



WELLNESS • RECOVERY • RESILIENCE



Commission Packet

Commission Teleconference Meeting
May 28, 2020
9:00 AM – 12:00 PM



Mental Health Services
Oversight & Accountability Commission

1325 J Street, Suite 1700, Sacramento, California 95814

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

Commission/Teleconference Meeting Notice

NOTICE IS HEREBY GIVEN that the Mental Health Services Oversight Accountability and Commission (the Commission) will conduct a **teleconference meeting on May 28, 2020**.

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

DATE: Thursday, May 28, 2020

TIME: 9:00 a.m. – 12:00 p.m.

ZOOM ACCESS:

Link: <https://zoom.us/j/95615847203?pwd=dFJWdUZwVmd2OVVCRDFoRjJVUURoQT09>

Dial-in Number: 408-638-0968

Password: 730214

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

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

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

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

comment, the meeting host will unmute your line and announce your name. 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.

9:10 AM Roll Call

Roll call of Commissioners to verify the presence of a quorum.

9:15 AM General Public Comment

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

9:25 AM

Action

1: Approve April 23, 2020 MHSOAC Meeting Minutes

The Commission will consider approval of the minutes from the April 23, 2020 teleconference meeting.

- Public Comment
- Vote

9:30 AM

Action

2: Award Youth Drop-In Centers Grants

Presenter:

- Tom Orrock, Chief of Stakeholder Engagement and Grants

The Commission will consider awarding contracts to the five highest scoring applications in response to the Request for Applications for Youth Drop-In Centers.

- Public Comment
- Vote

9:45 AM

Action

3: San Bernardino Innovation Plans

Presenter for the Cracked Eggs and Eating Disorder Collaborative:

- Veronica Kelley, DSW, LCSW, Director San Bernardino County Department of Behavioral Health

The Commission will consider approval of \$1,568,143 Innovation funding to support the Cracked Eggs Innovation project and \$12,113,426 Innovation funding to support the Eating Disorder Collaborative Innovation project.

- Public comment
- Vote

10:10 AM

Action

4: Fresno Innovation Plans

Presenter for The Lodge: Researching Targeted Engagement

Approach, Project Ridewell, and Handle with Care+:

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

The Commission will consider approval of \$4,200,000 Innovation funding to support The Lodge: Researching Targeted Engagement Approach Innovation project, \$1,200,000 Innovation funding to support Project Ridewell Innovation project, and \$1,527,000 Innovation funding to support the Handle with Care+ Innovation project.

- Public Comment
- Vote

11:00 AM

Action

5: Innovation Incubator Contracts

Presenters:

- Toby Ewing, Ph.D., Executive Director
- Jim Mayer, Chief of Innovation Incubator

The Commission will consider approval of four contracts in an amount not to exceed \$2,055,000 to support three multi-county collaboratives and one system-change project under development by the Commission's Innovation Incubator to fortify community mental health services, with an emphasis on reducing criminal justice involvement among those with mental health needs.

- Public comment
- Vote

11:20 AM

Action

6: Governor's May 2020 Budget Revise Briefing and the Commission's final 2019-20 Budget

Presenter:

- Norma Pate, Deputy Director

The Commission will be presented with an overview of the Governor's May Budget Revise for Fiscal Year 2020-21. The Commission will consider approval of its final Fiscal Year 2019-20 Operations Budget.

- Public comment
- Vote

11:40 AM

Information

7: Executive Director Report Out

Presenter:

- Toby Ewing, Ph.D., Executive Director

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

- Public Comment

12:00 PM

Adjournment

AGENDA ITEM 1

Action

May 28, 2020 Commission Meeting

Approve April 23, 2020 MHSOAC Teleconference Meeting Minutes

Summary: The Mental Health Services Oversight and Accountability Commission will review the minutes from the April 23, 2020 Commission teleconference meeting. Any edits to the minutes will be made and the minutes will be amended to reflect the changes and posted to the Commission Web site after the meeting. If an amendment is not necessary, the Commission will approve the minutes as presented.

Presenter: None.

Enclosures (2): (1) April 23, 2020 Meeting Minutes, (2) April 23, 2020 Motions Summary

Handouts: None.

Proposed Motion: The Commission approves the April 23, 2020 meeting minutes.

State of California

**MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION**

Minutes of Teleconference Meeting
April 23, 2020

MHSOAC
1325 J Street, Suite 1700
Sacramento, CA 95814

800-369-1840; Code 4380355

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

Members Participating:

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

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

Members Absent:

Reneeta Anthony
Assemblymember Wendy Carillo

Staff Present:

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

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

CALL TO ORDER AND WELCOME

Chair Lynne Ashbeck called the meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to order at 9:00 a.m. and welcomed everyone.

Chair Ashbeck stated her appreciation for the individuals who joined this teleconference-only meeting during these unprecedented and uncertain times. She asked for patience and understanding as the Commission works through this new technology. She recognized the challenges and struggles that the COVID-19 pandemic is creating in all parts of life, including mental and physical health and wellbeing.

Chair Ashbeck reviewed the meeting protocols. She stated the agenda describes the changes the governor has allowed in public meetings and the Bagley-Keene Open Meeting Act to allow the support of physical distancing required to help manage the spread of COVID-19.

Roll Call

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

ACTION

1: Approve February 27, 2020, MHSOAC Meeting Minutes

Chair Ashbeck asked for a motion to approve the minutes from the February 27, 2020, meeting.

Commissioner Mitchell made a motion to approve the February 27, 2020, meeting minutes. Commissioner Danovitch seconded.

Public Comment

No public comment.

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

- *The Commission approves the February 27, 2020, Meeting Minutes as presented.*

Motion carried 11 yes, 0 no, and 1 abstain, per roll call vote as follows:

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

The following Commissioner abstained: Commissioner Tamplen.

ACTION

2: Award Mental Health Student Services Act (MHSSA) Grants

Presenter:

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

Commissioners Berrick and Gordon and Vice Chair Madrigal-Weiss recused themselves from the discussion and decision-making with regard to this agenda item and left the teleconference call pursuant to Commission policy.

Chair Ashbeck stated the Commission will consider awarding MHSSA grants to the highest scoring applications received in response to the Request for Applications under the MHSSA to support School/County Partnerships in the implementation of programs described in the Mental Health Services Act (MHSA). She asked staff to present this agenda item.

Tom Orrock, Chief of Stakeholder Engagement and Grants, provided an overview, with a slide presentation, of the background, grant apportionment, and Request for Applications evaluation process for the ten MHSSA Category 1 Grants, which will provide funding for counties with existing school mental health partnerships. He announced the counties with the highest overall scores in each population designation as follows:

- Humboldt and Mendocino Counties for the small-county designation funding level of \$2.5 million each.
- Tulare, Solano, San Luis Obispo, and Placer Counties for the medium-county designation funding level of \$4 million each.
- Orange, Ventura, Kern, and Fresno Counties for the large-county designation funding level of \$6 million each.

Mr. Orrock stated applications for the MHSSA Category 2 grants, which will provide funding for counties developing new or emerging mental health partnerships, are due on June 12, 2020.

Commissioner Questions and Discussion

Commissioner Alvarez asked, once posted publicly, if there will be a short summary of the proposals and the established partnerships to provide learning opportunities and increased awareness of the types of partnerships that exist in small, medium, and large counties that can be taken to scale in the future.

Mr. Orrock stated that information will be provided since it is valuable to county offices of education, charter schools, and school districts that may be interested in partnering. He stated the California Mental Health Services Authority (CalMHSA) in connection with the California Department of Education (CDE) has put together a matrix of the four current school/county partnerships. This matrix will provide information about what those four counties have done and how they did it. The matrix was put together recently and will be updated based on what counties are doing to adjust and modify their programs to meet the needs of students during the COVID-19 pandemic. A summary of those counties will be made available so other counties can benefit.

Public Comment

Sonya Young Aadam, CEO, California Black Women’s Health Project, asked if private schools were eligible for this funding.

Mr. Orrock stated the entities included are county behavioral health departments and a school district or school districts, both public and private. Counties must add to that partnership a county office of education or a charter school.

Janet King, Native American Health Center, stated community-based organizations such as the Native American Health Center have main and school-based clinics. Community-based organizations are capable of bringing behavioral health services to schools and they are already in existence. The speaker suggested that community-based organizations be included in this model of counties working in partnership with schools.

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

- Authorizes the Executive Director to issue a “Notice of Intent to Award MHSSA Category 1 Grants” to the following applicants receiving the highest overall scores in each population category:

Small County Population:

Humboldt County
Mendocino County

Medium County Population:

Placer County
San Luis Obispo County
Solano County
Tulare County

Large County Population

Fresno County
Kern County
Orange County
Ventura County

- *Authorize the Executive Director to issue a “Notice of Intent to Award MHSSA Category 1 Grants” to the applicants receiving the highest overall scores in each population category.*
- *Establish April 30, 2020, as the deadline for unsuccessful bidders to file an “Intent to Appeal” letter.*
- *Establish that, within five working days from the date MHSOAC receives the Intent to Appeal letter, the protesting Applicant must file with the MHSOAC a Letter of Appeal detailing the grounds for the appeal, consistent with the standard set forth in the Request for Applications.*

- *Direct the Executive Director to notify the Commission Chair and Vice Chair of any protests within two working days of the filing and adjudicate protests consistent with the procedure provided in the Request for Applications.*
- *Authorize the Executive Director to execute the contract upon expiration of the protest period or consideration of protests, whichever comes first.*

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

The following Commissioners voted "Yes": Commissioners Alvarez, Beall, Brown, Bunch, Danovitch, Mitchell, Tamplen, and Wooton, and Chair Ashbeck.

Commissioners Berrick and Gordon and Vice Chair Madrigal-Weiss rejoined the teleconference call.

ACTION

3: Response to COVID-19

Presenter:

- Toby Ewing, Ph.D., Executive Director, MHSOAC

Commissioner Berrick disclosed that Seneca, where he serves as the CEO, and the California Alliance of Child and Family Services, where he serves on the Board, have taken various positions on the response to COVID-19 and funding from the response to COVID-19.

Ms. Yeroshek stated Commissioner Berrick is not required to recuse himself from the discussion and action on this agenda item.

Chair Ashbeck stated the Commission will discuss the impact to county mental health programs and consider specific actions in response to the COVID-19 pandemic. She stated staff will outline the Commission's actions to support the state and county efforts on COVID-19, provide an overview of recent correspondence from counties and other mental health stakeholders on requests for flexibility in using MHSA funds during the crisis, and discuss options for the Commission to provide guidance on responding to current and emerging mental health needs. She asked Executive Director Ewing to present this agenda item.

Executive Director Ewing stated all Commission activity has been shifted to remote work and all non-essential activities have been postponed during the COVID-19 crisis in response to the governor's public health statement and county directives about social distancing and sheltering in place. The workload has been impacted in that there are over a dozen county Innovation plans in the queue.

Executive Director Ewing outlined the Commission's actions to support the state and county efforts in response to COVID-19:

- The Commission has reached out to counties and asked them to agree to prioritize COVID-19-related items and items that run the risk of triggering reversion. Staff is waiting to hear from the administration on whether the governor will suspend the reversion rules to help the Commission determine how to best respond to today's issues.
- The Commission has undertaken a number of initiatives to support the governor's COVID-19 response and to support California's community mental health system:
 - The Commission has established a Rapid Response Network in partnership with Social Finance with the goal to better understand how organizations and communities have addressed some of the shared challenges being faced in California.
 - The Commission is working to establish Online Mental Health Resources in partnership with the Department of Health Care Services (DHCS), UCLA, UC Davis, and others to support Californians who are looking for guidance on COVID-19 and the behavioral health impacts of COVID-19 and to lessen the impacts on emergency rooms.
 - The Commission is supporting the governor's California Health Corps, an initiative to expand the health care workforce to fight COVID-19, by working with the administration to better understand how to best link Californians who need assistance with a behavioral health volunteer.

Commissioner Questions

Commissioner Boyd asked about the budget that has been allocated to support this work specific to mental health and addiction.

Executive Director Ewing stated the Commission has allocated \$25,000 for the Rapid Response Network, which is a short-term investment. Social Finance and others have allocated four to five times that to launch this initiative. Additional funding will be required for sustainability.

Executive Director Ewing stated the Commission has set aside \$50,000 to date for the Online Mental Health Resources initiative with the potential for a second \$50,000. The Commission is working to raise an additional \$250,000 for what is called "the sprint" to get something out that can support the governor's effort. Staff is in discussion with CalMHSA and others about what it would mean to do that over the longer term. He noted that the Commission may not be the best organization to help individuals to connect with online resources.

Executive Director Ewing stated no funding has been dedicated to the California Health Corps initiative.

Commissioner Boyd encouraged staff to continue to advocate for additional resources to do this right considering the size and scale of California. He noted that this is a window of opportunity where individuals will seek help and support.

Commissioner Tamplen asked if there is an online location for individuals throughout the state to view the questions that are coming in and the responses given through the Rapid Response Network.

Executive Director Ewing stated staff is beginning to compile that information but it is not yet ready to be shared. Confidentiality and proprietary issues have been raised on the part of the counties asking the questions. He agreed that questions asked by one county can benefit all counties. Staff will continue to work on expediting this information.

Commissioner Tamplen asked about populations and individuals who do not have access to laptops, cell phones, and resources to participate in the remote services and supports being offered during this time of sheltering in place. Consistent information is needed about how communities can access this technology.

Executive Director Ewing agreed. He stated not only is inadequate access to technology and the Internet a barrier, but the vast majority of the tools that are available are in English only. He stated part of the first phase of the Online Mental Health Resources initiative after the sprint to put something up is to ensure that there is robust community engagement. The Commission is in conversation with each of the contract holders for the stakeholder contracts about how to work with them and leverage their expertise to get the word out and to ensure that what is being done is relevant, appropriate, and culturally competent.

Executive Director Ewing stated, although this will not be enough, the state needs to pursue all strategies to serve Californians and online strategies have yet to be fully leveraged. He agreed with Commissioner Boyd's comment that an environment has never before been seen where the public is as aware and receptive to conversations about mental health as it has been during the COVID-19 pandemic. He stated this window provides the opportunity to be responsive in ways that are positive and supportive to help reduce stigma and increase culturally appropriate responses to individual needs.

Commissioner Mitchell asked Executive Director Ewing to explain how the Online Mental Health Resources initiative would look to the public.

Executive Director Ewing stated a number of organizations are sharing online tools for the public to better understand anxiety and how to respond to that to address the increased anxiety caused by the COVID-19 pandemic. These websites can be overwhelming. The governor's California Coronavirus COVID-19 Response website contains a tremendous amount of information. Working with the governor's team to provide information on mental health websites was even overwhelming to community and academic partners to provide input on websites that are helpful.

Executive Director Ewing stated, rather than creating a website that points individuals to hundreds of mental health sites and apps, staff is getting input from stakeholders on tools that would be useful in a website and is working to sort information about available sites in a user-friendly manner so the website itself does not cause anxiety.

Commissioner Gordon asked if the Commission is doing anything to enhance or expand the use of telehealth in these initiatives.

Executive Director Ewing stated staff has engaged DHCS on this issue, particularly in response to questions coming out of the community, community-based organizations, and providers. As staff hears about providers struggling on telehealth issues, they are passing that along and helping DHCS understand what is working and not working in the community and helping to connect them with organizations that are expressing concern. The Commission is working to create environments that can support telehealth but does not engage in telehealth directly.

Executive Director Ewing stated staff is considering how to help the administration understand that creating a base of support that starts with information and web-based tools can prevent individuals from needing to move up into the warm line/crisis line set of services. Telehealth is in that continuum of care that the administration is trying to put in place. The focus has been how to ensure that individuals have their needs met across that continuum but with emphasis on prevention and early intervention tools through the Online Mental Health Resources and California Health Corps initiatives.

Commissioner Danovitch agreed with the work the Commission is doing to enhance or expand telehealth. He suggested, since the Commission is not the service provider, if no one else is articulating a strategic vision for how remote technology and digital services enhance care for Californians and how they can be used to recognize and overcome disparities across California, perhaps that is a role for the Commission – either to articulate that vision or to encourage the appropriate department to articulate that vision.

Commissioner Danovitch stated the current times provide a rare window of opportunity to do these things, given the focus and the transient reduction in bureaucracy around uptake and use of these technologies. Such a vision might articulate principles and values that are important in adopting and addressing the infrastructure barriers that are necessary to get to a place where telehealth services can be used to expand access to quality services.

Commissioner Danovitch stated there also is a tremendous opportunity to address stigma since Californians are faced with a common experience or common threat. Everyone is aware of the stress that is associated with quarantining and with uncertainty and with all the things currently being faced. He stated there is an opportunity to similarly develop a strategy around stigma reduction that may involve explicit public health messaging.

Commissioner Danovitch stated the importance of conveying in the Commission's COVID-19 letter being drafted to the Governor and the Legislature and in any other messaging that the issue of addressing mental health needs to be an incorporated part of how public health is communicated. Communication with the public has increased like never before about their health and individuals are receptive. The more mental health can be incorporated into that conversation, the more the stigma that is associated with it can be intrinsically reduced.

Commissioner Alvarez agreed with Commissioner Danovitch about the importance of telehealth and not only thinking about a short-term response to this crisis but thinking about a long-term commitment to building the infrastructure around telehealth and

ensuring there are opportunities to strengthen the infrastructure to adequately respond to the needs of Californians.

Commissioner Alvarez stated, related to that, thinking about a website that has resources that are better organized is important. She stated she agreed with Commissioner Tamplen about the disparities that exist with regard to the Internet; however, it is important to consider who the right messenger is for these tools and if there are opportunities to leverage relationships across state agencies that would allow the audience to be more receptive to these types of tools and that would communicate most effectively with individuals in need and with agencies and partners that connect with individuals in need.

Commissioner Alvarez asked if there are additional opportunities to continue these conversations outlined in the Commission's draft COVID-19 letter to the Governor and the Legislature regarding the Commission's role or if the scope of the commitment is limited to this website.

Executive Director Ewing stated staff has responded to the requests from the administration to help them think about how to quickly create services to respond to the COVID-19 crisis, such as considering the consequences of millions of individuals accessing the telephone at the same time. Creating a digital platform can help meet individuals' needs, which will take pressure off the telephone and emergency room systems. He stated there is currently a sprint to do that but understanding has increased that there is a disconnect between individuals' needs and the services that are available or how people are served versus how people should be served. He noted that the sprint strategy could be used longer term to help meet the behavioral health needs of health care workers and educators.

Executive Director Ewing stated the intent of the Commission's COVID-19 letter to the Governor and the Legislature is to recognize that, while much of the attention is on the COVID-19 crisis, impacts of the pandemic will also need to be considered. Research shows that there will be a tremendous escalation in behavioral health needs across all communities in California. There is concern that, as the economy begins to weaken and revenues start to decline, the easy answer is to cut funding to programs. The Commission has already laid out strategies to address those impacts in the Schools and Mental Health and Suicide Prevention Projects but those strategies need to be increased.

Executive Director Ewing agreed with Commissioner Danovitch that the Commission can help articulate a strategic vision for how remote technology and digital services enhance care for Californians and how those services can be used to recognize and overcome disparities across California, and that the current times provide a rare window of opportunity to do these things, given the focus and the transient reduction in bureaucracy around uptake and use of these technologies. It is important to consider how the best strategies learned during this crisis can be improved to become permanent strategies.

Vice Chair Madrigal-Weiss agreed with Commissioner Danovitch that now is the time to embed stigma reduction in the messaging. Californians are more alike now than ever

before in experiencing the same stressors, worries, and challenges during the COVID-19 crisis. The problems are expected to continue. The workforce that was released on March 16th is not the same workforce that will return. Burnout is defined as ongoing stress for prolonged periods of time. She stated the workforce will return already burned out. It is important to consider what it will look like when schools reopen and individuals return to work who have already been hurting and struggling. She stated now is the time to build something long-term. She stated there currently is time to prepare for that.

Vice Chair Madrigal-Weiss stated her appreciation that the Commission is taking leadership and making recommendations to the administration during this time when the Commission can make a difference and influence the system. She agreed with Commissioner Alvarez that other state agencies need to be brought on. This is the time when the message can be unified around mental health supports.

Commissioner Bunch emphasized the anxiety and stress that essential workers continue to experience on a daily basis. She stated the need to offer as much support as possible.

Commissioner Bunch also stated the need to support individuals who are being housed. Counties are doing a great job of helping to find services, programs, and housing for communities but she questioned what will happen next. Much of the housing is currently in temporary shelters. She asked where those individuals will go after the crisis is over. She noted that California already would be unable to house everyone who needed it during this crisis.

Commissioner Wooton agreed with Commissioners Tamplen and Danovitch around the diversity and stigma issues. She stated the need to focus on individuals who are in crisis who do not have access to telemedicine.

Chair Ashbeck asked Executive Director Ewing to summarize what staff needs from the Commission.

Executive Director Ewing stated there are two items on the agenda under this subject: the issues around proposals for flexibility and the emerging threats caused by COVID-19. He stated staff is looking for authorization to the chair to draft a letter to the administration that communicates the Commission's priorities. Staff drafted a letter that reflects the work the Commission has put into suicide prevention, schools and mental health, and full service partnerships and, because that was built upon so much of the engagement it has done over the last two years, this is not surprising, but it is drawing attention to these issues particularly as they are presented with the crisis at hand.

Executive Director Ewing stated letters received around the flexibility issue have been included in the meeting packet. He asked Commissioners to vote to authorize the chair to communicate priorities to the Legislature and use the remaining time today to articulate what those priorities are.

Executive Director Ewing asked Commissioners to approve the Commission's draft COVID-19 letter to the Governor and the Legislature and possibly include additional information around the flexibility issue.

Chair Ashbeck stated Commissioners cannot provide feedback on the draft letter and hear public comment in the time allotted.

Executive Director Ewing stated his hope that the letter is close enough and that Commissioners will authorize the chair to work through minor changes. This is about high-level guidance in terms of prioritizing mental health.

Chair Ashbeck asked Commissioners for feedback on the Commission's draft COVID-19 letter to the Governor and the Legislature and stated feedback can also be sent to staff offline.

Commissioner Brown suggested, rather than having a title for each section and a preemptory introduction to the recommendations, saying that four imperatives have been identified with four specific recommendations. He suggested labeling Imperative 1 Bolster Suicide Prevention and Response, etc., to help draw more attention to them.

Commissioner Wooton agreed with listing mandatory items. She asked Chair Ashbeck, as spokesperson for the Commission, to recognize that in the letter it talks about hospitalization for individuals with mental health issues. She stated the governor stated yesterday that there is enough room for COVID-19 clients. She stated, given this, she did not understand why the letter needs to push for hospitalization for mental health clients. She stated forced hospitalization was something that was not wanted from the beginning of the MHSA. That is the foundation of recovery principles.

Commissioner Wooton suggested communicating to the administration the importance of those four imperatives but also about including stakeholder input. That also was a foundation for the MHSA. She stated the need to communicate that this is still important. The draft letter talks about reducing administrative activities. Part of the administrative activities is the stakeholder comments.

Public Comment

Gigi Crowder, Founder, Black Minds Matter 2!, emphasized the disparities experienced by African Americans because of COVID-19. The speaker stated the hope that there would be a priority around funding to ensure that programs offered by African Americans for African Americans are lifted up throughout the planning.

Gigi Crowder stated it is appropriate to consider adding a Commission seat specific to addressing the needs of communities of color. COVID-19 has highlighted the need for more targeted services that are not one-size-fits-all but that are more appropriate for the ethnic and cultural communities as well as the LGBTQ community.

Sonya Young Aadam stated the impact of COVID-19 on African American Communities statewide is alarming. The speaker stated the fallout will be devastating, Black families will have to endure another round of structural racism, growth, health, and other disparities and the blatant institutional neglect of needs, and communities will struggle to recover.

