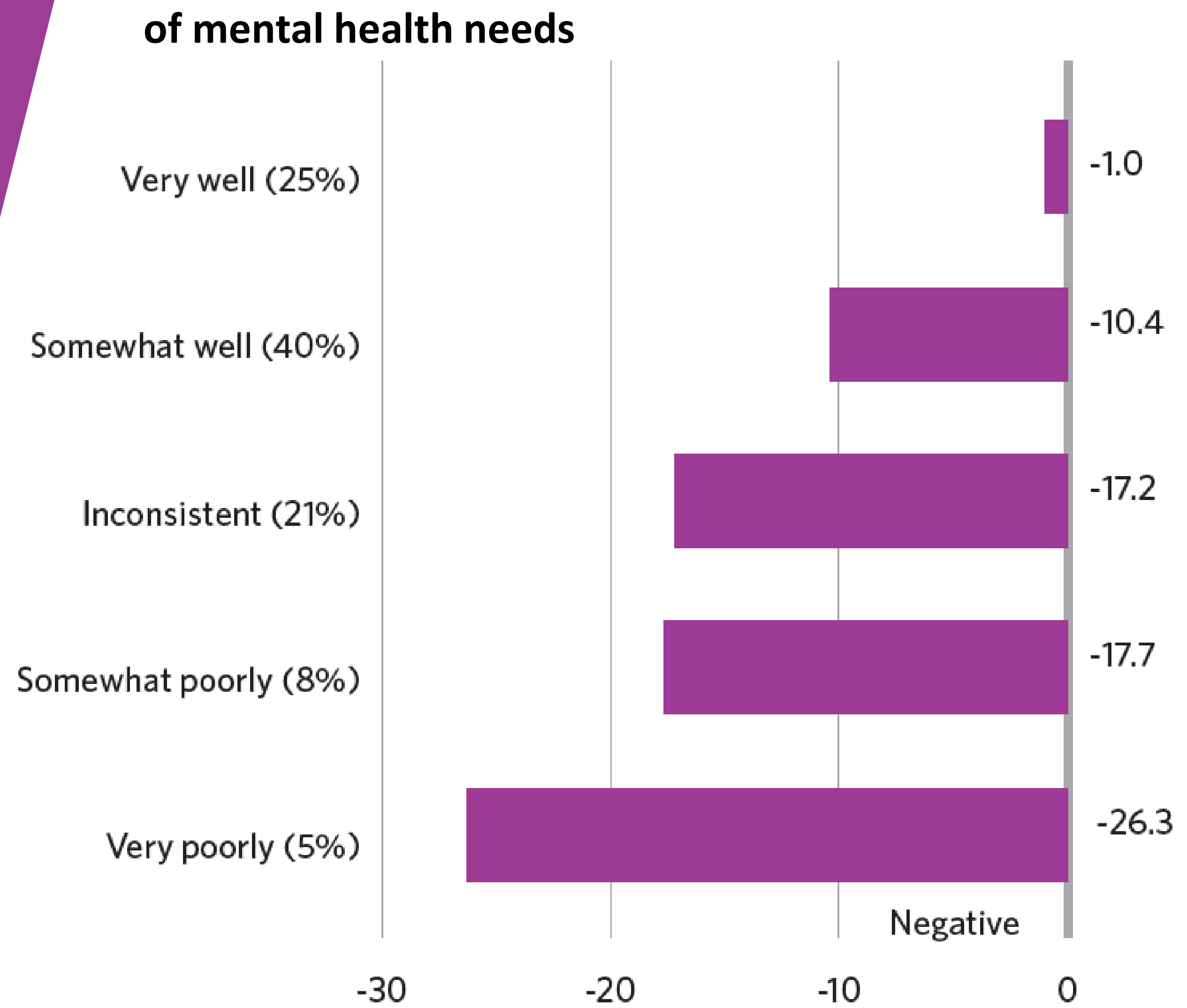


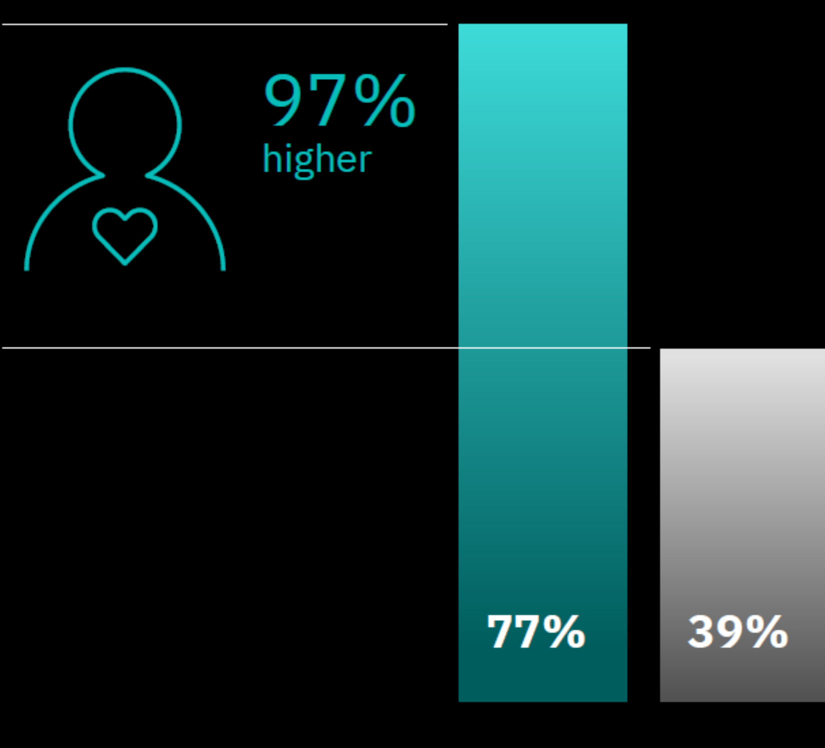
25% Yes, an employee(s) have brought it up with me, but I am not sure what to do



20% No, I have not had any mental health issues come up with an employee

Those who indicate better employer support have better Mental Health Index scores





CEO’s of outperforming organizations prioritize employee wellbeing

The 2021 CEO Study

- *IBM Institute for Business Value*

Mental health and ESG

Workplace mental health is becoming more prominent in **the "S" in ESG investment frameworks**.

The Sustainability Accounting Standards Board (SASB) is one of many working toward adding mental health to ESG frameworks.

SASB is a highly influential organization that **sets standards to guide the disclosure of financially material ESG information** by companies to their investors.

Measurement is essential to value and sustainability

What is the organization doing?

- What practices and programs are in place?
- Are they being deployed as expected?
- Are the expected impact?

How are people doing?

- How is the group doing relative to peers?*
- Has there been change overtime in any cohort?
- Are there any emerging risks?

Measurement is essential to value and sustainability

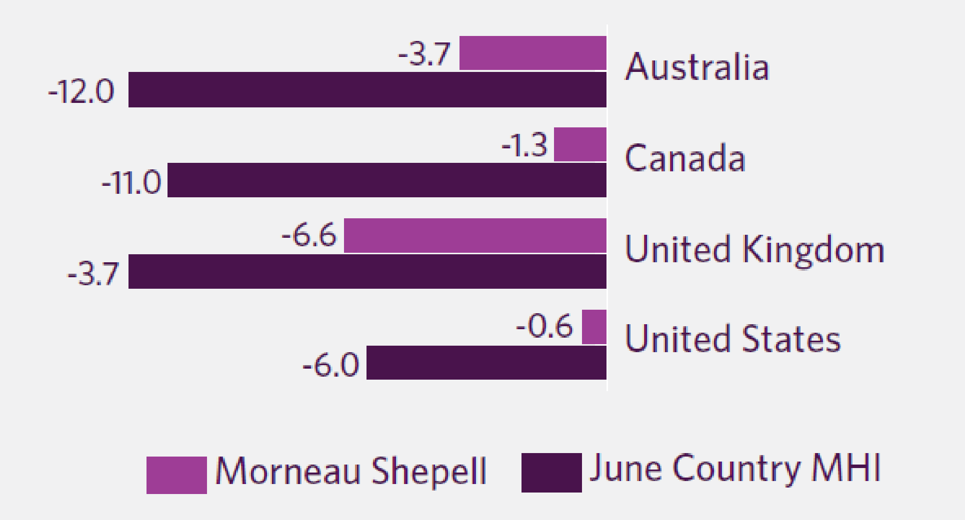
Mental Health Index™ variance

+8.4

Global Morneau Shepell average above benchmark

Variance from regional scores	
Australia	+8.3
Canada	+9.7
United Kingdom	+5.6
United States	+5.4

While mental health scores declined in overall working population since the 2020 pandemic, Morneau Shepell is faring beter in each region by between 5.4 to 9.7 points



The Mental Health Index (MHI) score reflects the deviation from the benchmark period of 2017-2019

The scores for the benchmark period are normalized to zero

A positive/negative score that shows the extent of improvement/decline in mental health compared to the benchmark.

The comparison chart shows the MHI scores for the Organization, relative to the scores for the working population in each region for the noted month.

The June 2020 MHI data for the Organization was collected as part of the Total Wellbeing Index assessment.

Actions leading organizations have been taking

1. **Speaking about mental health** in all-employee meetings – destigmatizing the topic
2. Supporting and **training managers**
3. **Fostering flexibility** and joint problem-solving regarding workplace stressors
4. Fostering **diversity, equity and inclusion**
5. Leveraging **a digital first approach to mental health** and wellbeing to ensure scale and access
6. Considering **financial wellbeing programs** and hardship programs
7. **Integrating specialized programs** for issues such as trauma, substance use
8. Understanding and address **unique workplace stressors** (e.g. for call centers, first responders, on-line content reviewers**)**
9. Ensuring specific **recovery and return to work support** in disability programs
10. **Measuring needs, risk and change** with both leading and outcome indicators

Questions
Comments
Discussion

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TOBY EWING
Executive Director

March 23, 2021

Andreea L. Seritan, M.D.
Professor of Clinical Psychiatry
UCSF Department of Psychiatry and Behavioral Sciences
UCSF Weill Institute for Neurosciences

Letter sent via email

Dear Dr. Seritan,

Thank you for agreeing to present at the virtual public hearing on prevention and early intervention in mental health during the Commission's April 22, 2021 meeting.

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

The presentations are scheduled to begin at approximately 9:30 a.m. PST following brief announcements and general public comment. Please log into the meeting at 9:00 a.m. PST. We request that your presentation be approximately 20 minutes, including discussion time with Commissioners. Please consider the following topics as part of your presentation:

- Impacts of the COVID-19 pandemic on the mental health of older adults, including impacts on existing or new mental health inequities
- Opportunities for prevention and early intervention within older adult populations and strategic settings for interventions
- Policies and practices that should be prioritized by the State to promote prevention and early intervention in mental health among older adults

STATE OF CALIFORNIA
GAVIN NEWSOM, Governor

LYNNE ASHBECK
Chair

MARA MADGRIGAL-WEISS
Vice-Chair

MAYRA ALVAREZ
Commissioner

KEN BERRICK
Commissioner

JOHN BOYD, Psy.D.
Commissioner

BILL BROWN
Sheriff
Commissioner

KEYONDRIA D. BUNCH, Ph.D.
Commissioner

WENDY CARRILLO
Assembly Member
Commissioner

ITAI DANOVITCH, M.D.
Commissioner

DAVID GORDON
Commissioner

GLADYS MITCHELL
Commissioner

KHATERA TAMPLEN
Commissioner

TINA WOOTON
Commissioner

TOBY EWING
Executive Director

Please send a brief biography and written response or background materials related to the items above by April 7th to Amanda Lawrence, Ph.D., at amanda.lawrence@mhsoac.ca.gov. Your written response will allow Commissioners and members of the public to review presentation materials prior to the hearing. Please note that written responses and biographies will be shared as public documents. As a speaker, you will receive Zoom log-in information from Commission staff.

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

Respectfully,

Toby Ewing

Toby Ewing, Ph.D.
Executive Director

Impact of the COVID-19 Pandemic on Older Adult Mental Health: Challenges and Opportunities

Mental Health Services Oversight & Accountability Commission
Public Hearing on Prevention and Early Intervention

ANDREEA L. SERITAN, MD
UCSF DEPT. OF PSYCHIATRY & BEHAVIORAL SCIENCES
UCSF WEILL INSTITUTE FOR NEUROSCIENCES

APRIL 22, 2021

Disclosures

- No conflicts of interest
- I receive support from:
  - Mount Zion Health Fund
  - NIH/NINDS 1UH3NS115631-01 (Shirvalkar, P.)
- The opinions presented here are my views and do not necessarily represent the views of UCSF

Geriatric psychiatrist

Treat adults > 65 years old

UCSF Movement Disorders & Neuromodulation Center

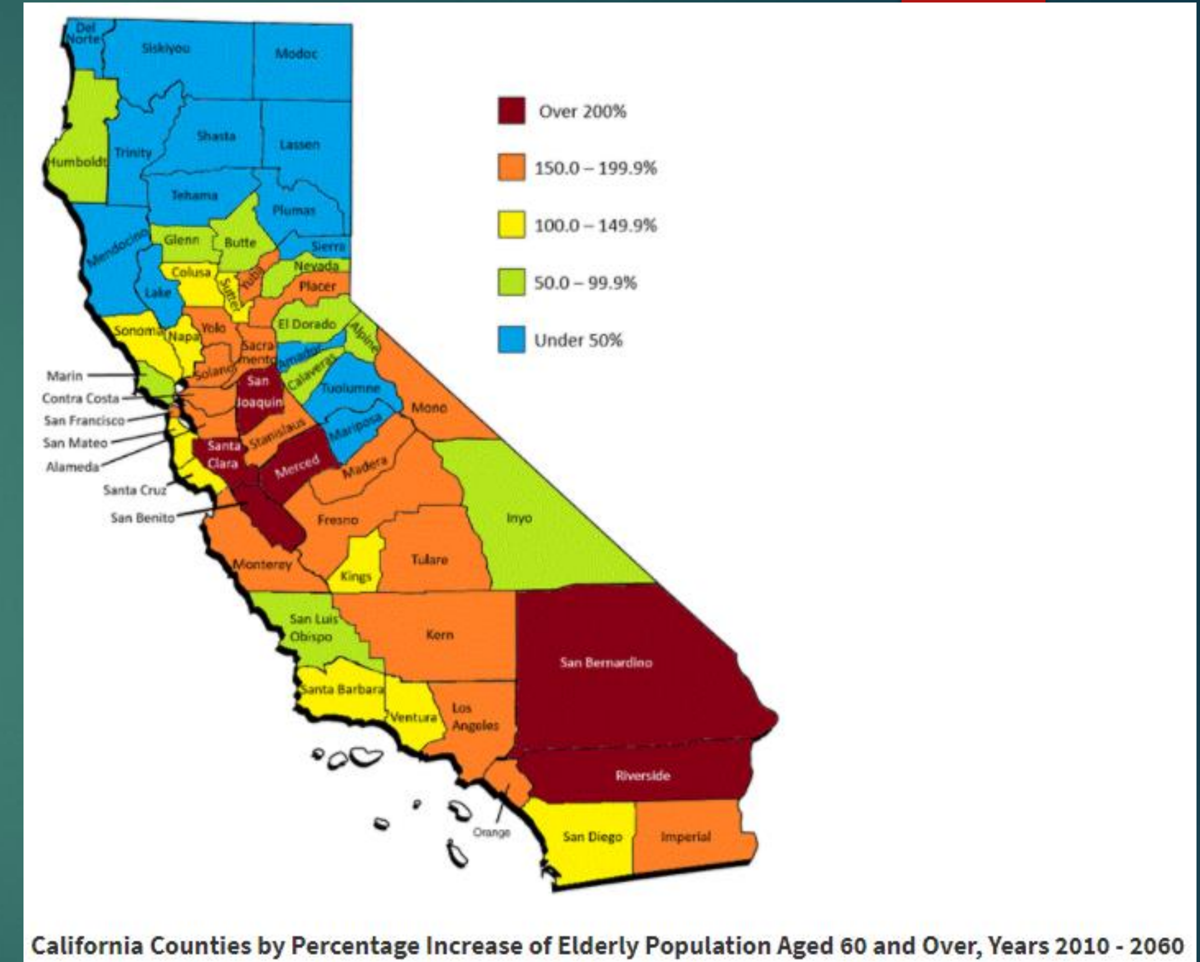
Langley Porter Psychiatric Hospital & Clinics

