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## Commission Packet

**Commission Teleconference Meeting**  
**August 27, 2020**  
**9:00 AM – 1:00 PM**



Mental Health Services  
Oversight & Accountability Commission

1325 J Street, Suite 1700, Sacramento, California 95814

Phone: (916) 445-8696 \* Email: [mhsoac@mhsoac.ca.gov](mailto:mhsoac@mhsoac.ca.gov) \* Website: [www.mhsoac.ca.gov](http://www.mhsoac.ca.gov)

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## 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 August 27, 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: August 27, 2020**

**TIME: 9:00 a.m. – 1:00 p.m.**

### ZOOM ACCESS:

**Link:** <https://zoom.us/j/91322994364>

**Dial-in Number:** 408-638-0968

**Meeting ID:** 913 2299 4364

**Password:** 622314

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

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

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

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

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

### **Our Commitment to Excellence**

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

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

### **Our Commitment to Transparency**

Per the Bagley-Keene Open Meeting Act, public meeting notices and agenda are available on the internet at [www.mhsoac.ca.gov](http://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](mailto: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](mailto:mhsoac@mhsoac.ca.gov). Requests should be made one (1) week in advance whenever possible.

## **AGENDA**

**Lynne Ashbeck**  
Chair

**Mara Madrigal-Weiss**  
Vice Chair

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### **Commission Meeting Agenda**

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

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

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

**9:05 AM**      **Roll Call**

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

**9:10 AM**      **General Public Comment**

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

- 9:45 AM Action**  
**1: Approve July 23, 2020 MHSOAC Meeting Minutes**  
The Commission will consider approval of the minutes from the July 23, 2020 teleconference meeting.
- Public Comment
  - Vote

- 9:55 AM Action**  
**2: Award Early Psychosis Intervention Grants**  
**Presenter:**
- **Tom Orrock, Chief of Commission Grants**
- The Commission will consider awarding grants to the highest scoring applications in response to the Request for Applications to support the Early Psychosis Intervention Program.
- Public Comment
  - Vote

- 10:25 AM Action**  
**3: San Mateo Innovation Plan**  
**Presenter:**
- **Stephanie Garma Balón, MA, AMFT**
- The Commission will consider approval of \$2,625,000 in Innovation funding for San Mateo County's Cultural Arts and Wellness Social Enterprise café for Filipino/a/x Youth Innovation project.
- Public comment.
  - Vote

**10:45 AM 10 Minute Break**

- 10:55 AM Information**  
**4: Research & Evaluation Transparency Suite Demonstration and Evaluation Committee Update**  
**Presenter:**
- **Dawnté Early, Chief of Research and Evaluation**
- The Commission will hear an update on the Evaluation Committee and see a demonstration of the newly redesigned Transparency Suite.
- Public Comment

**11:50 AM**

**Action**

**5: Suicide Prevention**

**Presenter:**

- **Ashley Mills, MS, Research Supervisor**

The Commission will consider priority areas for the allocation of \$2 million authorized to support suicide prevention efforts consistent with Striving for Zero: California's Strategic Plan for Suicide Prevention, 2020 – 2025.

- Public comment
- Vote

**12:45 PM**

**Information**

**6: Staff Report**

**Presenter:**

- **Norma Pate, Deputy Director**

Deputy Director Pate will report out on projects underway and other matters relating to the ongoing work of the Commission.

- Public comment

**1:00 PM**

**Adjournment**

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# AGENDA ITEM 1

**Action**

**August 27, 2020 Commission Meeting**

**Approve July 23, 2020 MHSOAC Teleconference Meeting Minutes**

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**Summary:** The Mental Health Services Oversight and Accountability Commission will review the minutes from the July 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 (1):** (1) July 23, 2020 Meeting Minutes

**Handouts:** None.

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

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**State of California**

**MENTAL HEALTH SERVICES  
OVERSIGHT AND ACCOUNTABILITY COMMISSION**

Minutes of Teleconference Meeting  
July 23, 2020

MHSOAC  
1325 J Street, Suite 1700  
Sacramento, CA 95814

408-638-0968; Code 832702

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  
Reneeta Anthony  
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:**

Assemblymember Wendy Carrillo

**Staff Present:**

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

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

## **CALL TO ORDER AND WELCOME**

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

Chair Ashbeck reviewed the meeting protocols.

### Roll Call

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

## **GENERAL PUBLIC COMMENT**

Vickie Mack, Executive Director, Sterling Solutions, PMHS Workforce, ACCESS Ambassador, Cal Voices, and Behavioral Health Commissioner for San Bernardino County, asked for increased support for rural communities. The speaker asked for a dedicated portion of the community planning process (CPP) funding for counties specifically for rural communities, increasing financial support and technical assistance for rural community residential facilities, and providing funding for consumer-operated services in rural communities. The portion currently allocated is not adequate to meet the need.

Jerry Hall, San Diego County Behavioral Health Advisory Board, spoke on their own behalf. The speaker stated the concern about the lack of connection between the original Mental Health Services Act (MHSA) and Assembly Bill (AB) 1352 and how the San Diego County Behavioral Health Advisory Board is functionally operating. This is also an issue with other boards not just the San Diego County board.

Jerry Hall stated the Commission has little if any assurance that the county boards are doing their job. Boards largely approve the items presented to them. Members are not engaged participants making meaningful contributions to county programs or ensuring that stakeholders are meaningfully engaged.

Jerry Hall stated one symptom that can be monitored by the Commission is the community planning program budget. CPP funding in San Diego County is taken out of the Operations fund. Also, the plan the Commission thinks the county is working on is not the plan approved by the Board other than a review of the Annual Report or Three-Year Plan. The speaker stated there needs to be a way for county boards to communicate with the Commission and for an audit to be completed to learn how work is being done.

Poshi Walker, LGBTQ Program Director, Cal Voices, and Co-Director, #Out4MentalHealth, asked for the chat feature to be enabled for members of the public during Commission meetings or, barring that, to allow members of the public to email their contact information to staff who can then send out the list of attendees so members of the public can have a way to communicate with each other during meetings.