Sonya Young Aadam requested that the Commission's draft COVID-19 letter to the Governor and the Legislature acknowledge the disproportionate impacts of COVID-19 on the African American population across the state, the resulting mental health impacts

on families, and the need for additional funding for African-American-centered prevention and early intervention care.

Hector Ramirez, consumer and advocate, stated individuals with disabilities are significantly disproportionately impacted by the effects of COVID-19 and the mental health conditions being faced. The speaker stated the lack of accessibility to public meetings makes it difficult for voices to be heard. Not having Americans with Disabilities Act (ADA) options to join and participate in meetings like this, even though it is mandated by state and federal laws, takes away from the urgent needs that have been echoed not only by the previous speakers but also by the Latino community in California, many of whom have experienced serious mental health conditions prior to COVID-19. The Latino community has been significantly disproportionately impacted by the effects of COVID-19.

Hector Ramirez urged the Commission to provide more ADA accessibility options for participation in public meetings and to revise policies to include the ethnic and cultural needs of Latino, Native American, Black and other ethnic communities that are being seriously impacted by COVID-19 and that had already been experiencing significant health disparities.

Hector Ramirez spoke in support of adding another seat to the Commission to more fully address the health disparities and intersectionality issues that affect the majority of Californians. The speaker suggested revisiting ongoing projects that have failed to meet their outcomes, such as the Technology Suite Collaborative Innovation Project (Tech Suites), which has wasted over \$10 million, and bringing that funding back to the Commission to enhance and provide new services.

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), stated REMHDCO appreciates that racial, ethnic, and LGBTQ communities' disparities are included on the first and last pages of the Commission's draft COVID-19 letter to the Governor and the Legislature, but suggests adding something more specific such as "be sure that nonprofit community-based organizations that specialize in serving communities of color, non-English-speaking communities, LGBT communities, and other underserved communities are included in any grants or awards associated with these initiatives."

Stacie Hiramoto stated these organizations are often the first places that individuals from underserved communities come to, especially in times of crisis. These organizations can also be employed to give technical assistance on how resources and assistance could be prioritized for underserved communities, families, and individuals, which are included in the draft letter.

Stacie Hiramoto suggested that the Commission consider including a point that prevention and early intervention (PEI) funds should not be reduced during this period as programs funded by PEI are often preferred and utilized by consumers and family members from racial, ethnic, and cultural communities.

Stacie Hiramoto referred to the letter from statewide and local groups, including REMHDCO, regarding COVID-19-related recommendations concerning the MHSA, which was included in the meeting packet. The speaker stated this letter was written in

opposition of the transfer of PEI funds to the community services and supports (CSS) component.

Stacie Hiramoto echoed the comments made by Gigi Crowder and Sonya Young Adam.

Karin Lettau, Director of Training and Employment, CAMHPRO, encouraged Commissioners to review the Coalition Guiding Principles that recently was sent out that strongly uphold the MHSA. The speaker applauded the exploration of strategies to mitigate the issues being faced but with the recognition of the reality of the disparities between communities. The speaker spoke in support of the Commission partnering with stakeholders to articulate a strategic vision that will include closing the digital divide by providing both training and equipment.

Janet King agreed with Stacie Hiramoto that the answer to the COVID-19 crisis is not to take funding from PEI and put it into CSS. The speaker stated the reason is that most vulnerable communities are served with PEI funds since PEI funds allow for the flexibility to have culturally responsive coaches to address the mental health of vulnerable communities. The speaker stated the COVID-19 crisis provides an opportunity to reduce disparities but moving funding away from PEI and putting it into CSS will only serve to increase disparities. The speaker stated the need for PEI funding to stay in the vulnerable communities that are being affected the most by COVID-19.

Linda Tenerowicz, Senior Policy Advocate, California Pan-Ethnic Health Network (CPEHN), echoed the comments of the previous speakers, especially as they relate to underserved communities and ensuring that programs are designed to meet those particular needs. The speaker stated the importance of maintaining PEI funds that help support many community-defined programs.

Jerry Hall, San Diego County Behavior Health Advisory Board and the Alcohol and Drug Advisory Board, provided public comment for themselves. The speaker agreed with better resources and directories. One of the technologies that could help that type of tool is artificial intelligence (AI) to help find the best solutions to issues. One of the challenges of that is that, if the AI technology is not done on an open source and open data basis, it allows for bias to be entered.

Jerry Hall encouraged that the new technological solutions that are developed be open source and on an open database to allow any organization, institution, or advocacy group to tailor the resources that are offered to their philosophical direction and to allow individuals to scrutinize how recommendations are being made so that top agencies do not receive all the referrals while other agencies that may be more effective are blocked out because of bias.

Kathleen Gallagher, Jesuit Volunteer, Law Foundation of Silicon Valley, stated Santa Clara County has already started to use the program flexibility debated today in a way that is contrary to the spirit of the MHSA. The speaker stated funding of the county's implementation of the Community Living Coalition was discontinued without explanation or input from the public. This happened despite the project being approved through the MHSA planning process.

Kathleen Gallagher stated this action is an extreme departure from the stakeholder approval process designed to maintain the integrity of the MHSA. The speaker stated, while some relaxing of timelines and requirements may be necessary to address the new needs caused by the COVID-19 pandemic, an outright suspension of all posting, reporting, and limitations on youth sets a dangerous precedent. The speaker urged the Commission not to forget that, prior to this crisis, some legislators were already making attempts to steer MHSA funds toward involuntary treatment and away from community integration. The speaker stated the belief that this Commission can suggest to the governor and counties a balanced approach that will preserve the spirit of the MHSA while allowing counties to adapt their plans and use funds to address current conditions.

Elia Gallardo, Director, Department of the Governmental Affairs, County Behavioral Health Directors Association (CBHDA), highlighted the letter in the meeting packet, which was sent to the Commission from the CBHDA requesting the Commission to support the \$100 million emergency relief funding for the public behavioral health system. The speaker stated the need for the funding is the result of the immediate impacts of COVID-19 on the ability of the public behavioral health system to bill for services and the need to build out additional capacity and new types of services to meet the behavioral health needs of Californians.

Brian Blanco, Senior Clinical Social Worker, UCSD Psychiatry, stated the Commission approved MHSA Innovations funding for the UCSD CREST Community program for older adults with hoarding disorder in San Diego County to provide services to isolated, low-income, older adults from all ethnic and cultural backgrounds to improve health and safety, prevent evictions and homelessness, connect to resources, and improve quality of life. The CREST program has delivered on that contract; however, the contract is ending in June and the UCSD recently learned there will be no Requests for Proposal or contract extensions due to COVID-19.

Brian Blanco stated the UCSD continues to provide services through telehealth to this vulnerable, older-adult population. The speaker stated the CREST program is aligned with Governor Newsom's recent initiative to provide health and wellbeing to the older adult population during the pandemic. The speaker asked for an extension to the contract for this model program to San Diego County or explore the possibility of using other unrestricted funds.

Liz Oseguera, Senior Policy Analyst, California Primary Care Association (CPCA), stated, in response to the COVID-19 pandemic, health centers have been transitioning to provide services via telehealth; however, patients have expressed difficulties in accessing the technology or understanding how to use it. In response, the CPCA put out a survey to community-based organizations working closely with community members to better understand the barriers and how to respond to the need. The speaker welcomed individuals to respond to the survey and work with the Commission to address the gaps identified.

Liz Oseguera stated, given the pandemic, the CPCA understands the need to create flexibility in how MHSA funds are used in the community; however, it is deeply concerned about the impact this will have to the mental health services currently funded

by the MHSA. The CPCA put out a survey to the health centers to better understand who is receiving MHSA funds, the services being offered, and the services that would be lost if MHSA components were defunded.

Liz Oseguera stated the CPCA requests that counties and the Commission first prioritize using unspent funds to meet the mental health needs created by COVID-19 before considering defunding any component of the MHSA. The speaker stated the CPCA also requests that counties work with organizations currently funded under the MHSA to see if work could be pivoted to meet the mental health needs within communities created by COVID-19.

Danny Offer, National Alliance on Mental Illness (NAMI) California, highlighted NAMI's letter to the Commission on page 86 of the meeting packet. The speaker stated NAMI understands that the information coming out around this crisis is changing at a breakneck speed and wants to be sensitive to the notion of the need to be nimble in the response to this crisis. That said, the speaker stated the need to ensure that the crisis does not deter from the core values of the MHSA for decisions being driven by those served, which includes families and consumers.

Danny Offer stated partnerships must include stakeholders who are most impacted by the decisions being made. NAMI is concerned that the Commission's draft COVID-19 letter to the Governor and the Legislature was posted on the website 90 minutes prior to today's meeting. This did not give the community much time to digest and engage. All efforts to provide transparency and trust need to be increased to truly meet the needs of all Californians.

Steve McNally, family member and Orange County Mental Health Board member, provided public comment for themselves. The speaker stated the Commission's draft COVID-19 letter to the Governor and the Legislature lacks specifics and will not stand up to some of the letters in the meeting packet such as the letter from the Steinberg Institute. The speaker referred to Item 4 on page 3, strengthen and coordinate analysis by state-level partners to provide counties the information they need to use all available funding to improve services and outcomes, and stated the need for the governor to intercede with the departments to encourage them to work together. Much of the Statewide Suicide Prevention Plan is already available but never implemented.

Steve McNally stated the State Audit reports that \$225 million of MHSA funds are unaccountable. The speaker referred to the page 66 of the State Audit and stated the Commission could determine the federal financial participation (FFP) rate by going through the Annual MHSA Revenue and Expenditure Reports. There is a big opportunity there.

Steve McNally stated the need to look at global issues such as to promote mental health parity, which affects two-thirds of the marketplace and private insurance. The speaker also stated concern that the CBHDA is in support of suspending Assembly Bill (AB) 1352, community mental health services: mental health boards, which finally gave mental health boards support and cover to go directly to the board of supervisors.

Steve McNally submitted an email to the Commission containing his full comment.

Andrea Crook, Director of Advocacy, ACCESS California, a program of Cal Voices, thanked Commissioners Tamplen and Danovitch for their comments. The speaker stated appreciation for Commissioner Wooton's emphasis on the stakeholder letters that came forward. The speaker stated there is one common thread throughout the letters that should be emphasized in the Commission's COVID-19 letter to the Governor and the Legislature – ensuring that diverse stakeholders continue to be meaningfully involved and that the local community planning process is the foundation of the MHSA and must remain a key foundation of service planning and delivery.

Andrea Ball, California Association of School Psychologists (CASP) and California Association of Suburban School Districts (CASSD), stated the CASP and the CASSD like the Commission's draft COVID-19 letter to the Governor and the Legislature and the recommendation to align with the Statewide System of Support that is working with schools. The speaker stated, even prior to COVID-19, need for school mental health services were increasingly being seen in schools across the state. The speaker advocated for increased funding for the MHSSA grants awarded earlier in today's meeting. The CASP and the CASSD are happy to see that in the draft letter.

Andrea Ball commented on telehealth and providing services during the COVID-19 crisis. School psychologists have shifted their work at schools as well as helped teachers who are also working remotely. Resources are available to the public on the CASP and CASSD websites.

Andrea Ball stated the CASP and CASSD are also working with DHCS, on telehealth services especially, to be able to provide more of those services and be able to bill for Medi-Cal and federal funds is important because of the increased need due to the COVID-19 crisis.

Sharon Ishikawa, MHSA Coordinator, Orange County Health Care Agency, stated appreciation for the responsiveness of the Commission in establishing the Rapid Response Network and today's discussion on digital navigation solutions. The speaker stated Orange County received approval from the Commission on the Behavioral Health System Transformation Innovation Project at the May 23, 2019, Commission meeting. A key element of this project is engaging the diverse community stakeholders, agencies, and organizations to build a digital resource navigation tool.

Sharon Ishikawa agreed with Executive Director Ewing that it is overwhelming to self-navigate traditional websites particularly during something like the COVID-19 crisis and it has become more complicated when individuals may not know the "right" terms to use in their computer search. Orange County's proposed digital resource navigation tool will contain computer-aided assistance based on user-identified social determinants of health that are impacting daily lives that will help automatically sort and prioritize resources according to the person's most pressing identified need.

Sharon Ishikawa stated Orange County would be happy to partner with the Commission on this effort to allow work to be leveraged not only in providing a rapid response to COVID-19, but also in creating a sustainable platform that will continue to be responsive as communities are supported through the lingering long-term impacts of COVID-19 and beyond.

Jessie Wright, Cal Voices, echoed the comments of Gigi Crowder, Sonya Young Aadam, Hector Ramirez, and Andrea Crook who spoke about the need for cultural diversity to be included in the Commission's COVID-19 letter to the Governor and the Legislature.

Mandy Taylor, Outreach and Advocacy Coordinator, California LGBTQ Health and Human Services Network, stated there are currently over 150 racial, ethnic, culturally-specific programs in California being funded through MHSA dollars. Most of these are funded through PEI and Innovation funds. The speaker stated this information can be found on the Commission's website on the Transparency Suite Dashboard.

Mandy Taylor stated culturally-specific programs are more effective in serving communities and are often not only preferred by members of the community but are often the only resources that community members feel emotionally or physical safe accessing. The speaker echoed what many of the previous speakers have requested – to ensure that the Commission's COVID-19 letter to the Governor and the Legislature specifically articulates recommendations to perfect and prioritize services in racial, ethnic, and cultural communities.

Mandy Taylor cautioned the Commission to ensure that a sunset date is included on any changes made to respond to the COVID-19 crisis to avoid long-term unintended consequences that will leave the most marginalized communities behind.

Anna Labaro, thanked Commissioner Wooton and Gigi Crowder for their comments. The speaker brought the limited utilization of peer providers to the Commission's attention. The governor has requested individuals in the mental health field to return to work but, to do this, these individuals must be licensed. Peer providers currently are not licensed. The speaker suggested including this issue in the Commission's COVID-19 letter.

Anna Labaro stated technical support in using online resources for consumers is a huge obstacle. Peer providers can be of help in that area without burdening existing staff.

Carol West, Peer Support Specialist, Sonoma County Peer Council, Cal Voices ACCESS Ambassador, District 2 Mental Health Board representative, and Sonoma County Steering Committee, stated the biggest concern is the request for suspension of public posting and consultation requirements. The speaker stated that will impact the community participatory process in a negative way. The speaker suggested that the Commission's COVID-19 letter to the Governor and the Legislature ensures that stakeholder input to decision making is protected. It is essential to include stakeholder and public comment.

Jevon Wilkes, Executive Director, California Coalition for Youth, highlighted what the California Coalition for Youth is doing during this crisis as it operates its 24/7 365-day call, text, and chat California Youth Crisis Line for youth and caregivers. The speaker stated there has been a 227 percent increase in call volume over last year and 71 percent of the calls are from individuals of color. The speaker noted that youth are more resilient when their needs are prioritized.

Lilyane Glamben, ONTRACK Program Resources, echoed the comments made by the previous speakers. The speaker stated the disproportionality of African Americans is breathtaking. When factoring in the economic tsunami that will hit communities as a result of the COVID-19 crisis in the weeks and months to come, the need cannot be emphasized enough for a Commissioner task force. This is a statewide issue, which requires a statewide coalition. The speaker suggested including a fifth key point in the Commission's COVID-19 letter – a specific actionable COVID-19 response that speaks to the needs around racial and economic disparities.

Chair Ashbeck stated the Commission will welcome written public comment before the close of business on Friday, April 24th via email for members of the public who were in the teleconference queue but were unable to get through. She requested that these comments be made part of the official record.

Additional Public Comment

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

Josefina Alvarado Mena, Chief Executive Officer, Safe Passages, wrote that the Commission's draft COVID-19 letter to the Governor and the Legislature references "emerging threats," however, one of California's most deadly COVID-19 emerging threats is barely mentioned – as the early data clearly illustrates, the threat to California's individuals of color and LGBTQ communities is urgent and deadly. To truly address the needs of all of California's most vulnerable populations, the Commission's COVID-19 letter must include a specific recommendation to prioritize addressing the mental health disparities in marginalized racial, ethnic, and LGBTQ communities.

Josefina Alvarado Mena strongly urged the MHSOAC to recommend that the Governor and the Legislature leverage the infrastructure of the California Reducing Disparities Project (CRDP) funded through the Office of Health Equity within the California Department of Public Health (CDPH). Resources that leverage this infrastructure would immediately result in increased capacity to address the COVID-19 crisis and mitigate the mental health disparities among families, consumers, and communities during this time of pandemic crisis.

Sally Zinman, Executive Director, California Association of Mental Health Peer-Run Organizations, wrote that racial and ethnic disparities that already exist in society have been magnified by the COVID-19 crisis. Diverting funds from PEI would reduce support from the very agencies and individuals whom they serve who are disproportionately affected by the coronavirus.

Sally Zinman wrote against undermining the MHSA's basic principles in the name of fighting the coronavirus, especially stakeholder involvement in decision making.

Sally Zinman wrote that the digital divide is magnified by the shelter-in-place orders. Individuals in the public mental health system disproportionately do not have virtual access – either they do not have computers or Internet service or their phones have restrictive service plans. The Commission's COVID-19 letter to the Governor and the

Legislature should express this concern and ask for remedies such as to provide computers, negotiate with service providers for free service, or ask counties to pay for the service. The writer noted that NAMI California has suggested technology prescriptions, similar to medical prescriptions.

Sally Zinman wrote that peer support services are especially relevant at this time and should be promoted. Social connectivity and peer support during this time of isolation is important. Peers can assist others with the process and direct individuals to recovery and resiliency tools.

Richard Gallo, State Ambassador/Bay Area Region Ambassador, ACCESS California, Cal Voices, wrote that they are concerned about giving counties leeway without stakeholder and community feedback and allowing to use MHSA funding without following the intent of the MHSA requirements during the COVID-19 crisis. Counties must use their reserve funds including earned interest related to COVID-19 with strict regulations or guidance from DHCS and the MHSOAC.

Commissioner Discussion

Chair Ashbeck asked Executive Director Ewing to state the motion to be voted on.

Executive Director Ewing stated the motion is to authorize the chair to communicate with the governor and the Legislature to prioritize mental health needs in response to the COVID-19 crisis consistent with the Commission's draft COVID-19 letter to the governor and the Legislature. He welcomed the opportunity for the chair to modify the letter consistent with comments from Commissioners and members of the public.

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

- *The Commission authorizes the Chair to communicate with the Governor and the Legislature on prioritized needs consistent with the draft letter and to modify the draft letter consistent with the Commissioners and public comment received at the April 23, 2020 Commission meeting.*

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

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

[Note: General Public Comment was added to the agenda after Agenda Item 3 per the chair's request.]

GENERAL PUBLIC COMMENT

Carletto stated peer support is more alive than ever. The speaker's group is doing surveys and through the end of March had 85 percent of 27 individuals who were providing support in peer-run organizations either virtually, by telephone, or by video. The speaker stated peer support is essential and cost-effective. The speaker stated the need for recommendations made in the Commission's COVID-19 letter to the Governor and the Legislature to include peer support services.

Lorraine Seller, MHSA Steering Committee, County of Santa Clara; Coordinator, Community Living Coalition; and ACCESS Ambassador, Cal Voices, spoke on behalf of recovery- and resiliency-focused MHSA programs driven by meaningful stakeholder participation. The speaker echoed Kathleen Gallagher's comments.

Lorraine Seller emailed the Commission last week with questions which challenge the decisions made in their county due to the COVID-19 crisis. Santa Clara County executives were allowed to make a decision without a community planning process to defund a program already approved for funding through the County Behavioral Health Board, the board of supervisors, and the state. The speaker stated, as Kathleen Gallagher pointed out, funding for this project was discontinued after it was approved last year, and the decision was made without knowledge or an opportunity for discussion with the Steering Committee and community.

Lorraine Seller stated this is a prime example of freedom already exercised by executive management of counties throughout the state to bypass the stakeholder participation process. The speaker stated the voices of clients and family members are silenced as county executives continue to make decisions behind closed doors, and now there are requests due to the COVID-19 crisis to bypass the stakeholder process. As the MHSA Coalition stated, the integrity of the MHSA, as driven by and for the voices of those it was designed to serve, must be preserved.

Additional General Public Comment

Per Chair Ashbeck's request, a summary of the written general public comment submitted by members of the public who were in the teleconference queue to provide their public comment but were unable to get through are as follows:

Amanda McAllister-Wallner, Director, California LGBTQ Health and Human Services Network, wrote that they were following up with the public comment on stakeholder advocacy contracts, given by Mandy Taylor, Outreach and Advocacy Coordinator, California LGBTQ Health and Human Services Network, at the February 27th Commission meeting. Amanda McAllister-Wallner requested that the Commission distribute Local-Level Entity funding in a more equitable way within each year, and that \$65,000 be moved from year three to year one in order to allow for equitable funding to all fifteen Local-Level Entities all three years for the Cycle 2 Stakeholder Advocacy awards.

ADJOURN

There being no further business, the teleconference meeting was adjourned at 11:36 a.m.



Motions Summary

**Commission Teleconference Meeting
April 23, 2020**

Motion #: 1

Date: April 23, 2020

Time: 9:15 AM

Motion:

The Commission approves the February 27, 2020 Meeting Minutes.

Commissioner making motion: Commissioner Mitchell

Commissioner seconding motion: Commissioner Danovitch

Motion carried 11 yes, 0 no, and 1 abstain, per roll call vote as follows:

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



Motions Summary

Commission Meeting April 23, 2020

Motion #: 2

Date: April 23, 2020

Time: 9:38 AM

Motion:

For each of the ten grants the Commission:

- Authorizes the Executive Director to issue a “Notice of Intent to Award MHSSA Category 1 Grants” to the following applicants receiving the highest overall scores in each population category:

Small County Population:

Humboldt County
Mendocino County

Medium County Population:

Placer County
San Luis Obispo County
Solano County
Tulare County

Large County Population

Fresno County
Kern County
Orange County
Ventura County

- Establishes April 30, 2020 as the deadline for unsuccessful bidders to file an “Intent to Appeal” letter consistent with the standard set forth in the Request for Applications.
- Establishes that within five working days from the date MHSOAC receives the Intent to Appeal letter, the protesting Applicant must file with the MHSOAC a Letter of Appeal detailing the grounds for the appeal, consistent with the standard set forth in the Request for Applications.
- Directs the Executive Director to notify the Commission Chair and Vice Chair of any protests within two working days of the filing and adjudicate



protests consistent with the procedure provided in the Request for Applications.

- Authorizes the Executive Director to execute the contract upon expiration of the protest period or consideration of protests, whichever comes first.

Commissioner making motion: Commissioner Brown

Commissioner seconding motion: Commissioner Alvarez

Commissioners Berrick, Gordon and Madrigal-Weiss recused themselves.

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

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



Motions Summary

**Commission Meeting
April 23, 2020**

Motion #: 3

Date: April 23, 2020

Time: 11:36 AM

Motion:

The Commission authorizes the Chair to communicate with the Governor and the Legislature on prioritized needs consistent with the draft letter and to modify the draft letter consistent with the Commissioners and public comment received at the April 23, 2020 Commission meeting.

Commissioner making motion: Vice Chair Madrigal-Weiss

Commissioner seconding motion: Commissioner Berrick

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

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

AGENDA ITEM 2

Action

May 28, 2020 Teleconference Commission Meeting

Award Youth Drop-In Center Grants

Summary: The Commission will consider awarding grants to the five highest scoring applications to support the implementation of five youth drop-in centers which will provide integrated health, behavioral health and mental health services to transition age youth and their families. The Budget Act of 2019 provided the Commission with \$14,589,000 to support the implementation of youth drop-in center programs through a competitive process.

At its January 23, 2020 meeting, the Commission allocated \$10,000,000 to directly fund grants to expand youth drop-in centers and \$4,589,000 to provide a Technical Assistance contractor who will support the grantees, ensure program quality, and assist the expansion of youth drop-in centers across the state by:

- Assisting the program grant recipients with implementation, training, data collection coordination, and youth-driven design strategies.
- Assisting all interested counties or program providers, including those who applied but were not awarded through this grant, to explore opportunities for the implementation of youth drop-in centers in their communities.