Main points

- Impact of the COVID-19 pandemic on the mental health of older adults
- Opportunities for prevention and early intervention within older adult populations and strategic settings for interventions
- Policies and practices that should be prioritized by the State to promote prevention and early intervention in mental health among older adults

In California

- By 2030, there will be 9 million adults > 65 years old (1 in 5 Californians will be > 65 years old)
- The population aged 60 years and over in California is expected to grow more than three times as fast as the total population in the state.
- The older adult population in California will be more diverse

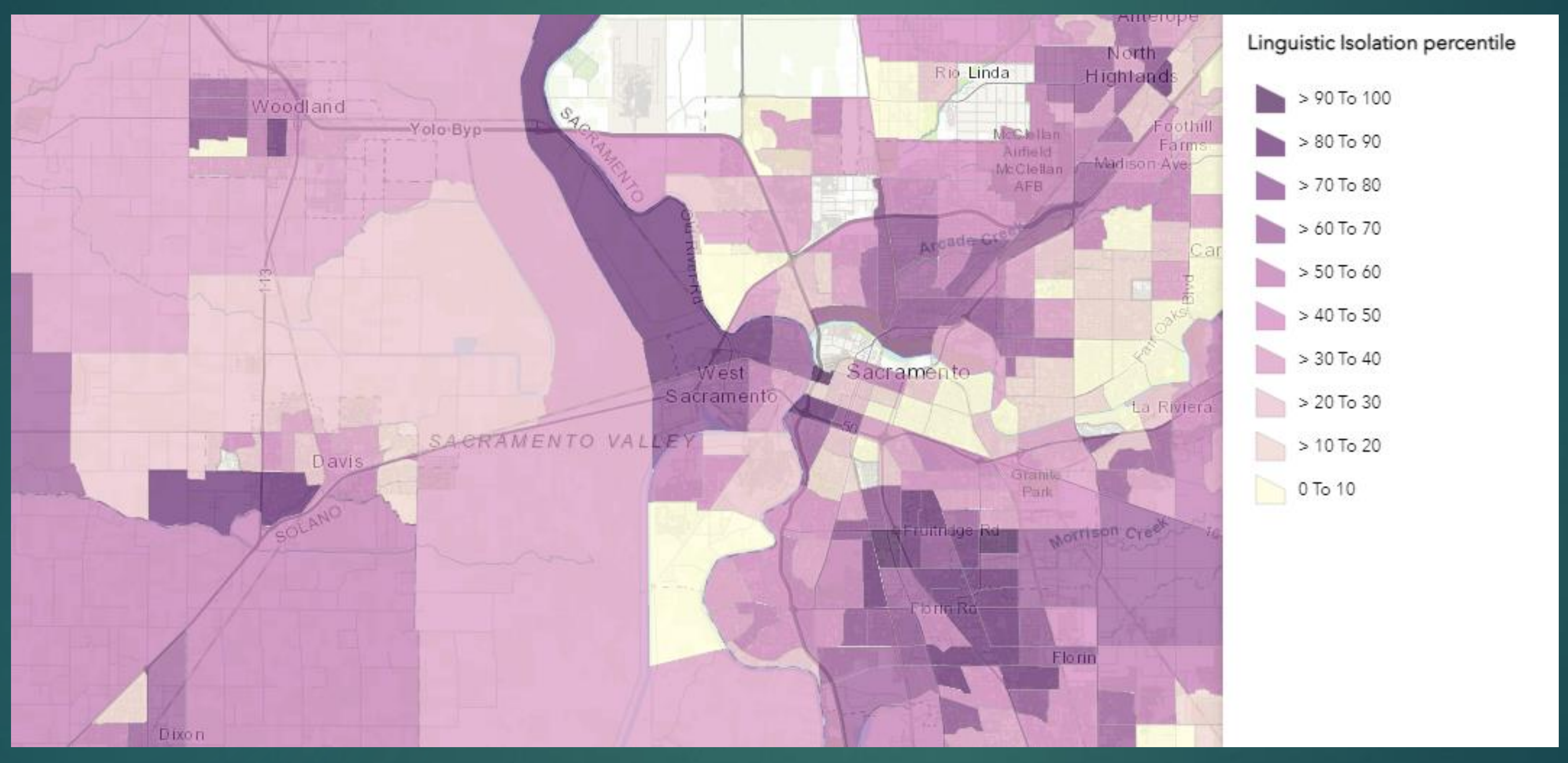


California Counties by Percentage Increase of Elderly Population Aged 60 and Over, Years 2010 - 2060

https://www.chhs.ca.gov/home/committees/governors-task-force-on-alzheimers/
https://aging.ca.gov/Data_and_Reports/Facts_About_California's_Elderly/

Linguistic isolation

Almost half of Californians do not speak English at home



census-other_than_english.pdf (cnsnews.com): 2017
https://oehha.ca.gov/calenviroscreen/indicator/linguistic-isolation

https://abcnews.go.com/US/faces-coronavirus-pandemic-remembering-died/story?id=69932880

Older adults

Increased risk during COVID-19 pandemic

- Medical comorbidities:
  - Hypertension
  - Cardiovascular disease
  - Diabetes
  - Chronic respiratory disease
  - Chronic kidney disease
- Sensory impairments
- Cognitive impairments
- Linguistic isolation
- Limited support, living alone

Older adults disproportionately affected

Risk for COVID-19 Infection, Hospitalization, and Death By Age Group

Rate compared to 5–17-years old[1]	0–4 years old	5–17 years old	18–29 years old	30–39 years old	40–49 years old	50–64 years old	65–74 years old	75–84 years old	85+ years old
Cases[2]	<1x	Reference group	2x	2x	2x	2x	1x	1x	2x
Hospitalization[3]	2x	Reference group	6x	10x	15x	25x	40x	65x	95x
Death[4]	1x	Reference group	10x	45x	130x	440x	1300x	3200x	8700x

All rates are relative to the 5–17-year-old age category. Sample interpretation: Compared with 5–17-year-olds, the rate of death is 45 times higher in 30–39-year-olds and 8,700 times higher in 85+-year-olds.

https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html

Neuropsychiatric symptoms associated with COVID-19

Acute neuropsychiatric sxs. due to coronavirus infection: delirium, psychosis, anxiety, agitation, mood changes, sleep disruption

Subacute to chronic neuropsychiatric sxs. due to coronavirus infection: cognitive disorders, anxiety, depression, psychosis, PTSD, sleep disruption, suicidality

PASC/Long COVID

Psychiatric sxs. due to social isolation/fear of coronavirus: anxiety, depression, exacerbation of cognitive deficits, psychosis, sleep disruption, substance use

Treatment-related sxs. (steroids, etc.)

Post-infectious autoimmune sxs.?

Seritan, 2021

Brooks et al., 2020; Ferrando et al., 2020; Miners et al., 2020; Picaza Gorrochategi et al., 2020; Peluso et al., 2021; Rogers et al., 2020; Troyer et al., 2020

Post-acute sequelae of SARS-CoV-2 (PASC)

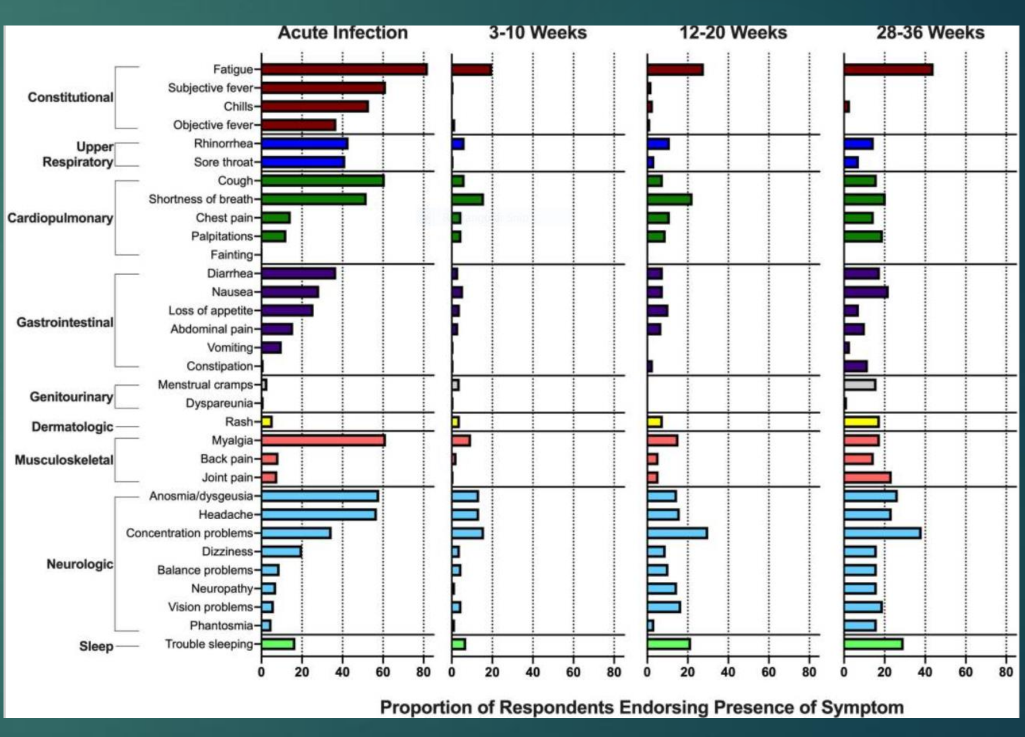
Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK: 1 April 2021

Estimates of the prevalence of self-reported "long COVID", and the duration of ongoing symptoms following confirmed coronavirus infection, using UK Coronavirus (COVID-19) Infection Survey data to 6 March 2021.

13% COVID-19 survivors had symptoms > 12 weeks (n = 20,000)

Who gets PASC?

- Age > 70
- Women
- BMI > 25
- > 5 symptoms in first week
- Preexisting conditions
- Low SES



Sudre et al., 2021; Peluso et al., 2021

Shelter in place

- Disruption of routine in long-term care facilities
- Interruption of social/community activities
- Further decline in those with pre-existing major cognitive impairments
- Confusion, sundowning, psychotic symptoms
- Forced reduction of physical activity →
  - Loss of personal/instrumental autonomy
  - Loss of muscle mass, ↑ risk of falls

Devita et al., 2020

https://www.cnn.com/2020/05/20/world/gallery/new-normal-coronavirus/index.html

Caregivers

Unpaid family caregivers

- 40% live with their care recipients
- Care recipients have on average 1.7 health conditions
- Increased complexity of care recipient health and functional needs
- Caregivers are in worse health

www.caregiving.org/caregiving-in-the-us-2020/

CAREGIVING in the U.S. 2020

The number of Americans providing unpaid care has increased over the last five years.*

43.5 million 2015

53 million 2020

18% 2015

21% 2020

NEARLY ONE IN FIVE (19%) ARE PROVIDING UNPAID CARE TO AN ADULT WITH HEALTH OR FUNCTIONAL NEEDS.**

More Americans are caring for more than one person.

18% 2015

24% 2020

More family caregivers have difficulty coordinating care.

19% 2015

26% 2020

More Americans caring for someone with Alzheimer's disease or dementia.

22% 2015

26% 2020

More family caregivers report their own health is fair to poor.

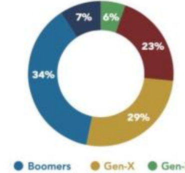
17% 2015
21% 2020

23% OF AMERICANS SAY CAREGIVING HAS MADE THEIR HEALTH WORSE.

Who are today's family caregivers?

39% MEN

61% WOMEN



45% HAVE HAD AT LEAST ONE FINANCIAL IMPACT

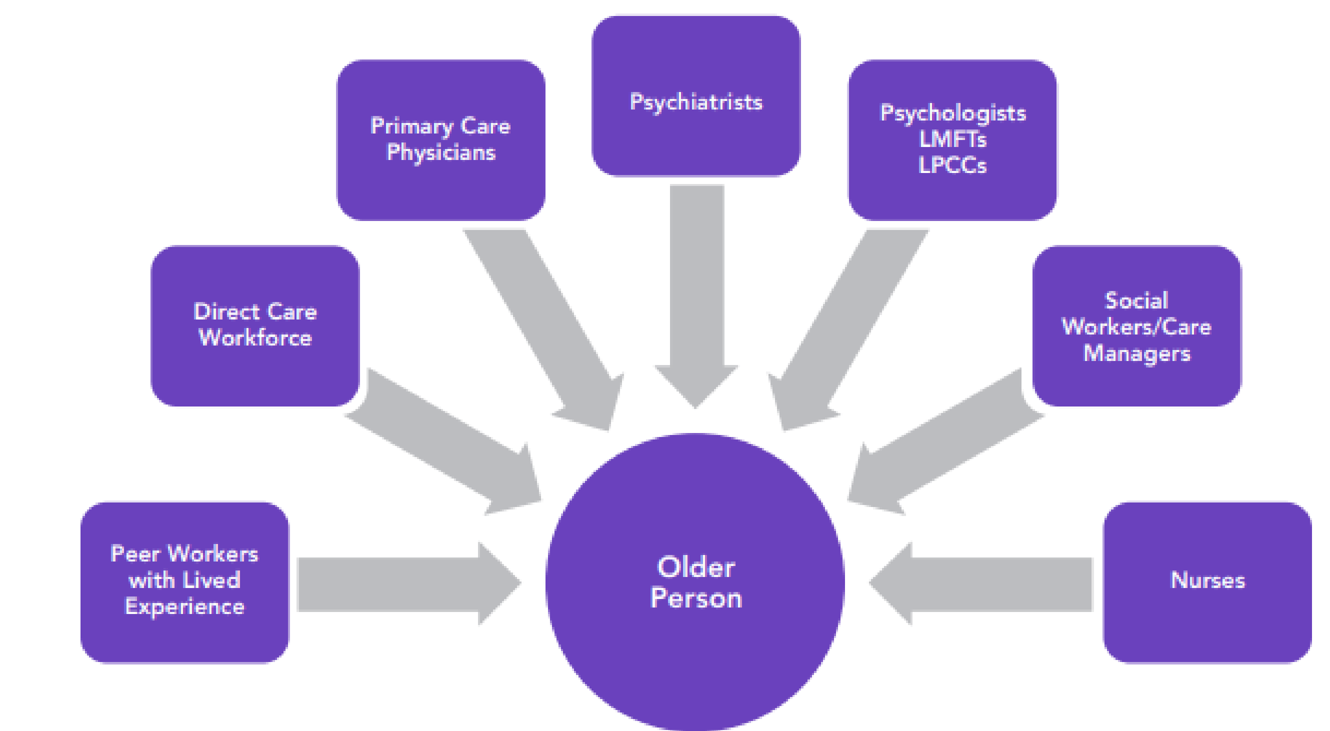
61% WORK

*Provided care to an adult or child with special needs.
**The remainder of this data is based on the 19% or 48 million caregivers caring for an adult.
URL: www.aarp.org/uscaregiving DOI: https://doi.org/10.26419/ppi.00103.002

Caregiving in the U.S. 2020, National Alliance for Caregiving and AARP
For media inquiries, contact Media@aarp.org

Behavioral health workforce for older adults

Less than 1,800 geriatric psychiatrists in the U.S.