Geoffrey McLennan, a Member of the MHSOAC Client and Family Leadership Committee (CFLC), stated California is facing an electronic revolution in how it governs and communicates due to COVID-19 pandemic restrictions. One of the speaker's concerns has been mental health crisis centers throughout the state. These are largely county focused. The speaker stated they frequently ask why there are not more of these and why they end at county borders. Mental health needs do not end at county borders.

Geoffrey McLennan stated it is unfortunate that California has 58 counties that do 58 different things. This is inappropriate in this modern age. The speaker suggested that the Commission's program funding should be more regionally focused, even as broad as Northern, Central, and Southern California.

Amparo Ostojic, ACCESS Ambassador, Cal Voices, echoed Poshi Walker's comment about enabling the chat feature for members of the public to use during Commission meetings, and Geoffrey McLennan's comment about not limiting programs to within county borders.

Amparo Ostojic thanked staff for allowing them to participate in the community engagement process for the MHSOAC branding and logo. The speaker stated their biggest lesson learned was much can be accomplished in sharing and embracing the spirit of the MHSOAC through community engagement and stakeholder involvement. There are creative ways to engage the public. There are opportunities to increase stakeholder involvement during this modern age.

Andrea Crook, Advocacy Director, ACCESS California, a program of Cal Voices, echoed comments made by the previous speakers. The speaker stated it goes back to the stakeholder and community planning processes. The speaker commended Commissioner Anthony for her hard work in focusing on the community planning process as Chair of the CFLC. Great strides have been made but the CFLC has not met since September of 2019. The speaker stated the hope to resume the Committee meetings soon.

Steve McNally, a parent of a child with serious mental illness, a Member of the Orange County Mental Health Board, spoke on their own behalf. The speaker stated the Orange County Mental Health Board recently read and reaffirmed their required duties. Many Board Members across the state do not know they have those duties. The speaker asked the Commission to consider surveying individual board members across the state. The speaker volunteered to help draft the survey questions.

Steve McNally thanked Commissioner Beall for his peer bill, Senate Bill (SB) 803. The speaker stated concern that, because of the COVID-19 pandemic, counties will have restricted budgets. The speaker stated the need to support SB 803 and to promote why it makes sense financially.

Steve McNally stated the California Association of Local Behavioral Health Boards and Commissions (CALBHBC) has made it easy to look at other Boards across the state to learn what they do by posting the links for Zoom meetings on their website.

Steve McNally asked the Commission to investigate what happened at Los Angeles County's last meeting. It was striking relative to the MHSOAC plan approval. The speaker

stated the California State Association of Counties (CSAC) gave a federal funds participation presentation at that meeting. The speaker asked where they can get a copy of the PowerPoint slides. The speaker asked the Commission to direct them to where they might find federal funds participation by county and to an expert in that area.

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), thanked the Commission for sending a letter of opposition to SB 665, about spending MHSA funds on programs inside jails.

Stacie Hiramoto thanked the Commission for reconvening the MHSOAC Cultural and Linguistic Competence Committee (CLCC) meetings after many months. The speaker stated one of the things that was not discussed at the July 15<sup>th</sup> Committee meeting was the California Reducing Disparities Project (CRDP) Phase II. In 2019, Committee members and the public strongly recommended continued support for the CRDP Phase II and for the Commission to learn more about it. The CRDP is one of the best ways to address reducing disparities. These programs and approaches must be supported.

Thomas Mahany, Executive Director, Honor for All, asked the Commission to formally adopt and submit a Governor's Office Action Request (GOAR) to Governor Newsom requesting him to issue a proclamation designating June 27<sup>th</sup> as Post-Traumatic Stress Injury Awareness Day.

Hector Ramirez, consumer and advocate, Co-Chair of the Los Angeles Department of Mental Health Latino Underserved Cultural Communities (UsCC) subcommittee, provided demographic data of the Latino community in Los Angeles County and the state of California. The speaker noted that 50 percent of the consumers who received services through MHSA funding in Los Angeles County are Spanish monolingual.

Hector Ramirez stated the Latino UsCC subcommittee has requested participation in MHSA activities from the Los Angeles Department of Mental Health and to obtain content in Spanish but the county has not provided that resource. The speaker stated they are given condensed information or information the day before public comments are taken.

Hector Ramirez stated this is a concerning issue because it takes the Latino voice away from the planning process and prevents the Department from presenting the board of supervisors with the best plans to pass, which are then brought before the Commission. The speaker urged the Commission to enforce their oversight and accountability for the people of Los Angeles. This is a compounding microaggression that affects health and puts individuals at higher risk of contracting COVID-19.

## **ACTION**

### **1: Approve June 25, 2020, MHSOAC Meeting Minutes**

Chair Ashbeck stated the Commission will review the minutes from the June 25, 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 website

after the meeting. If an amendment is not necessary, the Commission will approve the minutes as presented.

### **Commissioner Questions and Discussion**

Commissioner Anthony referred to the second paragraph from the bottom of page 13 where it states that the abstracts of the research papers to be delivered at the American Public Health Association National Conference in San Francisco were to be distributed to Commissioners and posted on the website. She asked when they can be expected.

Chair Ashbeck asked staff to get that information to Commissioners.

Commissioner Wooton stated there was a discussion at the June Commission meeting about suicide prevention and staff was in contact with CalMatters this past week regarding suicide prevention. She asked, speaking as the Chair of the Suicide Prevention Subcommittee, and speaking for staff member Ashley Mills, Commissioner Tamplen, and Vice Chair Madrigal-Weiss, if the Commission could move forward with a plan to promote the bigger Suicide Prevention Plan to the counties. Commissioner Wooton volunteered to help with that.

Chair Ashbeck asked Executive Director Ewing to address Commissioner Wooton's comments in his Executive Director Report-Out later in the agenda.

Commissioner Gordon referred to the first paragraph on page 17 and asked to change "Local Control Funding Formula (LCFF) clinicians" to "Medi-Cal-funded clinicians" so it would read "... to bring in Medi-Cal-funded clinicians as employees of the Sacramento County Office of Education ...."

### **Public Comment**

No public comment.

Chair Ashbeck asked for a motion to approve the minutes from the June 25, 2020, meeting.

Commissioner Alvarez made a motion to approve the June 25, 2020, meeting minutes as corrected. Commissioner Tamplen seconded.