On February 12, 2020, the Commission released a Request for Applications (RFA) for the Youth Drop-In Center grants.

In response to feedback received on the effects of the COVID-19 crisis on county operations, the due date for applications was extended to April 24, 2020.

Background: Nearly 50% of all mental health conditions begin by the age of 14 and 75% by the age of 24. To create a comprehensive and reliable system for early mental health support for adolescents, a youth drop-in center provides easier access to relevant physical health care, mental health care, and social supports in one location. These programs will serve young people with emerging mental health issues who have difficulty finding timely treatment and a service system that can respond quickly and confidentially to their needs.

This funding opportunity will allow counties and their partners to build upon the internationally recognized headspace model of Australia and the work of Santa Clara County to adapt that model through the development of the allcove program. Santa Clara has developed the allcove program with input and leadership of youth using Mental Health Services Act Innovation funds.

The purpose of these grants is to support the implementation of allcove model youth drop-in centers that provide integrated mental and behavioral health services for individuals between 12 and 25 years of age and their families, with a focus on vulnerable

and marginalized youth including, but not limited to, LGBTQ, homeless, and indigenous youth.

Funding: The total funding for this Request for Application is \$10 million and will be recommended for allocation to the five highest scoring applications. Each program will receive \$2 million for a four-year grant term and will be included in the learning collaborative of other grantees which are operating similar models.

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

- Personnel and/or peer support.
- Program costs, which include, but are not limited to services, training, technology, facilities, and facilities improvements.
- Administration.
- All costs must be directly related to supporting the Youth Drop-in Center.
 - 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 the 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 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.
- 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

Enclosure: PowerPoint presentation

Handout: Summaries of the recommended awardees.

AGENDA ITEM 3

Action

May 28, 2020 Commission Meeting

San Bernardino County Innovation Plans

Summary: The Mental Health Services Oversight and Accountability Commission (MHSOAC) will consider approval of San Bernardino County's request to fund two new innovative projects:

1. Eating Disorder Collaborative:

San Bernardino County is requesting \$12,113,426 in innovation spending authority to increase the awareness of eating disorders by providing training, creating a comprehensive assessment tool and multidisciplinary teams that would ultimately establish a best practice of treatment.

The County will focus their efforts to address the needs of those with eating disorders by:

- Creating and disseminating informational pamphlets and materials to locations within the County (i.e. schools and colleges) where individuals may present first signs and symptoms of an eating disorder.
- Two multidisciplinary teams will be created and tasked with creating a comprehensive screening and needs assessment to help determine the appropriate level of treatment for individuals with eating disorders.
- The multidisciplinary teams will coordinate and develop training on best practices in the treatment of these individuals. These trainings will be provided to primary care physicians, nurse practitioners, physician assistants, mental health, and substance use disorder staff as well as local colleges and universities.

Back in 2016, San Bernardino County's community began to show concerns in the treatment and diagnosis of these individuals and as a result San Bernardino County organized focus groups consisting of 43 clinicians and contracted providers to discuss the treatment and care coordination of individuals with eating disorders seeking treatment within the County Behavioral Health System.

There were two major themes that emerged from these focus groups:

- 1) The barriers that individuals encountered by not having adequate insurance coverage which ultimately equated to individuals not being able to access the level of care that was needed in comparison with individuals who may have private health care plans; and
- 2) Inconsistencies found relative to provision of treatment, likely due to lack of education that would best inform best practices for the treatment of eating disorders.

The County hopes the development of a best practice for the treatment of eating disorders, the modification of the assessment tool and the creation of a toolkit can be replicated in other counties statewide.

The proposed Innovation plan was posted for public comment November 27, 2019 through December 27, 2019, a public hearing was conducted January 2, 2020, and will be approved by their Board of Supervisors after Commission approval. The County summarized the comments and the responses in their final plan and the feedback was supportive of the project.

“Thank you for putting together such a thoughtful plan and addressing the needs of underserved. Eating disorders have not been systematically addressed, especially for people enrolled in public insurance plans”.

“I believe the eating disorder collaborative is a very important addition to the behavioral health services offered. Increasing the understanding of eating disorders along with early identification and better access to treatment will help individuals and families who are struggling with this vital health concern”.

2. Cracked Eggs: \$1,568,143

San Bernardino County is requesting \$1,568,143 of Innovation spending authority to integrate a peer-developed and community-driven art workshop, called Cracked Eggs, into their behavioral health system of care. The proposed project attempts to use peers to teach and empower participants to look past the negative aspects of their mental illness and to utilize their symptoms to create art. Additionally, the County will evaluate the success of using two alternative funding structures:

1. Advance payment, which provides community-based organizations the funds up front to be able to purchase supplies, hire staff, etc., and
2. Milestone deliverables, which would allow the county to make payments after a mutually agreed upon deliverable is completed.

These alternatives would allow for the flexibility in billing that is needed for counties to collaborate with small non-profits and community groups.

Through stakeholder engagement and community feedback, the County identified peer-developed programming as a necessary component to improving their behavioral health system. In response to these initial conversations, the clubhouse program was developed. These clubhouses are recovery-oriented centers that aim to equip participants with the necessary life skills to integrate and thrive within their community, such as job skills, volunteerism, physical health, and nutrition.

The County has identified a lack of engagement in clinical services in individuals who attend clubhouse events and activities. The County acknowledges the success of the peer-led clubhouse model and recognizes that their larger system of care continues to lack robust behavioral health programming designed by clients or with client input.

The Cracked Eggs proposal seeks to build upon the successes of the clubhouse program by testing a peer-developed workshop that, if successful, has the potential to be scaled up and integrated into the larger system of care.

The proposed Innovation plan was posted for public comment November 27, 2019 through December 26, 2019, a public hearing was conducted January 2, 2020, and will be approved by their Board of Supervisors after Commission approval. The County summarized the comments and the responses in their final plan and the feedback was supportive of the project.

“I am writing in strong support of the Cracked Eggs project led by Linda Carmella Sibio. I have participated in Linda's workshops in both one-on-one and group settings, and my work with her has influenced my mental health in a positive way. Her ability to conjure and facilitate expression of pure emotions is a unique talent. I am confident that the Cracked Eggs program will have a positive effect on our community. Arts-based treatments are very necessary and can help people access experiences, memories, and emotions that are difficult to achieve in other types of treatments”.

Commission staff originally shared these projects with the Commission’s six stakeholder contractors and the Commission’s listserv on December 2, 2019 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 and the Commission’s listserv on February 14, 2020 for an additional two weeks. No letters of support or opposition were received by Commission staff as a direct result of the sharing of this project with stakeholders on the two dates referenced above

Enclosures (4): (1) Biography for San Bernardino County’s Innovation Presenter; (2) Staff Analysis: Eating Disorder Collaborative; (3) Staff Analysis: Cracked Eggs; (4) PowerPoint Presentation

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

<https://mhsoac.ca.gov/document/2020-04/san-bernardino-county-innovation-plan-eating-disorder-collaborative-and-cracked>

Proposed Motions: The Commission approves San Bernardino County’s Innovation plans, as follows:

Name: Eating Disorder Collaborative
Amount: \$12,113,426
Project Length: Five (5) Years

Name: Cracked Eggs
Amount: \$1,568,143
Project Length: Five (5) Years



Behavioral Health

Presenter Biographies

Veronica Kelley, DSW, LCSW, Director

San Bernardino County Department of Behavioral Health

Dr. Veronica A. Kelley, DSW, LCSW is the Director for the San Bernardino County Department of Behavioral Health and oversees the daily operations for both Mental Health and Substance Use Disorder Services. Veronica is a member of the Governing Board for the County Behavioral Health Directors Association of California (CBHDA), serving as the President Elect, she sits on the Executive Committee and serves as the Co-Chair for the Substance Abuse Prevention & Treatment (SAPT) Committee. She is also a Council Member to the California Behavioral Health Planning Council, Board Member to the California Mental Health Services Authority and Associate Member to the American Society of Addiction Medicine. In August of 2019 she was appointed by governor as a member of the No Place Like Home Program Advisory Committee.

Dr. Kelley is a Professor at Mount St. Marys' University teaching in the undergraduate Social Work/Sociology/Gerontology and Film Department, an Adjunct Faculty in the Masters of Social Work Program at Loma Linda University Department of Social Work and Social Ecology, and a Contract Instructor at Cal State University, San Bernardino, teaching Social Work with Alcohol and Drug Abuse. She earned her doctorate of Social Work (DSW) from Capella University, earned her MSW from the University of Southern California and her BS in Psychology and Child Development from Mount Saint Mary's College in Los Angeles.



STAFF ANALYSIS – SAN BERNARDINO COUNTY

Innovation (INN) Project Name:	Eating Disorder Collaborative
Total INN Funding Requested:	\$12,113,426
Duration of INN Project:	Five Years
MHSOAC consideration of INN Project:	May 28, 2020

Review History:

Approved by the County Board of Supervisors:	Pending MHSOAC Approval
Mental Health Board Hearing:	Jan. 2, 2020
Public Comment Period:	Nov. 27-Dec. 26, 2019
County submitted INN Project:	Jan. 13, 2020
Date Project Shared with Stakeholders:	Dec. 2, 2019 and Feb. 14, 2020

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

The primary purpose of this project is to *increase access to MH services to underserved groups* by:

- Creating trainings and informational materials to reach out to primary care physicians, allied health professionals, mental health and substance use professionals and local colleges and universities
- Creating a more comprehensive and validated initial needs assessment to assist in level of care determination
- Creating multidisciplinary teams to provide more comprehensive treatment services and ensure policies and practices of mental health and physical health are consistent across agencies

This proposed project meets INN criteria by *making a change to an existing practice in the field of mental health, including but not limited to, the application to a different population* by specifically targeting Medi-Cal beneficiaries with eating disorders. Eating disorders services such as residential treatment, partial hospitalizations, or intensive out-patient programs are not a covered benefit under Medi-Cal.

Project Introduction:

San Bernardino County is requesting \$12,113,426 in innovation spending authority to increase the awareness of eating disorders by providing training, creating a

comprehensive assessment tool and multidisciplinary teams that would ultimately establish a best practice of treatment.

What is the Problem:

Back in 2016, San Bernardino County’s community began to show concerns in the treatment and diagnosis of individuals with Eating Disorders and as a result, San Bernardino County organized focus groups consisting of 43 clinicians and contracted providers to discuss the treatment and care coordination of these individuals seeking treatment within the County Behavioral Health System. These focus groups turned into meetings known as the **Eating Disorder Collaborative** and included managed care partners who would discuss treatment options for individuals who would greatly benefit from a high level of coordination among various agencies due to the severity or complexity of their treatment plan.

- Two major themes emerged from the Eating Disorder Collaborative focus groups:
 - 1) The barriers that individuals encountered by not having adequate insurance coverage which ultimately equated to individuals not being able to access the level of care that was needed in comparison with individuals who may have private health care plans; and
 - 2) Inconsistencies found relative to provision of treatment, likely due to lack of education that would best inform best practices for the treatment of eating disorders.
- Statistically, the County indicates the number of individuals with eating disorders have increased over the past three years.
 - Between 2015 and 2017, a total of 166 unique clients began treatment for an eating disorder in San Bernardino County.
 - In 2015, 24 clients were diagnosed with an eating disorder; in 2016, the number increased to 53, and in 2017, the number reached 89.
- In San Bernardino County, there are 22 college and university campuses and of those, only six have a campus health center.
 - Of those six, only two provide information on screenings and treatment of eating disorders on the campus health center website, but do not provide access and linkages to the County Behavioral Health Office.
 - Additionally, none of the County campuses offer self-report surveys to help identify an individual’s risk behavior which may help guide an individual to seek help if enough risk factors are identified through the survey.

How this Innovation project addresses this problem:

The County will focus their efforts to address the needs of those with eating disorders by:

- Creating two multidisciplinary teams that will be tasked with creating a comprehensive screening and needs assessment to help determine the appropriate level of treatment for individuals with eating disorders.
 - The multidisciplinary teams will coordinate and develop training on best practices in the treatment of these individuals. These trainings will be provided to primary care physicians, nurse practitioners, physician

assistants, mental health, and substance use disorder staff as well as local colleges and universities.

- Creating and disseminating informational pamphlets and materials to locations within the County (i.e. schools and colleges) where individuals may present first signs and symptoms of an eating disorder.

The County hopes the development of a best practice for the treatment of eating disorders, the modification of the assessment tool and the creation of a toolkit can be replicated in other counties statewide.

Community Planning Process (see pgs 5-13 and 34-43 of project plan for detailed CPP)

Local Level

The proposed Innovation plan was posted for public comment November 27, 2019 through December 27, 2019, a public hearing was conducted January 2, 2020, and will be approved by their Board of Supervisors after Commission approval. The County summarized the comments and the responses in their final plan and the feedback was supportive of the project.

“Thank you for putting together such a thoughtful plan and addressing the needs of underserved. Eating disorders have not been systematically addressed, especially for people enrolled in public insurance plans”.

“I believe the eating disorder collaborative is a very important addition to the behavioral health services offered. Increasing the understanding of eating disorders along with early identification and better access to treatment will help individuals and families who are struggling with this vital health concern”.

Commission Level

Commission staff originally shared this project with its six stakeholder contractors and the listserv on December 2, 2019 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 February 14, 2020. ***No letters of support or opposition were received by Commission staff.***

Additional Comments

To further understand the complexity and need for this innovation project, Commission staff also reached out to Kristina Saffran, former CEO of Project Heal, co-founder of the largest peer support program for those living with eating disorders, who presented to the Commission on January 24, 2019. Ms. Saffran was in support of this project and stated that her new organization, Equip Health, would be willing to discuss collaboration opportunities, if the County desires. Permission from Ms. Saffran was granted so that her support for this project and contact information can be shared with the County. The County agreed to collaborate with Ms. Saffran during the implementation of this project.

Learning Objectives and Evaluation: (see pgs 29-33 of project plan for details)

San Bernardino County is proposing to increase access to mental health services to underserved groups by addressing the challenges of individuals living with eating disorders by creating multi-disciplinary teams who will provide training, create a standardized best practice for treatment, and provide educational awareness in the community where individuals may first exhibit signs and symptoms of an eating disorder.

The target population for this project is for individuals aged 16 and over who are most at risk for being diagnosed with an eating disorder. Based on the population in the County and the increase in individuals diagnosed with an eating disorder, the County estimates this project will serve 4,175 clients over the five-year duration of this project.

The County has identified four learning goals for this project:

1. Examine factors that may lead to successful collaboration and partnership with local colleges in order to provide prevention efforts and bring education awareness to individuals who are most at risk of developing an eating disorder.
2. Will the development, dissemination and utilization of the modified screening tool made available in various health settings within the County result in an increase of individuals who are assessed for eating disorders?
3. Will the development and usage of the modified assessment tool provide better linkages to services and resources for treatment?
4. Can the multidisciplinary teams effectively work in collaboration with a variety of partners (colleges and college health centers, physicians and/or physician associations, managed health care plans, substance use providers, and behavioral health providers) to provide additional assessment services, facilitate streamlined referrals, and provide continuing care for individuals with diagnosed eating disorders?

The County will evaluate data by analyzing the submission of the updated Eating Disorder Examination-Questionnaire (EDE-Q) assessment tool, noting any increases in referrals of individuals seeking care or information related to eating disorders, and recording increases in the number of assessments provided with all appropriate baselines in place in order to track project success.

Measures for each learning objective have been identified and will appropriately meet the needs of the evaluation, including measuring the number of organizations and participants actively contributing to project meetings, satisfaction surveys and interviews conducted with collaboration partners, extent to which the project leads to an increase in access to services, an increase in the number of assessments, screenings, and referrals, the number of community partners utilizing the assessment tool, and the analysis of information collecting during EDO Team meeting notes and minutes.

The County has identified the following intended outcomes:

- Development of a screening and referral tool and toolkit
- Increased collaboration with various community public and private partners
Creation and dissemination of informational materials
- Increase in number of assessments and referrals

- Reduced psychiatric hospitalizations
- Provider use of engagement assessment tool
- Referrals by EDO Team leading to engaging client in treatment both inside and outside County system of care

The evaluation will be completed internally by staffing in this project to include a Staff Analyst II, a Program Manager, and Program Specialist I and II positions who will meet regularly to discuss all parts of the evaluation component.

The Budget (see pgs 48-49 for detailed project budget)

The County is seeking authorization to use up to \$12,113,426 in innovation funding over a five-year period.

- The County will be utilizing approximately \$850,000 in funds subject to reversion.
- Personnel costs total \$6,256,945 (52% of the total project) and will staff the two multidisciplinary teams.
- The evaluation component, totaling \$539,861 or 4.5% of the total budget, will come out of the total personnel costs listed above
- Direct costs total \$1,000,599 (8.3% of total budget) and will cover the costs to purchase four vehicles to allow the multidisciplinary teams to travel to meet with clients in the field
- One-time costs in the amount of \$242,340 (2% of the total budget) will cover expenses to furnish a working location with computers, phones, and office furniture.
- The amount of \$938,542 (15% of the total direct costs) covers any administrative costs at the County department level.
- Consultant costs total \$3,675,000 (30% of total budget) and will cover items associated with the training that will be developed and provided to the local colleges, primary care providers and various allied health professionals (i.e. nurse practitioners) and substance use providers.

In order to build up skills and confidence, the training will also be provided to peers and behavioral health clinicians who provide services for those individuals with an eating disorder.

The proposed project appears to meet the minimum requirements listed under MHSA Innovation regulations; and once the Innovation Project is approved, the County must receive and inform the MHSOAC of their certification of approval from the San Bernardino County Board of Supervisors before any Innovation Funds can be spent.



STAFF ANALYSIS— San Bernardino County

Innovation (INN) Project Name:	Cracked Eggs
Total INN Funding Requested:	\$1,568,143
Duration of INN Project:	Five years
MHSOAC consideration of INN Project:	May 28, 2020

Review History:

Approved by the County Board of Supervisors:	Pending MHSOAC Approval
Mental Health Board Hearing:	Jan. 2, 2020
Public Comment Period:	Nov. 27-Dec. 26, 2019
County submitted INN Project:	Jan. 13, 2020
Date Project Shared with Stakeholders:	Dec. 2, 2019 and Feb. 14, 2020

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

The purpose of this project is to *increase access to MH services to underserved groups* by:

- Incorporating a peer-designed art workshop into San Bernardino County Department of Behavioral Health's (SBC-DBH) larger system of care
- Determining if SBC-DBH can use alternate funding structures to provide flexibility in billing that is needed to support smaller non-profits and community groups which may be peer-owned and operated.

This proposed project meets INN criteria of *applying a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system* by collaborating with BEZERK Productions to incorporate Cracked Eggs into an accessible community setting as well as exploring flexible financial models to promote good working relationships with consumer owned non-profits and community partners.

Project Introduction:

San Bernardino County is requesting \$1,568,143 of Innovation spending authority to integrate a peer-developed and community-driven art workshop, called Cracked Eggs, into their behavioral health system of care. The proposed project engages peers to teach

and empower participants to look past the negative aspects of their mental illness and to utilize their symptoms to create art.

Additionally, the County will evaluate the success of using two alternative funding structures; (1) advance payment, which provides community based organizations the funds up front to be able to purchase supplies, hire staff, etc., and (2) milestone deliverables, which would allow the county to make payments after a mutually agreed upon deliverable is completed. These alternatives would allow for the flexibility in billing that is needed for counties to collaborate with small non-profits and community groups.

What is the Problem:

Through stakeholder engagement and community feedback, the County identified peer-developed programming as a necessary component to improving their behavioral health system. In response to their community request, nine recovery-oriented clubhouses were opened with the aim to equip participants with the necessary life skills to integrate and thrive within their community, such as job skills, volunteerism, physical health, and nutrition through a peer-led model.

Despite a high level of attendance (FY 2017-18, the clubhouses had an estimated monthly attendance of 14,100 individuals), the County reports a lack of peer-driven programming within the clubhouses in addition to the following ongoing challenges:

- Lack of engagement in clinical services in individuals who attend clubhouse events and activities.
- Lack of robust peer-driven behavioral health programming in the larger system of care.
- Funding structures that prevent the County from contracting with smaller, peer-led non-profits who may be able to support the County to integrate peer-developed behavioral health programming into the larger system of care.

How this Innovation project addresses this problem:

The Cracked Eggs proposal seeks to build upon the successes of the clubhouse program by testing a peer-developed workshop that, if successful, has the potential to be scaled up and integrated into the larger system of care.

San Bernardino County would like to integrate a peer-developed art workshop series into their clubhouse program by:

- Collaborating with a contracted community non-profit, Bezerk Productions to introduce peer-facilitated art workshops that guide participants to use their mental illness symptoms as techniques to create art by shifting the emphasis from the negative aspects of their mental illnesses to a more holistic perspective of themselves.
- Utilizing a train-the-trainer model, peers will become paid facilitators who guide participants through different group exercises that equip participants with new techniques to understand, identify, and cope with the difficulties and stresses that

come from living with a mental illness. In such an environment, participants will be empowered to give voice to experiences and feelings not easily expressed in words; work on developing social skills, self-awareness and self-esteem; and explore alternative means to managing/stabilizing symptoms of a given mental illness.

- The County will also test the success of using two alternative funding structures that would allow for the flexibility in billing that is needed for counties to collaborate with small non-profits and community groups without working capital.

Community Planning Process (see pgs 5-13 and 61-69 of project plan for detailed CPP)

Local Level

San Bernardino County held their 30-day public comment period beginning November 27, 2019 followed by their Mental Health Board public hearing January 2, 2020. Board of Supervisor approval is pending Commission approval.

Following the County's implementation of the Clubhouse Program, community feedback indicated a desire for more peer-led/peer-developed programming. In response, the County began the process of developing a project outline for a client-based Innovation project in March 2019. By October 2019, twenty-eight meetings had been held at various times and locations in the community to ensure robust and inclusive feedback from the community. It was during this time that the County was introduced to Ms. Sibio who had presented her Cracked Eggs program. Moving forward, the County presented her outline for a peer-developed art workshop to stakeholders and received support to use MHSA funds to implement the project into the SBC-DBH greater system of care.

As part of MHSA General Standards, San Bernardino County will depend upon community collaboration and stakeholder feedback during all phases of the project.

Commission Level

Commission staff originally shared this project with its six stakeholder contractors and the listserv on December 2, 2019 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 February 14, 2020. ***No letters of support or opposition were received by Commission staff.***

Additional Comments

In 2011, Stanislaus County received innovation spending authority to operate *Arts for Freedom*, a peer recovery arts project that provided a creative space for members of the community. Much like Cracked Eggs, this project aimed to guide participants to focus on positive aspects of themselves and was similarly operated by a local non-profit. The results from this program were rather successful with over 5,000 individuals participating. *Arts for Freedom* focused on building a welcoming and inclusive community while Cracked Eggs seeks to build upon the welcoming community already established in the

clubhouse programs and provide further access to behavioral health services via peer-developed programming.

Learning Objectives and Evaluation: (see pgs 57-60 of project plan for details)

San Bernardino County seeks to determine if they can increase access to mental health services by:

1. Implementing a peer-developed art workshop into their greater behavioral health system of care
2. Attempting to better understand how different funding structures can be used to provide the flexibility in billing that is needed for counties to collaborate with small non-profits and community groups without working capital.

Through the art workshop component of the project, the County is targeting transitional-aged youth (16-25 years-old) and adults over 26 years-old who have been diagnosed or identify as having a mental illness and are less/not engaged in clinical services, but still attend the Clubhouses or receive other County services. The County hopes to serve 30 clients per year, or 120 clients over the course of the entire project.