Frank et al., 2019; IOM 2012

What has worked…

- Visits converted to 100% telemedicine almost overnight
- iPads provided to patients (patient assistance gift fund)
- Older adults learned to use Zoom, including those who didn’t believe they could

What has not worked…

- Patients with no internet connection
- Insurance coverage barriers
- Not enough mental health providers (especially geriatric trained)

Risk stratification (non-psychiatry clinic)

- EDUCATION/INFORMATION: General public
- COPING SKILLS: All patients
- PHONE CALLS: At-risk patients (SW/RN)
- SUPPORT GROUPS
- WELLNESS VISITS (PhD)
- PSYCHIATRY REFERRAL

Educating non-mental health providers

To improve the care of older adults

GEROPSYCHIATRY ROUNDS

Monthly interdisciplinary Zoom talks with geriatric experts

Long-Term COVID, Cognitive Dysfunction, and Stigma

Presented by Coleen Kivlahan, MD, MSPH

Retraumatization of the Elderly with PTSD During COVID-19

Presented by Arnaldo Moreno, MD

Monday, February 22, 2021 • 12:00–12:45 p.m.

Please note: This month's event is being held on the fourth Monday of the month due to the holiday on the 15th.

Register now: **psychiatry.ucsf.edu/geropsychiatryrounds**

Curriculum organized by Andreea Seritan, MD and Tammy Duong, MD

GEROPSYCHIATRY ROUNDS

Monthly interdisciplinary Zoom talks with geriatric experts

3rd Mondays • 12:00–12:45 p.m.

Medical Frailty and Social Isolation During the COVID-19 Pandemic

Presented by Alejandra Sánchez López, MD, and Andreea Seritan, MD

January 25, 2021 • 12:00–12:45 p.m.

Please note: This month's event is being held on the fourth Monday of the month due to the holiday on the 18th.

Register now: **psychiatry.ucsf.edu/geropsychiatryrounds**

Curriculum organized by Andreea Seritan, MD and Tammy Duong, MD

GEROPSYCHIATRY ROUNDS

Monthly interdisciplinary Zoom talks with geriatric experts

3rd Mondays • 12:00–12:45 p.m.

Cognitive Assessment for Diverse Populations: Tools and Strategies

Presented by Laura Perry, MD

December 21, 2020 • 12:00–12:45 p.m.

Register now: psychiatry.ucsf.edu/geropsychiatryrounds

Curriculum organized by Andreea Seritan, MD and Tammy Duong, MD

Strategies – Mental health services

- Continued use of telepsychiatry after the pandemic ends $$$
- Broadband internet in every home $$$$
- Screening for cognitive deficits in native language, using tools validated with diverse populations
- Increase access to mental health care for patients with long COVID $$?
- Better reimbursement of services provided with interpreter $$
- Case management, behavioral health navigators

Strategies – Workforce

- Education of non-mental health care providers
- Licensure requirement?
- Bilingual, language-concordant providers
- Loan forgiveness programs
- Funding for geriatric training programs
- Train peer supporters
- Include caregivers of older adults with neurodegenerative diseases as essential workers in COVID-19 vaccination plans

Resilience

Health care providers, caregivers, communities

Put $ in the resilience bank when you can (not just in crisis)

Summary & Take-home points

- Older adults: high risk and high resilience
- Screening without adequate resources is counterproductive
- ALL health care providers should be trained to care for older adults
- Do it now, do not wait for the next crisis

THANK YOU!

https://psychiatry.ucsf.edu/copingresources/olderadults

https://www.caregiver.org/caregiver-resources/

https://www.caregiving.org/resources/covid-19-resources-for-families/

AGENDA ITEM 2

Action

April 22, 2021 Commission Teleconference Meeting

Award of Early Psychosis Intervention Plus (EPI Plus) Phase 2 Grants

Summary: The Commission will consider awarding two Assembly Bill (AB) 1315 (Mullin) program grants of $2 million each for a total of $4 million to build capacity and support the expansion of early psychosis services.

Background: AB 1315 (Mullin) enacted in 2017 addressed the need for specialized services to reduce the duration of untreated psychosis. AB 1315 established the Early Psychosis Intervention Plus (EPI Plus) Program and the EPI Plus Advisory Committee to advise the Commission regarding the allocation of funds for a competitive selection process. The Commission's 2019-20 budget included $19,452,000 to expand and improve the fidelity of existing early psychosis and mood disorder detection and intervention services in California.

On February 27, 2020, the Commission approved the first Request for Applications (RFA) outline totaling $15,562,000 for up to eight grantees to each receive approximately $2,000,000 and $3,890,000 for evaluation, training, and technical assistance efforts. The RFA was released on April 20, 2020 in a competitive bid process with an extended due date of July 17, 2020.

In August 2020, the Commission awarded grants to five applicants: Kern, Lake, San Francisco, Santa Barbara, and Sonoma Counties. After awarding the funds through the first procurement there was a balance of $5,565,000 for additional expansion and services that would support early psychosis intervention activities. In the August 2020 meeting the Commission requested that the EPI Plus Advisory Committee provide the Commission with a recommendation for allocating the $5,565,000 in remaining funds.

The EPI Advisory Committee met on October 5th and November 9th of 2020 to identify funding priorities.

On November 19, 2020 the Commission approved the Committee's recommendation regarding the allocation of $5,565,000. The recommendation included a special emphasis on efforts to reduce disparities that exist for diverse culture groups, LGBTQ communities and people of color. The outline included the following:

1) Expand access to care by allocating $4 million to two additional program grants to county, city, or multi-county mental health or behavioral health departments for a new or expanding program, and a collaborative Hub and Spoke model or a regional strategy serving surrounding multiple counties.

Program Type	Number of Grants	Amount of each Grant	Total
New or Existing	1	$2,000,000	$2,000,000
Hub and Spoke	1	$2,000,000	$2,000,000
TOTAL			**$4,000,000**

2) Invest $1 million in workforce development, workforce retention, and public awareness of the early symptoms of psychosis ($1 million).
3) Devote $565,966 to research initiatives which would explore the barriers to care and improved access for diverse populations and improve reimbursement models for public and private coordinated care models.

Funding: As approved by the Commission**,** the total funding for this Request for Application is $4,000,000 and is recommended for allocation to the highest scoring applicants. Each awarded program will receive $2 million for a four-year grant term.

Allowable Costs: Grant funds must be used as proposed in the grant Application approved by the MHSOAC as follows:

- Personnel and/or peer support.
- Program costs, which include, but are not limited to services, technology, data collection, and facilities improvements as they relate to expanding services to reach full fidelity to the CSC model.
- Administration.

All costs must be directly related to expanding the current early psychosis intervention program as outlined in the application. Grant funds may be used to supplement, but not supplant existing financial and resource commitments of the county, city, or multi-county mental health or behavioral health departments, or their designee entities. Grant funds cannot be transferred to any other program account for specific purposes other than the stated purpose of this grant.

RFA Evaluation Process: The entire scoring process from receipt of applications to posting of the Notice of Intent to Award is confidential. In accordance with the State of California standard competitive selection process, all applications were evaluated in a multiple stage process.

Stage 1: Administrative Submission Review
Verification that all required documents were included in the application. This is a Pass/Fail evaluation.

Stage 2: Application Scoring
Applications were reviewed and scored based on the Applicant's response to each requirement. Points were awarded to responses meeting the requirement. The evaluation was conducted in the following areas:

- Mandatory Requirements
- Scored Requirements
- Budget Worksheet

RFA Award and Appeal Process:

The appeals process is detailed in the RFA and is summarized as follows:

- An Intent to Appeal letter from an Applicant must be received by the Commission within five working days from the date of the posting of the Notice of Intent to Award.
- Within five working days from the date the Commission receives the Intent to Appeal letter, the protesting Applicant must file with the Commission a Letter of Appeal detailing the grounds for the appeal.
- If a Letter of Appeal is filed, the contract shall not be awarded until the Commission has reviewed and resolved the appeal.

Under the RFA the Executive Director of the MHSOAC will render a decision in writing to the appeal and the decision will be considered final.

Presenter:

- Tom Orrock, Chief of Stakeholder Engagement and Grants

Enclosures: None

Handouts (1): PowerPoint presentation

AGENDA ITEM 3

Action

April 22, 2021 Commission Meeting

Fresno County Innovation Plans

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

1. **California Reducing Disparities Project Evolutions**

Fresno County is requesting up to $2,400,000 of Innovation spending authority to increase access to mental health services to underserved groups and to increase the quality of mental health services, including measured outcomes by working with three existing culturally responsive, community-defined, and innovative implementation pilot projects, their participants, and stakeholders to identify a specific adaptation to each one of their programs.

Three Community Based-Organizations in Fresno county received funding as part of the California Reducing Disparities Project, Phase II to launch thirty-five community-defined and innovative implementation pilot projects. They are:

1. **Sweet Potato Project-** Students ages (11-15) in the cohort participate in entrepreneurship, business skills and training to learn how to develop their products and sell it.
2. **Hmong Helping Hands-** provides an array of services intended to engage underserved older adult Hmong community members in a culturally responsive manner.
3. **Atención Plena and Pláticas-** supports community health and engagement through advocacy and systems change that promotes whole person wellness for Latino/x youth.

These projects are implementing and evaluating Community Defined Evidence Practices (CDEPs) which provide culturally and linguistically competent prevention and early intervention mental health services to members of the African American, Latino/x, and Hmong communities. The programs have worked to establish services that are embraced by their communities in Fresno county.

However, the services are not part of the county system of care and these communities remain underserved and inappropriately served in county services. **There is a current need to understand how to bring these programs into Fresno County's existing system of care in a financially sustainable manner, without changing what has made the programs successful with those underserved and inappropriately served African Americans, Latino/x, and Hmong communities.**

2. **Suicide Prevention Follow-Up Call Program**

Fresno County is requesting up to $1,000,000 of Innovation spending authority to increase the quality of mental health services, including measured outcomes and to increase access to mental health services for underserved groups.

This project will increase linkage to appropriate behavioral health services and gather real-time data and insight into suicide prevention efforts in the county. The County will work with the Central Valley Suicide Prevention Hotline (CVSPH), operated by Kings View Behavioral Health Systems, and the Suicide Prevention Collaborative, to create the Suicide Prevention Follow-Up Call Program.

The Suicide Prevention Follow-Up Call Program proposes that CVSPH would conduct follow-up calls to individuals that have called the CVSPH and have been deemed high-risk because of suicidal ideation or attempt, or those who have recently been discharged from a local hospital emergency department, crisis stabilization center, or an inpatient treatment facility.

The goals of the follow-up calls are:

- To ensure the individual has a safety plan and has been able to engage in or connect to services- if no plan is in place, CVSPH counselors will assist in developing one
- To reduce risk of future attempts and suicidal ideation by using positive engagement
- To identify factors that possibly contributed to that individual's ideation via follow-up dialogue, as to identify potential trends and/or environmental factors influencing them

CVSPH currently operates a 24/7 suicide prevention hotline which acts as an immediate support service. Their counselors are ASIST trained, experienced in suicide intervention and prevention, and use the Columbia Suicide Severity Rating Scale (full scale) to assess an individual's risk and safety. Bilingual counselors are also available, as CVSPH is a part of National Suicide Prevention Lifeline Network and has access to translation support services for over 100 languages, available 24/7 for callers.

The proposed Innovation plans were posted for 30-day public comment on March 5, 2021 through April 4, 2021. The proposals will be considered by the County's Board of Supervisors following Commission consideration.

Commission staff originally shared the projects with stakeholders on March 8, 2021 and the final version of the projects were again shared with stakeholders on April 9, 2021. No letters of support or opposition were received after sharing the draft versions. Any letters received after sharing the final versions will be included as a handout.

Enclosures (6): (1) Biography for Fresno County's Innovation Presenter; (2) Staff Analysis: California Reducing Disparities Project Evolutions; (3) Staff Analysis: Suicide Prevention Follow-Up Call Program; (4) PowerPoint Presentation: California Reducing Disparities Project Evolutions; (5) PowerPoint Presentation: Suicide Prevention Follow-Up Call Program; (6) Letter of Support.

Additional Materials (1): A link to the County's Innovation Plans are available on the Commission website at the following URLs:

CRDP Evolutions: https://www.mhsoac.ca.gov/document/2021-04/fresno-county-innovation-project-california-reducing-disparities-project

Suicide Prevention Follow Up: https://www.mhsoac.ca.gov/document/2021-04/fresno-county-innovation-project-suicide-prevention-follow-call-program

Proposed Motion: The Commission approves Fresno County's Innovation plans, as follows:

Name: California Reducing Disparities Project Evolutions

Amount: Up to $2,400,000 in MHSA Innovation funds

Project Length: Three (3) Years

Name: Suicide Prevention Follow-Up Call Program

Amount: Up to $1,000,000 in MHSA Innovation funds

Project Length: Three (3) Years

Innovations Plans Presenter:
Ahmad Bahrami, MBA
Division Manager-Public Behavioral Health/Equity Services Manager
Fresno County Department of Behavioral Health

Professional Biography

Ahmad has worked in county behavioral health systems for over twelve years. Ahmad has been a Division Manger and the Equity Services Manager (ESM) for Fresno County Department of Behavioral Health (DBH) for the past two and a half years. Prior to that Ahmad worked as part of the leadership team at Kings County Behavioral Health. There his assignments/roles had included, Administrative Program Manager, Prevention and Early Intervention Manager, Ethnic Services Manager, Mental Health Services Ac (MHSA) Coordinator, Public Information and Compliance officer, etc.

Currently, Ahmad serves as the Division Manager of Public Behavioral Health Division. Ahmad and his team oversee the department's MHSA administration, health equity efforts, media and public relations, prevention (including suicide and substance misuse), outreach and education among other duties. Ahmad has been involved at the state and regional level with workgroups tasked with cultural humility and reducing disparities, development of plans, programs, Blue Ribbon Commission, education/student mental health, truancy prevention, suicide prevention, etc.

Ahmad serves on several state committees and boards. He is a current member of the California Department of Educations' Student Attendance Review Board (as the county behavioral health appointee), California Department of Educations' Student Mental Health Policy Workgroup (also as a county behavioral health appointee), he's a co-chair for the Central Region's ESM, and a member of the County Behavioral Health Directors Association's Cultural Competency Social Justice and Equity executive committee, as well as other statewide workgroups and local efforts. In 2019 he was selected as Steinberg Institute Champion For Mental Health for his efforts to improve accessibility for diverse groups.

Prior to his work in county behavioral health Ahmad had worked with various community-based providers in Fresno as both a direct service provider and in leadership roles. His experience outside of county behavioral health has included criminal justice settings, community public health, substance use, housing, and workforce development.

Ahmad's educational background includes a Bachelor of Science in Criminology, a Master's in Business Administration, and completion of doctoral work in Organizational Development.

STAFF ANALYSIS— Fresno County

Innovation (INN) Project Name:	**California Reducing Disparities Project Evolutions**
Total INN Funding Requested:	**$2,400,000**
Duration of INN Project:	**Three (3) Years**
MHSOAC consideration of INN Project:	**April 22, 2021**

Review History:

Approved by the County Board of Supervisors:	Pending Commission approval
Mental Health Board Hearing:	April 7, 2021
Public Comment Period:	March 5, 2021 to April 4, 2021
County submitted INN Project:	April 9, 2021
Date Project Shared with Stakeholders:	March 8, 2021 and April 9, 2021

Project Introduction:

Fresno County is requesting up to $2,400,000 of Innovation spending authority to increase access to mental health services to underserved groups and to increase the quality of mental health services, including measured outcomes by working with three existing culturally responsive, community-defined, and innovative implementation pilot projects, their participants, and stakeholders to identify a specific adaptation to each one of their programs. These community-identified adaptations will assist in integrating the projects into the system of care while aligning the projects with sustainable funding without compromising the work and integrity of the programs.