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

- *The Commission approves the June 25, 2020, Teleconference Meeting Minutes as corrected.*

Motion carried 10 yes, 0 no, and 3 abstain, per roll call vote as follows:

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

The following Commissioners abstained: Vice Chair Madrigal-Weiss and Commissioners Anthony and Wooton.

### **ACTION**

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

### **Presenter:**

- Tom Orrock, Chief of Commission Grants

Chair Ashbeck stated the Commission will consider awarding MHSSA grants to the highest scoring applications received in response to the Request for Applications (RFA) for the MHSSA Category 2 grants to support school/county partnerships in the implementation of programs as described in the MHSA.

Commissioners Berrick and Brown recused themselves from the discussion and decision-making on this agenda item and left the teleconference call pursuant to Commission policy.

Chair Ashbeck 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, RFA/award overview, and the RFA evaluation process for the eight MHSSA Category 2 Grants, which will provide funding for counties with new or emerging school mental health partnerships. He announced the counties with the highest overall scores in each population designation as follows:

- Calaveras, Madera, Tehama, and Trinity/Modoc Counties will receive the small-county designation funding level of \$2.5 million each.
- Santa Barbara and Yolo Counties will receive the medium-county designation funding level of \$4 million each.
- San Mateo and Santa Clara Counties will receive the large-county designation funding level of \$6 million each.

### **Commissioner Questions**

Commissioner Gordon asked about the counties that applied for each category that were not recommended for funding.

Mr. Orrock stated that a total of 18 counties were awarded grants out of the 40 counties that applied for Categories 1 and 2.

Ms. Yeroshek provided a breakdown of the counties that applied for but were not awarded a grant for Category 2:

- Small: Imperial, Amador, Sutter/Yuba, Tuolumne, Shasta, and Nevada Counties.
- Medium: Sonoma and Santa Cruz Counties.
- Large: Riverside and Contra Costa Counties.

Commissioner Gordon stated the reason he asked is to make the point that, even though they were not funded, county health departments, school districts, and county offices worked hard to put plans together, which, in many cases, are quite viable. He suggested providing technical assistance, guidance, and help so those counties do not lose the momentum gained by putting together these proposals. The spirit of

collaboration shown in 40 of the 58 counties is extraordinary and should be capitalized upon in whatever ways possible.

Chair Ashbeck agreed. She echoed the suggestion made earlier by Geoffrey McLennan that the Commission's program funding should be more regionally focused. She stated this is the perfect opportunity to capitalize on regional synergy.

Commissioner Alvarez stated, given Commissioner Gordon's leadership in Sacramento and his approach working closely with the Department and the County Office of Education, there is more to tell there to provide lessons, perspective, and approaches that may be successful in other areas so that learning collaboratives can also serve as a base to talk about the model that they are implementing with their Centers of Wellness. She encouraged other counties to explore the Sacramento model and Commissioner Gordon's leadership.

Commissioner Alvarez asked about themes across the proposals in the counties that applied that could serve as topics of conversation within those learning collaboratives, given that there may be similar challenges or ideas.

Commissioner Alvarez stated part of the success in schools and ensuring that young people are ready to learn is ensuring that they are ready to enter school. She asked if any applicants were looking at early childhood and the collaboration with early learning centers to prepare students to enter school.

Mr. Orrock stated there is collaboration with First5. The application also asked for specific information about how counties would screen children pre-K through third grade. Because of this focus it looks initially like counties are including early learning and zero-to-five programs as partners in their governance structure.

Mr. Orrock stated another emerging theme seen in the triage grants that are collaborating with schools is that they are shifting their work to go remotely. He stated it is most likely that staff will have conversations with all grantees about how they will adjust their programs to provide support as children and youth go back to school during the COVID-19 pandemic. This will be an important piece moving forward.

Commissioner Alvarez asked, given the disproportionate impacts of COVID-19 on communities of color, if there are opportunities in the role of the awardees to highlight where specific efforts are in targeting communities of color and where there may be opportunities for collaboration across the board to more fully support disproportionately impacted communities during this time.

Mr. Orrock stated the MHSSA calls out a specific focus on children and youth that are typically underserved or marginalized such as foster youth, LGBTQ youth, and youth with a history of expulsion. That is a requirement of the application. He stated the hope is to find a focus on assisting youth and their families.

Executive Director Ewing agreed with the importance of looking at the broader array of applications and analyzing the proposals that were and were not funded. The Legislature has asked the Commission to provide a data analysis to give them a clear sense of unmet needs.

Executive Director Ewing stated the Commission has partnered with the Department of Health Care Services (DHCS) and, with the support and guidance of Commissioner Gordon, has recommended the use of Federal Emergency Management Agency (FEMA) dollars to build out communities of practice, rural communities, and a specialized community of practice around communities of color recognizing that those disparities need to be addressed independent from the general work.

Executive Director Ewing stated the Commission has contracted work to map out various models on the Schools and Mental Health Project working with the California Children's Trust and others consistent with Geoffrey McLennan's comments to better understand the federal drawdown.

Executive Director Ewing stated all of that is designed to create that enhanced capacity for communities to respond to the needs of children and families through school mental health. These items have not been completed but are on staff's agenda. He stated he loved the idea of looking back at the applications to glean key themes.

### **Public Comment**

Poshi Walker stated, aside from the wonderful merits of this project, over three years ago, they advocated that the procedure for how to decide results if there is a protest on a particular proposal not be assigned to a single staff member. The speaker stated they again urged that the procedure for protests should include the convening of a committee to view the protest and relook at the proposals involved.

Poshi Walker stated, while some protests may have little merit and the decision appear obvious, there have been protests in the past that did merit greater scrutiny and would have benefited from a committee decision, including a rescoring. At the very least, a committee would allow for multiple viewpoints and would limit the appearance of possible bias or lack of knowledge by any single individual.

Stacie Hiramoto echoed Poshi Walker's comments. The speaker thanked Commissioner Alvarez for discussing reducing disparities in this important project being undertaken with the partnership of schools and mental health. The speaker stated the hope that staff always evaluates and measures whether disparities were reduced along with numbers of access and qualitative measures of effectiveness and satisfaction.