To guide their evaluation, San Bernardino has posed several learning questions that seek to examine if participation in Cracked Eggs leads to improved client engagement and better outcomes:

- More clients reaching treatment and support to meet social, educational/vocational, and other goals
- Improved client outcomes
- Opportunities to scale-up Cracked Eggs, including developing a train-the-trainer model/curriculum/toolkit
- Stigma reduction and increased understanding about mental health issues for both clients and community participants
- A better understanding of how program evaluation can adapt to best capture emerging themes that clients find important from their Cracked Eggs experience. Is there a way to include and centralize art as a leading indicator in an evaluation?

Both qualitative and quantitative data will be collected to gather the information necessary for evaluation of the learning goals. The County will conduct surveys and interviews before, during, and after the project to monitor clients' levels of engagement. To examine improvements in clients' outcomes, psychiatric hospitalizations and participation in routine outpatient services will be monitored at 90/180/360 days after participation in Cracked Eggs using baseline data from Treatment Authorization Request Logs and the SIMON/Electronic Health Record (EHR). In addition, Adults Needs and Strengths Assessments (ANSA) will be administered to participants before and after participation in the program and will measure the improvements in clients' responses.

Further evaluation will examine stigma-reduction within the client and the community using an analysis of the art pieces produced through the workshops. Reoccurring themes in clients' artistic creations/experiences will be identified and tracked as well. After each

12-week cohort, the County will collect and analyze data, which will ultimately lead to adjustments to future cohorts based on lessons learned from the previous cohorts.

In response to questions/concerns that emerged from the technical assistance process of the Commission staff, the County has added three components to their evaluation process including:

1. Adding a learning goal connected to exploring the success of using alternative funding structures with local non-profit agencies
2. Adding a learning goal documenting and tracking attendance, given the demanding length of the workshop sessions and cohorts
3. Incorporating a client satisfaction and workshop facilitator evaluation component to Learning Goal # 1

The Budget (see pgs 71-72 for detailed project budget)

The County is requesting authorization to spend \$1,568,143 in MHSA Innovation funding for this project over a five-year period.

- Personnel costs total \$539,861 (34% of the entire budget). These funds are designated for San Bernardino County Department of Behavioral Health staff **evaluation activities** and will be completed by the Program Manager, Program Specialist II and I, and Staff Analyst II positions.
- Direct costs total \$947,303 (60% of entire budget) and include one-time costs, operating costs, and consultant costs.
- Indirect costs total \$80,979 and account for the County's administrative fee.
- One-time costs total \$40,650 and will be used to establish the consultant's presence in the community and cover all the supplies required to conduct business (space, furniture, vehicle to travel to and from different workshops throughout the County).
- Operating costs total \$232,945 and will be used to purchase supplies necessary for clients to participate in the art workshop series.
- Consultant costs allocated to Bezerk Productions total \$673,708 and make up the largest component of the funding associated with direct costs. These expenditures include the cost of the consultant doing business with the County and the cost of in-house support staff for Bezerk Productions such as Finance Manager, Workshop Assistant, and Videographer.

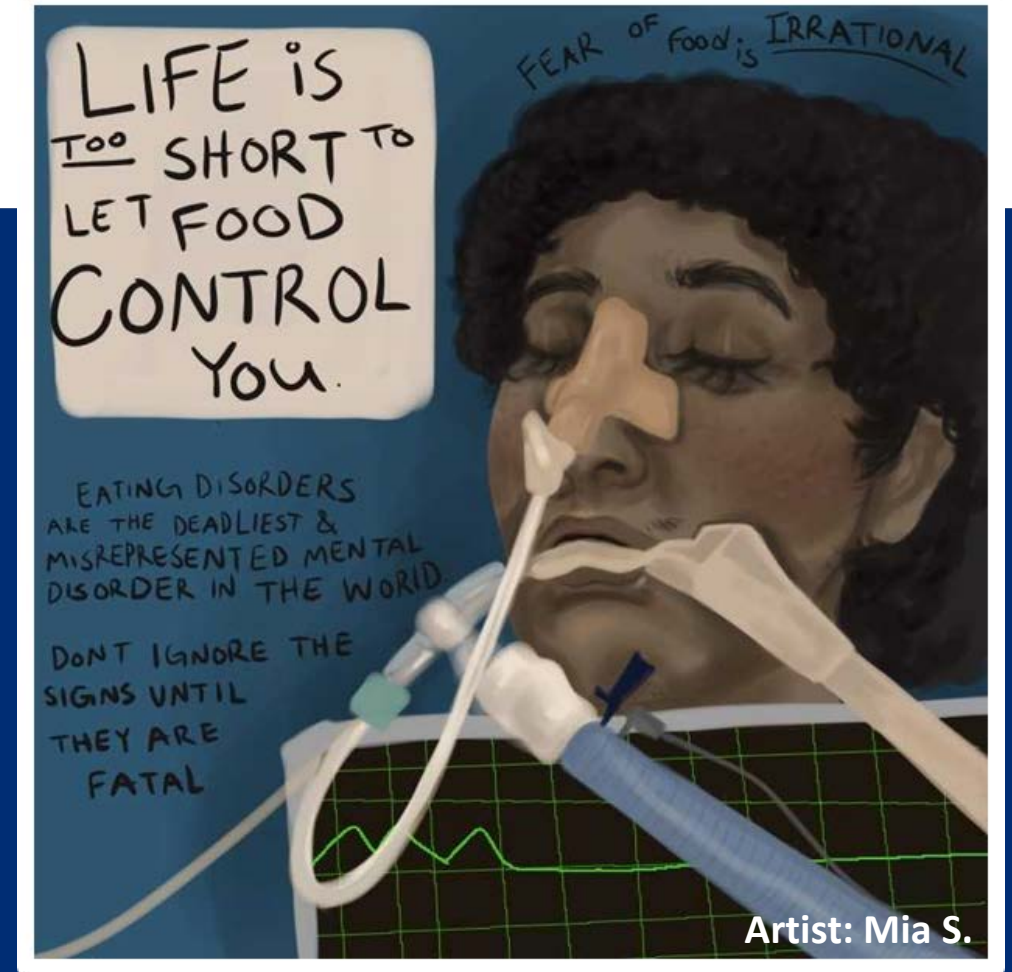
The proposed project appears to meet the minimum requirements listed under MHSA Innovation regulations; and once the Innovation Project is approved, the County must receive and inform the MHSOAC of their certification of approval from the San Bernardino County Board of Supervisors before any Innovation Funds can be spent.



Behavioral Health

Eating Disorder Collaborative

San Bernardino County

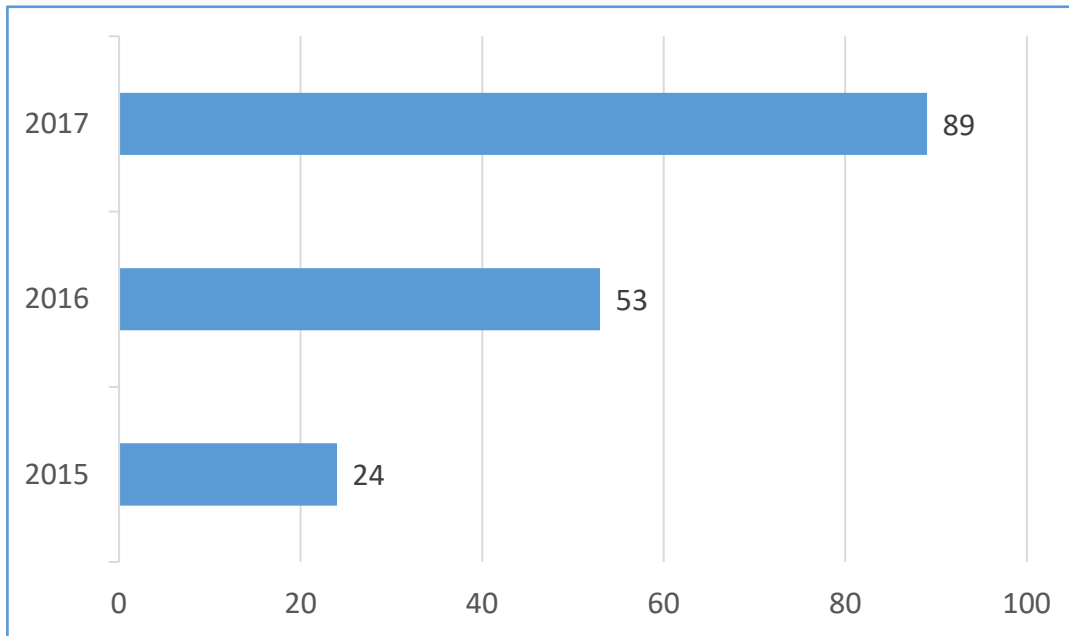


Eating Disorder Collaborative (EDC) meets the primary purpose of increasing access to Mental Health services to underserved groups by making eating disorder (EDO) services available to Medi-Cal beneficiaries with eating disorders. Eating disorder services such as residential treatment, partial hospitalizations, or intensive out-patient programs are a not covered benefit under Medi-Cal.

EDC meets INN criteria of making a change to an existing practice in the field of mental health, including but not limited to, the application to a different population by:

- Creating trainings and informational materials to reach out, inform, and educate primary care physicians, allied health professionals, mental health and substance use professionals and local colleges and universities.
- Creating a more comprehensive and validated initial needs assessment to assist in level of care determination for better health outcomes.
- Creating multidisciplinary teams to provide more comprehensive treatment services and ensure policies and practices of mental health and physical health are consistent across agencies.

PROBLEM #1: INCREASING NUMBER OF UNIQUE CONSUMERS DIAGNOSED WITH AN EATING DISORDER



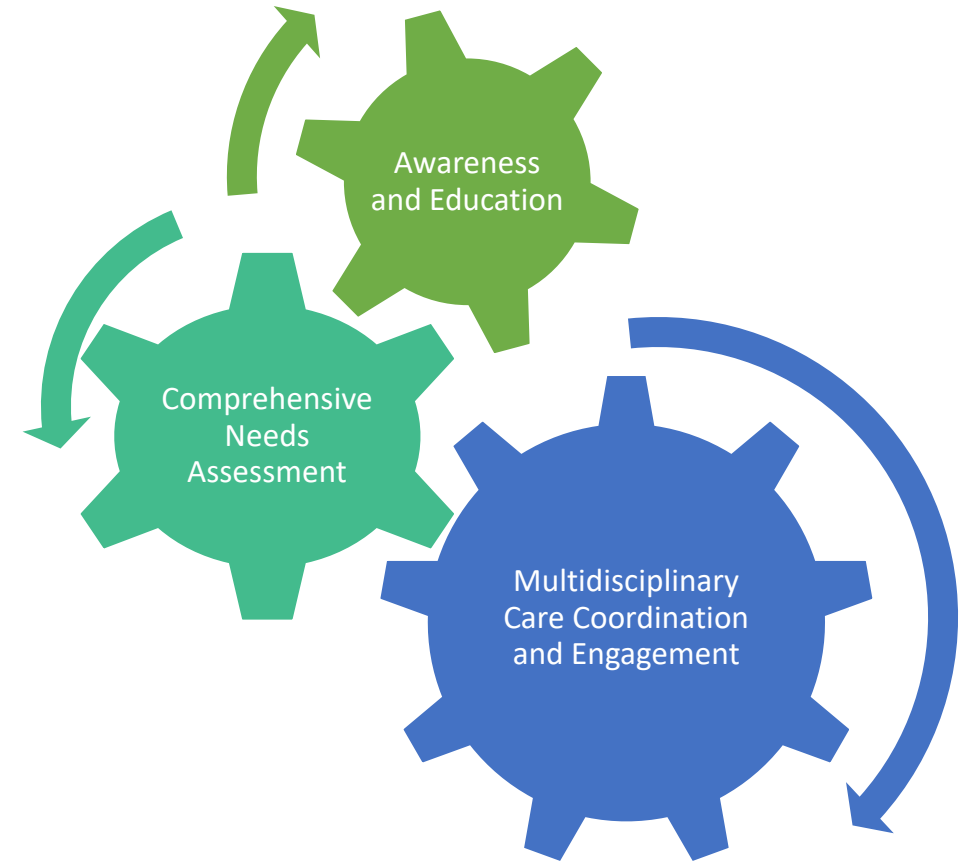
PROBLEM #2: MEDI-CAL/MEDICAID COVERAGE FOR EATING DISORDERS

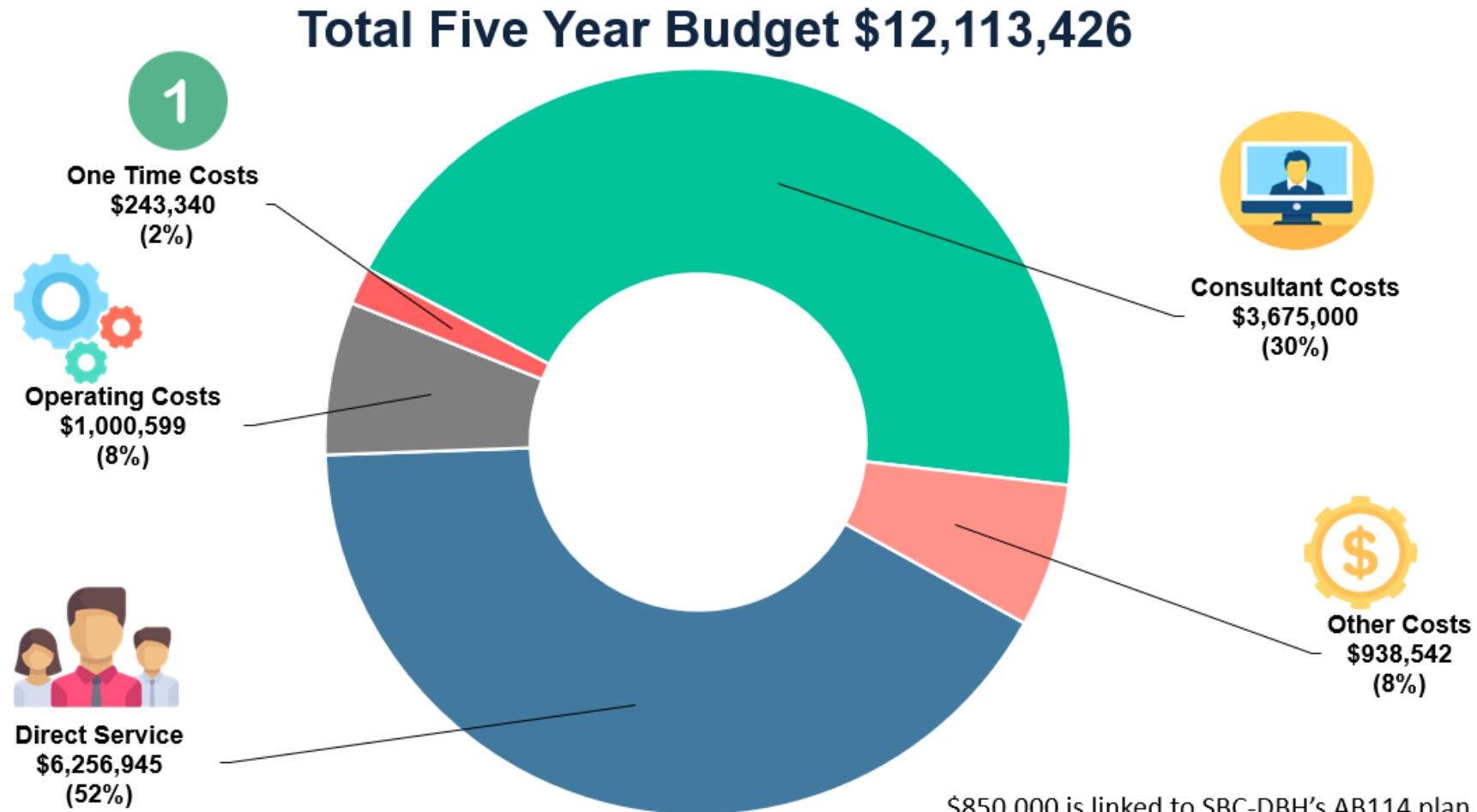
Treatment Program	Medicare Coverage	Medi-Cal Coverage
General Acute Hospitalization	Yes	Yes
Acute Inpatient Psychiatric	Yes	Yes
Residential Treatment	No	No
Partial Hospital Program (PHP)	Yes	No
Intensive Outpatient Program (IOP)	Yes	No
Full Service Partnership (FSP)	Yes	Yes

Source: SBC-DBH Consumer Records (SIMON), n=166

Three pronged approach to address the problem:

1. Information and training will provide the education for key members in the community to identify EDOs in the vulnerable underserved population.
2. The comprehensive needs assessment will assist providers in determining a level of care that is appropriate medically, but also psychosocially, so that treatment is “doable” and consumers are successful in their recovery.
3. Multidisciplinary teams will enhance care coordination and management that is required between medical interventions and mental health interventions.





\$850,000 is linked to SBC-DBH's AB114 plan to spend reverted funds



Behavioral Health

Cracked Eggs

A Peer Designed Workshop

San Bernardino County



Cracked Eggs meets the primary purpose of increasing access to mental health services to underserved groups by providing additional structured mental health support by peers as well as an opportunity to set goals and the possibility of entering into clinical care for those who are not engaged in clinical care and are using clubhouses as a support.

Cracked Eggs meets the INN criteria of applying a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system by collaborating with Bezerk Productions to incorporate Cracked Eggs into an accessible community setting as well as exploring flexible financial models to promote good working relationships with consumer owned non-profits and community partners.

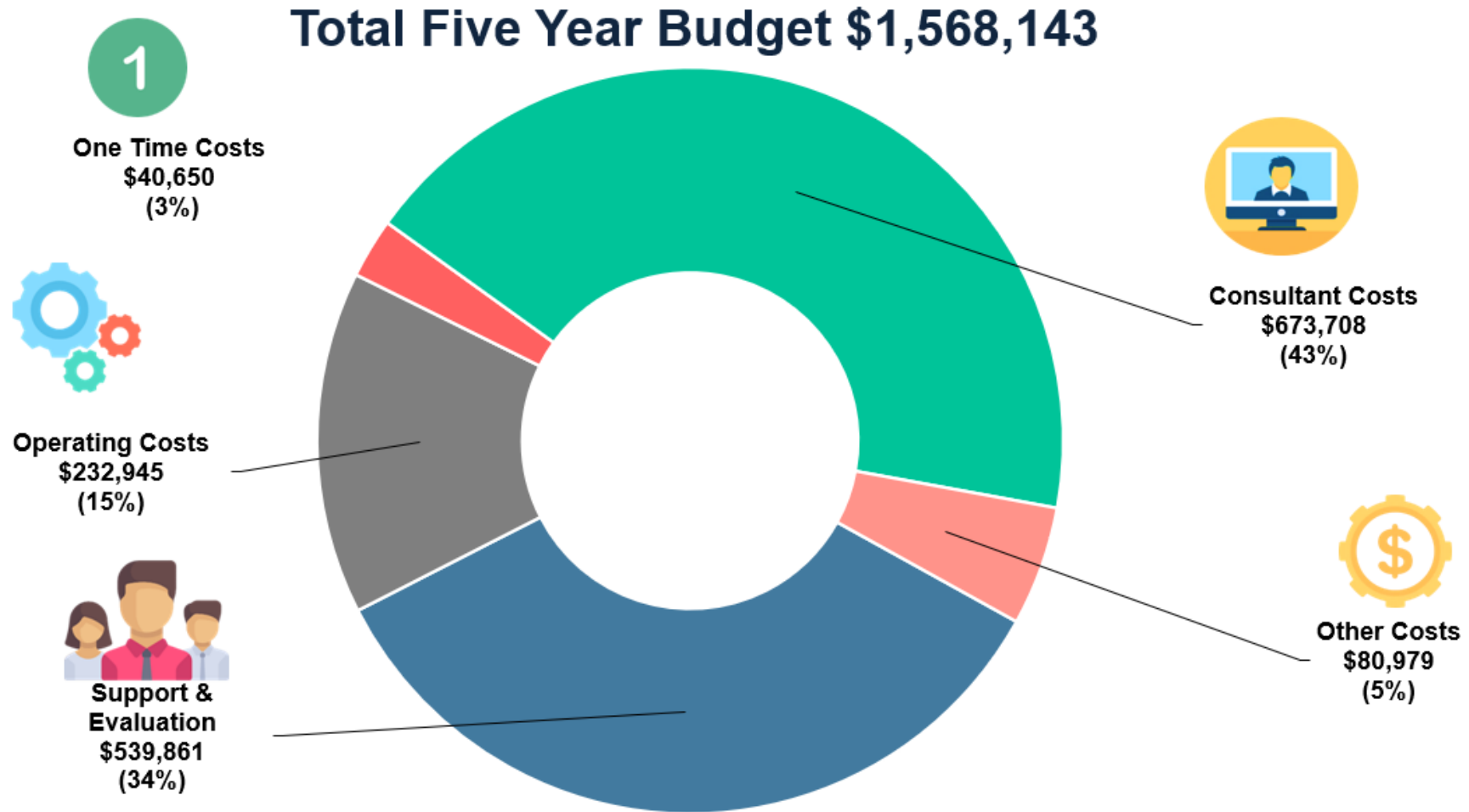
DBH's Clubhouse programming provides a wide array of activities in each region of the County that help Clubhouse consumers in making their own choices, reintegrating into the community as a contributing member, and achieving a satisfying and fulfilling life.

This project will provide additional structured mental health support offered by peers as well as an opportunity to set goals and the possibility of entering into clinical care for those who are not engaged in clinical care and are using the clubhouse as a support. This is an opportunity to incorporate a peer designed program that empowers and supports consumers into the SBC-DBH system of care and tests the ability to train peers to duplicate and implement the program in peer settings in each region of the County.

Linda Sibio's Cracked Eggs is a workshop series that is considered a community-driven practice that has been implemented by Bezerk Productions in the art community of Joshua Tree. SBC-DBH is supporting this community driven practice by supporting it in all regions of the county, something Bezerk productions would not be able to implement on their own, as they are a small non-profit agency located in the Morongo Basin.

The intent of this project is to develop services and supports for those individuals who are less engaged or not engaged in clinical services but attend clubhouse events and activities. This peer created workshop series will be utilized to increase access to care for those Clubhouse consumers that are not necessarily consumers of mental health services.

Additionally, this project will allow SBC-DBH to explore different financial structures that could help provide flexibility in billing that is needed by smaller/nonprofit agencies.



Questions & Discussion

Thank you!

The Commission approves San Bernardino County's Innovation Plans as follows:

- Name: Eating Disorder Collaborative
- Amount: Up to \$12,113,426 in MHSA INN funds
- Project Length: Five (5) Years

- Name: Cracked Eggs
- Amount: Up to \$1,568,143 in MHSA INN funds
- Project Length: Five (5) Years

AGENDA ITEM 4

Action

May 28, 2020 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 three new Innovative projects:

1. The Lodge: Researching Targeted Engagement Approach

Fresno County is requesting \$4,200,000 in Innovation spending authority to test the success of using a dignity-first model to increase engagement in individuals who are homeless or at risk for homelessness, have severe or chronic mental illness, and who are not engaged in care due to being in the pre-contemplation stage of change*.

**refers to a component of the Transtheoretical Model, where, individuals do not intend to act in the foreseeable future, for too much emphasis is placed on the difficulty of changing behavior, rather than the feasibility of doing so.*

The County has listed five components of the primary problem:

1. Homelessness:

- As of January 2019, Fresno County identified 1,448 homeless individuals with 1,152 of those being unsheltered (a 23% increase since 2018).
- US Department of Housing and Urban Development stated that Fresno had the highest percentage of unsheltered people experiencing homelessness (78.4%) of any nationwide city with a Continuum of Care system.

2. Limited Shelters:

- Fresno has a limited number of homeless shelters and of those limited shelters, many are population specific and are not low barrier.

3. Accessibility

- Most services, resources, and shelters in the County are not geared towards persons with serious mental illness or co-occurring disorders (and in the pre-contemplation stage of change).

4. Safe Place/Basic Needs

- Field outreach (in the streets) is the traditional form of engaging homeless individuals and does not address the needs of the target population. With basic needs left unmet, the underserved individuals may find it difficult to engage in their own care and wellness.