What is the Problem?

Fresno County has a need for more community-defined and community responsive services within their system of care, that can effectively engage African Americans, Latino/x, and Hmong communities. These three communities remain underserved in Fresno county and there are currently no county services specifically targeting the Latino/x or African American communities.

Three Community Based-Organizations in Fresno county received funding as part of the California Reducing Disparities Project, Phase II to launch thirty-five community-defined and innovative implementation pilot projects. These thirty-five pilot projects across seven populations, are implementing and evaluating Community Defined Evidence Practices (CDEPs) which provide culturally and linguistically competent prevention and early intervention mental health services to members of priority populations.

The three Fresno county CDEP projects are:

Sweet Potato Project- This is a program that utilizes Fresno's rich agricultural infrastructure and combines that with entrepreneurship to provide education about urban and sustainable agriculture. Students ages (11-15) in the cohort (15 at a time) participated in entrepreneurship, business skills and training to learn how to develop their products and sell it. During the off season, the students enter into a second phase where they harvest and develop business plans and sale of their product.

Hmong Helping Hands - The program implemented by the Fresno Center (formerly the Fresno Center for New Americans) provides an array of services intended to engage underserved older adult Hmong community members in a culturally responsive manner, including through education and wellness activities.

Atención Plena and Pláticas - Operated by Integral Community Solutions Institute (ICSI), this program supports community health and engagement through advocacy and systems change that promotes whole person wellness for Latino/x youth. The project adapts things such as expression activities, talking circles, and mindfulness practices that are rendered in a youth-centric Latino/x focused manner for behavioral health engagement and early non-clinical prevention and engagement activities.

These three programs have worked to establish services that are embraced by their communities. **There is a current need to understand how to bring these programs into Fresno County's existing system of care in a financially sustainable manner, without changing what has made the programs successful with those underserved and inappropriately served African Americans, Latino/x, and Hmong communities.**

While these programs were funded by the State Department of Public Health using MHSA dollars, they were not necessarily connected to, or included in, the local behavioral health system of care. **To utilize sustainable funding sources to continue these programs, some adaptations to align existing county funding and future sustainability are required. Sustainable funding sources such as Mental Health Services Act Prevention and Early Intervention (PEI) funds, require alignment with regulations that were not in place when the projects launched and as a result, the projects do not currently line up with those regulations.**

How this Innovation project addresses this problem:

Innovation dollars will fund the three CDEPs at maintenance levels for three years, based on current service costs in Fresno County. During this time, the County will work with the existing providers, their participants, and stakeholders to identify a specific adaptation to each one of their own CDEPs programs. These community-identified adaptations will assist in aligning the projects with specific PEI funding criteria without compromising the work and integrity of the CDEP programs. The County will rely on robust and meaningful community input to implement this innovation project.

Fresno County hopes that this innovation project can provide a statewide model for how the CDEPs and other community defined practices can be adapted to meet PEI funding requirements via community input and planning.

Community Planning Process (see pages 25-27 in County plan)

Local Level

During Fresno county's FY 2019-2020 MHSA Community Planning Process (CPP), the Fresno Center and the West Fresno Family Resource Center assisted in hosting two community forums as part of the CPP. Community members and program participants from the Hmong Helping Hands and the Sweet Potato Project attended the community forums, and supported proposals to explore MHSA funding to sustain the projects.

The intention of moving forward with this innovation program was shared with the public during multiple virtual community follow-ups and other meetings. The County reports that they did not receive any opposition.

The County has included letters of support in exhibit B.

Commission Level

Commission staff originally shared this project with its six stakeholder contractors and the listserv on March 8, 2021 while the County was in their 30-day public comment period and comments were to be directed to the County. The County incorporated or acknowledged all feedback received during the public comment period into the proposal. The final version of this project was again shared with stakeholders on April 9, 2021.

At the date of this writing, no comments were received in response to Commission sharing plan with stakeholder contractors and the listserv. Any letters received after sharing the final version will be included as a handout.

Learning Objectives and Evaluation (see pages 21-23 of County plan)

The County plans to serve approximately 900 individuals over the course of this project.

The County identifies one overarching learning goal:

Can community-defined projects such as the CRDP Phase II CDEP be adapted through community planning/community action learning to allow the original program to adhere to MHSA-PEI funding requirements without compromising the effectiveness of the original, community-defined program?

Guided by this learning question, the County will use five intended outcomes to guide the evaluation:

1. Adaptation: Community Planning to identify the specific adaptations chosen and implemented by the providers.
    a. Identify the adaptation early
    b. Demonstrate which PEI strategy the program seeks to align with based on its adaptations
        i. How will the adaptation match the PEI component based targeted PEI outcomes goals and measures?
2. Community Participation in Adaptation:

a. Document how the decision was reached through documenting the planning selection process by the community.
    i. Including models or approaches used for the process
    ii. Survey of community participants including the program in how empowered they felt in the decision making
b. Survey the community to determine how much ownership did they feel they had in the selection and decision-making process?
c. Impact of adaptations on program
    i. Through qualitative data (including narratives) measure how the adaptations have impacted programs (from provider perspectives)
    ii. Through qualitative data including narrative/interviews measure perceptions of what changes the adaptation has had on the program from participants.

3. Community Perceptions on Adaptation:
    a. At the latter part of the project, assess community perceptions of how the adaptations supported the community defined program, or have they changed the community defined program?
    b. Does the community feel the program is still a community defined and driven by community needs?
        i. Collect data through a specifically developed perception survey
        ii. Collect data through personal narratives
4. Program Effectiveness:
    a. Continue to monitor the effectiveness of the programs based on their PEI strategy defined outcomes.
        i. Do the programs continue to provide effective outcomes in meeting the identified need/purpose of the program for the targeted population?
        ii. Based on PEI data and analysis of the data assess the programs' effectiveness in meeting the PEI strategies outcomes.

An independent third-party evaluator will be contracted to conduct a comprehensive process and outcome evaluation of the project.

The Budget

Funding Source	Year-1	Year-2	Year-3	**TOTAL**
Innovation Funds	$813,334	$793,333	$793,333	$ 2,400,000
3 Year Budget	Year-1	Year-2	Year-3	**TOTAL**
Administration	$ 3,013	$ 3,012	$ 3,012	$ 9,037
Vendor Costs	$ 730,321	$ 730,321	$ 730,321	$ 2,190,963
Evaluation	$ 80,000	$ 60,000	$ 60,000	$ 200,000
TOTAL:	$ 813,334	$ 793,333	$ 793,333	**$ 2,400,000**

The County is requesting authorization to spend up to $2,400,000 in MHSA Innovation funding for this project over a period of three years.

- Personnel costs total $0 as most of the innovation budget will be applied to the project through vendors.

- Vendor costs total $2,190,963 to fund three programs at current operating costs for three years:
    - Sweet Potato- Current Annual cost is $227,358 per year. The projected Three-Year amount shall not to exceed $682,074.
    - Hmong Helping Hands- Current Annual cost is $265,000 per year. The projected Three-Year amount shall not exceed $795,000.
    - Integral Community Solutions Institute- Current Annual cost is $237,963. The projected Three-Year amount shall not exceed $713,889.
- Administrative costs total $9,037 and include indirect costs.
- Evaluation costs total $200,000 (8% of total budget).

This project includes funds that are subject to reversion on June 30, 2021. Fresno County is submitting two Innovation proposals simultaneously, including this proposal for California Reducing Disparities Project Evolutions, to the MHSOAC.

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

STAFF ANALYSIS— Fresno County

Innovation (INN) Project Name:	**Suicide Prevention Follow-Up Call Program**
Total INN Funding Requested:	**$1,000,000**
Duration of INN Project:	**Three Years**
MHSOAC consideration of INN Project:	**April 22, 2021**

Review History:

Approved by the County Board of Supervisors:	Pending Commission approval
Mental Health Board Hearing:	April 7, 2021
Public Comment Period:	March 5, 2021 to April 4,2021
County submitted INN Project:	April 9, 2021
Date Project Shared with Stakeholders:	March 8, 2021 and April 9, 2021

Project Introduction:

Fresno County is requesting up to $1,000,000 of Innovation spending authority to increase the quality of mental health services, including measured outcomes and to increase access to mental health services for underserved groups.

This project will increase linkage to appropriate behavioral health services and gather real-time data and insight into suicide prevention efforts in the county. The County will work with the Central Valley Suicide Prevention Hotline (CVSPH), operated by Kings View Behavioral Health Systems, to create the Suicide Prevention Follow-Up Call Program that will test follow-up call services for high-risk callers to the suicide prevention hotline or individuals who are post-suicide attempt, as well as gathering helpful insight for outreach and prevention efforts in the county. The insight gained from this project would help improve prevention efforts in the county as well as test a method of increasing linkage to appropriate behavioral health services.

What is the Problem?

In 2019, Fresno County experienced 111 deaths by suicide and 5,783 calls to the Central Valley Suicide Prevention Hotline (CVSPH). In 2020, following the COVID-19 pandemic, there was a drastic increase in calls from Fresno county, totaling 10,657. This is the highest of all counties serviced by CVSPH.

Despite this high volume of calls, there are currently no follow up services in Fresno county that allow for assessments or evaluation post-call to determine if individuals

remain at risk for engaging in suicidal behavior, continue having suicidal ideation, or if they have been able to access care. This contributes to (1) decreased engagement in services after individuals call and (2) a lack of data surrounding an individual's external factors on their suicidal ideation and/or behavior, such as stressors and suicide trends from social media or peers.

California's Strategic Plan for Suicide Prevention, Striving for Zero, identifies a need to improve suicide-related services and supports to ensure counties provide continuity of care and follow-up after receiving suicide-related services. Fresno County Department of Behavioral Health and its Suicide Prevention Collaborative have identified the same shortcomings of current local mental health services for post-talk down/active rescue calls, post-discharge and post-crisis individuals who had suicidal ideation, were going to attempt, attempted suicide or were in crisis stabilization services related to suicide ideation.

Research shows that individuals are at highest risk for attempting or reattempting suicide within the first 30 days post-discharge from suicidal crisis, a previous attempt, or other crisis stabilization services and that without follow-up, as many as 70% of those who attempt suicide never attend their first appointment for supportive services.

How this Innovation project addresses this problem:
Fresno County, in collaboration with CVSPH and the Suicide Prevention Collaborative, plans to create the Suicide Prevention Follow-Up Call Program with the goals of (1) providing real-time insight of possible external factors influencing individuals experiencing suicidal ideation and (2) increasing linkages to appropriate services for those who have called the hotline, or persons who have recently been released from the emergency department, crisis stabilization center or inpatient care.

CVSPH currently operates a 24/7 suicide prevention hotline which acts as an immediate support service. Their counselors are ASIST trained, experienced in suicide intervention and prevention, and use the Columbia Suicide Severity Rating Scale (full scale) to assess an individual's risk and safety. Bilingual counselors are also available, as CVSPH is a part of National Suicide Prevention Lifeline Network and has access to translation support services for over 100 languages, available 24/7 for callers.

The Suicide Prevention Follow-Up Call Program proposes that CVSPH would conduct follow-up calls to individuals that have called the CVSPH and have been deemed high-risk because of suicidal ideation or attempt, or those who have recently been discharged from a local hospital emergency department, crisis stabilization center, or an inpatient treatment facility.

The follow-up calls will:

- Assess for risk of suicide
- Determine an individual's immediate needs
- Provide support
- Ensure linkage to follow-up appointment
- Offer additional referrals, if needed

- Review or develop safety plan
- Collect useful data for Suicide Prevention efforts
- Reiterate that CVSPH is available 24/7/365

The goals of the follow-up calls are:

- To ensure the individual has a safety plan and has been able to engage in or connect to services- if no plan is in place, CVSPH counselors will assist in developing one
- To reduce risk of future attempts and suicidal ideation by using positive engagement
- To identify factors that possibly contributed to that individual's ideation via follow-up dialogue, as to identify potential trends and/or environmental factors influencing them

In the event of an individual requiring hospitalization, the program will receive a referral from local emergency departments, crisis stabilization centers, or an inpatient treatment facility, along with a signed consent from the individual for follow-up services (see page 6 of the project plan for more information on consent for minors). Referrals automatically become new cases for the follow-up program and are documented in CVSPH's secure electronic health record system (page 6 of the project plan).

Follow-Up Counselors will attempt to call said individuals at least five times within the first 24 to 48 hours of an initial hotline call or discharge from hospital/emergency service. After the initial phone contact, a minimum of two follow-up calls will be made. The individual shall receive follow-up support for up to 60 days, until they have attended their first appointment, or until a counselor deems it no longer necessary.

Community Planning Process (pages 11-13 of the project plan)

Local Level

This program was initially proposed in 2017 and was ranked as one of the three goals by the County's Suicide Prevention Collaborative. This collaborative is made up of community members from all different backgrounds such as education, schools, law enforcement, first responders, health care, communications, and more. When local organizations, hospitals, and community members were reporting increasing amounts of suicide and suicide attempts, the collaborative gathered and brainstormed solutions to these surges.

The County states that this project is a direct and immediate response to the needs of the community and community members have had opportunities to give direct input throughout all phases of the project planning.

Commission Level

Commission staff originally shared this project with its six stakeholder contractors and the listserv on March 8, 2021 while the County was in their 30-day public comment period and comments were to be directed to the County. The final version of this project was again shared with stakeholders on April 9, 2021.

At the date of this writing, no comments were received in response to Commission sharing plan with stakeholder contractors and the listserv. Any letters received after sharing the final version will be included as a handout.

Learning Objectives and Evaluation:

In 2020, over 10,000 calls were made into CVSPH's hotline. The County is unsure if this call volume will increase, decrease, or stay the same. They estimate serving up to 1,200 people per year through this program, for a total of 3000 unique individuals over three years.

The County has identified the following two learning goals with intended outcomes and measures:

- **Will a Suicide Prevention Follow-Up Call program provide real-time insight to external factors impacting persons with suicidal ideation?**
    - Identify what the contributing factor(s) was/were that lead them to a suicide attempt (including social and environmental factors)
    - What data was available to be processed?
    - What, if any, prevention effort came from the data?

- **Will a Suicide Prevention Follow-Up Call program increase verifiable linkage to appropriate behavioral health services?**
    - Measure how many individuals accept follow-up services
        - Number of signed referrals for follow-up
        - Number of calls mad within 24-48 hours of receipt of the signed referral
        - Number of individuals successfully contacted
        - Number of individuals who could not be reached (wrong numbers, etc.)
        - Number of refusals for follow-up program
    - Number of individuals who attended their first behavioral health service appointment
    - Identify what resources, support or referrals beyond linkage to their treatment provider in the discharge plan is needed
        - What linkages were made?

The Budget (pages 19-22 of the project plan)

Funding Source	Year-1	Year-2	Year-3	TOTAL
Innovation Funds	$347,000	$327,000	$326,000	$ 1,000,000
3 Year Budget	Year-1	Year-2	Year-3	**TOTAL**
Personnel	$ -	$ -	$ -	$ -
Operating Costs	$ 12,000	$ 12,000	$ 11,000	$ 35,000
Evaluation	$ 80,000	$ 60,000	$ 60,000	$ 200,000
Other Expenditures	$ 255,000	$ 255,000	$ 255,000	$ 765,000
TOTAL:	$347,000	$327,000	$326,000	**$ 1,000,000**

The County is requesting authorization to spend up to 1,000,000 in MHSA Innovation funding for this project over a period of three years.