Mark Karmatz, consumer and advocate, spoke about certified peer specialists and suggested having not one but many trained peer specialists in the MHSSA grants. The speaker stated this needs to be brought in under the MHSA and the MHSSA. The speaker asked for an update on SB 803, mental health services: peer support.

Chair Ashbeck asked staff to contact Mr. Karmatz to get their public comment since it was difficult to hear them over the phone.

Pamela Miles, ACCESS Ambassador, Cal Voices, asked how counties such as Alameda County were not included in the school funding grants.

Chair Ashbeck stated Alameda County did not apply for this grant.

### **Commissioner Discussion**

Chair Ashbeck recused herself from the vote now that she know Madera County is one of the counties that is recommended for an award.

Vice Chair Madrigal-Weiss moved the staff recommendation.

Commissioner Danovitch seconded.

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

*For each of the eight grants, the Commission:*

- *Authorizes the Executive Director to issue a "Notice of Intent to Award Mental Health Student Services Act Category 2 Grants" to the following applicants receiving the highest overall scores in each population category:*

***Small County Population:***

*Calaveras County*

*Madera County*

*Tehama County*

*Trinity/Modoc Counties (Collaborative)*

***Medium County Population:***

*Santa Barbara County*

*Yolo County*

***Large County Population***

*San Mateo County*

*Santa Clara County*

- .
- *Establishes July 30, 2020, as the deadline for unsuccessful bidders to file with the Commission an "Intent to Appeal" letter.*
- *Establishes that within five working days from the date the 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 appeals within two working days of the filing and adjudicate the appeals consistent with the procedure provided in the Request for Applications.*
- *Authorizes the Executive Director to execute the contract upon expiration of the appeal period or consideration of appeal, whichever comes first.*

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

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

Commissioners Berrick, Brown, and Chair Ashbeck rejoined the teleconference call.

## **10 MINUTE BREAK**

### **3: MHSOAC Fiscal Year 2020-21 Budget Overview**

#### **Presenter:**

- Norma Pate, Deputy Director

Chair Ashbeck stated the Commission will consider approval of its Fiscal Year 2020-21 Operations Budget. She asked staff to present this agenda item.

Norma Pate, Deputy Director, reviewed the information presented in the staff memo, included in the meeting packet. She provided an overview with a slide presentation of the MHSOAC Fiscal Year 2020-21 Budget and requested approval of with proposed expenditures as set forth in the slide presentation and staff memo.

Deputy Director Pate stated that Senate Bill 74, Budget Act of 2020, contains language that gives the Commission flexibility on approximately \$4 million to focus on suicide prevention efforts and to support innovative approaches to address mental health needs as a result of the COVID-19 pandemic. This will not impact current contracted programs.

#### **Commissioner Questions**

Chair Ashbeck asked about the \$2 million reduction in the Core Operations line item from fiscal year 2019-20

Deputy Director Pate stated the Core Operations line item includes travel and since the Commission is not traveling as much due to the COVID-19 pandemic, those dollars were shifted to the Research and Evaluation line item.

Commissioner Anthony referred to page 3 of the staff memo and asked for further details on the housing component for the future fiscal year.

Deputy Director Pate stated Assembly Bill 81, public health funding: health facilities and services, authorizes counties to use their prudent reserves this year to address housing assistance. This would be included in the county Three-Year Plans or Annual Updates.

Commissioner Anthony asked if those funds are for generalized housing or earmarked for persons affected by mental illness or prevention.

Executive Director Ewing stated Deputy Director Pate is presenting two things. Through the budget process, the county behavioral health directors asked the Legislature for additional flexibility, recognizing that there would be dramatic reductions in Realignment funding for the counties. The counties asked the Legislature and the Governor for permission to access their prudent reserves. The Budget Act authorized counties to tap into their prudent reserves.



Executive Director Ewing stated the rules for the prudent reserves are consistent with the MHSA – they can only be for mental-health-related needs. The Legislature clarified that housing expenditures are an allowable use for prudent reserve dollars. This is not about the MHSOAC budget, but it is part of the budget package that the Legislature and the Governor passed last month.

Commissioner Berrick asked about the amount of variance there is on the revenue assumptions for the entire budget.

Executive Director Ewing stated the Department of Finance estimates that the MHSA revenues will come in four times throughout the fiscal year. Then, they calculate the State Administrative Cap, based on overall revenues, up to 5 percent of their estimated MHSA revenues. This year, due to the COVID-19 pandemic, the state saw dramatic reductions in historical revenues in the April timeframe because the April 15<sup>th</sup> tax deadline was shifted to July.

Executive Director Ewing stated the overall State Administrative Cap has been running approximately \$100 million per year. The additional funds the Commission received last year, which allowed the Commission to have a \$122 million budget, was the cumulative unspent funds from four or five years prior to last year. The \$45 million in the Commission's budget this year is approximately half of the MHSA state administrative funds and the vast majority of that is for local assistance for counties and other local partners.

Commissioner Mitchell asked for further detail on Crossings TV, which falls under the Communications line item.

Executive Director Ewing stated the Commission has held a contract with Crossings TV for several years. It is a media company that works with television stations that primarily serve Asian American markets. The Commission funds them to do public service announcements, outreach, and education and awareness not just for television but, in non-COVID environments, they are active in approximately 70 racial and ethnic cultural festivals annually around the state.

Executive Director Ewing stated the Commission supports them to develop handouts and information notices in multiple languages to share the messages of the MHSA – recovery, how to access services, what mental health is, and how to connect with county mental health programs. They also share that information through short public service announcements that are on the stations that they contract with.

Executive Director Ewing stated staff is proposing to continue that strategy because it is part of the Commission's efforts to connect with communities that otherwise are difficult to connect with due to language barriers and cultural differences. He noted that Crossings TV has a high level of trust with the communities that they serve.

Executive Director Ewing stated, in response to the COVID-19 pandemic in partnership with the DHCS, the Commission is working with Crossings TV to reframe their traditional public service announcement to be COVID-related to support the broader efforts of the state through the California HOPE (CalHOPE) website, including helping

to develop culturally-trusted messaging that can be disseminated through the CalHOPE website.