5. Data/Research

- There is limited data and research that yields best practices solutions to engage the target population.

The proposed project attempts to support the individuals in meeting their basic needs, including though but not limited to providing temporary housing. Once a participant's basic needs have been met, peer-led motivational interviewing and other forms of strategic engagement will be administered to empower and support individuals out of the pre-contemplation stage. Participants will have access to both clinical and 24/7 peer services. Peers will be hired and trained via the train-the-trainer model.

The County is not seeking to create a program for provision of direct services but is rather testing the effectiveness of different engagement strategies in increasing participants' sustainable access to services based on their individualized needs. Moreover, the Lodge is not a housing program, though it uses housing and shelter to support the basic needs of the target population.

The proposed Innovation plan was posted for public comment beginning March 2, 2020 and concluded on April 2, 2020. A virtual hearing was conducted on April 9, 2020 and is expected to be approved by their Board of Supervisors after Commission approval. The County has included two letters of support for this project from RH Community Builders and from the Fresno County NAMI chapter (*both letters of support have been included in the Commissioner packets*).

"The concept of not having barriers to access basic human needs and allowing individuals to make their own decisions about participating in care... is truly transformative and has been one of the goals of the Mental Health Services Act."

"There is a tremendous need for resources to support our homeless population, the model for the Lodge if effective can provide additional options for our community in effectively engaging a difficult to engage population."

2. Project Ridewell: \$1,200,000

Fresno County is requesting \$1,200,000 (funds that are subject to reversion) in Innovation spending authority to develop a rideshare application (to assist clients in meeting their psychiatric and medication appointments, individual and group counseling sessions, wellness activities, relapse prevention services, and family functions that are aligned in the client's Wellness and Recovery Plans (WRAP), and provision of transportation services for behavioral health clients who experience transportation challenges when trying to access care and wellness activities in a geographically large county.

During the County's Three-Year Planning process, stakeholders identified challenges associated with transportation as a barrier for individuals accessing services within the County's system of care. As a result of stakeholder and County partnership, the County identified three challenges:

Geography

A geographically large County spreading more than 6,000 square miles, many of the members living within Fresno County reside in remote or rural areas where services, resources, and public transportation may be scarce, if accessible at all.

Transportation

Public transportation is not available in all parts of the County which leads to barriers in terms of accessing wellness services and resources.

Access

Given the geographic and rural size of the County and the limited transportation – whether it be the limited option of public transportation or the somewhat costly rideshare option – the County and stakeholders believe that addressing the concerns regarding transportation barriers will increase access by providing behavioral health clients a greater chance and opportunity in reaching their wellness and recovery goals.

In partnership with the Fresno County Economic Opportunities Commission, the County will seek to develop a transportation based rideshare application for behavioral health clients. The rideshare application will assist clients in meeting their psychiatric and medication appointments, individual and group counseling sessions, wellness activities, relapse prevention services, and family functions that are aligned in the client's Wellness and Recovery Plans (WRAP).

Focusing on two key elements of this project:

- (1) The project will develop the technology to address transportation challenges for behavioral health clients in the County.
- (2) This project is inclusive of utilizing the strength of peers to train drivers on various aspects of mental health to reduce stigma and promote overall wellbeing in clients.

All drivers in this project will receive initial and ongoing training, by County staff, peers with lived experience and the local NAMI Chapter, on various aspects of mental health including:

- HIPPA
- Mental Health First Aid
- Wellness and Recovery Plans
- Cultural Humility
- In our Own Voice
- Suicide 101 Prevention Training
- Safe Talk (*training will be provided to driver within first year*)

Training for drivers will assist in stigma reduction for individuals seeking transportation, along with increased knowledge and sensitivity of mental health issues with emphasis on helping clients meet their individual wellness goals.

This project will be implemented in three phases:

Phase One

The development of the rideshare application will occur in the first six months of implementation by the Economic Opportunities Commission (EOC) in Fresno.

Phase Two

Phase Two will allow for transportation services to be requested by the three partnering providers on behalf of their clients and anticipates serving up to 200 individuals.

Phase Three

All services from Phase Two will continue into this phase; however, the provision of transportation services will now be incorporated in the Fresno Metropolitan area. The County will focus transportation services for adults that participate in the Meds Only Program who have missed 2 or more appointments and who do not have reliable transportation.

In total, after all three phases of project implementation, this project is estimated to serve 1,050 individuals throughout the County to improve overall wellness by reducing barriers associated with transportation especially in rural areas where transportation is limited.

The proposed Innovation plan was posted for public comment beginning March 2, 2020 and concluded on April 2, 2020. A virtual hearing was conducted on April 9, 2020 and is expected to be approved by their Board of Supervisors after Commission approval. The County has included two letters of support of this project from the Economic Opportunities Commission (EOC) and the Fresno County NAMI chapter (*both letters of support have been included in the Commissioner packets*).

“Fresno EOC is proud to partner with this vitally needed community-based transportation program. It seeks to address transportation needs by helping underserved populations in gaining access to resources and services.” – Fresno EOC

“Within the City of Fresno, many of the consumers are from lower socioeconomic communities which makes costs related to transportation a barrier to whole person care. This project addresses the need for more access to wellness resources, and also allows for peers a greater opportunity to become involved in the system of care, as trainers, and possible employed as drivers, so they can support the wellness of other.” – Fresno NAMI

3. Handle with Care +: \$1,527,000

Fresno County is requesting \$1,527,000 (of which \$1,200,000 are funds that are subject to reversion) in Innovation spending authority to develop a rapid-response team to immediately provide support to children and families following a traumatic event.

The project will strengthen and build upon existing programs utilizing multi-sector/multi-agency collaboration to effectively: (1) identify traumatic events occurring in the home or community; (2) immediately notify the children’s school; (3) deploy the rapid-response team; and (3) provide follow-up with peer-based support through a parent café.

During the County’s planning process for the 2016-17 MHSA Three Year Plan, 51.09% of participants identified that an unmet need in Fresno County was trauma response and resources for individuals, families, and communities.

- Fresno County reports that the California Department of Justice’s 2017 crime report listed 574.5 violent crimes per 100,000 people within the county.

- Locally, the Fresno Police Department reports an average of 2,700 calls every day, approximately 1,200 of which are 911 calls.

It is estimated that of the 36,000 monthly calls, roughly 500 to 800 cases involve children exposed to trauma.

The County acknowledges several local entities are currently working to support children and families, however they are not coordinated and this project seeks to facilitate the integration of these organizations to create a coordinated trauma response system that immediately responds to the needs of children and their families when exposed to trauma.

Fresno County through a collaboration intends to create a program that will respond to children and families immediately after a trauma or stressful life event, while also now including the parents/guardians with psychoeducation that will teach them about trauma and recovery, how to support their child and how to be resilient as a whole family.

This project proposes to:

:

- **Create and measure the outcomes of a trauma response team** by working with students and families in four neighborhoods where there may be a higher incidence of trauma due to an overall crime rate up to 55% higher than the national average.
- Modify elements of the existing Handle With Care (HWC) model.
 - This model requires any law enforcement officer who encounters a child during a call, to forward that child's name and three words, HANDLE WITH CARE, to the school/childcare agency.
 - The school then implements individual, class and whole school trauma-sensitive curricula and provides more intervention if needed.

The County will modify the HWC model described above to meet local needs by increasing community collaboration and adding a parent café component to **determine if a psychoeducational, neighborhood-based parent café component can assist in reducing effects of trauma on children** by working with the whole family.

The trauma response team and parent café will be created by facilitating the collaboration between Fresno County Superintendent of Schools (FCSS), the Resiliency Center and Department of Behavioral Health. This project will build upon existing infrastructure, including:

- Utilizing the Resiliency Center's access to the Fresno Police Department's call reporting data, to identify the children that could potentially need a trauma response service.
- Utilizing the FCSS's integrated system of care that ensures that all children in Fresno County have access to behavioral health services.

The proposed Innovation plan was posted for public comment beginning March 2, 2020 and concluded on April 2, 2020. A virtual hearing was conducted on April 9, 2020 and the plan is expected to be approved by their Board of Supervisors after Commission approval. The County has included three letters of support of this project from the Fresno County Superintendent of Schools, the Fresno Police Chaplaincy and Every

Neighborhood Partnership (the letters of support have been included in the Commissioner packets).

Commission staff originally shared these projects with the Commission's six stakeholder contractors and the Commission's listserv on March 3, 2020 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 and the Commission's listserv on April 15, 2020. No letters of support or opposition were received by Commission staff as a direct result of the sharing of this project with stakeholders on the two dates referenced above

Enclosures (11): (1) Biography for Fresno County's Innovation Presenter; (2) Staff Analysis: The Lodge: Researching Targeted Engagement Approach; (3) Staff Analysis: Project Ridewell; (4) Staff Analysis Handle With Care+; (5) The Lodge Letter of Support; (6) Project Ridewell Letters of Support; (7) Handle with Care+ Letters of Support; (8) General Letters of Support; (9) The Lodge PowerPoint Presentation; (10) Project Ridewell PowerPoint Presentation; (11) Handle with Care+ PowerPoint Presentation

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

The Lodge: <https://mhsoac.ca.gov/document/2020-05/fresno-county-innovation-plan-lodge-researching-targeted-engagement-approach>

Project Ridewell: <https://mhsoac.ca.gov/document/2020-05/fresno-county-innovation-plan-project-ridewell>

Handle with Care+: <https://mhsoac.ca.gov/document/2020-05/fresno-county-innovation-plan-handle-care>

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

Name: The Lodge: Researching Targeted engagement Approach
Amount: \$4,200,000
Project Length: Three (3) Years

Name: Project Ridewell
Amount: \$1,200,000
Project Length: Three (3) Years

Name: Handle With Care+
Amount: \$1,527,000
Project Length: Three (3) Years



Innovations Plan Presenter:

Ahmad Bahrami, MBA

Division Manager-Public Behavioral Health/Ethnic Services Manager

Fresno County Department of Behavioral Health

Professional Biography

Ahmad has worked in county behavioral health systems for over ten years. Prior to joining Fresno County Department of Behavioral Health (DBH) 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 (ESM), Mental Health Services Ac (MHSA) Coordinator, Public Information and Compliance officer, etc.

Currently, Ahmad serves as the Division Manager for Fresno County Department of Behavioral Health's Public Behavioral Health Division. Ahmad also serves as the EMS for Fresno County, and over sees the department's MHSA efforts, cultural humility efforts, media and public relations, prevention, outreach and education (both mental health and SUD), 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 Education's Student Attendance Review Board (as the county behavioral health appointee), California Department of Education's Student Mental Health Policy Workgroup (also as a county behavioral health appointee), he's a co-chair for the Central Region's EMS, and a member of the County Behavioral Health Directors Association's Cultural Competency Social Justice and Equity executive committee, as well as other 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:	The Lodge: Research Targeted Engagement Approach
Total INN Funding Requested:	\$4,200,000
Duration of INN Project:	Three Years
MHSOAC consideration of INN Project:	May 28, 2020

Review History:

Approved by the County Board of Supervisors:	Pending Commission Approval
Mental Health Board Hearing:	April 9, 2020
Public Comment Period:	March 2, 2020 – April 2, 2020
County submitted INN Project:	April 10, 2020
Date Project Shared with Stakeholders:	March 3, 2020 and April 15, 2020

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

There are two selected 2 primary purposes for this proposed INN project:

- *To increase access to mental health services to underserved groups by providing low barrier, “come as you are” lodging services in a “dignity first” setting to individuals who are not currently engaged in the mental health services.*
- *The second purpose of this project is to increase access to mental health services, including but not limited to services provided through permanent supportive housing by providing individual-driven engagement in a safe and secure living environment, including, but not limited to: 24/7 peer support, while addressing the individual’s basic needs.*

This proposed project meets 2 INN criteria:

- *This project will support participation in a housing program designed to stabilize a person’s living situation while also providing supportive services on site and will accomplish this by providing safe and secure, low barrier lodging focused on basics need in a setting with 24/7 peer support services.*
- *This project will also make a change to an existing practice in the field of mental health, including but not limited to, application to a different population, by using Peer Support Specialists trained in motivational interviewing and other evidence-based practices to understand its effectiveness in engaging individuals who are*

homeless or at risk of homelessness, with an emerging or chronic mental illness, and who are not engaged in the mental health system due to being in the pre-contemplative (those who are not engaged in services and do not have the motivation to change) stage of change.

Project Introduction

Fresno County is requesting \$4,200,000 in innovation spending authority to test the success of using a dignity-first model to increase engagement in individuals who are homeless or at risk for homelessness, have severe or chronic mental illness, and who are not engaged in care due to being in the pre-contemplation stage of change. The pre-contemplation stage of change refers to a component of the Transtheoretical Model, where, while in this stage, individuals do not intend to take action in the foreseeable future, for too much emphasis is placed on the difficulty of changing behavior, rather than the feasibility of doing so.¹

The County hopes to improve engagement efforts with this population by supporting Lodge participants in meeting their basic needs, including but not limited to temporary housing. Individuals staying in the Lodge will then receive motivational interviewing as an engagement strategy to attempt to improve participants' desire to access the various services made available to them through the project.

What is the Problem

Traditional housing first models have limitations and often ignore individuals' levels of engagement in services. Most services are not peer driven and mislabel individuals in the pre-contemplation state of change as unresponsive to care. Also, many of these services have high barriers to entry and narrow population scopes, therefore excluding many individuals who need care.

Research and data examining various strategies (peer-support, motivational interviewing, and safe space/temporary lodging) to engage this specific population is limited. Little to no services prioritize moving individuals through the stages of change.

The County has listed five components of the primary problem:

1. Homelessness

- As of January 2019, Fresno County identified 1,448 homeless with 1,152 of those being unsheltered (a 23% increase since 2018)
- US Department of Housing and Urban Development stated that Fresno had highest percentage of unsheltered people experiencing homelessness (78.4%) of any nationwide city with a Continuum of Care

¹ Prochaska, J. O., & DiClemente, C. C. (1983). Stages and processes of self-change of smoking: toward an integrative model of change. *Journal of consulting and clinical psychology*, 51(3), 390.

- Data is limited and it is likely that the data above underestimates and underrepresents the true homeless population, due to survey methodologies
2. Limited Shelters
 - Fresno has a limited number of homeless shelters and of those limited shelters, many are population specific and are not low barrier. These therefore almost always exclude the target population of this research project
 3. Accessibility
 - Most services, resources, and shelters targeted to individuals experiencing homelessness in the County are not geared towards persons with serious mental illness or co-occurring disorders (and in the pre-contemplation stage of change). Current services have a high threshold for accessibility for the target population
 4. Safe Place/Basic Needs
 - Field outreach (in the streets) is the traditional form of engaging homeless individuals and does not address the needs of the target population. With basic needs left unmet, the underserved individuals may find it difficult to engage in their own care and wellness
 5. Data/Research
 - There is limited data and research that yields best practices solutions to engage the target population

How this Innovation project addresses this problem:

The proposed project attempts to support the individuals in meeting their basic needs, including though but not limited to providing temporary housing. Once a participant's basic needs have been met, peer-led motivational interviewing and other forms of strategic engagement will be administered to empower and support individuals out of the pre-contemplation stage. Participants will have access to both clinical and 24/7 peer services. Peers will be hired and trained via the train-the-trainer model.

The County is not seeking to create a program for provision of direct services but is rather testing the effectiveness of different engagement strategies in increasing participants' sustainable access to services based on their individualized needs. Moreover, the Lodge is not a housing program, though it uses housing and shelter to support the basic needs of the target population.

The County has issued a Request for Proposal (RFP) for this project which closed on February 24, 2020. A recommended vendor was identified, however no formal agreements will be made until Commission approval. As it is now, the facility is zoned as a group care facility and has a conditional use permit which will eliminate any potential delays to starting services. Both on-site and off-site services will be provided, with transportation available to all participants for off-site programming.

Community Planning Process

Local Level

The proposed innovation plan was posted for public comment beginning March 2, 2020 and concluded on April 2, 2020. A virtual hearing was conducted on April 9, 2020 and is expected to be approved by their Board of Supervisors after Commission approval. The County has included two letters of support for this project from RH Community Builders and from the Fresno County NAMI chapter (*both letters of support have been included in the Commissioner packets*).

“The concept of not having barriers to access basic human needs and allowing individuals to make their own decisions about participating in care... is truly transformative and has been one of the goals of the Mental Health Services Act.”

“There is a tremendous need for resources to support our homeless population, the model for the Lodge if effective can provide additional options for our community in effectively engaging a difficult to engage population.”

Commission Level

Commission staff originally shared this project with its six stakeholder contractors and its listserv on March 3, 2020 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 15, 2020. ***No letters of support or opposition were received by Commission staff.***

Learning Objectives and Evaluation:

Fresno County is proposing (1) to increase access to mental health services to underserved groups and (2) to increase access to mental health services, including but not limited to services provided through permanent supportive housing by:

- Providing low-barrier housing and other services to support participants in meeting their basic needs in a dignity-first model
- And by testing the effectiveness of peer-driven engagement, particularly motivational interviewing, in improving the success rate of engagement efforts with the identified target population.

The County expects to serve a total of 243 people per year. The target population for this project will be Individuals 18 years of age or older:

- Who are either at risk for homelessness or have been chronically homeless
- Individuals with serious mental illness or have an emerging mental illness
- Individuals who may have not previously engaged in services outside of emergency departments, crisis stabilization, or jails
- And individuals who would be identified as in the pre-contemplation stage of change

The County identified the following three learning goals:

1. Does addressing an individuals' basic needs (as per the Maslow Hierarchy of Needs) through the uses of a Lodge setting increase engagement of those who are homeless or at risk of homelessness, who have a mental health illness, or an emerging mental illness and is in a precontemplation stage of Prochaska's Stages of Change?
2. What role do trained peers applying Motivational interviewing in such a setting play in increasing engagement of individuals in care?
3. Develop a model/or approach to be replicated, expanded, or incorporated into other outreach and engagement and/or supportive housing or housing first models.

Measures for each learning objective have been identified and will appropriately meet the needs of the evaluation. Fresno County plans to evaluate project data by tracking individuals' progress throughout their stay in the Lodge by collecting and evaluating basic individual data on each participant's medical history. This paired with general clinical assessments will provide baseline data to compare outcomes from participants' motivational interviews and other services in which they engage in. The project will document the number and types of services/resources each participant engages in and will follow up to verify engagement in care.

The County has identified the following intended outcomes:

- An increase in the number of program participants who voluntarily seek various types and levels of care after staying in the Lodge.
- Assess what role having low barrier access to basic services has in supporting participants to engage in services.
- Increased number of individuals who voluntarily engage in care services.
- Based on participant perception surveys determine how integral the role the peer partners played in their own decision to engage in care/services.
- Increased positive perceptions of peers as key components in the system of care.
- Through the research, testing and evaluation, development of a viable model for effectively engaging unserved homeless/at risk-of homelessness populations in precontemplation stage.
- Identify facets of the model which prove to be effective and can be applied to other outreach and housing models for underserved or inappropriately served populations, specifically meeting basic needs through low barrier, harm reduction model, use of peers and use of motivational interviewing.

The evaluator for this project will be secured through a County procurement process and will be responsible for the submission of annual updates to stakeholders and the Commission, as well as a final report and evaluation. The County indicates a third-party evaluator will inform the project's success and challenges in an unbiased manner along with the collection of data, surveys, and evaluation.

The Budget

Fresno County is seeking authorization to use up to \$4,200,000 over a three-year period.

- This project is part of the County’s AB114 plan and the allocated funds are subject to reversion.
- Direct costs will total \$4,000,000. Upon Commission approval, the recommended vendor, RH Community Builders will implement The Lodge. A proposed detailed budget is in Appendix E of the plan on pgs. 59-93. The budget will be dedicated to recruitment, staffing, training of staff; the cost of leasing the space; licensing costs; transportation; communications; and daily operations of the project. The projected positions are as follows:
 - Program Manager 1FTE
 - Licensed Clinician 1 FTE
 - Peer Support Supervisor 1 FTE
 - Office Manager 1 FTE
 - Case Manager 1 FTE
 - Clinicians 2 FTE
 - Licensed Vocation Nurse 1 FTE
 - Social Work & SUD Interns (Not funded through this plan)
 - Peer Support Specialist II 4 FTE
 - Peer Support Specialist I 3 FTE
 - Overnight Security Monitor 1.5 FTE
 - Kitchen Monitor .75 FTE
 - Driver .75 FTE
 - Janitor .5 FTE
- The cost of the contractor who will complete the project evaluation will total \$150,000 or 3.5% of the total project. The contractor will be supported by County staff.
- \$50,000 will be allocated for contingencies that may include additional training, administrative support, Electronic Health Record licensing, project promotion, or travel-related presentations at conferences.

NOTE: A conditional intent to award has been issued, but no agreements will be made until the project has been approved by the Commission (pg. 14)

*The proposed project appears to meet the minimum requirements listed under MHSA Innovation regulations; **however**, if Innovation Project is approved, the County must receive and inform the MHSOAC of this certification of approval from the Fresno County Board of Supervisors before any Innovation Funds can be spent.*

References

Prochaska, J. O., & DiClemente, C. C. (1983). Stages and processes of self-change of smoking: toward an integrative model of change. *Journal of consulting and clinical psychology*, 51(3), 390.



STAFF ANALYSIS – FRESNO COUNTY

Innovation (INN) Project Name:	Project Ridewell
Total INN Funding Requested:	\$1,200,000
Duration of INN Project:	3 Years
MHSOAC consideration of INN Project:	May 28, 2020

Review History:

Approved by the County Board of Supervisors:	Pending Commission Approval
Mental Health Board Hearing:	April 9, 2020
Public Comment Period:	March 2, 2020 – April 2, 2020
County submitted INN Project:	April 10, 2020
Date Project Shared with Stakeholders:	March 3, 2020 and April 15, 2020

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

The primary purpose of this project is to *increase access to mental health services to underserved groups* by addressing transportation barriers that have prevented individuals accessing the full range services through engagement in wellness activities that further their wellness and recovery goals.

This Proposed Project meets INN criteria *by introducing a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention* and will accomplish this by creating a rideshare system that provides real-time rides to wellness activities, rather than just medical and therapeutic appointments; and operated by drivers who are trained in mental health awareness to further promote wellness and reduce stigma related to mental illness.

Project Introduction:

Fresno County is requesting \$1,200,000 in innovation spending authority to develop a rideshare application and provision of transportation services for behavioral health clients who experience transportation challenges when trying to access care and wellness activities in the geographically large county.

What is the Problem:

During the County's Three-Year Planning process, stakeholders identified challenges associated with transportation as a barrier for individuals accessing services within the County's system of care. As a result of stakeholder and County partnership, the County identified three challenges:

Geography

A geographically large County spreading more than 6,000 square miles, many of the members living within Fresno County reside in remote or rural areas where services, resources, and public transportation may be scarce, if accessible at all.

- Behavioral health resources are not provided throughout the various communities within the County resulting in clients having to travel to other parts of the County in order to receive services or attend psychiatric appointments.
- Of the 2,248 adults that participate in the Meds-Only program in Fresno County, 813 individuals (36%) have two or more missed or no-show appointments.

The County asserts that if there a high rate of no-show appointments for receiving medications, the probability of not being able to access other resources towards the goals of wellness and recovery are slim.

Transportation

Public transportation is not available in all parts of the County which leads to barriers in terms of accessing wellness services and resources.

- In areas where public transportation is offered in various parts of the County, transportation is limited to two routes per day.
- Due to the rural nature of some of the living communities in the County, rideshare programs such as Uber or Lyft are limited in drivers and the financial cost to access other, less remote areas in the County may also be a financial burden for some.
- Limited public transportation routes mean clients must purposefully plan ahead to make appointments around transportation schedules.