- There are no personnel costs, for the entirety of the project is to be implemented by CVSPH
- Operating costs total $35,000 (3.5% of total budget) and are indirect administration costs, which include funding for services such as travel, supplies, telecommunications, training, staff time coded to the project, etc.
- Evaluation costs total $200,000 (20% of total budget) include costs of the evaluation staffing, supplies, and any other expenses to successful complete the evaluation services (more information on the evaluator on page 11 of the project plan).
- $765,000 (76.5% of total budget) will be allocated to CVSPH. This covers the cost of salaries, supplies, IT support, equipment, training, promotion, legal consultation, etc. Salaries include four (4) Follow-Up Counselors, 0.1 FTE Data Analyst, and 0.05 FTE Program Manager.

The funds of this project are subject to reversion on June 30, 2021. Fresno County is submitting two Innovation proposals simultaneously, including this proposal for Suicide Prevention Follow-Up Call Program, to the MHSOAC.

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

FRESNO COUNTY
CALIFORNIA REDUCING DISPARITIES
PROJECT-EVOLUTIONS
Innovation Plan
THE COUNTY OF FRESNO 1856
Department of
Behavioral Health
Background image of Downtown Fresno at night.

WHAT IS THE PROBLEM

Lack of community defined practices in our system of care

Lack of culturally specific or responsive programs for underserved or inappropriately served communities

Merging community defined practices into the system of care (in a way that does not compromise the community and cultural factors)

Ensuring community involvement in any program adaptation

HOW WILL THIS INNOVATION PLAN ADDRESS THE ISSUE

Use community driven practices to address the health disparities and our underserved/inappropriately served communities

Integrate community driven practices into the system of care in a manner that has community input and support and does not compromise the programs integrity

Identify ways to adapt the programs to align with MHSA funding (PEI) for sustainability

COMMUNITY CONTRIBUTION

During the last MHSA Three-Year Plan-CPP two of the three projects hosted CPP events

- West Fresno Family Resource Center
- The Fresno Center

Members from each program participated in CPP

The cultural considerations from stakeholders were around sustaining these CRDP programs

Innovation Plan was addressed in three CPP follow up sessions in Dec

This Innovation plan was discussed in the MHSA Three-Year Plan Public Hearing

Statewide advocates have expressed support for CRDPs

LEARNING GOALS

Can these programs be successfully adapted to align with MHSA-PEI funding without losing the community defined component?

Define the role of community input in the adaptation process

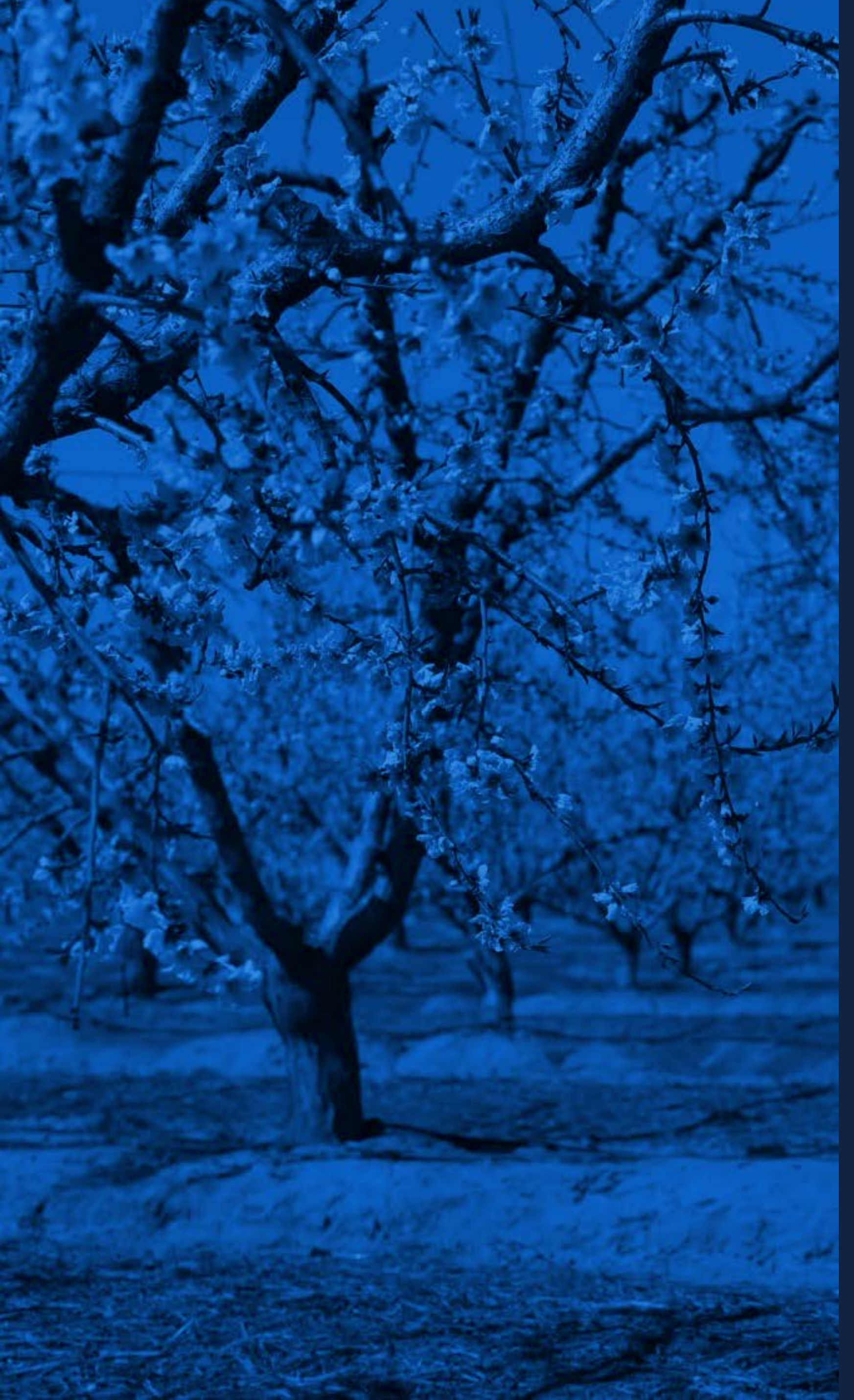
Community perceptions of adaptation maintaining community defined components

Effectiveness of programs with the adaptation to align with MHSA-PEI funding requirements

BUDGET

$2,400,000 over three years

- CRDP Projects-$2,190,963 for three CRDPs over three years.
  - Sweet Potato-$682,074
  - Hmong Helping Hands-$795,000.
  - Atención Plena & Pláticas - $713,889
- Evaluation $200,000 over three years including technical assistance and evaluation
- Community Planning - $10,000
- Administration-$9,037 over three years for oversight and admin of the program



Proposed Motion:
The Commission approves Fresno County's Innovation plans, as follows:

Name:	**California Reducing Disparities Project Evolutions**
Amount:	**Up to $2,400,000 in MHSA Innovation funds**
Project Length:	**Three (3) Years**

Background image of Downtown Fresno at night.

WHAT IS THE PROBLEM

High number of completed suicides

Increasing number of persons experiencing suicidal ideation

Many not engaged in care (which increases risk factors)

Understanding social and/or environmental factors resulting in suicidal ideation affects ability to provide timely and appropriate prevention and intervention responses

HOW WILL THIS INNOVATION PLAN ADDRESS THE ISSUE

Assess for risk of suicide

Determine an individual’s immediate needs

Provide support

Ensure linkage to follow-up appointment

Offer additional referrals as needed

Review or develop safety plan

Collect useful data for Suicide Prevention efforts

Reiterate that CVSPH is available 24/7/365

COMMUNITY CONTRIBUTION

Identified in Fresno’s Suicide Prevention Plan in 2017

Selected by Suicide Prevention Collaborative in Feb 2019

Included in the MHSA Annual Update 2018/2019

Sept 2020 additional opportunity identified*

Shared in following SP Collaborative meetings

Three follow up sessions & three MHSA Three-Year Plan Public Hearings

LEARNING GOALS

- **Will a Suicide Prevention Follow-Up Call Program provide real-time insight to external factors impacting persons with suicidal ideation?**

- **Will a Suicide Prevention Follow-Up Call Program increase verifiable linkage to appropriate behavioral health services?**

BUDGET

Total Project: $1,000,000 for three years

- CVSPH $255,000 per year
  - Staffing, training, legal, IT support, etc.
- Third-Party Evaluation
  - $200,000 for evaluation design and evaluation over three years
- $35,000 for Behavioral Health Administration
  - Costs over three years staff time, training, promotion, and program support.

Proposed Motion:

The Commission approves Fresno County’s Innovation plans, as follows:

Name: Suicide Prevention Follow-Up Call Program

Amount: Up to $1,000,000 in MHSA Innovation funds

Project Length: Three (3) Years

From: Xiong, Yia@CDPH <Yia.Xiong@cdph.ca.gov>
Sent: Tuesday, April 13, 2021 8:45:00 AM
To: Tarter, Shannon@MHSOAC <Shannon.Tarter@mhsoac.ca.gov>
Subject: Public Comment for Innovation Plan: California Reducing Disparities Project (CRDP) Evaluation

Hi Shannon,

I would like to mention that these CRDP CDEPs located in Fresno County are providing effective cultural and linguistic mental health services to their respective communities. With continued funding, they will be able to provide the evidence of how community defined practices work for the different communities and elevate these practices to the communities that may not have the evaluation or funding bandwidth for evidence base practices.

Thank you,

Yia Xiong, MPH
Health Program Specialist
CRDP API Contract Manager
Pronouns: she/her/hers
California Department of Public Health
Office of Health Equity | Community Development and Engagement Unit
P: 916-322-2199 | E: yia.xiong@cdph.ca.gov

AGENDA ITEM 4

Action

April 22, 2021 Commission Meeting

Approve March 25, 2021 MHSOAC Teleconference Meeting Minutes

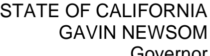
Summary: The Mental Health Services Oversight and Accountability Commission will review the minutes from the March 25, 2021 Commission teleconference meeting. Any edits to the minutes will be made and the minutes will be amended to reflect the changes and posted to the Commission Web site after the meeting. If an amendment is not necessary, the Commission will approve the minutes as presented.

Presenter: None.

Enclosures (1): (1) March 25, 2021 Meeting Minutes

Handouts: None.

Proposed Motion: The Commission approves the March 25, 2021 meeting minutes.



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

State of California

MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION

Minutes of Teleconference Meeting
March 25, 2021

MHSOAC
1325 J Street, Suite 1700
Sacramento, CA 95814

966-1901-9742; Code 803828

Members Participating:

Lynne Ashbeck, Chair
Mara Madrigal-Weiss, Vice Chair
Mayra Alvarez
Ken Berrick
Sheriff Bill Brown
Keyondria Bunch, Ph.D.
Itai Danovitch, M.D.
David Gordon
Gladys Mitchell
Khatera Tamplen

Members Absent:

John Boyd, Psy.D.
Assembly Member Wendy Carrillo
Tina Wooton

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 9:04 a.m. and welcomed everyone.

Chair Ashbeck lifted up the Asian/Pacific Islander community and asked everyone to pause in reflection of the current events in Atlanta, Georgia, Boulder, Colorado, and other communities across the nation.

Announcements

Chair Ashbeck provided the announcements:

- The next MHSOAC meeting is scheduled for Thursday, April 22nd. The meeting agenda will be posted on the website on April 12th.
- The Prevention and Early Intervention Subcommittee continues to hold Regional Listening Sessions and forums across the state as part of the Prevention and Early Intervention Project. The next forum will be held on April 5, 2021.
- Since August 16, 2020, staff has been participating in the Capitol Collaborative on Race and Equity's (CCORE) curriculum and contributing to advancing racial equity in several ways including developing a customized Racial Equity Action Plan, which will be presented at a future meeting.
- Antonio Andres has joined the Commission staff since the last Commission meeting. He is assisting with the Allcove Youth Drop-In Center Project in the Grants Division.

Chair Ashbeck asked the Chairs of the Cultural and Linguistic Competence Committee (CLCC) and the Client and Family Leadership Committee (CFLC) to update the Commission on the Committees' work.

CLCC Update

Commissioner Alvarez, Chair of the CLCC, stated the CLCC met for the first time on March 11th. The membership of the Committee includes 16 individuals from across the state who represent different regions, populations, and diverse communities. She stated she and Commissioner Mitchell, Vice Chair of the CLCC, planned the first meeting as an opportunity for members to get to know each other better and to think about the work that the Committee will tackle in this next year.

Commissioner Alvarez stated the Committee began to discuss its plan to address the impacts of the COVID-19 pandemic; heard presentations from the UC Davis Center for Reducing Health Disparities and Solano County on its Innovation project, which addresses health disparities for underserved communities and utilizes the national standards for culturally and linguistically appropriate services to improve cultural proficiency in service delivery; and discussed how the Solano County Project can be expanded to other counties. Due to a lack of time, discussion on the presentations was tabled to the next meeting.

Commissioner Alvarez stated the Committee's goals are to provide input on the Racial Equity Action Plan, discuss how to communicate inequities in mental health systems to inform the work of the Commission and the state, and to identify policy and practice reforms in existing programs that are successful in addressing inequities.

Commissioner Alvarez stated the next CLCC meeting is scheduled for May 13th from 2:00 p.m. to 4:00 p.m., but she noted that Committee members asked to meet more often. As a result, staff are working to schedule a meeting in April.

CFLC Update

Commissioner Tamplen, Chair of the CFLC, stated the CFLC met for the first time on March 18th with perfect attendance. The membership of the Committee includes 15 individuals from across the state with peer, family, and parent representation. Committee members have much experience related to peer certification, which will be the main focus of the Committee's work. She stated she is pleased to work with Commissioner Wooton, Vice Chair of the CFLC.

Commissioner Tamplen stated last week's meeting featured a presentation from Ilana Rub from the Department of Health Care Services (DHCS). Ms. Rub is the lead of the DHCS implementation of Senate Bill (SB) 803 that Senator Jim Beall, former Commissioner, championed for Peer Support Specialist Certification. Ms. Rub provided an update on the DHCS activities underway around peer certification. The Committee hopes to continue to collaborate with the DHCS throughout this term of the CFLC.

Commissioner Tamplen stated the areas of focus for future meetings are to provide input on the peer certification process, the core competencies of peers, ensuring that the work of peers is valued, and giving input on training and continuous education. The next meeting is scheduled for April 15th from 1:00 p.m. to 3:00 p.m., where Committee members will identify strategies to promote peer services through the state. Committee members are interested in how the Commission can champion and continue the work of peers through legislation and funding opportunities.

Roll Call

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

GENERAL PUBLIC COMMENT

Poshi Walker, LGBTQ Program Director, Cal Voices, and Co-Director, #Out4MentalHealth, thanked the Commission for the Committee updates. The speaker stated Senator Tom Umberg has updated language in SB 106 that would harm LGBTQ and other unserved, underserved, and inappropriately served communities. The bill would allow counties to use their Innovation funding for Full-Service Partnerships (FSPs), even though 80 percent of funds currently received by counties are already allocated for community services and supports, which is what funds FSPs. The bill also takes away the Commission's oversight and approval of county Innovation projects and any innovative FSPs would not be run through the Commission. This would have a huge impact on communities.

Poshi Walker stated the amount of unspent Innovation funds quoted in the SB 106 Fact Sheet put out by Senator Umberg's Office is incorrect. The speaker stated the

MHSOAC has done an excellent job in helping to ensure that most Innovation funds will not go into reversion.

Poshi Walker stated the Commission opposed Senator Umberg's bill last year to use Innovation funding for services within the jails. The speaker urged the Commission to take a close look at SB 106 and recommended opposing it in its current form.

Mary Ann Bernard, retired lawyer, stated they sent a letter to all Commissioners on February 19th reminding them what the Commission must do under the Mental Health Services Act (MHSA). The speaker stated the prevention and early intervention provisions in the MHSA have always required, in the last clause of a section of the Welfare and Institutions Code, that prevention and early intervention funds "shall also include components similar to programs that have been successful in reducing the duration of untreated severe mental illnesses and assisting people in quickly regaining productive lives."