Commissioner Mitchell suggested identifying public engagement work that targets communities that are not on the Crossings TV list, such as African American, Native American, and Latino communities.

Commissioner Tamplen agreed with Commissioner Mitchell's comments.

Chair Ashbeck suggested a presentation on communication issues at a future Commission meeting to help ensure it is as inclusive as possible.

### **Public Comment**

Stacie Hiramoto asked for clarification on the funding for committees in the budget. The speaker suggested ensuring adequate funding for the staffing and operations of the CLCC and CFLC. The speaker suggested that the CLCC help guide the effectiveness of this project. The speaker stated the hope for transparency in the funding of grants that are awarded without a Request for Proposal (RFP) process.

Johana Lozano, ACCESS California, a program of Cal Voices, agreed with Commissioner Mitchell's concern and suggested that the money invested including grants be given to organizations that are of color or identify with individuals who are receiving the services and to consider providing individuals who work for these organizations a living wage.

Johana Lozano stated the need for transparency within the RFP process.

Poshi Walker strongly supported Commissioner Mitchell's comments. The speaker stated the need to ensure that the Commission is looking at the intersection of queer and trans people of color's identities as well as reaching out to communities that are not ordinarily reached.

Poshi Walker spoke in support of a scalpel approach rather than a 10 percent cut to staff hours across the board. The speaker provided the example of the Commission's putting funding toward research and evaluation that require staff when those staff members are already stretched thin. The speaker asked how staff can continue their work let alone increase it with a 10 percent cut to their hours.

Poshi Walker echoed the previous comments about more transparency around funding that only requires Executive Director approval, especially funding outside of things like office supplies and Internet services. The speaker asked, if any of that funding is represented in this budget, for Commissioners and the public to be able to see where those additional dollars are going, especially in light of the fact that so many dollars are having to be cut.

Pamela Miles echoed Commissioner Mitchell's comments about African Americans. The historical discrimination of African Americans in this country is being further pushed aside through gentrification.

Richard Gallo, consumer and advocate, echoed Commissioner Mitchell's comments. The speaker stated the Commission needs to have a stronger transparency during the RFP process. The speaker stated contracts have been made with bias and retaliation.

### **Commissioner Discussion**

Chair Ashbeck asked for a motion to approve the Fiscal Year 2020-21 budget.

Commissioner Danovitch moved approval of the Fiscal Year 2020-21 expenditures as presented.

Commissioner Tamplen seconded.

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

- *The Commission approves Fiscal Year 2020-21 expenditures as presented.*

Motion carried 12 yes, 0 no, and 0 abstain, per roll call vote as follows:

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

### **ACTION**

#### **4: Assembly Bill 2265 Quirk-Silva**

##### **Presenter:**

- Toby Ewing, Ph.D., Executive Director

Chair Ashbeck stated the Commission will consider Assembly Bill 2265 (Quirk-Silva). She asked staff to present this agenda item.

Executive Director Ewing stated some individuals living with serious mental illness simultaneously experience alcohol and drug use disorders, complicating diagnosis and treatment. AB 2265 would provide counties the flexibility to treat these individuals using MHSA dollars. He reviewed the background of and amendments to AB 2265, which were included in the meeting packet.

### **Commissioner Questions**

Commissioner Mitchell stated this is an important bill. She asked if there is opposition to the bill.

Executive Director Ewing stated to date there is no opposition on file on the bill as written. He stated there was discussion about expanding the legislation to allow even more flexible use of MHSA dollars. He noted that there are concerns among stakeholders that that could take funding from mental health services and shift them into drug treatment programs.

Executive Director Ewing stated the Commission helped the author write this bill intentionally as a slight movement in that direction with analysis required as part of the

state's effort to support the functional integration of mental health care and response to substance use disorders. He stated Commissioner Danovitch noted in the discussion with the author's staff that California is farther along in theory than in practice in terms of integrating care. He stated the reason the bill is written this way is to emphasize support and minimize opposition.

Commissioner Mitchell asked if the DHCS has provided feedback on this bill since they run both programs.

Executive Director Ewing stated the DHCS does not typically engage on these kinds of bills until they are farther along. The Governor's office preserves the right to withhold judgment until it is clear that the bill will get to their office. The Commission has not had contact with the DHCS, although the author's office might have.

Commissioner Berrick stated it would be worthwhile to look at where the audit function that made that disallowance came from and to be clear and specific about it. Sometimes it is not a legislative problem but a problem of audit and misinterpretation. He stated this points out not just the problem of allowance but the problem of the audit and oversight function that fundamentally does not understand these distinctions and exacerbates or creates problems that did not need to exist in the first place.

Commissioner Danovitch spoke in support of this initiative. He stated the need to protect the funding streams for mental health and substance use disorder and not let one stream be co-opted by another. There is an unfortunate legacy of separate funding streams, even though mental health and substance use disorder are common conditions.

Commissioner Danovitch asked if anything can be done in parallel to this to manage or prevent the risk of co-option to ensure that, as the inclusiveness of who funds can support is broadened at the patient level, it does not ultimately have the unintended consequence of causing one stream of funds to get co-opted by another.

Executive Director Ewing stated, consistent with Commissioner Berrick's comments, staff has been talking with the DHCS over the past five years in a number of ways about capacity building. AB 2265 clarifies what can and cannot be done with federal, MHSA, or other funds relative to their audits. There are many stories of difficulties because policy and audit individuals are not in agreement even within the DHCS.

Executive Director Ewing stated the DHCS more recently is interested in talking about how they can provide technical assistance and capacity building. It is a significant undertaking to begin to tailor financing and practice standards and approaches to be responsive to individuals rather than trying to get individuals to fit into administrative categories that have been established historically where they do not fit.

Executive Director Ewing stated staff helped the author design this bill as presumptive eligibility as a first step for the Commission to look at the issue of substance use disorder and its role. Behavioral health is not done in the broad sense of tailoring care around the unique needs of individuals. He stated there is a piece in this bill about doing assessments to better understand the numbers.

Executive Director Ewing stated AB 2265 is related to maximizing federal drawdown, the Commission's work on the Workplace Mental Health project, how to maximize drawdown of commercial insurance, and Commissioner Beall's parity legislation. There are facets of the Commission's work that need to come together in order to make progress on the capacity to tailor strategies towards individuals – housing, employment, and recovery and what that looks like for the individual and their family.