Substantiating the County's transportation challenges for clients, traveling from the County's Metro Clinic in Fresno to the Blue-Sky Wellness Center is approximately six miles. By vehicle, that should take approximately 15 minutes; by bus it takes an average of 45 minutes which equates to an hour drive to and from the wellness center.

Access

Given the geographic and rural size of the County and the limited transportation – whether it be the limited option of public transportation or the somewhat costly rideshare option – the County and stakeholders believe that addressing the concerns regarding transportation barriers will increase access by providing behavioral health clients a greater chance and opportunity in reaching their wellness and recovery goals.

How this Innovation project addresses this problem:

In partnership with the Fresno County Economic Opportunities Commission, the County will seek to develop a transportation based rideshare application for behavioral health clients. The rideshare application will assist clients in meeting their psychiatric and medication appointments, individual and group counseling sessions, wellness activities, relapse prevention services, and family functions that are aligned in the client’s Wellness and Recovery Plans (WRAP).

Focusing on two key elements of this project:

- (1) The project will develop the technology to address transportation challenges for behavioral health clients in the County.
- (2) This project is inclusive of utilizing the strength of peers to train drivers on various aspects of mental health in an effort to reduce stigma and promote overall wellbeing in clients.

Once developed, the rideshare application for behavioral health clients will be solely available for behavioral health clients. The participating providers will be provided with smart phones and the program will only be activated in participants phones (*participants who do not own a smart phone will be discussed in Phase Three*). This application will not be used for non-project participants and will be activated for the sole use of clients within the Fresno Behavioral Health System.

Throughout implementation and the expansion of this project, the County hopes to provide a diverse number of drivers who may be able to provide rides, as requested by clients and/or providers, based on gender or language preference.

All drivers in this project will receive initial and ongoing training, by County staff, peers with lived experience and the local NAMI Chapter, on various aspects of mental health including:

- HIPPA
- Mental Health First Aid
- Wellness and Recovery Plans
- Cultural Humility
- In our Own Voice
- Suicide 101 Prevention Training
- Safe Talk (*training will be provided to driver within first year*)

Training for drivers will assist in stigma reduction for individuals seeking transportation, along with increased knowledge and sensitivity of mental health issues with emphasis on helping clients meet their individual wellness goals.

This project will be implemented in three phases:

Phase One

The development of the rideshare application will occur in the first six months of

implementation by the Economic Opportunities Commission (EOC) in Fresno, who has previous experience with creating rideshare programs that are currently utilized in other programs within the County.

- Initial implementation of this project will also include a work group that will assist in the development of each of the three phases consisting of Fresno County Behavioral Health, the EOC, peers with lived experience, and partnering providers (Turning Point- Rural Mental Health Services, All 4 Youth, Kings View Rural Crisis Triage).
- The work group will assist in the development of a “menu” for clients which will entail planning routes, travel times and activities that align with a client’s WRAP plan, developed collaboratively by the client and their behavioral health provider (*activities discussed in Phase 2*).

All drivers for this project will possess a Commercial Class B driver license which permits them to transport 15 or more people. It is unlikely that drivers will have to transport large groups; however, they will be licensed to do so if needed.

Phase Two

Expected to begin in month seven of the project, Phase Two will allow for transportation services to be requested by the three partnering providers on behalf of their clients and anticipates serving up to 200 individuals in this phase:

- Turning Point RMS – expected to serve approximately 100-150 individuals in this phase
 - Turning Point, with a hub in Kerman, will be able to request transportation services for some of the underserved rural communities in the County for services such as outpatient based mental health and psychiatric series for individuals of all ages, including MHSA and other managed care programs. This area within the County has a large monolingual Spanish speaking population so the County will make efforts to ensure drivers in this area are fluent in Spanish and be culturally sensitive.
- All 4 Youth Program – expected to serve approximately 20-30 cases of students and their families
 - The All 4 Youth Program, in partnership with the Fresno Superintendent of Schools, provides year around mental health services in all school districts within the County. This provider will request transportation services for their student participants and their families to access service engagement and wellness activities.
- Kings View Rural Triage – expected to serve approximately 10-20 individuals
 - the Kings View Rural Crisis Center provides triage referrals and will request transportation services on behalf of their clients as developed in individual’s WRAP plans.

The providers will work with their clients to develop a Wellness and Recovery Plan (WRAP) and any transportation ride requests on behalf of a client should benefit the individuals WRAP and recovery goals. In this phase, all rides will be requested by the providers for services including, but not limited to: behavioral health appointments, medication pick-up, educational classes offered at County local libraries. All rides must align with what has been established in the WRAP plan and can be modified as needs arise.

Phase Three

All services from Phase Two will continue into this phase; however, the provision of transportation services will now be incorporated in the Fresno Metropolitan area. Due to the large size of the metropolitan area and the numerous providers in the area, the County has decided to focus transportation services for adults that participate in the Meds Only Program who have missed 2 or more appointments and who do not have reliable transportation. As discussed previously, this population has a high rate of no-show and missed appointments (36% have more than 2 missed or no-shows for appointments).

- Additionally, clients living in the Fresno Metro area will now be able to access and utilize their respective menu items, developed in partnership with their provider, and also will be able to request rides on their own behalf.
- Participants will receive training on how to use the transportation application and will be able to select rides to approved locations aligned with their WRAP plans.
 - Locations may include pharmacies, libraries, therapy appointments, grocery stores, gyms, etc.

For Phase Three project participants, the County asserts most of the individuals own smart phones. For those that do not have smart phones, the County will work with the individuals to access phones through various Government Assisted Programs.

Given the size of the Fresno metro area, Phase Three estimates serving up to 850 individuals.

In total, after all three phases of project implementation, this project is estimated to serve 1,050 individuals throughout the County in an effort to improve overall wellness by reducing barriers associated with transportation especially in rural areas where transportation is limited.

The Community Program Planning Process

Local Level

The proposed innovation plan was posted for public comment beginning March 2, 2020 and concluded on April 2, 2020. A virtual hearing was conducted on April 9, 2020 and is expected to be approved by their Board of Supervisors after Commission approval. The County has included two letters of support of this project from the Economic Opportunities

Commission (EOC) and the Fresno County NAMI chapter (*both letters of support have been included in the Commissioner packets*).

“Fresno EOC is proud to partner with this vitally needed community-based transportation program. It seeks to address transportation needs by helping underserved populations in gaining access to resources and services.” – Fresno EOC

“Within the City of Fresno, many of the consumers are from lower socioeconomic communities which makes costs related to transportation a barrier to whole person care. This project addresses the need for more access to wellness resources, and also allows for peers a greater opportunity to become involved in the system of care, as trainers, and possible employed as drivers, so they can support the wellness of other.” – Fresno NAMI

Commission Level

Commission staff originally shared this project with its six stakeholder contractors and its listserv on March 3, 2020 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 15, 2020. **No letters of support or opposition were received by Commission staff.**

Learning Objectives and Evaluation:

Fresno County is proposing to *increase access to mental health services to underserved groups* by developing an application utilizing technology to allow clients to access wellness activities in a timely, coordinated manner. This application will provide transportation services for behavioral health clients in an effort to address transportation barriers that have prevented individuals from accessing the full range services through engagement in wellness activities that further their wellness and recovery goals.

The target population for this project is for individuals, mostly adults; however, this project will also provide transportation services and resources for approximately 20-30 students and their families as part of the All 4 Youth program. In total, the County estimates this project will serve a total of 1,050 unique individuals in both the rural and metropolitan areas of the County over the three-year project duration.

The County has identified three learning questions for this project:

1. Does the coordination of a rideshare application for clients in the behavioral health system of care who have transportation barriers result in an increase to access and participation of wellness and recovery services, programs, and activities?
2. Do drivers that have received mental health training improve overall participant wellness?
3. Does a program that relies upon individuals with lived experience provide future employment opportunities as trainers and/or drivers?

Fresno County plans to evaluate project data by:

- tracking the number of individuals who access transportation services,

- tracking the number of missed and no-show appointments and evaluating completed surveys that measure a person's overall wellness.

Other rural parts of Fresno County that will not offer this transportation service will be compared with data received during implementation of this project. This will assist in establishing if this project was successful in meeting the intended outcomes and if there was an increase or decrease in the number of missed and/or no-show appointments between both control groups.

Measures for each learning objective have been identified and will appropriately meet the needs of the evaluation, including:

- measuring the number of behavioral health clients who seek transportation services,
- measuring the number of missed and no-show appointments,
- an increase in the overall wellness of individuals, and
- improved employment opportunities for those with lived experience.

The County has identified the following intended outcomes:

- Increase in the number of individuals who access transportation services by utilizing the app
- Increase in the number of individuals who are meeting the goals as identified in their Wellness and Recovery Plans (WRAP)
- Improvement in the self-perceptions of individuals in terms of wellness
- Reduction in no-show and/or missed psychiatric appointments
- Increase in driver knowledge to reduce stigma and overall knowledge of mental health
- Increase in the number of trainers and/or drivers of individuals with lived experience

The evaluator for this project will be secured through a County procurement process and will be responsible for the submission of annual updates to stakeholders and the Commission, as well as a final report and evaluation. The County indicates a third-party evaluator will inform the project's success and challenges in an unbiased manner along with the collection of data, surveys, and evaluation.

The Budget

Fresno County is seeking authorization to use up to \$1,200,000 in innovation funding over a three-year period.

- All of the funds for this project are subject to reversion.
- Personnel costs total \$76,666 (6.3% of the total project) over the project duration and will cover the funding of a part time Staff Analyst position (0.33 FTE) to provide direct support for this project.

- These two part time positions will be able to gather data on the drivers, riders and will be able to work with the evaluator to measure project goals.
- Direct costs total \$236,401 (19.7% of total project) and will cover the salary for another part time Staff Analyst position (0.50 FTE) in the amount of \$131,402 (11% of total project) and the cost of the contractor will complete the project evaluation will total \$105,000 (8.8% of total project).
- Indirect costs total \$82,337 (6.9% of the total project) and will cover expenses related to the two part time positions for this project
- Non-recurring costs total \$16,500 (1.4% of total project) and will cover the costs of training stipends for the trainers to train other peers (\$9,000) along with the cost to cover items related the purchase of smart phones and data plans (\$7,500) for providers piloting this project, and training stipends for the training of peers.
- Other expenditures, payable to the selected vendor for this project, are estimated to cost \$788,096 (\$50,000 for the development of the application and \$738,096 for the transportation services associated with driver wages, vehicle maintenance costs and leasing of vehicles).

This project will increase opportunities for peers with lived experience by increasing participation in the workforce where they can support other individuals currently within the system of care. Peers who become trainers will be paid via stipends and peers who become drivers will be paid as such.

*The proposed project appears to meet the minimum requirements listed under MHSA Innovation regulations; **however**, if Innovation Project is approved, the County must receive and inform the MHSOAC of this certification of approval from the Fresno County Board of Supervisors before any Innovation Funds can be spent.*



STAFF ANALYSIS— Fresno County

Innovation (INN) Project Name:	Handle with Care Plus
Total INN Funding Requested:	\$1,527,000
Duration of INN Project:	Three years
MHSOAC consideration of INN Project:	May 28, 2020

Review History:

Approved by the County Board of Supervisors:	Pending Commission Approval
Mental Health Board Hearing:	April 9, 2020
Public Comment Period:	March 2-April 2, 2020
County submitted INN Project:	April 10, 2020
Date Project Shared with Stakeholders:	March 3, 2020 and April 15, 2020

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

This project has 3 selected primary purposes and will meet each of them in the following way:

Will increase the quality of mental health services, including measured outcomes by identifying if a response team that can reach out and link the family and child to care in a rapid manner, along with providing psychoeducation to parents/guardians via Parent Café, will have an impact on mitigating the trauma of participating students' outcomes, including improved academic performance, attendance, and reduction of behavioral issues.

Will increase access to mental health services to underserved groups by reaching out to and engaging parents/caregivers early on to address trauma and promote recovery and resiliency to mitigate the effects of adverse childhood experiences and focus on whole family wellness. The proposed Handle with Care Plus+ model also allows the trauma response team to rapidly inform the school with a Handle with Care notice for the child and provide early linkage to assessment and care as well as familial engagement.

Will promote interagency and community collaboration related to Mental Health Services, supports or outcomes by creating a unique cross sectors team between Fresno County Superintendent of Schools, Fresno Police Chaplaincy and the Department of Behavioral Health. Each agency brings their own mental health background and

resources to the project, but together create an innovative approach to creating a more trauma-informed care coordination and resilient community.

This project meets INN criteria by *making a change to an existing practice in the field of mental health, including but not limited to, application to a different population* by using a collaboration between agencies to create a program that will respond to children and families immediately after a trauma or stressful life event, while also now including the parents/guardians with psychoeducation that will teach them about trauma and recovery, how to support their child and how to be resilient as a whole family.

Project Introduction:

Fresno County is requesting \$1,527,000 of Innovation spending authority to develop a rapid-response team to immediately provide support to children and families following a traumatic event. The project will strengthen and build upon existing programs utilizing multi-sector/multi-agency collaboration to effectively: (1) identify traumatic events occurring in the home or community; (2) immediately notify the children's school; (3) deploy the rapid-response team; and (4) provide follow-up with peer-based support through a parent café.

What is the Problem?

During the County's planning process for the 2016-17 MHSA Three Year Plan, 51.09% of participants identified that an unmet need in Fresno County was trauma response and resources for individuals, families, and communities.

Fresno County reports that the California Department of Justice's 2017 crime report listed 574.5 violent crimes per 100,000 people within the county. Locally, the Fresno Police Department reports an average of 2,700 calls every day, approximately 1,200 of which are 911 calls. It is estimated that of the 36,000 monthly calls, roughly 500 to 800 cases involve children exposed to trauma.

The County acknowledges several local entities are currently working to support children and families, however they are not coordinated and this project seeks to facilitate the integration of these organizations to create a coordinated trauma response system that immediately responds to the needs of children and their families when exposed to trauma.

How this Innovation project addresses this problem:

Fresno County intends to:

- **Create and measure the outcomes of a trauma response team** by working with students and families in four neighborhoods where there may be a higher incidence of trauma due to an overall crime rate up to 55% higher than the national average.
- Modify elements of the existing Handle With Care (HWC) model. This model requires any law enforcement officer who encounters a child during a call, to forward that child's name and three words, HANDLE WITH CARE, to the

school/childcare agency. The school then implements individual, class and whole school trauma-sensitive curricula and provides more intervention if needed. The County will modify the HWC model to meet local needs by increasing community collaboration and adding a parent café component to **determine if a psychoeducational, neighborhood-based parent café component can assist in reducing effects of trauma on children** by working with the whole family.

Fresno County will create the trauma response team and parent café by facilitating the collaboration between Fresno County Superintendent of Schools (FCSS), the Resiliency Center and Department of Behavioral Health. This project will build upon existing infrastructure, including:

- Utilizing the Resiliency Center's access to the Fresno Police Department's call reporting data, in order to identify the children that could potentially need a trauma response service.
- Utilizing the FCSS's integrated system of care that ensures that all children in Fresno County have access to behavioral health services.

Key elements of the trauma response team include (*see pgs 11-13 of project plan for details*):

- When a life impacting event or trauma occurs within one of the four target neighborhoods, the Resiliency Center will quickly notify the FCSS.
- Next, the FCSS sends a HANDLE WITH CARE notice to the affected child's school (without violating HIPPA) and activates the response team, assigning a FCSS Clinician and a parent peer to the family.
 - If the family is already open in or receiving services in the system of care, the family will be asked if FCSS can inform their provider of the impacting event and also refer the parents/caregivers to the Parent Café.
 - If the family is not already connected to the system of care, the family will be offered supportive services. If the family accepts, the response team clinician will screen for the impact of trauma and conduct an assessment if needed. If a short intervention is determined necessary, the clinician will begin sessions. If more than six sessions are indicated, a warm handoff will be provided to appropriate services.

Key elements of the neighborhood-based Parent Cafes include (*see pgs 13-15 of project plan for details*):

- Hosted at two neighborhood Resiliency Centers
- Peer led, culturally appropriate and responsive support offered to whole family
- Eight-week workshops offered with parents attending once per week
- Workshops are strength-based, family-centered and trauma-informed
- Complementary services offered at Resiliency Centers including activities for children and additional supportive services and linkages for adults.

Community Planning Process (see pgs 19-21 project plan for detailed CPP)

Local Level

The proposed innovation plan was posted for public comment beginning March 2, 2020 and concluded on April 2, 2020. A virtual hearing was conducted on April 9, 2020 and the plan is expected to be approved by their Board of Supervisors after Commission approval. The County has included three letters of support of this project from the Fresno County Superintendent of Schools, the Fresno Police Chaplaincy and Every Neighborhood Partnership (the letters of support have been included in the Commissioner packets).

This Innovation proposal was included in Fresno County's 2017-2020 three-year plan following a community program planning process, which included four stakeholder meetings and 40 focus groups. Fresno County reports that over half of the community input indicated that trauma resources were needed for individuals, families and communities.

Following the development of this proposal, additional input was solicited through stakeholder meetings, collaboration meetings, a youth listening session, a virtual public hearing and a virtual Behavioral Health Board meeting.

Commission Level

Commission staff originally shared this project with its six stakeholder contractors and the listserv on March 3, 2020 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 15, 2020. ***No letters of support or opposition were received by Commission staff.***

Additional Comments

Elements of Fresno County's proposal exist locally, and in other counties and states. Fresno County lists many related projects and highlights how this proposal builds upon or modifies elements of existing projects. Examples include:

- Fresno County Department of Behavioral Health law enforcement Crisis Intervention Team exists but is not currently equipped to respond to or prevent trauma.
- All 4 Youth is a MHSA funded partnership program between Fresno County DBH and Fresno County Superintendent of Schools and is designed to enable youth and their families to access behavioral health services at school, in the community, or in the home. This project will utilize the coordinated access to care but is not part of the All 4 Youth program.
- There are Parent/Family Cafés in Fresno County and elsewhere that encourage parents, guardians, and caregivers to come together in a supportive, peer-to-peer environment. This project seeks to build upon the existing models.

- The Handle with Care program was piloted in West Virginia in 2013 and also implemented by Placer County and Stanislaus County. Fresno County intends to modify the program by providing services where the students are and by incorporating the Parent Cafes into the coordinated response.

Learning Objectives and Evaluation: (see pgs 16-18 of project plan for details)

Fresno County seeks to determine if they can increase the quality of mental health services, increase access to mental health services and promote interagency and community collaboration by:

1. Implementing a multi-sector, rapid response, trauma response team that can inform the affected child's school with a Handle with Care notice and link the family and child to care in a rapid manner.
2. Reaching out to and engaging parents/caregivers early on to address trauma and promote recovery and resiliency through a neighborhood-based, peer-led Parent Café.

The target population for this project includes students, ages 4-11 and their caregivers/families who recently experienced a life affecting or traumatic event. The County hopes to serve an estimated 5,760 students and their families over the course of the entire project.

To guide their evaluation, Fresno has posed three learning questions that seek to examine if connection to the trauma response team and Parent Café leads to better outcomes for students and families:

- Will rapid intervention by a multi-sector trauma response team lead to decreased behavioral health problems in children who have experienced a life impacting or traumatic event?
- Will children whose parents participate in the Parent Café component of this project experience fewer behavioral health problems and increased resilience than children whose parents did not attend a Parent Café?
- Will participation in the Parent Café increase the likelihood that a parent/guardian will engage in clinical services for their child, other children in their home/care or for themselves?

Both qualitative and quantitative data will be collected to gather the information necessary for evaluation of the learning goals. Fresno County plans to evaluate the project by:

- tracking the identified student's grades, attendance and behaviors
- tracking the numbers of parents offered resources and how many participate
- developing and administering a survey to measure changes in mental health knowledge, attitudes and beliefs for parents who participate in the Parent Café workshop
- tracking the number of individuals who decline services.

Measures for each learning objective have been identified and will appropriately meet the needs of the evaluation, including measuring pre-intervention and post-intervention behavioral or academic issues and outcomes for students whose parents participated in the Parent Café.

The evaluator for this project will be secured through a County procurement process and will be responsible for the submission of annual updates to stakeholders and the Commission, as well as a final report and evaluation. The County indicates a third-party evaluator will inform the project's success and challenges in an unbiased manner along with the collection of data, surveys, and evaluation

The Budget (*see pgs 29-34 for detailed project budget*)

This project is part of the County's AB 114 plan, and \$1.2M of the funds proposed in this project is subject to reversion if not approved on or by June 30, 2020.

The County is requesting authorization to spend \$1,527,000 in MHSA Innovation funding for this project over a three-year period.

- Personnel costs total \$174,941 and include a .5 FTE Staff Analyst to support coordination, reporting and oversee evaluation.
- Evaluation costs total \$150,000 and will be completed by a contractor.
- Administration costs total \$20,000.
- Additional contractor costs total \$1,182,059 and include:
 - \$58,782 to support the operation of the Parent Café
 - \$622,682.19 to support the hiring of a clinician and parent peer through the Fresno County Superintendents of Schools
 - \$120,504 to support hiring apart time clinician, peer and triage liaison through the Fresno Police Chaplaincy Resilience Center

The timeline for this Innovation project will be implemented in four phases: pre-planning phase, phase 1 (operation); phase 2 (third and fourth schools join); and phase 3 (evaluation, transition and sustainability).

The proposed project appears to meet the minimum requirements listed under MHSA Innovation regulations; however, if Innovation Project is approved, the County must receive and inform the MHSOAC of this certification of approval from the Fresno County Board of Supervisors before any Innovation Funds can be spent.



County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH
DAWAN UTECHT
DIRECTOR

Appendix B: Letters of Support



Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

April 8, 2020

Dear Commissioners,

RH Community Builders is pleased to provide this formal letter of support for The Lodge program. RH Community Builders will be in a partnership with Fresno County Department of Behavioral Health for this project. As the identified provider for this project, we are in full support of the commission's approval of The Lodge.

We are excited to participate in this research project, and to truly explore the impact that peers can have in homeless and co-occurring engagement, and thus we dedicated seven full-time peers to this program.

As operators of shelter programs, affordable housing and supportive house services, we believe this program can truly provide vital learning on how to better engage homeless individuals with a serious mental illness, as well as a model that can be applied to other housing, shelter or lodging programs supporting those with a serious mental illness.

There is a tremendous need for resources to support our homeless populations, if a model for the Lodge if effective could provide additional options for our community in effectively engaging a difficult to engage population.

Should we be of additional help, or if we may answer any questions, please do not hesitate to contact us at (585) 314-7914. Thank you for your consideration.

Sincerely Yours,

Katie Wilbur, LCSW
Executive Director
RH Community Builders

2550 W Clinton Ave #142 Fresno, CA 93705



County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH
DAWAN UTECHT
DIRECTOR



April 6, 2020

Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95834

Dear Commissioners,

National Alliance on Mental Illness (NAMI) Fresno is pleased to provide this letter of support for Fresno County Department of Behavioral Health's Innovation Plan, The Lodge. This program will go beyond just providing shelter type care and services, which are needed; it will explore the effectiveness of true human engagement through their "come as you are" lodging. The concept of not having barriers to access basic human needs (food, warmth, safety, etc.), and allowing individuals to make their own decision about participating in care and what time they access it is truly transformative which has been one of the goals of the Mental Health Services Act.

The County has committed itself to inclusion of stakeholders in not just the development of the idea, but in their actual design of the program.

While there is no guarantee that this project will be successful like we hope, we understand that over the next three years it will provide learning and insights which will support some other local and statewide efforts.

For these reasons, we are providing our support to this plan. Should you have additional questions, please do not hesitate to reach out to me at chris@namifresno.com.