Mary Ann Bernard stated prevention and early intervention is not only for individuals who are not yet sick, it is also for individuals who are desperately sick who need early intervention and/or prevention in relapses. The speaker noted that has been memorialized in regulation.

INFORMATION

1: <u>Public Hearing and Update on the Workplace Mental Health Project</u>

Presenters:

- Carolyn Dewa, M.P.H., Ph.D., Department of Psychiatry and Behavioral Sciences, Department of Public Health Sciences, Chair, Graduate Group in Public Health Sciences, University of California, Davis
- Garen Staglin and Katy Schneider Riddick, Co-Founder and Senior Director, One Mind at Work
- Darcy Gruttadaro, JD, Director, Center for Workplace Mental Health

Chair Ashbeck thanked Vice Chair Madrigal-Weiss and Commissioner Bunch for their leadership role in the Workplace Mental Health Project. She stated the Commission has been working to explore opportunities to develop a framework and a set of standards for workplace mental health. This project was initiated by SB 1113 that was authored by Senator Monning.

Chair Ashbeck provided an overview of the Commission's information-gathering process to date. She stated additional public meetings with mental health providers and diverse communities are planned in the coming months. Detailed information was provided in the handouts included in the meeting packet.

Chair Ashbeck stated the Commission will hear an update on the Commission's Workplace Mental Health Project and a panel presentation on the challenges and opportunities related to workplace mental health. She introduced the members of the panel and asked them to give their presentations.

Carolyn Dewa, M.P.H., Ph.D.

Carolyn Dewa, M.P.H., Ph.D., Department of Psychiatry and Behavioral Sciences, Department of Public Health Sciences, Chair, Graduate Group in Public Health Sciences, University of California, Davis, provided an overview, with a slide presentation, of the work environment's strategic position, occupational well-being, findings about best practices to build resiliency and reduce risk for mental health needs in the workplace, and strategies and models to address challenges around workplace mental health. She used the World Health Organization's (WHO) definition for well-being: a state in which every individual realizes their own potential, can cope with normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community.

Dr. Dewa highlighted three important points:

- Workplace mental health is a strategic environment for prevention and early intervention.
- Resiliency and risk reduction for mental health needs in the workplace must be addressed in the personal, healthcare, policy/insurance, and workplace systems.
- The National Standard of Canada for Psychological Health and Safety in the Workplace offers important lessons in implementing large scale and voluntary workplace standards.

Garen Staglin

Garen Staglin, Co-Founder, One Mind at Work, provided an overview of the background, charter, and current activities of One Mind at Work to better understand the landscape of workplace mental health in California. He stated executives and benefits leaders are beginning to look for new and effective ways to discuss and address mental health in the workplace. He stated many employers are also seeking to bring more authenticity into diversity and inclusion efforts, to understand the impacts of racial trauma and structural racism, and to better understand the well-being of their employees.

Katy Schneider Riddick

Katy Schneider Riddick, Senior Director, One Mind at Work, provided an overview, with a slide presentation, of the role of employers in driving solutions for workplace mental health. She noted that it is impossible to build a successful workforce without prioritizing employee mental health. She stated it is important for employers to understand that, although mental health disorders are costly, there is a significant return on investment to investing in mental health support. Her slide presentation included insights gleaned from conversations with employers over the course of last year about the role of employers in finding solutions to improve workplace mental health.

Darcy Gruttadaro, JD

Darcy Gruttadaro, JD, Director, Center for Workplace Mental Health, American Psychiatric Association Foundation, provided an overview, with a slide presentation, of mental health concerns due to the COVID-19 pandemic, racial injustice and political

tension, and economic downturn, and the Collaborative Care Model. She stated three areas of concern in workplace mental health for employers are raising awareness, educating, and ending stigma; creating a mentally healthy culture; and improving access.

Executive Director Ewing stated employers are foundational partners in meeting the needs of employees. This project is exiting because it opens the door broadly in terms of thinking about how to leverage many opportunities such as stigma reduction, system development, understanding the complexity of systems, workforce issues, and leveraging health benefits.

Executive Director Ewing stated the next phase of the work is to reach out to more diverse employers, work with social workers, and talk to labor organizations to understand their needs and how to address them. He stated the language of the statute is for the Commission to develop a set of standards. Part of this project is to develop those standards for Commissioner consideration and adoption.

Executive Director Ewing stated there are also strategies that the Commission can pursue to support the expansion of access to care through partnerships with employers such as parity. He stated staff is also talking with partners and other state agencies such as the California Public Employees' Retirement System (CalPERS), one of the largest purchasers of health care benefits on behalf of public employees, to learn how to begin to shape the health care marketplace so that the quality of mental health services received through employer-based care is consistent with the quality of care seen on the primary care side.

Executive Director Ewing stated this project is exciting because it is moving the state of California closer to where everyone who needs care receives care in a way that is culturally competent, easily accessible, and affordable. He stated appreciation for the work that the presenters are doing and the guidance they provided today.

Commissioner Questions

Commissioner Danovitch asked if there are innovative approaches that address the structural challenges, challenges in access to care, and the absence of providers, programs, and quality standards.

Ms. Gruttadaro stated what makes the Collaborative Care Model unique is that it includes measurement-based care within it and it has a behavioral health care manager, a psychiatric consultant, and a registry within the primary care setting. The psychiatric consultant is a psychiatrist who is not in the office and does not see the patient, but uses the registry to review the treatment plan that has been developed. This helps with capacity since the psychiatric consultant can work with up to 3,000 patients per year versus seeing 700 patients per year in their practice. This model solves quality and capacity issues.

Ms. Gruttadaro stated there are legacy issues as to why providers do not join networks. This is a big concern for employers. The most common issues in the workplace setting are anxiety, depression, substance use, and trauma. These are conditions that often

can be treated in primary care. Setting up systems where primary care is playing a larger role, with an evidence-based model, is one way to address access.

Commissioner Danovitch asked what the Commission should be looking at to track progress, the measurements to use to verify that it is moving in the right direction, and how to incentivize that.

Ms. Gruttadaro stated there are standard measurements available that are not necessarily incorporated into all-care settings around using standardized symptom-measurement tools like the PHQ-9 and GAD-7. She stated these tools cannot only be used as a screening mechanism but can continue to be used during treatment to help track and report out on outcomes, which is not routinely done in practice.

Commissioner Danovitch stated a lack of access to services, especially specialty services, is being encountered on a regular basis despite insurance coverage and the ability to go out of network. It will take time for parity, improved coverage, and improved training to take effect. He stated he is searching for ideas outside the box that large employers and public/private partnerships can help to implement to accelerate some of that change.

Ms. Gruttadaro agreed that those are big concerns but stated current systems do not have the capacity to meet the need.

Commissioner Alvarez stated thinking of the importance of this work and how it can serve as a model and opportunity for learning for the state demonstrates California's leadership in responding to the COVID-19 pandemic and ensures that opportunities to support mental health and wellbeing are created in areas of need. She asked what that looks like for the Commission and the role of Commissioners to support uplifting this opportunity and discussion.

Commissioner Alvarez asked about conversations the Commission is having with state partners and county leaders to ensure that the Commission is amplifying the importance of mental health in the workplace, given the impacts of the COVID-19 pandemic and what it will be like when individuals return to the workplace and adjust to the uncertainties of the new normal.

Executive Director Ewing stated, similar to the Schools and Mental Health Project, where the needs of teachers and allied staff were met first in order to improve the educational system to meet the needs of students, it is important to first support employers who can then better support employees. Staff has been talking with CalPERS about the health care benefits that are purchased on behalf of state employees. He stated Anna Naify, Consulting Psychologist, will soon be giving a training for legislative staff. They are recognizing their own internal burdens as a large employer and as a leadership entity. The training will help them think about ways in which the state can create environments that are responsive to the needs of employees and employers.

Executive Director Ewing stated Commission employees recently did a survey of their mental health needs. The current work in the UK and Canada and some of the research that Dr. Dewa and others have done has helped staff better understand if individuals

feel supported, where their stress is coming from, and how to mitigate that. Staff is using that internal survey to talk with the California Department of Human Resources (CalHR) about how CalHR and the Government Operations Agency can embrace mental health in the workplace through the things that the state of California is doing and how to have conversations with local public sector partners.

Executive Director Ewing stated most of the Commission's tools do not apply to the presenters' comments about how to drive transformational change. The Commission has never looked outside of the public sector to achieve goals. This groundbreaking Workplace Mental Health Project encourages the Commission to evolve and to think more expansively about creating new kinds of partnerships. Staff is working with Commissioner Danovitch on how to identify models and metrics to measure impact and to use that information to drive change.

Commissioner Gordon noted that often needs are not addressed unless there is a crisis; yet, those needs are constant. He stated he was particularly struck during Ms. Riddick's presentation that less of this issue is about availability of services and more about the way managers, leaders, and individuals working in public/private systems are trained. Much of this is related to the caring that the managers and leaders in an organization have for the individuals that work there. He asked if there are examples of individuals in state or local governments or the private sector who do this year in and year out whether or not there is a pandemic or other crisis.

Ms. Riddick stated One Mind at Work has put out a number of publications that are available on the website that highlight individual employer practices. Best practices being seen are a renewed focus on manger training, communication about the prioritization of workplace mental health, and a willingness to accommodate people in their various circumstances. She stated a number of employers are thinking about how work gets done within their organization as a best practice and how workflow can affect mental health. This is a powerful way for employers to impact their employee population.

Commissioner Berrick acknowledged the comments that positive supervision is an aspect of mental health in the workplace and the big impact that simple techniques make. He agreed with Ms. Gruttadaro's comments about the adequacy of network. There are two elements to this problem: the number of individuals in the field and the lack of provider interest in taking Medi-Cal patients. Until this is addressed, access will continue to be difficult. This challenge must be solved.

Vice Chair Madrigal-Weiss stated one of the foremost barriers continues to be stigma but it is not necessarily the first thing that comes to mind. She stated the need to be more intentional about that.

Public Comment

Linda Mayo, NAMI Stanislaus and California Advocates for the Seriously Mentally Ill, suggested that including the data element of diagnosis can be helpful in the future.

Poshi Walker stated ze have facilitated trainings on the psychosocial risk factors for mental health in the workplace and, while ze appreciate the research reported by the

first presenter, zir anecdotal experience training small community-based organizations and county departments is that there are prevention efforts that can easily be implemented once they understand the risk factors and their implications to negative mental health and physical health outcomes.

Poshi Walker stated, although treatment is important, prevention is not only doable but is key to improving workplace mental health. The speaker stated focusing on treatment solutions misses the vital opportunity to improve the workplace so that mental health challenges are prevented from ever occurring or being exacerbated because of the workplace.

Poshi Walker stated much of what has been said about mental health services access is true for both workers and nonworkers. The recommendations for treatment access made today, while very important, do not address the needs of the most vulnerable populations who are overrepresented amongst those who are unemployed and those who are in the public mental health system.

Poshi Walker stated ze wholeheartedly support mental health parity but many individuals on Medi-Cal cannot access the mental health services they need. The speaker suggested that the Commission work on mental heath parity within Medi-Cal and the public mental health system to assure that the needs of the most vulnerable populations who have the fewest resources are addressed first.

Julie Snyder, Government Affairs Director, Steinberg Institute, stated the Steinberg Institute is proud to have co-sponsored the legislation that launched the Workplace Mental Health Project with the Commission, which was suggested by Commissioner Boyd. It is important to note that, as many individuals begin the process of reintegrating back into the workplace after such a traumatic year, the information and ideas that have been generated here could have a profound impact.

Julie Snyder stated the Steinberg Institute also co-sponsored SB 855, the Mental Health Parity Act, which was referenced in the presentations. The speaker stated the Steinberg Institute would love to collaborate with the Commission and stakeholders on how to use this new law to drive some of the improvements that have been discussed today.

Andrea Crook, Advocacy Director, ACCESS California, a program of Cal Voices, discussed the charge of the Commission and the oversight of prevention and early intervention. The speaker stated prevention and early intervention is meant to focus on individuals who would meet the criteria for serious mental illness if they were to develop a serious mental illness. The speaker stated there seems to be a disconnect between what is being focused on here and the most vulnerable populations within the public mental health system. The voices of the most vulnerable populations need to be incorporated when trying to address these issues. The speaker echoed Poshi Walker’s comments on the value of focusing on mental health parity within the Medi-Cal system and to focus on the most vulnerable populations.

Mark Karmatz, consumer and advocate, asked about the peer voice in this conversation.

Ms. Gruttadaro agreed that peer support is extremely important. She stated the Center for Workplace Mental Health works with employers on many fronts. When discussing creating a mentally healthy culture, the recommendation is often made that they create employee research groups, affinity groups, and peer support groups that allow employees who are experiencing mental health conditions to have support among their peers in the workplace. This goes a long way toward employees feeling better and more supported. Peer support makes a positive difference.

10 MINUTE BREAK

ACTION

2: Approve February 17 and 25, 2021, MHSOAC Meeting Minutes

Chair Ashbeck stated the Commission will consider approval of the minutes from the February 17 and February 25, 2021, teleconference meetings.

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

Commissioner Danovitch made a motion to approve the February 17 and February 25 minutes.

Commissioner Gordon seconded.

Public Comment

Poshi Walker referred to the last sentence in the speaker's comment on page 3 of the February 17th Meeting Minutes and asked to strike "speak with each other" so the sentence will read "the speaker asked for a way that stakeholders can exchange contact information during Zoom meetings."

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

- *The Commission approves the February 17 and 25, 2021, Teleconference Meeting Minutes as revised.*

Motion carried 8 yes, 0 no, and 1 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Alvarez, Berrick, Brown, Danovitch, Gordon, Mitchell, and Tamplen, and Chair Ashbeck.

The following Commissioner abstained to the February 17th meeting minutes: Vice Chair Madrigal-Weiss.

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

ACTION

3: San Francisco County Innovation Plan

Presenter:

- Jessica Brown, M.P.H., Director, Mental Health Services Act (MHSA), Behavioral Health Services San Francisco Department of Public Health

Chair Ashbeck stated the Commission will consider approval of $5,400,000 in Innovation funding for San Francisco County's Culturally Congruent and Innovative Practices for Black/African American Communities Innovation project.

Commissioner Berrick recused himself from the discussion and decision-making with regard to this agenda item pursuant to Commission policy.

Chair Ashbeck asked the county representative to present this agenda item.

Jessica Brown, M.P.H., Director of MHSA, Behavioral Health Services, San Francisco Department of Public Health, provided an overview, with a slide presentation, of the need, proposed project to address the need, and budget of the proposed Culturally Congruent and Innovative Practices for Black/African American Communities Innovation Project. She stated peers will be utilized to gain outreach into communities to engage them in care. As suggested by the California Reducing Disparities Project (CRDP), critical links will be identified to understand the context of Black/African American life in an attempt to acknowledge the African world view and to assist Black/African American communities in addressing challenges being faced.

Commissioner Questions

Commissioner Mitchell asked for more information about the providers.

Ms. Brown stated historically there was only one African American Behavioral Health Specialist, who has now been promoted to clinic director. This Innovation project proposes to expand that position to a Black/African American team for three clinics in the county.

Vice Chair Madrigal-Weiss asked about sustainability.

Ms. Brown stated the Transgender Pilot Program changed the dynamic of how peers are used in the county and was successfully made a core program within the behavioral health system. The county's goal for the proposed project, depending on its success, is to make it a core program within behavioral health services, especially within the county's civil service clinics.

Chair Ashbeck stated she is struggling because this work has already been done in other counties and the county currently has a similar model for its Filipino community.

Commissioner Tamplen noted that the mental health curriculum for the proposed project is very innovative and is not currently available in the peer community. The leadership from San Francisco will be ahead of the curve for the state of California and everyone can learn from the project's key learning questions.