### **Public Comment**

Sashary Zaroyan, Legislative Analyst, County Behavioral Health Directors Association (CBHDA), spoke in support of AB 2265.

Stacie Hiramoto spoke in support of AB 2265.

Johana Lozano stated concern about how the funds will be managed. The speaker suggested tailoring how the funds will be managed. The speaker stated concern that this bill may create more work for the Commission and more questions about transparency.

Tiffany Carter, Statewide Advocacy Liaison, ACCESS California, a program of Cal Voices, agreed with the previous speaker. The speaker stated the MHSA calls for mental health conditions being the primary condition. The speaker stated the need to maintain the fidelity of the original intent of the MHSA.

### **Commissioner Discussion**

Chair Ashbeck asked for a motion regarding AB 2265.

Commissioner Berrick moved to support AB 2265.

Commissioner Danovitch seconded.

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

- *The MHSOAC adopts a support position on Assembly Bill 2265.*

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

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

## **INFORMATION**

### **5: Executive Director Comments**

#### **Presenter:**

- Toby Ewing, Ph.D., Executive Director

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

Executive Director Ewing responded to Commissioner Wooton's question about moving forward with the suicide prevention plan. The Commission asked for and received permission to dedicate up to \$2 million for suicide prevention activities. The budget proposal was put together late in the year due to the COVID-19 pandemic and ensuing economic challenges. He stated, although the budget did not include funding specifically for suicide prevention, the Commission secured flexibility to make approximately \$4 million available this year to support two initiatives – suicide prevention and COVID-19 response.

Executive Director Ewing recognized that communities will face a combination of three co-occurring challenges as a result of the COVID-19 pandemic – dramatically-increased mental health needs, altered operating realities of the community mental health system, and decreased funding due to the COVID-19-induced recession. In addition to working on suicide prevention, the Commission asked the Legislature for flexibility to support how counties respond to these three co-occurring challenges.

Executive Director Ewing stated the Commission proposed doing reconnaissance, community outreach, county and sister state agency engagement, and literature review to learn how to best support local partners in suicide prevention and COVID-19 response.

Executive Director Ewing stated much has already been learned during the suicide prevention project process and Ashley Mills, Lead Researcher and Scientist on that effort, is beginning to put together a plan for how to implement the State Suicide Prevention Report. There is more work to be done on the COVID-19 response issue since everything continues to be fluid in that area.

Executive Director Ewing stated the need to do needs assessments and impact analyses to consider where the Commission is now in terms of the COVID-19 pandemic and mental health, what the opportunities are, and where to focus. He stated, in addition to asking the Legislature for flexibility with funding, staff wanted to recognize that the Commission is making available approximately \$100 million in grants to most of the counties for important programs and most of the proposals were written pre-COVID.

Executive Director Ewing stated the need to consider how to better support community partners with potential flexibility in using those dollars in a post-COVID environment. He provided the example of the Schools and Mental Health Project being written using in-school types of strategies, but the current reality is that schools will function remotely. He stated it is important to consider how to support local partners to reframe how some of those grant dollars can be used to be more responsive to current needs in the community.

Executive Director Ewing stated, along with reconnaissance, the Commission needs to better understand the unmet needs and do an impact analysis. The intent is to bring proposals back to the Commission at the September meeting. He stated staff will work closely with Commissioner Wooton because of her leadership in writing the Suicide Prevention Plan. He stated he recognized that these investments are small relative to the need, but staff felt they had to respond, even if was only in a small way. He asked for guidance on this issue.

### Committees

Executive Director Ewing stated the CLCC met last week with a focus to better understand Commission activities. One of the recent public comments was whether the Commission's contracting supports communities of color and smaller organizations. Part of the analysis of internal operations under the Capitol Collaborative on Race and Equity (CCORE) is to look at the Commission's fiscal and contracting practices and do analysis on the extent that the Commission is supporting racial equity focused on African American communities.

Executive Director Ewing stated there is more work to do including better understanding what is happening with the CRDP. Staff is talking to Committee members individually to discuss priorities and how to be smart and focused, given the operational and fiscal constraints under COVID-19.

Commissioner Mitchell, Chair of the CLCC, stated it was a great meeting and a great start. There is a lot of interest in what is going on. The Commission took interest in what the public had to say. The work is being done in other areas; a better job can be done in communicating what that work is such as the Schools and Mental Health work, Criminal Justice Diversion efforts, and stakeholder advocacy. She stated all of that ties into the issue of disparities. She stated the need to look at the Commission's internal practices.

### Disparities Dashboard

Executive Director Ewing stated Dr. Dawnte Early has been working with her research and evaluation team to create a Disparities Dashboard. He stated the Disparities Dashboard was demoed for the CLCC. It is close to being ready for public presentation. The goal is to post it on the website so everyone can have access to it and use it.

Executive Director Ewing stated the Disparities Dashboard tracks participation in community mental health programs by race, age, gender, and language spoken. He stated there are fundamental data limitations, but it allows individuals to view participation in community mental health based on those demographic factors by county and over time.

Executive Director Ewing stated the underlying data needs to be strengthened. Staff is working with other departments to do that. He stated the hope that within the next six months more up-to-date, useful, and user-friendly data on fiscal information, county programs funded with MHSA, and outcome information related to criminal justice involvement and the disparities piece will be released.

### Branding

Executive Director Ewing stated staff held a branding meeting. The Commission's logo is not compliant with Americans with Disabilities Act (ADA) rules. It works in grayscale but not in color. This issue is holding up the Commission's ability to release new materials. Attendees talked about what could be done quickly to ensure compliance with federal rules and so new materials can be released. He stated attendees also talked about ways to rethink the logo and materials to engage peers, consumers, and others through this branding activity.

Executive Director Ewing thanked Amparo Ostojic for taking time to talk with staff about these challenges and sharing how important it is to engage consumers in that work to help staff think of ways to work quickly that meets the legal standards and captures the value of community engagement to support that work.