Sincerely,

Christina Valdez-Roup
Executive Director, NAMI Fresno

7545 N Del Mar Avenue, Suite 105 • Fresno CA 93711
1559) 224 2489 • info@namifresno.org
<http://www.namifresno.org>



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Lisa Nichols

Michael Reyna

Itzi Robles

Catherine Robles

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Chief Executive Officer

Emilia Reyes

Executive Office

1920 Mariposa Street,

Suite 300

Fresno, CA 93721

(559) 263-1000

www.FresnoEOC.org

April 8, 2020

Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

Re: Fresno EOC Letter of Support for Fresno County Department of Behavioral Health Innovation Plan for Project RideWell

Fresno Economic Opportunities Commission (Fresno EOC) is proud to support Fresno County Department of Behavioral Health's (DBH) Innovation Plan for Project RideWell. This project helps address our community needs with regard to limited transportation and improving employment prospects for the clients it serves. Fresno EOC is proud to partner with this vitally needed community-based transportation program. It seeks to address transportation needs by helping underserved populations in gaining access to resources and services.

Our organization has spent over five decades investing in people and helping them become self-sufficient. Closing the gaps in access to wellness, through our transportation efforts supports that mission. Fresno EOC Transit Systems have been serving the community for over fifty years through a variety of local, state, and federal human service programs. The project will address the needs of low income and vulnerable people by connecting them to valuable resources they would otherwise not be able to receive. The motto of Community Action and Fresno EOC is "helping people, changing lives," Fresno EOC has also historically trained and employed those who have had barriers to employment. Fresno EOC can help provide career pathways for individuals recovering from their mental illness with opportunities for meaningful employment.

We strongly support this plan's intent to improve the lives of underserved Fresno County residents through a combination of transportation services, technology, collaboration, and actual voices of those who the program will benefit.

Should you have any questions with regard to our support, please contact Transit Systems Director, Monty Cox at (559) 263-8004 or monty.cox@fresnoeoc.org. Thank you for your consideration.

Sincerely,

Emilia Reyes

Chief Executive Officer





April 6, 2020

Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

Dear Commissioners,

National Alliance on Mental Illness (NAMI) Fresno is submitting this letter in support of Fresno County Department of Behavioral Health's Innovation Plan, for Project RideWell. In our rural communities, transportation limitations keep many from becoming involved in the full spectrum of wellness activities. Within the City of Fresno, many of the consumers are from lower socioeconomic communities which make costs related to transportation a barrier to whole person care (including wellness and volunteer opportunities). This project addresses the need for more access to wellness resources, and also allows for peers a greater opportunity to become involved in the system of care, as trainers, and possibly employed as drivers, so they can support the wellness of others.

NAMI Fresno understands the dynamics of existing transportation infrastructure in rural communities and for Fresno, but more so that number of resources and activity that are available, but not accessible due to lack of transportation. This project will explore feasibility of increasing access through some coordinated ride share, as well as ensuring those serving consumers (the drivers) receive appropriate training to promote wellness and not perpetuate stigma.

NAMI Fresno is in support of this project that seeks to address not just access, and peer involvement, but the critical component of training those providers in basics around mental health and wellness.

Should you have any questions with regard to our support, please do not hesitate contact NAMI Fresno at chris@namifresno.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Christina Valdez-Roup", is written over a circular stamp or seal.

Christina Valdez-Roup
Executive Director, NAMI Fresno



21900 Colorado Avenue, P.O. Box 758, San Joaquin, CA 93660
(559) 693-4311, (559) 693-2193 (fax), www.cityofsanjoaquin.org

May 12, 2020

RE: Letter of Support Project RideWell

Dear Commissioners,

The City of San Joaquin is proud to provide this letter of support for Fresno County Department of Behavioral Health's Project RideWell. As a rural, isolated community whose residents face challenges with transportation and access to services (which are limited in our small community) a project such as this can be transformational. This project which the pilot will include our community will increase access to much needed services for those in our community who are in the need of behavioral health services. Our community which is primarily Latinos also battles stigma around mental health can greatly benefit from timely transportation to services that can be provided in a non-stigmatizing manner. We are hopeful to see if this can be a model which can improve the wellness of our residents and address a barrier to services for many. Having been familiar with the great work of the Fresno County Economic Opportunities Commission and the efforts of Fresno County Department of Behavioral Health to increase access and services in our rural community we are happy to lend our support to an effort that is focused on our community.

Should you have any questions, or if I may be of any additional help please feel free to contact me at elizabethn@cityofsanjoaquin.org or (559)385-6953.

Respectfully,

A handwritten signature in cursive script, appearing to read 'Elizabeth Nunez'.

Elizabeth Nunez,
City Manager

Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814



May 11, 2020

Dear Commissioners,

United Parents

Camarillo Office
391 S. Dawson Drive
Suite 1-A
Camarillo, CA 93012
P (805) 384-1555
F (805) 384-1080

www.unitedparents.org
info@unitedparents.org
501(c) (3) Organization
Tax ID #77-0275298

Sacramento Office
1100 11th Street, Suite 10
Sacramento, CA 96814-3812
P (916) 695-2634

Board of Directors

President
Jeffrey Boe

Board Members

Denise Johnson
Tim Helton
Brad Reichman
Maria Ortiz
Pam Roach

Executive Director
Lori Litel

*Celebrating
30 Years
of Service*

1990 - 2020


United Parents is lending this letter of support for the Handel With Care Plus+ projected that is being proposed by Fresno County Department of Behavioral Health. This Innovation Plan seeks to provide rapid response children experiencing trauma using the Handel With Care model. We are excited to see that Fresno County is seeking to test the adaption of the model to increase the inclusion of parents. The use of a parent café to increase parental understanding of trauma and resilience may enhance the model. The parental engagement is going to be a key component for this and using parent partners with lived experience we believe will help them be more effective, and we are excited to see this opportunity for parents.

We initially heard about this plan about a year ago, when a team from Fresno County met with our team and advocates during our work in Fresno. Fresno County Behavioral Health has included and shared this plan with us and our network of parents for input. The Handel With Care Plus+ seeks to work across systems, and to improve care coordination for families.

This project aligns with our missions and efforts, and thus we are lending our support in the form of this letter for Fresno County's Handel With Care Plus+ plan.

Should you have any questions or be in need of additional information you may contact us me at 805.384.1555. Thank you for your consideration.

Sincerely Yours,


Lori Litel
Executive Director
United Parents



Sergio Aguilar-Gaxiola, M.D., Ph.D.
Professor of Clinical Internal Medicine
Director, Center for Reducing Health Disparities
Director, Community Engagement Program, Clinical
and Translational Science Center
2921 Stockton Blvd, Suite 1408
Sacramento, CA 95817
aguilargaxiola@ucdavis.edu

May 11, 2020

Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

Dear Commissioners,

The University of California (UC) Davis' Center for Reducing Health Disparities (CRHD) extends this letter in strong support for Fresno County's **Handle with Care Plus+ Innovation Plan** proposal. Both myself and Dr. Gustavo Loera (who has been a key consultant for us for over 13 years) have reviewed the proposed plan by Fresno County and believe it is a solid, sound, timely, and cohesive proposal that offers great potential for learning opportunities that could be applicable across California.

In full transparency, the Fresno County Department of Behavioral Health did inquire with respect to the CRHD's services for a professional evaluation of their Handle with Care Plus+ project. So, we have been in discussion with Fresno County about the possibility of providing the evaluation of the plan. While not yet contracted we anticipate with approval of the plan and stand ready to move forward with contracting with Fresno County to evaluate this project. Dr. Loera, our Center's team and I have ample evaluation expertise and experience and familiarity with MHSA and its funded programs. We also have ample experience reaching out to and effectively engaging underserved communities including diverse populations.

The Handle with Care Plus+, is the type of innovating programing that contributes to statewide learning and efforts to address trauma. This pilot looks to provide a response to childhood trauma and to adopt an effective model to increase familial involvement in the recovery process. This project has an opportunity to expand and enhance effective service models and, as an innovation plan, focuses on a robust and adequate evaluation.

Fresno County's plan addresses underserved and inappropriately served populations, works across sectors in a collaborative manner, and opens an new avenue for access to services for those often unserved, underserved and inappropriately served communities. We are excited to strongly support and to the possibility of being involved in a project such as this that weighs heavily on research, evaluation, and understanding of the process.

If we may be of any additional assistance, please do not hesitate to contact me at at 559-779-1797 or my email, aguilargaxiola@ucdavis.edu. Thank you for your time and consideration.

Sincerely yours,

A handwritten signature in black ink that reads "Sergio Aguilar-Gaxiola".

Sergio Aguilar-Gaxiola, MD, PhD
Professor of Clinical Internal Medicine
Director, Center for Reducing Health Disparities (CRHD)



County of Fresno

ADVISORY BOARDS AND
COMMISSIONS

May 12, 2020

Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

Dear Commissioners,

The Fresno County Behavioral Health Board is pleased to provide this letter of support for the three Innovation Plans being presented by Fresno County Department of Behavioral Health for consideration by the Commission.

Fresno County Behavioral Health Board and the Department of Behavioral Health work collaboratively, so our Board is familiar with the efforts that the Department is making to improve the lives of our residents.

Some of our Board members have been involved with these innovation plans for several years and are excited to see them come alive. These three plans address areas of concern that were raised in the last Mental Health Services Act plan, including greater use of peers in the workforce, addressing needs of homeless individuals, responding to childhood trauma in a timely manner, and increasing access by reducing transportation barriers.

The Lodge is an example of innovation which seeks to combine using trained peers, providing low barrier shelter, and meeting basic needs, with a harm-reduction and "come as you are" approach that has not been used in the past to engage our homeless populations. As we work to address the needs of Fresno County's growing homeless population, it will be helpful to know what models are most effective. This will test a method to engage those often identified as "hard to reach".

Handle With Care Plus+ builds on the county's existing partnership with schools and brings on a model that has worked. It will test whether we can intervene early enough to limit the impact of trauma in the lives of children. The innovation of bringing parents and families into the process not only can help address the child's trauma but also allow the entire family to receive care. This program will include parents with lived experience to help relate to other parents.

Project RideWell is an innovative plan that uses technology to lessen the barrier transportation plays in keeping so many from fully participating in local services. This program also includes peers as trainers. It is important to make sure that the drivers are trained and supportive of the passengers so as not to stigmatize those who use the service.

Please accept this letter as our whole-hearted support for the three Innovation Plans from Fresno County Department of Behavioral Health.

Sincerely yours,

Carolyn Evans

Chair, Fresno County Behavioral Health Board

evansalca@comcast.net

559-355-0962



County of Fresno

DEPARTMENT OF PUBLIC HEALTH

May 12, 2020

Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

Dear Commissioners,

The Fresno County Department of Public Health would like to provide this letter of support for the three Innovation Plans being presented by Fresno County Department of Behavioral Health for consideration by the Commission.

Fresno County Public Health and Behavioral Health work in collaboration on a number of efforts and are familiar with the efforts that the county as a whole is working to address to improve lives of our residents. We are happy to formally provide our support to the three innovation plans by Behavioral Health.

The Lodge will be a valuable research effort that can provide insights into what may be effective engagement practices to working with homeless individuals. Using trained peers, low barrier shelters, meeting basic needs, harm-reduction and come as you are approach has not been used in the past for engagement of many of our homeless populations. This innovative approach to testing this model could provide valuable information that could be used with other housing, supportive services and outreach models for care. As Fresno County has experienced a rise in the number of homeless individuals, understating how to better engage those who also have co-occurring disorders and have rejected services will be vital in any effective strategy.

The Handle With Care Plus+, is a project that aligns with the State Surgeon General's efforts around Adverse Childhood Experience (ACE) and work across direct fields (education, law enforcement, behavioral health, and community providers) to help address trauma and thus reduce the impact of untreated and undiagnosed trauma. This project is looking at the social determinants of health as part of the pilot which is critical to understand the impacts of trauma and access to care.

Promotion, preservation and protection of the community's health

1221 Fulton Street /P. O. Box 11867, Fresno, CA 93775

(559) 600-3200 • FAX (559) 600-7687

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Lastly, Project RideWell is also an innovative model that seeks to address the great transportation challenges faced throughout Fresno County. The limited transportation poses a barrier to access for care and services throughout the county. Regular ride share services are not viable for many of the populations the program seeks to serve. Having drivers who would be trained in subjects including mental health, confidentiality and stigma reduction would really address transportation needs and ensure that the quality of care the passengers receive from these services supports their wellness.

Please accept this letter as our support for the three Innovation Plans being considered from Fresno County. Should you have any additional questions or if we may be of additional assistance, please feel free to contact me at (559) 600-3200.

Sincerely yours,

A handwritten signature in blue ink, appearing to read "David Pomaville". The signature is fluid and cursive, with a large initial "D" and "P".

David Pomaville, Director



California Pan-Ethnic Health Network

BOARD OF DIRECTORS

Michelle Doty Cabrera

Executive Director
County Behavioral Health Directors
Association

James Gilmer, MA

President
Cyrus Urban Network- Multicultural
Community Ventures Initiative

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Latino Coalition for a Healthy California

Elena Santamaria

Policy Advisor
NextGen America

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President/CEO
California Black Health Network

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Director, Health Access Project
Asian Americans Advancing Justice, LA

Kiran Savage-Sangwan, MPA

Executive Director

OAKLAND OFFICE

1221 Preservation Park Way, Suite
200
Oakland, CA 94612

SACRAMENTO OFFICE

1107 9th Street, Suite 410
Sacramento, CA 95814

LOS ANGELES OFFICE

672 S. Lafayette Park Place,
Unit 30
Los Angeles, CA 90057

Wednesday, May 13

Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

RE: Fresno County Department of Behavioral Health INN Plans

Dear Commissioners:

On behalf of the California Pan-Ethnic Health Network, we would like to provide this letter of support for the three Innovation Plans being presented by Fresno County Department of Behavioral Health for consideration by the Commission.

CPEHN's mission is to promote health equity by advocating for public policies and sufficient resources to address the health needs of communities of color. We help build wide community coalitions around pressing health issues to amplify the voices of diverse racial and ethnic communities in policy development. Our premiere coalitions, Having Our Say and the Behavioral Health Equity Collaborative, consist of around 30 member organizations statewide, many of whom reside within and serve Fresno County.

We applaud the Fresno County Behavioral Health Department's commitment and adherence to the Cultural and Linguistically Appropriate Services (CLAS) Standards in all three INN plans. In all three INN plans, Fresno County Behavioral Health Department uplift the critical role of peers, cultural humility, and language accessibility. Project RideWell will focus on the use of trained peers, recruit bilingual drivers, and provide training on cultural competence and cultural humility; the Handel With Care Plus+ INN plan aims to offer education in Fresno County's three threshold language – English, Spanish and Hmong, prioritize services in culturally underserved or inappropriately service populations, and recruit culturally responsive clinicians and parent peers. The Lodge INN plan will focus on utilizing trained peers, a critical addition that will help address chronic shortages in workforce and increase opportunities for qualified professionals without a social work or medical license to provide culturally competence mental health care.

Please accept this letter as our support for the three Innovation Plans being considered from Fresno County. Should you have any additional questions or if we may be of additional assistance, please feel free to contact me Carolina Valle cvalle@cpehn.org or (213) 787-1360. for any questions about our position.

Sincerely,

Carolina Valle, Policy Manager, California Pan-Ethnic Health Network.

Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814



May 11, 2020

Dear Commissioners,

United Parents

Camarillo Office
391 S. Dawson Drive
Suite 1-A
Camarillo, CA 93012
P (805) 384-1555
F (805) 384-1080
www.unitedparents.org
info@unitedparents.org
501(c) (3) Organization
Tax ID #77-0275298

Sacramento Office
1100 11th Street, Suite 10
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Board of Directors

President
Jeffrey Boe

Board Members

Denise Johnson
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Brad Reichman
Maria Ortiz
Pam Roach

Executive Director
Lori Litel

*Celebrating
30 Years
of Service*

1990 - 2020


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We initially heard about this plan about a year ago, when a team from Fresno County met with our team and advocates during our work in Fresno. Fresno County Behavioral Health has included and shared this plan with us and our network of parents for input. The Handel With Care Plus+ seeks to work across systems, and to improve care coordination for families.

This project aligns with our missions and efforts, and thus we are lending our support in the form of this letter for Fresno County's Handel With Care Plus+ plan.

Should you have any questions or be in need of additional information you may contact me at 805.384.1555. Thank you for your consideration.

Sincerely Yours,


Lori Litel
Executive Director
United Parents



Sergio Aguilar-Gaxiola, M.D., Ph.D.
Professor of Clinical Internal Medicine
Director, Center for Reducing Health Disparities
Director, Community Engagement Program, Clinical
and Translational Science Center
2921 Stockton Blvd, Suite 1408
Sacramento, CA 95817
aguilargaxiola@ucdavis.edu

May 11, 2020

Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

Dear Commissioners,

The University of California (UC) Davis' Center for Reducing Health Disparities (CRHD) extends this letter in strong support for Fresno County's **Handle with Care Plus+ Innovation Plan** proposal. Both myself and Dr. Gustavo Loera (who has been a key consultant for us for over 13 years) have reviewed the proposed plan by Fresno County and believe it is a solid, sound, timely, and cohesive proposal that offers great potential for learning opportunities that could be applicable across California.

In full transparency, the Fresno County Department of Behavioral Health did inquire with respect to the CRHD's services for a professional evaluation of their Handle with Care Plus+ project. So, we have been in discussion with Fresno County about the possibility of providing the evaluation of the plan. While not yet contracted we anticipate with approval of the plan and stand ready to move forward with contracting with Fresno County to evaluate this project. Dr. Loera, our Center's team and I have ample evaluation expertise and experience and familiarity with MHSA and its funded programs. We also have ample experience reaching out to and effectively engaging underserved communities including diverse populations.

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Fresno County's plan addresses underserved and inappropriately served populations, works across sectors in a collaborative manner, and opens an new avenue for access to services for those often unserved, underserved and inappropriately served communities. We are excited to strongly support and to the possibility of being involved in a project such as this that weighs heavily on research, evaluation, and understanding of the process.

If we may be of any additional assistance, please do not hesitate to contact me at at 559-779-1797 or my email, aguilargaxiola@ucdavis.edu. Thank you for your time and consideration.

Sincerely yours,

A handwritten signature in black ink that reads "Sergio Aguilar-Gaxiola".

Sergio Aguilar-Gaxiola, MD, PhD
Professor of Clinical Internal Medicine
Director, Center for Reducing Health Disparities (CRHD)



21900 Colorado Avenue, P.O. Box 758, San Joaquin, CA 93660
(559) 693-4311, (559) 693-2193 (fax), www.cityofsanjoaquin.org

May 12, 2020

RE: Letter of Support Project RideWell

Dear Commissioners,

The City of San Joaquin is proud to provide this letter of support for Fresno County Department of Behavioral Health's Project RideWell. As a rural, isolated community whose residents face challenges with transportation and access to services (which are limited in our small community) a project such as this can be transformational. This project which the pilot will include our community will increase access to much needed services for those in our community who are in the need of behavioral health services. Our community which is primarily Latinos also battles stigma around mental health can greatly benefit from timely transportation to services that can be provided in a non-stigmatizing manner. We are hopeful to see if this can be a model which can improve the wellness of our residents and address a barrier to services for many. Having been familiar with the great work of the Fresno County Economic Opportunities Commission and the efforts of Fresno County Department of Behavioral Health to increase access and services in our rural community we are happy to lend our support to an effort that is focused on our community.

Should you have any questions, or if I may be of any additional help please feel free to contact me at elizabethn@cityofsanjoaquin.org or (559)385-6953.

Respectfully,

A handwritten signature in cursive script, appearing to read 'Elizabeth Nunez'.

Elizabeth Nunez,
City Manager



Fresno
Economic
Opportunities
Commission

Board Chair

Linda Hayes

First Vice Chair

Maiyer Vang

Second Vice Chair

Daniel Parra

Treasurer

Charles Garabedian

Commissioners

Amy Arambula

Oliver Baines

Zina Brown-Jenkins

Amparo Cid

Jerome Countee

Felipe De Jesus Perez

Lee Ann Eager

Misty Franklin

Angie Isaak

Lupe Jaime-Mileham

Richard Keyes

Rey Leon

Daniel Martinez

Bruce McAlister

Barigye McCoy

Lisa Nichols

Michael Reyna

Itzi Robles

Catherine Robles

Jimi Rodgers

Chief Executive Officer

Emilia Reyes

Executive Office

1920 Mariposa Street,

Suite 300

Fresno, CA 93721

(559) 263-1000

www.FresnoEOC.org

April 8, 2020

Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

Re: Fresno EOC Letter of Support for Fresno County Department of Behavioral Health Innovation Plan for Project RideWell

Fresno Economic Opportunities Commission (Fresno EOC) is proud to support Fresno County Department of Behavioral Health's (DBH) Innovation Plan for Project RideWell. This project helps address our community needs with regard to limited transportation and improving employment prospects for the clients it serves. Fresno EOC is proud to partner with this vitally needed community-based transportation program. It seeks to address transportation needs by helping underserved populations in gaining access to resources and services.

Our organization has spent over five decades investing in people and helping them become self-sufficient. Closing the gaps in access to wellness, through our transportation efforts supports that mission. Fresno EOC Transit Systems have been serving the community for over fifty years through a variety of local, state, and federal human service programs. The project will address the needs of low income and vulnerable people by connecting them to valuable resources they would otherwise not be able to receive. The motto of Community Action and Fresno EOC is "helping people, changing lives," Fresno EOC has also historically trained and employed those who have had barriers to employment. Fresno EOC can help provide career pathways for individuals recovering from their mental illness with opportunities for meaningful employment.

We strongly support this plan's intent to improve the lives of underserved Fresno County residents through a combination of transportation services, technology, collaboration, and actual voices of those who the program will benefit.

Should you have any questions with regard to our support, please contact Transit Systems Director, Monty Cox at (559) 263-8004 or monty.cox@fresnoeoc.org. Thank you for your consideration.

Sincerely,

Emilia Reyes

Chief Executive Officer





April 6, 2020

Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

Dear Commissioners,

National Alliance on Mental Illness (NAMI) Fresno is submitting this letter in support of Fresno County Department of Behavioral Health's Innovation Plan, for Project RideWell. In our rural communities, transportation limitations keep many from becoming involved in the full spectrum of wellness activities. Within the City of Fresno, many of the consumers are from lower socioeconomic communities which make costs related to transportation a barrier to whole person care (including wellness and volunteer opportunities). This project addresses the need for more access to wellness resources, and also allows for peers a greater opportunity to become involved in the system of care, as trainers, and possibly employed as drivers, so they can support the wellness of others.

NAMI Fresno understands the dynamics of existing transportation infrastructure in rural communities and for Fresno, but more so that number of resources and activity that are available, but not accessible due to lack of transportation. This project will explore feasibility of increasing access through some coordinated ride share, as well as ensuring those serving consumers (the drivers) receive appropriate training to promote wellness and not perpetuate stigma.

NAMI Fresno is in support of this project that seeks to address not just access, and peer involvement, but the critical component of training those providers in basics around mental health and wellness.

Should you have any questions with regard to our support, please do not hesitate contact NAMI Fresno at chris@namifresno.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'Christina Valdez-Roup', is written over a circular stamp or seal.

Christina Valdez-Roup
Executive Director, NAMI Fresno



County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH
DAWAN UTECHT
DIRECTOR

Appendix B: Letters of Support



Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

April 8, 2020

Dear Commissioners,

RH Community Builders is pleased to provide this formal letter of support for The Lodge program. RH Community Builders will be in a partnership with Fresno County Department of Behavioral Health for this project. As the identified provider for this project, we are in full support of the commission's approval of The Lodge.

We are excited to participate in this research project, and to truly explore the impact that peers can have in homeless and co-occurring engagement, and thus we dedicated seven full-time peers to this program.

As operators of shelter programs, affordable housing and supportive house services, we believe this program can truly provide vital learning on how to better engage homeless individuals with a serious mental illness, as well as a model that can be applied to other housing, shelter or lodging programs supporting those with a serious mental illness.

There is a tremendous need for resources to support our homeless populations, if a model for the Lodge if effective could provide additional options for our community in effectively engaging a difficult to engage population.

Should we be of additional help, or if we may answer any questions, please do not hesitate to contact us at (585) 314-7914. Thank you for your consideration.