Ms. Brown stated the proposed project is unique for San Francisco County. She asked the Commission to think about what has been happening in this country over the last year and the need for California to have something responsive to Black/African American communities. The county is in a state of emergency with Black/African American communities within San Francisco. Although this was done with the Filipino American Counseling Team, that program showed the county how successful this is. The county wants to ensure that this program is provided for all communities.

Chair Ashbeck thanked Ms. Brown and Commissioner Tamplen for their feedback. She stated the question about whether a project is innovative if work has been done in other counties or, in this case, with a new part of the community, continually comes up in the Commission discussion on Innovation projects.

Public Comment

Rev. Howard Lindsay, spoke on behalf of the San Francisco Black Jewish Unity Group in support of the proposed San Francisco County Innovation Project.

Tiffany Carter, Statewide Advocacy Liaison, ACCESS California, a program of Cal Voices, spoke in support of the proposed San Francisco County Innovation Project.

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), spoke in support of the proposed San Francisco County Innovation Project. The speaker stated concern about the harsh rebuke by stakeholder groups contracted by the Commission. The speaker stated the comment about using buzzwords feels like micro-aggression. These are the kinds of things that individuals of color have to go through. The speaker stated the need for coaching on how to present concerns.

Stacie Hiramoto stated they understood Chair Ashbeck's concern about whether a project is innovative for the county versus not being done before but asked for consistency in Commission decisions.

Poshi Walker stated there has been a precedent of multiple counties doing the same Innovation project such as the Technology Suite Collaborative Innovation Project. This project having been done with another population does not mean it is no longer innovative with another population. The speaker spoke in support of the proposed San Francisco County Innovation Project.

Mark Karmatz spoke in support of the proposed San Francisco County Innovation Project.

Lizzy Lynch spoke in support of the proposed San Francisco County Innovation Project.

Maya Vasquez, Maternal, Child, and Adolescent Health Division, spoke in support of the proposed San Francisco County Innovation Project.

Ines Betancourt, Program Director, Southeast Child Therapy Center, spoke in support of the proposed San Francisco County Innovation Project.

Due to technical audio difficulties, Amber Gray nodded their head indicating their support of the proposed San Francisco County Innovation Project.

Commissioner Discussion

Chair Ashbeck asked for a motion to approve San Francisco County's Culturally Congruent and Innovative Practices for Black/African American Communities Innovation Project.

Commissioner Bunch moved the staff recommendation.

Commissioner Mitchell seconded.

Commissioner Mitchell agreed with Poshi Walker's and Stacie Hiramoto's comments about some of the comments appearing micro-aggressive. She also agreed with Chair Ashbeck that the Commission continues to grapple with the innovative nature of projects. She stated individuals of color particularly the Black population, need all the help they can get.

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

The MHSOAC approves San Francisco County's Innovation Plan as follows:

> *Name: Culturally Congruent and Innovative Practices for Black/African American Communities*
>
> *Amount: $5,400,000 in MHSA Innovation funds*
>
> *Project Length: Five (5) Years*

Motion carried Motion carried 7 yes, 0 no, and 1 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Brown, Bunch, Gordon, Mitchell, and Tamplen, Vice Chair Madrigal-Weiss, and Chair Ashbeck.

The following Commissioner abstained: Commissioner Danovitch.

Commissioner Berrick rejoined the meeting.

ACTION

4: <u>Legislative Priorities for 2021</u>

Chair Ashbeck stated the Commission will consider legislative and budget priorities related to Commission initiatives, including Assembly Bill (AB) 638 (Quirk-Silva) and (SB) Senate Bill 749 (Glazer) for the current legislative session. She welcomed Assembly Member Sharon Quirk-Silva and Caila Pedrocelli, from Senator Glazer's office, and invited them to discuss these bills.

<u>Assembly Bill 638</u>

Assembly Member Sharon Quirk-Silva provided an overview of her background and why she works in this space and shared information about AB 638: mental health and substance use disorders. She stated this bill would build upon last year's strides in addressing the complex needs and services of those with co-occurring issues by authorizing prevention and early intervention strategies that address mental health

needs, substance use or misuse needs, or needs relating to co-occurring mental health and substance use services under Mental Health Services Act.

Assembly Member Quirk-Silva noted that co-occurring issues do not mean individuals suffering from only mental health and substance use issues but can also include a third issue of physical health. She asked the Commission to support AB 638.

Commissioner Questions

Commissioner Danovitch stated he wholeheartedly endorsed this approach. The separation between physical health, mental health, and substance use is a false separation and nowhere is that clearer than in prevention.

Commissioner Brown stated this is long overdue. He stated law enforcement has seen many times individuals with co-occurring mental illness and substance abuse issues get delayed or not get into a system of care and treatment because of the fact that they happen to be high on drugs or drunk at the time they came into contact with law enforcement and they were refused by mental health authorities to intervene because of that. This bill is solidly needed because those individuals need to be held and sobered up and then examined and not released back into the community to do further harm to themselves or others.

Vice Chair Madrigal-Weiss thanked Assembly Member Quirk-Silva and stated it is almost like individuals have to pick whether someone has addiction issues or mental health issues. By dividing those issues, precious time is wasted and people are struggling. This is being seen more and more with young people. She stated her appreciation that this bill was brought forward.

Senate Bill 749

Caila Pedrocelli, from Senator Glazer’s office, shared information about SB 749: mental health program oversight and county reporting. She stated SB 749 is a transparency measure that will provide insight to policy makers and stakeholders across the state about how counties are using their mental health funds and how those funds are best serving constituents. This bill creates a state framework, a comprehensive tracking program, for collecting information on mental health spending and outcomes through the MHSOAC. She asked the Commission to support SB 749.

Public Comment

Mark Karmatz stated the need to ensure that peer support and patient rights to refuse services are included in these bills.

Mary Ann Bernard stated they forced the Legislature to put the No Place Like Home Act on the ballot because the original act was inconsistent with the MHSA and therefore unconstitutional absent voter approval. The speaker stated they earlier reminded the Commission what it must do in the upcoming prevention and early intervention changes, which was to comply with the mandate in the last clause of a section of the Welfare and Institutions Code for prevention and early intervention programs for individuals who already have existing severe mental illnesses and need intervention in or prevention of relapses into serious mental illness. The speaker stated this is supposed to be part of

prevention and early intervention but has been ignored. The speaker earlier reminded the Commission that they sent a letter to Commissioners in February with additional details.

Mary Ann Bernard reminded the Commission what it must not do under the MHSA because it is inconsistent with the MHSA and therefore is unconstitutional absent voter approval – the Commission should not support AB 638 in its current form. The speaker stated the intentions are noble and appropriate but the drafting is terrible. Dual diagnosis has always been covered by the MHSA because it incorporates Welfare and Institutions Code 5600.3(a)(2) and (b)(2), which both incorporate dual diagnosis.

Mary Ann Bernard stated what is already there defined how far the MHSA goes. The speaker stated concern that AB 638 includes pure substance abuse without any relationship to mental health or mental illness as a separate category and then includes abuse as a separate category, the meaning of which is not clear. The speaker emphasized that there is a drafting issue.

Mary Ann Bernard stated AB 638 talks about mental health needs, which are broader than mental illness. The prevention and early intervention provisions that are part of the original Proposition 63, and which cannot be changed, require a mental health diagnosis. If it goes too far, it is unconstitutional. The speaker offered to help draft language to address these problems.

Linda Mayo spoke in opposition to this bill. The speaker stated they were okay with treating individuals to the point of determining the primary diagnosis, but this bill takes it further to a point where treatment only includes offsets of substance abuse. The speaker stated taxpayers voted for the MHSA, which requires funding to be specifically used for individuals with severe mental illness. This goes against the law. Funding should not be taken away from individuals with serious mental illness.

Paula Aiello agreed with the last two speakers – that this bill is badly written and the provisions would go counter to what voters wanted. The speaker stated Proposition 63 promised to provide that funds raised pursuant to it would work solely toward helping individuals with severe mental illness "as a condition deserving priority attention." The speaker stated almost nothing in today's meeting has addressed that condition as deserving priority attention.

Paul Aiello spoke in opposition to AB 638 because it is another attempt to siphon off funds meant for the most seriously mentally ill and to direct those funds to worthy causes but not for programs covered by Proposition 63. To do so would have deadly consequences. The speaker stated the need for seriously mentally ill care facilities is so dire that it is inexcusable to divert any more funds from it to other needs.

Elia Gallardo, Director of Governmental Affairs, County Behavioral Health Directors Association (CBHDA), spoke in strong support of AB 638.

Elia Gallardo stated the CBHDA has shared their concerns about SB 749 with the author's office, strongly supports the intent of the bill, and is bringing a similar piece of legislation, AB 686, authored by Assembly Member Arambula. The speaker stated the hope that at some point SB 749 and AB 686 can be amended so both bills can move

forward together. The speaker urged the Commission not to support SB 749 in its current form.

Stacie Hiramoto spoke in support of AB 638. Stacie Hiramoto stated REMHDCO has strong concerns about SB 749 and will take an oppose unless amended position. The speaker stated the wording of this bill is "the Commission, in consultation with state and local mental health authorities, shall create ..." and does not include community stakeholders. The MHSA is about collaboration and communication with consumers, family members, and communities and this bill lacks that.

Stacie Hiramoto asked the Commission to put on the agenda for next meeting Senator Umberg's bill that has to do with the Commission's authority to approve Innovation and shifts Innovation funds to community services and supports, which would diminish the ability for community-defined practices to be funded.

Adrienne Shilton, California Alliance of Child and Family Services, spoke in strong support of AB 638.

Adrienne Shilton echoed Stacie Hiramoto's request that the Commission agendize SB 106 at the next meeting. The speaker reminded the Commission that it and the California Alliance of Child and Family Services strongly opposed SB 665 last year, which would have authorized MHSA funds to be used in jails. The Innovation component provides California communities with vital opportunities to introduce best practices into the field. The speaker stated SB 106 in no way furthers the intent of the MHSA and further undermines the Commission's authority.

Commissioner Discussion

Commissioner Berrick stated the concern that individuals have become systemic ping pong balls because of the lack of clarity about which came first in their condition – substance use or mental illness. He stated these conditions are seen concurrently so often in youth that the discussion is terribly destructive and unhelpful. He stated he hoped that the author will take the time to see if there is a way to make AB 638 work.

Commissioner Berrick stated, although he was in favor of SB 749, discussion and reconciliation between SB 749 and AB 686 by Assembly Member Arambula is necessary. Positive engagement in oversight, clarifying how it is done, and clarifying the path is important.

Commissioner Mitchell stated public comments were important and informative and should be taken into consideration. She suggested supporting the bills with a review of how those comments, if relative and doable, can be included in the bills.

Executive Director Ewing stated that SB 749 is consistent with what the Commission is doing and is what the State Auditor recommended the Commission do. AB 686 is an extension of the prior bill that the Commission supported.

<u>Vote on AB 638</u>

Chair Ashbeck asked for a motion to support, to support and to continue to work with the author, or to oppose AB 638.

Vice Chair Madrigal-Weiss moved to support AB 638 and to continue to work with the author's office on concerns brought up in today's meeting.

Commissioner Brown seconded.

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

- *The MHSOAC supports AB 638 and asks staff to continue to work with the author's office on concerns brought up in today's meeting.*

Motion carried 8 yes, 0 no, and 1 abstain, per roll call vote as follows:

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

The following Commissioner abstained: Commissioner Tamplen.

Vote on SB 749

Chair Ashbeck asked for a motion to support, to support and to continue to work with the author, or to oppose SB 749.

Commissioner Berrick moved to support SB 749 and to continue to work with the author's office, the CBHDA, and other interested parties to ensure that the bill is consistent with Commission and state policies.

Vice Chair Madrigal-Weiss seconded.

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

- *The MHSOAC supports SB 749 and asks staff to continue to work with the author's office, the CBHDA, and other interested parties to ensure that the bill is consistent with Commission and state policies.*

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

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

Commissioner Berrick stated his deep concern about what will happen as youth begin coming back to school after a year of isolation and the number of youths that have been lost and disconnected, combined with the current availability of state and federal funding to try to mitigate those losses. He stated the hope that the Commission will take up discussions of current models including some of the school-based models the Commission has adopted and other models seen around the state like, Life Learning Academy that are keeping youth from homeless and mental health crisis. He stated concern that there are youth that are so disengaged that there is a danger of never getting them back, and a doubling or tripling of youth in suicidal crisis is being seen.

Commissioner Berrick stated he would like to see the Commission engaged in this discussion and suggested including time on the next agenda to discuss how to collaborate and support colleagues in schools and alternative support systems.

Commissioner Berrick spoke about mobile response. The state created an urgent response system designed for foster youth. He stated the need for an urgent response system for youth in crisis in schools that is effective and can be brought to bear. He stated the need to discuss this issue before the crisis that is on its way is out of control.

Commissioner Gordon agreed. He stated he is working with colleagues in other counties with the hope that there will be state-level support on this issue.

Vice Chair Madrigal-Weiss agreed that time should be dedicated for this issue at the next meeting. She stated the need to discuss how to reach the lost and disengaged and how to reengage these youth who need to be part of a system that will be supportive and offer solutions.

Commissioner Berrick stated the hope that before the next meeting staff will be engaged with the state, particularly with the budget process, to see that these priorities become urgent.

Chair Ashbeck agreed and stated hospitals are ill-equipped to help these youths.

ADJOURNMENT

Commissioner Brown asked to close the meeting in memory of the eight victims in Atlanta, Gorgia, and the ten victims in Boulder, Colorado, and to focus on the continuing problem of mental illness and individuals being involved in these mass murder incidents that hopefully have been prevented as a result of some of the work that has been done in this state. Let this be a reminder to everyone of why they are involved in this work.

There being no further business, the meeting was adjourned at 1:23 p.m.

MISCELLANEOUS ENCLOSURES

April 22, 2021 Commission Meeting

Enclosures (5):

(1) Motion Summaries from the March 25, 2021 Commission Meeting Teleconference
(2) Evaluation Dashboard
(3) Innovation Dashboard
(4) Calendar of Tentative Agenda Items
(5) Department of Health Care Services Revenue and Expenditure Reports Status Update

Motions Summary

Commission Meeting
March 25, 2021

Motion #: 1

Date: March 25, 2021

Time: 11:27 AM

Motion:

The Commission approves the February 17 and February 25, 2021 meeting minutes.

Commissioner making motion: Commissioner Danovitch

Commissioner seconding motion: Commissioner Gordon

Motion carried 9 yes, 0 no, and 1 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Commissioner Alvarez	☒	☐	☐
2. Commissioner Berrick	☒	☐	☐
3. Commissioner Boyd	☐	☐	☐
4. Commissioner Brown	☒	☐	☐
5. Commissioner Bunch	☐	☐	☐
6. Commissioner Carrillo	☐	☐	☐
7. Commissioner Danovitch	☒	☐	☐
8. Commissioner Gordon	☒	☐	☐
9. Commissioner Mitchell	☒	☐	☐
10. Commissioner Tamplen	☒	☐	☐
11. Commissioner Wooton	☐	☐	☐
12. Vice Chair Madrigal-Weiss	☐	☐	☒
13. Chair Ashbeck	☒	☐	☐

Motions Summary

Commission Meeting
March 25, 2021

Motion #: 2

Date: March 25, 2021

Time: 12:31 PM

Motion:

The Commission approves San Francisco County's Innovation plan, as follows:

Name: Culturally Congruent and Innovative Practices for Black/African American Communities

Amount: Up to $5,400,000 in MHSA Innovation funds

Project Length: Five (5) Years

Commissioner making motion: Commissioner Bunch

Commissioner seconding motion: Commissioner Mitchell

Commissioner Berrick recused himself. Motion carried 7 yes, 0 no, and 1 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Commissioner Alvarez	☐	☐	☐
2. Commissioner Berrick	☐	☐	☐
3. Commissioner Boyd	☐	☐	☐
4. Commissioner Brown	☒	☐	☐
5. Commissioner Bunch	☒	☐	☐
6. Commissioner Carrillo	☐	☐	☐
7. Commissioner Danovitch	☐	☐	☒
8. Commissioner Gordon	☒	☐	☐
9. Commissioner Mitchell	☒	☐	☐
10. Commissioner Tamplen	☒	☐	☐
11. Commissioner Wooton	☐	☐	☐
12. Vice Chair Madrigal-Weiss	☒	☐	☐
13. Chair Ashbeck	☒	☐	☐

Motions Summary

Commission Meeting
March 25, 2021

Motion #: 3

Date: March 25, 2021

Time: 1:16 PM

Proposed Motion:

The MHSOAC supports AB 638 and asks staff to continue to work with the author's office on concerns brought up in today's meeting.