### Speaking Engagements

Executive Director Ewing participated on a Schools and Mental Health panel with the Superintendent of Public Instruction. The panel was focused on recognizing that there is a significant gap between the resources that the Commission has been able to make available to support school mental health and underlying needs. The panel discussed how to improve awareness and expand available funding to support schools as community resources.

Executive Director Ewing stated, as part of the Commission's support for the state's application for FEMA funding, he had the opportunity to speak with the regional administrator to highlight that mental health preparedness in disaster planning is not as robust as the work around evacuation or other components of disaster preparedness. The Region 9 FEMA administrator raised the issue of creating a potential partnership to establish templates or standards for thinking about mental health needs in response to disasters.

Executive Director Ewing stated FEMA has opened the door to partnering with the Commission, the California Office of Emergency Services (Cal OES), and the DHCS to think through what that might look like. There is a potential to shape FEMA's global response to crisis. This is a powerful way to promote the better understanding of mental health needs and what is meant by recovery and wellbeing.

Executive Director Ewing stated he will participate in the CRDP Advisory Committee convened by the California Pan-Ethnic Health Network (CPEHN). The first meeting is later this month.

Executive Director Ewing stated he will participate in a call with the African Communities Public Health Coalition, a Town Hall meeting with the National Alliance on Mental Illness (NAMI), and a Boot Camp with the California Institute for Behavioral Health Solutions (CIBHS).

### Commission Meeting Calendar

The Schools and Mental Health and Innovation Subcommittees are scheduled to meet later this month.

The Youth Innovation Project has scheduled two Virtual Idea Lab meetings next month.

### **Commissioner Questions and Discussion**

Commissioner Brown asked if a temporary solution to ADA compliance on the website might be to use a black-and-white logo to allow the posting of important reports.

Executive Director Ewing stated he was unsure. The question is if many of the Commission reports can be read with a screen reader. Reports are currently being reformatted. A modification of the current logo has been identified that may work. He



stated the importance of engaging the community on the imagery that the Commission uses in its work. Staff will work with the Chair to put this issue on the agenda at a future Commission meeting.

Commissioner Wooton stated she was excited to hear about the Commission's work with FEMA on the mental health community and emergency preparedness.

### **Public Comment**

Sally Zinman, Executive Director, California Association of Mental Health Peer-Run Organizations (CAMHPRO), stated CAMHPRO is one of the sponsors of SB 803, mental health services: peer support. The speaker stated their appreciation for the Commission's support of the bill. The speaker asked Commissioners to think of peer support in terms of essential services. Peers are defined as having been through crisis, recovered, and learned resiliency skills and tools, and will go through standardized trainings that teach how to use those tools to assist communities in dealing with and getting through crisis situations.

Sally Zinman stated they have seen throughout the years of doing this work that consumers and peers bring diversity to the workforce. Peers are individuals from the community and on the ground ready to assist others, especially diverse communities that have been most hit by the COVID-19 pandemic.

Sally Zinman stated a peer once described peer support as the first responders. Peers are the first individuals that consumers connect with. Peers can help bolster the behavioral health system not only at a time when behavioral health needs have grown to the point where there is not enough mental health workforce, but when that has exponentially increased.

Sally Zinman stated the hope, as the Commission supports SB 803 and peer support, that it will think of peers as essential support.

Johana Lozano commended Executive Director Ewing for his commitment to suicide prevention and the Commission for their support and for taking the initiative to invest funding in suicide prevention. The speaker stated no investment is too small. The speaker shared a teaching from the Talmud that is also mentioned in the movie *Schindler's List*: "To save one life is to save the world entire."

Poshi Walker stated they were excited to hear that the Commission will be involved with the CRDP and that the Commission will continue to focus on the suicide prevention plan. The speaker stated, regarding the Commission's partnership with FEMA, the speaker brought the Commissioners' attention to #Out4MentalHealth's year-one State of the LGBTQ Communities Population Report. The report contains recommendations about the disparities that LGBTQ residents faced during the fires in California and things that FEMA needs to be aware of to ensure those disparities do not continue due to certain prejudices and discrimination.

Poshi Walker asked that the work of the stakeholder contractors be included in the Executive Director Report. The speaker stated they would love for the Commission to have the opportunity to hear from the stakeholder contractors after the Commission's investing millions of dollars and contractors spending years of hard work. The

stakeholder contracts are one of the biggest projects that the Commission funds; contractors would like to present what has been done with that investment.

Mark Karmatz asked for an update on SB 803, mental health services: peer support. The speaker suggested having more than one certified peer specialist in each school and jail.

## **CLOSED SESSION**

### **Government Code Section 11126(A) related to personnel and Government Code Section 11126(e) related to litigation (Cal Voices vs. Mental Health Services Oversight and Accountability Commission)**

The Commission met in closed session as permitted by law to discuss the two items listed on the agenda – the regular annual performance review of the Executive Director and to confer with legal counsel on the pending litigation brought by Cal Voices. Commissioners left this Zoom session and joined the Closed Session Zoom link sent to them. The Commission went into closed session.

## **REPORT BACK FROM CLOSED SESSION**

Chair Ashbeck reconvened the meeting and stated the Commission took no reportable action in closed session.

## **ADJOURN**

There being no further business, the meeting was adjourned at 1:01 p.m.

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# AGENDA ITEM 2

Action

August 27, 2020 Commission Teleconference Meeting

Award Early Psychosis Intervention Grants

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**Summary:** The Commission will consider awarding grants to the highest scoring applications in response to the Request for Applications to support the Early Psychosis Intervention Program.

**Background:** It is estimated that 32 thousand young people between the ages of 15-29 will experience a first episode of psychosis by 2024. Assembly Bill 1315 (Mullin) enacted in 2017 addressed the need for specialized services to reduce the duration of untreated psychosis. AB 1315 established the Early Psychosis Intervention Plus (EPI Plus) Program and the EPI Plus Advisory Committee to advise the Commission regarding the allocation of funds for a competitive selection process. The goal of the EPI Plus program is to expand the provision of high-quality, evidence-based early psychosis and mood disorder detection and intervention services in the state.

The Commission's 2019-2020 budget includes \$19,452,000 to expand and improve the fidelity of existing early psychosis and mood disorder detection and intervention services in California. These funds will support the goal of moving California from a stage 4 crisis response system to a stage 1 early intervention system of care. Individuals who have experienced a first episode of psychosis benefit from early intervention, which can reduce the negative outcomes of untreated mental illness.