Sincerely Yours,

Katie Wilbur, LCSW
Executive Director
RH Community Builders

2550 W Clinton Ave #142 Fresno, CA 93705



County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH
DAWAN UTECHT
DIRECTOR



April 6, 2020

Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95834

Dear Commissioners,

National Alliance on Mental Illness (NAMI) Fresno is pleased to provide this letter of support for Fresno County Department of Behavioral Health's Innovation Plan, The Lodge. This program will go beyond just providing shelter type care and services, which are needed; it will explore the effectiveness of true human engagement through their "come as you are" lodging. The concept of not having barriers to access basic human needs (food, warmth, safety, etc.), and allowing individuals to make their own decision about participating in care and what time they access it is truly transformative which has been one of the goals of the Mental Health Services Act.

The County has committed itself to inclusion of stakeholders in not just the development of the idea, but in their actual design of the program.

While there is no guarantee that this project will be successful like we hope, we understand that over the next three years it will provide learning and insights which will support some other local and statewide efforts.

For these reasons, we are providing our support to this plan. Should you have additional questions, please do not hesitate to reach out to me at chris@namifresno.org.

Sincerely,

Christina Valdez-Roup
Executive Director, NAMI Fresno

7545 N Del Mar Avenue, Suite 105 • Fresno CA 93711
1559 224 2489 • info@namifresno.org
<http://www.namifresno.org>

The Lodge

Researching a Targeted Engagement Approach



Primary Purpose

- **INN Criteria 1**

Increase access to mental health services to underserved groups

- To provide a low-barrier, “come as you are” services to initiate the engagement;
- Focus on meeting basic needs first, versus requiring the individual to be well first;
- Testing a strategy for engagement individuals who are not currently engaged in the mental health system:
 - *Adult Individuals with severe mental illness/co-occurring, who are homeless or at risk of homelessness, and are in the pre-contemplation stage of change.*

- **INN Criteria 2:**

Increase access to mental health services, including but not limited to services provided through permanent supportive housing

- Provide safe and secure temporary lodging to stabilize the situation;
- Stabilize an individual by addressing their basic needs so they may participate in services (which can include supportive housing and care);
- Provide individual-driven services provided by peers with lived experience
 - 24/7 Peer Support
 - Use of motivational interviewing
 - “Dignity First” Approach
 - Mental health assessment
 - Match individual to program/services and level of care based on their individual need and input



What are we solving for?

- **Challenges in Fresno County**

- Growing number of individuals experiencing homelessness
- Limited number of shelters (many with high barriers to entry)
- Accessibility for individuals with severe mental illness and/or co-occurring disorders
- Availability of demographic data for this hard-to-reach population
- Focus has been on shelter, but strategies have not been developed for effective engagement for those in pre-contemplation stage of change.



Proposed Project

- Testing a strategy for engagement of an underserved, unserved, inappropriately served population, using peer driven approach in conjunction with low barrier lodging and meeting an individual's basic needs first.
- Provide Lodging up to 30 individuals who are homeless/risk of homelessness, serious or on-set of serious mental illness and are in pre-contemplation stage of change
- Stabilize participant's living situation using harm reduction approaches.
- Focus on the individuals basic needs, so they can then be able to consider other options.
- Explore how using trained 24/7 Peer Support in such a milieu applying Motivational Interviewing may be a catalyst for a decision to engage in services.
- Through a Robust Evaluation process try to understand if the approach of come as you are, peer driven engagement, meeting basic needs first and harm-reduction approach were effective in engagement of those in a pre-contemplation stage.



Project Budget

BUDGET TOTALS	FY 20/21	FY 21/22	FY 22/23	TOTAL
Personnel	\$ -	\$ -	\$ -	\$ -
Direct Costs - Evaluations	50,000	50,000	50,000	150,000
Indirect Costs	-	-	-	-
Non-recurring costs	-	-	-	-
Other Expenditures - Direct Operations & Contingencies	1,349,333	1,350,333	1,350,334	4,050,000
TOTAL INNOVATION BUDGET	\$1,399,333	\$1,400,333	\$1,400,334	\$4,200,000



PROPOSED MOTION

The Commission approves Fresno County's Innovation Plan as follows:

Name: The LODGE: Researching Targeted Engagement Approach

Amount: Up to \$4,200,000 in MHSA INN funds

Project Length: Three (3) Years

Project RideWell

**Expanding Transportation Access for
Wellness and Recovery Activities**



Primary Purpose

- **INN Criterion: Introduce a new practice or approach to the overall mental health system, including, but not limited to prevention and early intervention.**

To increase access to broader range of mental health and wellness services for underserved groups so to improve their wellness and recovery. Transportation barriers limit many individuals served from being able to fully participate in their own recovery plan and engage in all available activities and services that can improve and support their wellness.

- Creation of a rideshare system that supports the wellness of individuals served
 - Realtime, efficient transportation
- Reduce barriers access to wellness activities
 - Wellness centers, support groups, community planning events, library, rec centers, food distribution, pharmacy. Etc.
- Drivers trained in mental health awareness
 - So to reduce stigma, improve experience and participation by individuals served
- Target Population:
 - First services phase: individuals living in rural Fresno County (receiving services in Kerman, San Joaquin, Firebaugh, Mendota or Tranquility)
 - Second services phase: expand to include individuals living in the city of Fresno and receiving services at the Urgent Care Wellness Center who are receiving medication only services and have two or more no-shows.



What are we solving for?

- **Challenges in Fresno County**
 - Access to behavioral health care and wellness activities
 - Improving the overall wellness of participants using Reaching Recovery scores for participants
 - Increasing opportunities for meaningful peer involvement
 - Facilitating access for underserved populations to the range of non-clinical services that current transportation barriers exclude their participation
 - **Geographical isolation**
 - Fresno County is 6,011 square miles
 - **Limited Access to Transportation**
 - Long rides on public transit, when available limit individual participation
 - Limited public transit in rural areas, restrict participation and access
 - Limited ride share opportunities (not to mention costs)
 - Transportation identified as primary reason no-show for medication appointments



Proposed Project

- **Phase 1**
 - **Develop smart device application**
 - **Developing menu of wellness stops with provider and stakeholders**
 - **Train drivers**
 - Mental Health First Aid, Suicide 101 and/or Question, Persuade, Refer
 - HIPAA
 - Cultural Humility, In Our Own Voices, Wellness and Recovery
 - Class B Commercial license
- **Phase 2**
 - **Roll out transportation services for Kerman rural hub**
 - **Rural mental health providers request rides on behalf of individuals served**
 - **Anticipated number to be served: 200**
- **Phase 3**
 - **Roll out transportation services for Fresno Metro area for adult individuals receiving medication-only service, with two or more no-shows/missed appointments**
 - **Participants may schedule their own rides**
 - Choose from approved locations in the app on their personal devices
 - Orientation to address technology needs
 - Measure improved wellness through Reaching Recovery scores of participants



Project Budget

BUDGET TOTALS	FY 20/21	FY 21/22	FY 22/23	TOTAL
Personnel	\$ 25,051	\$ 25,552	\$ 26,063	\$ 76,666
Evaluation	\$ 35,000	\$ 35,000	\$ 35,000	\$ 105,000
Other Direct Costs	42,936	43,795	44,671	131,401
Indirect Costs	26,904	27,442	27,991	82,337
Training Stipends	3,000	3,000	3,000	9,000
Communications	4,500	1,500	1,500	7,500
Vendor Operations	249,000	251,898	287,198	788,096
TOTAL INNOVATION BUDGET	\$ 386,391	\$ 388,187	\$ 425,422	\$1,200,000



PROPOSED MOTION

The Commission approves Fresno County's Innovation Plan as follows:

Name: Project Ridewell

Amount: Up to \$1,200,000 in MHSA INN funds

Project Length: Three (3) Years

Handle With Care Plus+

Addressing Trauma Through Rapid Response and Engagement



Primary Purpose

- **INN Criteria 1: Increase the quality of mental health services, including measured outcomes**
 - Rapid response team links families to behavioral health services
 - Parents and guardians linked to Parent Cafés focused on trauma and resilience
 - Assess impact of early intervention has on student's improved outcomes
- **INN Criteria 2: Increase access to mental health services for underserved groups**
 - Timely responses to children impacted by trauma in low-income high crime neighborhoods
 - Early engagement of parents (through psychoeducation efforts, up to linkage for their own mental health needs)
 - Handle with Care notification with child's school (initiating early intervention services)
- **INN Criteria 3: Making a change to an existing practice in the field of mental health**
 - Using collaboration between agencies to create a rapid response program that engages the entire family after a traumatic event occurs
 - Adding a parent/family engagement to the Handle With Care model to increase their involvement with recovery process

To provide rapid coordinated care for children and families who have experienced trauma or other life changing events, so to mitigate the impact of the trauma on the child and family, and engage the family in the recovery process.



What are we solving for?

- **Need for coordination of early intervention in response to childhood trauma.**
- **Challenges in Fresno County**
 - Burgeoning knowledge about the lifelong effects of Adverse Childhood Experiences (ACES);
 - 574.5 Violent Crimes per 100,000 people in Fresno County;
 - 500 to 800 emergency calls per month that involve children exposed to a traumatic event in the City of Fresno alone;
 - Need for real-time care coordination related to childhood trauma or other life changing event;
 - Utilizing child's resilience in the recovery process through familial support;
 - Parent/Caregiver engagement to support child and family.



Proposed Project

- **Multi-agency cross sector collaboration for early intervention to childhood trauma using the Handle with Care Model**
- **Fresno Police Chaplaincy-Resiliency Center**
 - Receives real-time report of traumatic or stressful calls directly from Fresno Police Department
 - Initiates the Handle With Care notice to FCSS
 - Provides Parent Cafés facilitated by parent peer with support from a clinician
- **Fresno County Superintendent of Schools-All4Youth**
 - Staffs the case/disseminates Handle With Care notice to pilot schools
 - Screens and assesses child for trauma or other needs
 - Contacts family to offer services
 - Provides linkage to services
 - Monitors student outcomes over time
- **Both partner agencies**
 - Employ Parent Peers for engage parents and caregivers
 - Provide support to families, based on family preference
 - Collect and share data to measure impact of the rapid response for improving student wellness
 - Explore adaption of Parent Café focused on trauma and resilience as an additional component to Handle With Care



Project Budget

BUDGET TOTALS	FY 20/21	FY 21/22	FY 22/23	TOTAL
Personnel	\$ 37,956	\$ 38,715	\$ 39,489	\$ 116,160
Evaluation	50,000	50,000	50,000	150,000
Other Direct Costs	9,700	9,760	9,721	29,181
Indirect Costs	16,207	16,531	16,862	49,600
Vendor Operations	363,277	380,000	380,000	1,123,277
Parent Café	25,000	16,891	16,891	58,782
TOTAL INNOVATION BUDGET	\$ 502,140	\$ 511,897	\$ 512,963	\$ 1,527,000

PROPOSED MOTION

The Commission approves Fresno County's Innovation Plan as follows:

Name: Handle With Care Plus+

Amount: Up to \$1,527,000 in MHSA INN funds

Project Length: Three (3) Years

AGENDA ITEM 5

Action

May 28, 2020 Commission Meeting Teleconference
Innovation Incubator Stage II projects

Summary: The Commission will consider approval of four contracts in an amount not to exceed \$2,055,000 to support three multi-county collaboratives and one system-change project under development by the Commission's Innovation Incubator to fortify community mental health services, with an emphasis on reducing criminal justice involvement among those with mental health needs. The contracts supporting these Innovation Incubator projects need to be finalized by June 30, 2020.

Proposed Motion: Authorize the Executive Director to enter into four contracts to support three multi-county collaboratives and one system-change project developed by the Commission's Innovation Incubator with an aggregate not to exceed \$2,055,000.

Presenters: Toby Ewing, Executive Director, Jim Mayer, Chief of Innovation Incubation.

Background

In 2018 the Governor and the Legislature provided the Commission with \$5 million in one-time funds to catalyze innovations with the potential to reduce criminal justice involvement for individuals with mental health needs. The Commission in January 2019 voted to establish the Incubator in-house and to contract out for services for specific projects.

The Commission at its February 27, 2020 meeting was briefed on three multi-county collaboratives that are underway and potential scopes for three additional collaboratives. More recently, the pandemic and its fiscal impacts have elevated the need for innovation in mental health services. The second stage of the Innovation Incubator is designed to help meet the imperative for more cost-effective solutions.

First Stage Projects

The Commission has funded three planning grants that are providing technical assistance to counties working together to increase their capacity to improve outcomes:

1. The Data-Driven Recovery Project. Five counties are linking criminal justice and behavioral health data to understand the pathways of individuals with mental health needs in the criminal justice system. The counties are deploying data-informed practices and piloting new strategies to improve outcomes developed from Sequential Intercept Models. The counties formed a Community of Practice to share ideas and resolve implementation issues.

2. Full-Service Partnerships. Six counties are evaluating their Full-Service Partnerships (FSP) to assess how they can improve outcomes from this “whatever it takes” approach to serving high need clients, and reduce criminal justice involvement and homelessness, in particular. Another 20 counties are participating in a “learning community” on FSP best practices that will be informed by the collaborative innovation project.
3. Psychiatric Advanced Directives. Two counties are deploying advanced directives to improve the response to individuals who are in crisis from law enforcement, as well as physical and behavioral health workers. Fresno County has an approved Innovation plan to support their activities and Orange County has indicated it will develop an Innovation plan to support its efforts. Two additional counties are considering whether to participate in the collaborative.

Second Stage Projects

A review of those initial activities identified several additional opportunities, which were shared with county partners in January. As a result, staff pursued three additional multi-county collaboratives to support innovations and a cross-cutting system change project to scale those innovations to benefit all counties.

1. Data-Driven Recovery Project Second Cohort. Several counties are interested in this project. For some smaller counties, such as El Dorado and Lassen, the project can provide basic capacities to enable cross-system communication and action. For larger counties, such as Ventura, the work will be tailored to integrate other system level initiatives to connect behavioral health, criminal justice, and related services.
2. Crisis Now. The Crisis Now model was developed in the mid-2000s to help communities develop and sustain the essential elements of a crisis system with the potential to reduce death by suicide and other tragic and costly outcomes. The model is being deployed throughout the United States and in other countries. Two cohorts of five counties each are being recruited to plan comprehensive crisis response systems, including ways to tap federal and private insurance funding.
3. Fiscal Sustainability. Many recent criminal justice-oriented initiatives have been funded by significant one-time funding through the Department of State Hospitals, the Judicial Council and other state agencies. This project will work with three counties to link the results of those initiatives to the savings accrued to the system, assess how to optimize those programs and available funding streams, and explore options for linking procurement of services to performance.
4. System Change Project. The collaboratives are yielding significant benefits for the counties involved and potential learnings for other counties. A fourth project will capture the system change potential of the collaboratives through these activities:
 - > Cross project assessment of state and local barriers to improvement. The analysis will identify legal, cultural, and capacity issues that slow or block improvements at the community level. Solutions and examples will be identified. County and state leaders will be involved to inform and affirm the conclusions.

- > Continuous Improvement Framework. Lessons from the Incubator and other Commission-supported collaboratives will be used to craft a detailed framework for using MHSA funds to improve outcomes. The framework will be developed and distributed in partnership with the County Behavioral Health Directors Association, the Forensic Mental Health Association, and Words to Deeds.
- > Continuous Improvement in Innovation Plans. The assessment and continuous improvement framework will be used to assess, with county leaders and community input, how MHSA Innovation projects can be better used to drive system improvements.

Next Steps

Public engagement. The Commission conducted extensive public engagement at the beginning of the Innovation Incubator project, and that feedback informed activities to date. As the second round of activities began to take shape, the Commission staff intended to support community engagement. The challenges of the pandemic limited our capacity to support that engagement. In response, the Commission will ensure there is robust community engagement in the local planning and Innovation plan development process, including the involvement of our stakeholder advocate partners.

County involvement. The Commission staff has been engaging with state and county partners to identify interest and align potential activities. Where possible, the collaboratives have been designed to be “county-led,” with the Commission staff engaged to facilitate progress and ensure alignment with Commission goals.

Contracts. The Commission will consider approval of four contracts to support the four Second Stage Projects> The lead contractors, primary activities, outcomes, and the dollar amount for each contract are identified in the following table. Some subcontractors will likely be incorporated to provide specific expertise.

Innovation Incubator Second Stage				
Project	Prime Contractor	Activity	Outcome	Not to exceed
Data-Driven Recovery	O’Connell Research	Matching data, mapping systems	Cross-system data capacity, coordination	\$800K
Crisis Now	RM International	Developing crisis response system	Complete, sustainable response systems	\$350K
Fiscal Sustainability	Social Finance	Evaluating cost effectiveness	Model for evaluating cost-effectiveness	\$375K
Cross System Change	Social Finance	Assessing barriers, solutions, strategies	Scaled learnings, incorporating into MHSOAC process	\$530K

AGENDA ITEM 6

Action

May 28, 2020 Commission/Teleconference Meeting Governor's May 2020 Revise Briefing and the Commission's final 2019-20 Budget

Summary: The Commission will receive an update on Fiscal Year 2019-20 Operations Budget and request authorization to encumber the remaining funds for the current fiscal year. The Commission will also be presented with a brief overview of the Governor's May 2020 Revise.

Background: In January, the Commission received presentation on the 2019-20 mid-year expenditures and approved the expenditures below.

FY 2019-20 Total Budget: \$122,337,000	Budgeted (July 2019)	Budgeted (Rev. Jan. 2020)	Expenditures (as of Jan. 2020)	Projected	Uncommitted
Personnel Services	\$4,960,589.79	\$6,458,500.00	\$2,516,342.00	\$3,762,917.00	\$179,241.00
Operations (OE & E)	\$1,531,631.00	\$2,573,216.00	\$500,405.00	\$2,072,811.00	
Information Technology	\$923,500.00	\$955,204.00	\$174,037.00	\$781,167.00	
Communications	\$298,990.00	\$353,990.00	\$47,665.00	\$306,325.00	
Evaluation	\$676,344.00	\$976,919.00	\$23,622.00	\$953,297.00	
Innovation Incubator	\$2,500,000.00	\$2,500,000.00	\$58,487.00	\$2,441,513.00	
Stakeholders	\$5,415,500.00	\$5,415,500.00	\$56,250.00	\$5,359,250.00	
Triage	\$20,000,000.00	\$20,000,000.00	\$0.00	\$20,000,000.00	
Mental Health Student Services Act	\$50,000,000.00	\$48,830,000.00	\$0.00	\$48,830,000.00	
Youth Drop-In Centers	\$15,000,000.00	\$14,589,000.00	\$0.00	\$14,589,000.00	
Early Psychosis Research and Treatment	\$20,000,000.00	\$19,452,000.00	\$0.00	\$19,452,000.00	
Remaining Balance	\$545,445.21	\$232,671.00			\$232,671.00
Total	\$121,852,000.00	\$122,337,000.00	\$3,376,808.00	\$118,137,109.00	\$411,912.00

The Local assistance budget includes:

Triage Grant Programs

The Commission approved the funding for Triage Grant Programs in 2017. The current Triage Grants will end in 2021. The current funding allocations are listed below.

Grant Programs	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
Triage Adults/TAY		\$9,844,300.20	\$8,969,419.52	\$9,290,644.24	\$5,773,186.97
Triage Children (0-21)		\$5,847,707.32	\$5,878,401.55	\$5,731,842.76	\$3,433,204.83
Triage Schools/MH	\$3,000,000.00	\$2,521,594.90	\$4,001,830.07	\$4,028,744.28	\$7,621,300.14
Triage Evaluation		\$1,786,397.58	\$1,150,348.86	\$984,768.72	\$3,172,307.84
Totals	\$3,000,000.00	\$20,000,000.00	\$20,000,000.00	\$20,000,000.00	\$19,999,999.78

Additional Local Assistance Funds 2019:

Over the last year, the Commission approved funding for the additional local assistance grant programs that were included in the Governor’s 2019 Budget. As a reminder, the following programs were approved, or still require the Commission’s approval.

- \$20 million one-time funds for Early Psychosis Detection and Intervention – Commission approved release of Request for Applications and Commission is schedule to consider awarding the contracts at its July 2020 meeting.
- \$15 million one-time funds to develop mental health drop-in centers for youth – Commission approved the release of the Request for Application and **the Commission will consider awarding the contracts at the May 28th Meeting.**
- \$50 million (40 M one-time funds and \$10 M on-going for the Mental Health Student Services Act– The Commission approved release of the Request for Applications and awarded the contracts for **Category 1 in April 2020. The contracts for Category 2 are scheduled to be awarded at the Commission’s August 2020 meeting.**
- \$5.4 million for stakeholder advocacy efforts. **Approved by the Commission in February 2020.**
- \$20 million ongoing funds for the Triage grant program. – **Approved by the Commission in 2017.**

Innovation Incubator Project

In 2018 the Legislature authorized the Commission to establish an innovation incubator and allocated \$5 million in one-time funds to work with counties to reduce the potential for criminal justice involvement among people with mental health needs.

The Commission has allocated about half of those funds to support three multi-county collaboratives. The Commission has been assessing opportunities for additional collaboratives.

In February 2020, Jim Mayer, Chief of Innovation Incubation provided an update to the Commission on the incubator's projects and the process underway to identify additional projects.

At the May 28th Teleconference meeting the Commission will consider approving four contracts to support the Commission's Innovation Incubator work.

Governor's Budget - Fiscal Year 2020-21

In January, the Commission was presented with the Governor's 2020-21 Budget proposal for the Commission. The January budget proposed \$45 million for Commission Operations in 2020-21, which includes \$29 million ongoing funds for local assistance for Triage grants and the Mental Health in Schools Services Act grants.

As you may be aware, Governor Gavin Newsom's revised state budget proposal revealed a significant cut in spending due to the projected \$54.3 billion shortfall resulting from the COVID-19 pandemic.

The \$54.3 billion budget deficit is three times the size of the state's \$16 billion "Rainy Day Fund" and has reduced California's projected revenue for 2020 by more than 22%.

Most of the funding proposed for initiatives introduced in January will be reallocated, and many existing programs will face cuts, unless California receives federal funding.

Public health and safety are also a priority for the revise, Governor Newsom said, with the budget targeting \$3.8 billion in federal money to protect public health and safety. The state is also proposing \$1.3 billion to counties for public health, behavioral health and other programs, with \$450 million proposed to cities to support the state's homeless population.

At this time, there are no cuts to the Commission's budget, and Staff will work with the Department of Finance and the Legislature to determine if our current local assistance grants can be executed before the end of the fiscal year.

The Governor stated that non-essential state contracts, purchases and travel have been suspended, with the goal of reducing state operations over the next two years. Staff will begin to look for ways to reduce the Commission's spending over the next few years and assess the need to continue some of our current contracts.

Currently, one of the most significant impacts to the Commission's budget is the reduction in pay for government employees. The Governor stated in his presentation on May 14th that it will be necessary to reduce pay to government employees. Negotiations will begin with multiple state unions, with the goal of reducing pay by about 10%.

If an agreement cannot be reached, the May Revision includes a provision to impose reductions through two furlough days per month.

In response to the escalating threat of COVID-19 and associated public health orders, the Commission developed plans in early March 2020 to provide for the continuity and completion of essential activities and the adaptive management of nonessential activities.

The plans comply with official guidance intended to reduce the spread of COVID-19. We have already taken steps to enable all staff to work remotely. While meeting all state personnel requirements, we also want to enable staff to manage other aspects of their disrupted lives.

Presenter: Norma Pate, Deputy Director

Enclosures: None.

Handouts (1): A PowerPoint will be provided at the teleconference meeting.

AGENDA ITEM 7

Information

May 28, 2020 Commission Meeting

Executive Director Report Out

Summary: Executive Director Ewing will report out on projects underway and other matters relating to the ongoing work of the Commission.

Presenter:

- Toby Ewing, Executive Director, MHSOAC

Enclosures: None

Handouts: None