Commissioner making motion: Vice Chair Madrigal-Weiss

Commissioner seconding motion: Commissioner Brown

Motion carried 8 yes, 0 no, and 1 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Commissioner Alvarez	☐	☐	☐
2. Commissioner Berrick	☒	☐	☐
3. Commissioner Boyd	☐	☐	☐
4. Commissioner Brown	☒	☐	☐
5. Commissioner Bunch	☒	☐	☐
6. Commissioner Carrillo	☐	☐	☐
7. Commissioner Danovitch	☒	☐	☐
8. Commissioner Gordon	☒	☐	☐
9. Commissioner Mitchell	☒	☐	☐
10. Commissioner Tamplen	☐	☐	☒
11. Commissioner Wooton	☐	☐	☐
12. Vice Chair Madrigal-Weiss	☒	☐	☐
13. Chair Ashbeck	☒	☐	☐

Motions Summary

Commission Meeting
March 25, 2021

Motion #: 4

Date: March 25, 2021

Time: 1:16 PM

Proposed Motion:

The MHSOAC supports SB 749 and asks staff to continue to work with the author's office, the CBHDA, and other interested parties to ensure that the bill is consistent with Commission and state policies.

Commissioner making motion: Commissioner Berrick

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	☐	☐	☐
2. Commissioner Berrick	☒	☐	☐
3. Commissioner Boyd	☐	☐	☐
4. Commissioner Brown	☒	☐	☐
5. Commissioner Bunch	☒	☐	☐
6. Commissioner Carrillo	☐	☐	☐
7. Commissioner Danovitch	☒	☐	☐
8. Commissioner Gordon	☒	☐	☐
9. Commissioner Mitchell	☒	☐	☐
10. Commissioner Tamplen	☒	☐	☐
11. Commissioner Wooton	☐	☐	☐
12. Vice Chair Madrigal-Weiss	☒	☐	☐
13. Chair Ashbeck	☒	☐	☐

Summary of Updates

Contracts

New Contract: None

Total Contracts: 3

Funds Spent Since the March Commission Meeting

Contract Number	Amount
17MHSOAC073	$ 23,804.54
17MHSOAC074	$ 23,804.54
18MHSOAC040	$ 0
Total	**$ 47,609.08**

Contracts with Deliverable Changes

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: $2,453,736.50

Total Spent: $**1,558,604.54**

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	No
Formative/Process Evaluation Plan Updated Formative/Process Evaluation Plan	Complete Complete	1/24/20 1/15/21	No **No**
Data Collection and Management Report	Complete	6/15/20	No

MHSOAC Evaluation Dashboard April 2021
(Updated April 9, 2021)

Deliverable	Status	Due Date	Change
Final Summative Evaluation Plan	Complete	7/15/20	No
Data Collection for Formative/Process Evaluation Plan Progress Reports (10 quarterly reports)	In Progress	1/15/21- 3/15/23	No
Formative/Process Evaluation Plan Implementation and Preliminary Findings (11 quarterly reports)	In Progress	1/15/21- 6/15/23	No
Co-host Statewide Conference and Workplan (a and b)	Not Started	9/15/21 Fall 2022	No
Midpoint Progress Report for Formative/Process Evaluation Plan	Not Started	7/15/21	No
Drafts Formative/Process Evaluation Final Report (a and b)	Not Started	3/30/23 7/15/23	No
Final Report and Recommendations	Not Started	11/30/23	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: $2,453,736.50

Total Spent: **$1,558,604.54**

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	No
Formative/Process Evaluation Plan Updated Formative/Process Evaluation Plan	Complete Complete	1/24/20 1/15/21	No **No**
Data Collection and Management Report	Complete	6/15/20	No
Final Summative Evaluation Plan	Complete	7/15/20	No
Data Collection for Formative/Process Evaluation Plan Progress Reports (10 quarterly reports)	In Progress	1/15/21-3/15/23	No

MHSOAC Evaluation Dashboard April 2021
(Updated April 9, 2021)

Deliverable	Status	Due Date	Change
Formative/Process Evaluation Plan Implementation and Preliminary Findings (11 quarterly reports)	In Progress	1/15/21-6/15/23	No
Co-host Statewide Conference and Workplan (a and b)	Not Started	9/15/21 Fall 2022	No
Midpoint Progress Report for Formative/Process Evaluation Plan	Not Started	7/15/21	No
Drafts Formative/Process Evaluation Final Report (a and b)	Not Started	3/30/23 7/15/23	No
Final Report and Recommendations	Not Started	11/30/23	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: **$1,257,008**

Total Spent: $880,756

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	No
Quarterly Progress Report	Complete	06/30/2020	No
Quarterly Progress Report	Complete	09/30/2020	No
Quarterly Progress Report	Complete	12/31/2020	No
Quarterly Progress Report	Complete	03/31/2021	No
Quarterly Progress Report	Not Started	06/30/2021	No

INNOVATION DASHBOARD
APRIL 2021

UNDER REVIEW	Final Proposals Received	Draft Proposals Received	TOTALS
Number of Projects	5	18	**23**
Participating Counties (unduplicated)	2	13	**15**
Dollars Requested	$3,315,157	$52,862,727	**$56,177,884**

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	33	$149,548,570	19 (32%)
FY 2018-2019	53	53	$304,098,391	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	7	6	$11,719,364	4

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	Fresno	Suicide Prevention Follow-Up Call Program	$1,000,000	3 Years	3/1/2021	Pending
Under Review	Fresno	CRDP Evolutions Project	$2,400,000	3 Years	3/5/2021	Pending
Under Review	Humboldt	Resident Engagement & Support Team (REST)	$1,612,342	5 Years	12/17/2020	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)	$610,253	4 Years	6/4/2020	Pending
Under Review	San Luis Obispo	SoulWomb Project	$576,180	4 Years	6/4/2020	Pending
Under Review	Marin	From Housing to Healing, Re-Entry Community for Women	$1,795,000	5 Years	3/12/2021	Pending
Under Review	Santa Clara	Independent Living Empowerment Project	$990,000	3 Years	6/29/2020	Pending
Under Review	Santa Clara	Community Mobile Response Program (Phase I-Planning Funding)	$24,816,245	5 Years	11/20/2020	Pending
Under Review	TBD	Multi-County Psychiatric Advance Directive Project	TBD	4 Years	3/9/2021	Pending
Under Review	Ventura	Mobile Mental Health	$3,380,986	3 Years	3/15/2021	Pending
Under Review	Amador	Student Mental Health Support	$665,000	5 Years	3/22/2021	Pending
Under Review	Stanislaus	Early Psychosis Learning Health Care Network	$1,288,022	5 Years	4/7/2021	Pending
Under Review	Stanislaus	FSP Multi-County Collaborative	$1,757,146	4 Years	4/7/2021	Pending
Under Review	Modoc	Integrated Health Care for Individuals with SMI	$480,000	5 Years	3/2/2021	Pending

DRAFT PROPOSALS						
Status	County	Project Name	Funding Amount Requested	Project Duration	Draft Proposal Submitted to OAC	Final Project Submitted to OAC
Under Review	Merced	Transformational Equity Restart Program	$4,051,839	5 Years	3/19/2021	Pending
Under Review	Alameda	Community Assessment Transportation Team (CATT) Extension	$4,759,312	5 Years	3/25/2021	Pending
Under Review	Shasta	Hope Park	$1,750,000	5 Years	2/17/2021	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	Colusa	Social Determinants of Rural Mental Health	$495,568	3 Years	12/10/2020	12/10/2020
Under Final Review	Sonoma	New Parent TLC	$394,586	3 Years	10/6/2020	2/3/2021
Under Final Review	Sonoma	Instructions Not Needed	$689,861	3 Years	10/6/2020	2/3/2021
Under Final Review	Sonoma	Nuestra Cultura Cura Social INN Lab (aka On the Move)	$736,584	3 Years	10/6/2020	2/3/2021
Under Final Review	Sonoma	Collaborative Care Enhanced Recovery Project (CCERP)	$998,558	3 Years	7/2/2020	2/3/2021

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
Modoc	INN and Improvement through Data (IITD)-Extension	$91,224	10/12/2020
San Mateo	Co-location of Prevention Early Intervention Services in Low Income Housing	$925,000	11/16/2020

APPROVED PROJECTS (FY 20-21)			
County	Project Name	Funding Amount	Approval Date
San Mateo	PIONEERS (Pacific Islanders Organizing, Nurturing, and Empowering Everyone to Rise and Serve)	$925,000	12/9/2020
Santa Clara	Addressing Stigma and Trauma in the Vietnamese and African American/African Ancestry Communities	$1,753,140	2/25/2021
San Francisco	Culturally Congruent and Innovative Practices for Black/African American Communities	$5,400,000	3/25/2021

Calendar of Tentative Commission Meeting Agenda Items

Proposed 4/13/2021

Agenda items and meeting locations are subject to change

May 27, 2021: 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.

Capital Collaborative on Racial Equity (CCORE)
The Commission will hear an update about involvement in the Capital Collaborative on Racial Equity (CCORE) and opportunities to advance racial equity by creating a Racial Equity Action Plan (REAP).

Governor's May 2021 Budget Revise Overview
The Commission will be presented with an overview of the Governor's May Budget Revise for Fiscal Year 2021-22.

Legislative Priorities for 2021
The Commission will consider legislative and budget priorities for the current legislative session.

Staff Report Out
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.

June 24, 2021: 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.

Legislative Priorities for 2021
The Commission will consider legislative and budget priorities for the current legislative session.

Staff Report Out
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.

July 22, 2021: 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.

Legislative Priorities for 2021
The Commission will consider legislative and budget priorities for the current legislative session.

OAC Budget Overview
The Commission will consider approval of its Fiscal Year 2020-21 Operations Budget and will hear an update on expenditures.

Staff Report Out
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.

August 26, 2021: 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.

Legislative Priorities for 2021
The Commission will consider legislative and budget priorities for the current legislative session.

Mental Health Student Service Act Update
The Commission will be presented with an update on the implementation of the Mental Health Student Service Act.

Staff Report Out
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.

September 23, 2021: 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.

Legislative Priorities for 2021
The Commission will consider legislative and budget priorities for the current legislative session.

Staff Report Out
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.

October 28, 2021: Sacramento, CA (Teleconference)

Prevention and Early Intervention Report Presentation
The Commission will consider the final report of the PEI project subcommittee for adoption.

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.

Workplace Mental Health Report Presentation
The Commission will consider the final report of the WPMH project subcommittee for adoption.

Legislative Priorities for 2021
The Commission will consider legislative and budget priorities for the current legislative session.

Staff Report Out
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.

November 18, 2021: 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.

INN Subcommittee Year End Report Out
The Commission will be presented with an update on the activities of the Innovation Subcommittee.

Legislative Priorities for 2021
The Commission will consider legislative and budget priorities for the current legislative session.

Staff Report Out
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
April 22, 2021 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 March 22nd, 2021. This Status Report covers the FY 2016-17 through FY 2019-20 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

DHCS Status Chart of County RERs Received
April 22, 2021 Commission Meeting

DCHS MHSA Annual Revenue and Expenditure Report Status Update

FY 2005-06 through FY 2018-19, all Counties are current

County	FY 19-20 Electronic Copy Submission Date	FY 19-20 Return to County Date	FY 19-20 Final Review Completion Date
Alameda	1/29/2021	2/1/2021	2/8/2021
Alpine			
Amador	1/15/2021	1/15/2021	2/2/2021
Berkeley City	1/13/2021	1/13/2021	1/13/2021
Butte			
Calaveras	1/31/2021	2/1/2021	2/9/2021
Colusa			
Contra Costa	1/30/2021	2/1/2021	2/22/2021
Del Norte	2/1/2021	2/2/2021	2/17/2021
El Dorado	1/29/2021	1/29/2021	2/4/2021
Fresno	12/29/2020	12/29/2021	1/26/2021
Glenn	2/19/2021	2/24/2021	3/11/2021
Humboldt			
Imperial	2/1/2021	2/1/2021	2/12/2021
Inyo			
Kern	2/2/2021	2/2/2021	2/8/2021
Kings	1/4/2021	1/4/2021	3/11/2021
Lake	2/9/2021	2/9/2021	2/17/2021
Lassen	1/25/2021	1/25/2021	1/28/2021
Los Angeles	3/11/2021	3/16/2021	
Madera			
Marin	2/2/2021	2/2/2021	2/17/2021

DHCS Status Chart of County RERs Received
April 22, 2021 Commission Meeting

County	FY 19-20 Electronic Copy Submission Date	FY 19-20 Return to County Date	FY 19-20 Final Review Completion Date
Mariposa	1/29/2021	1/29/2021	3/11/2021
Mendocino	12/30/2020	1/4/2021	1/20/2021
Merced	1/11/2021	1/12/2021	1/15/2021
Modoc			
Mono	1/29/2021	1/29/2021	2/16/2021
Monterey	2/24/2021	3/1/2021	3/11/2021
Napa	12/23/2020	12/24/2020	12/28/2020
Nevada	1/29/2021	2/16/2021	2/18/2021
Orange	12/31/2020	1/20/2021	2/9/2021
Placer	2/3/2021	2/22/2021	2/23/2021
Plumas	2/25/2021	3/19/2021	
Riverside	2/1/2021	3/8/2021	
Sacramento	1/29/2021	2/1/2021	2/16/2021
San Benito			
San Bernardino	3/3/2021	3/4/2021	3/17/2021
San Diego	1/30/2021	2/1/2021	2/4/2021
San Francisco	1/29/2021	3/19/2021	3/22/2021
San Joaquin	2/1/2021	2/2/2021	2/11/2021
San Luis Obispo	12/31/2020	1/20/2021	1/20/2021
San Mateo	1/29/2021	2/1/2021	2/16/2021
Santa Barbara	12/29/2020	12/30/2020	1/5/2021
Santa Clara	1/28/2021	2/11/2021	3/3/2021
Santa Cruz			
Shasta	1/14/2021	1/15/2021	1/19/2021
Sierra	12/31/2020	3/10/2021	
Siskiyou	2/16/2021	2/17/2021	

DHCS Status Chart of County RERs Received
April 22, 2021 Commission Meeting

County	FY 19-20 Electronic Copy Submission Date	FY 19-20 Return to County Date	FY 19-20 Final Review Completion Date
Solano	2/1/2021	2/1/2021	2/25/2021
Sonoma	1/29/2021	3/5/2021	
Stanislaus	12/31/2020	1/5/2021	1/5/2021
Sutter-Yuba	1/30/2021	2/1/2021	3/9/2021
Tehama			
Tri-City	1/27/2021	3/4/2021	
Trinity	2/1/2021	2/2/2021	2/17/2021
Tulare	1/26/2021	1/27/2021	2/10/2021
Tuolumne			
Ventura	1/29/2021	2/2/2021	2/16/2021
Yolo	1/28/2021	2/2/2021	2/2/2021
Total	48	48	41