To guide the development of the RFA, the Commission formed the EPI Plus Advisory Committee in March of 2019 and held four meetings to identify priorities for the use of these funds and related work.

In January 2020, the EPI Plus Advisory Committee developed strategies for the allocation of funds, including scaling up effective programs which are successfully implementing the core components of the Coordinated Specialty Care model with fidelity and providing technical assistance and training to support the successful adoption of the model. The Coordinated Specialty Care model is a recovery-oriented treatment program which promotes shared decision making and uses a team of specialists who work with clients to create individualized treatment plans.

The Commission approved the RFA outline on February 27, 2020 and a total funding of \$15,562,000 with each grantee receiving \$2,000,000. The approved outline also included \$3,890,000 set aside for evaluation, training, and technical assistance efforts. The RFA was released on April 20, 2020 in a competitive bid process. In response to the challenges brought on by COVID-19, the due date was extended from June 26, 2020 to July 17, 2020.

**Funding:** As approved by the Commission, the total funding for this Request for Application is \$15,562,000 and is recommended for allocation to the highest scoring applicants. Each awarded program will receive \$2 million for a four-year grant term.

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

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

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

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

#### Stage 1: Administrative Submission Review

Verification that all required documents were included in the application. This is a Pass/Fail evaluation.

#### Stage 2: Application Scoring

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

- Mandatory Requirements
- Scored Requirements
- Budget Worksheet

#### **RFA Award and Appeal Process:**

The appeals process is 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

**Handout:** 1) Power Point presentation.

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# AGENDA ITEM 3

Action

August 27, 2020 Commission Meeting

San Mateo County Innovation Plan

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

## 1. Cultural Arts and Wellness Social Enterprise Café for Filipino/a/x Youth

**San Mateo County is requesting \$2,625,000 of Innovation spending authority to develop and operate a Cultural Arts and Wellness Social Enterprise Café for Filipino/a/x youth. The Café would provide an inclusive space for Filipino/a/x youth to collectively address culturally relevant problems in their community, while also serving as an opportunity for at-risk youth to receive employment training, and leadership development. Onsite mental health programming will be provided to participants, which will address the social/cultural determinants of health.**

The social enterprise model has traditionally been used in a non-mental health setting, as it aims to equip non-profits with innovative strategies to support themselves financially without relying solely on grants and donations.

The County is seeking to adapt this model for the mental health setting by integrating cultural, financial, and behavioral health wellness services/opportunities into one inclusive meeting space for Filipino/a/x youth.

San Mateo County proposes to introduce a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention by implementing a culturally responsive Social Enterprise Café focused on community behavioral health needs of Filipino/a/x youth, and hopes to increase access to mental health services to underserved groups by providing a culturally specific and holistic approach to engaging and addressing Filipino/a/x youth behavioral health needs. The Social Enterprise Café will include a robust referral network that connects youth to systems of care, including behavioral health counseling.

Despite the large Filipino population in the United States and in San Mateo County in particular, there is limited published research on promising youth-based behavioral health practices that address culturally specific issues faced by Filipino/a/x Americans. There are high rates of depression and suicidal ideation among Filipino/a/x youth that can be attributed to cultural identity formation.

San Mateo County seeks to test the success of a Cultural Arts and Wellness Social Enterprise Café in providing holistic, culturally competent services to Filipino/a/x youth.

In addition to providing a safe space to collectively address culturally relevant issues specific to the local Filipino/a/x community, the project provides at-risk Filipino/a/x youth with:

1. An employment and training opportunity via the adapted Social Enterprise Model
2. Future leadership opportunities, both in the café's management and in the café's mental health programming
3. Access to on-site mental health programming via a Clinical Case Worker and a Case Manager

The holistic component of the project is rooted in the hiring and training of at-risk youth which will fulfill basic financial needs and introduce new life skills. With that as a foundation, the on-site mental health programming will further service four other components of Filipino/a/x youths' lives:

1. School-to-career prep
2. Wellness and mental health linkage
3. Cultural identity formation
4. Leadership development

These will be offered through the many workshops, classes, and skill-building activities facilitated at the Café. Filipino/a/x cultural food and drinks will also be available for purchase such as juices, smoothies, teas, and snacks.

The proposed Innovation plan was posted for public comment beginning October 5, 2019 and concluded on November 6, 2019. This project was approved by the San Mateo County Board of Supervisors on April 7, 2020. The County received five letters of support from (see attached):

1. The Office of the City Council of Daly City
2. Fred Finch Youth and Family Services
3. Rock the School Bells
4. The County of San Mateo LGBTQ Commission
5. Daly City Councilmember, Juslyn Manalo

This Innovation Project was initially shared with the Commission's six stakeholder contracts and the listserv on October 24, 2019. The final version of this project was again shared with stakeholders on July 1, 2020. No letters of support or opposition were received during initial or final sharing of the project.

**Enclosures (3):** (1) Biography for San Mateo County's Innovation Presenter; (2) Staff Analysis: Cultural Arts and Wellness Social Enterprise Café for Filipino/a/x Youth; (3) Letters of Support

**Handout (1):** A PowerPoint will be presented at the meeting.

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

<https://mhsoac.ca.gov/document/2020-08/san-mateo-county-cultural-arts-and-wellness-social-enterprise-cafe-filipinoax>

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

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

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

**Project Length:** Five (5) Years





## **Biography for San Mateo County Presenter Cultural Arts and Wellness Social Enterprise Cafe for Filipino/a/x Youth**

### **Stephanie Garma Balón, MA, AMFT**

Stephanie Garma Balón is an Expressive Arts Therapist at StarVista's Child and Parent Services Program in Northern San Mateo County (SMC) providing individual and group therapy to youth, parents, and families. Stephanie's belief in the transformative healing power of the arts inspires her to intentionally integrate ritual, visual art, writing, and poetry in her practice. With a Masters in Counseling Psychology from California Institute of Integral Studies in San Francisco and a Sociology degree from University of Washington, her work is rooted in trauma-informed care; narrative, person-centered, and systemic therapy. She has over 15 years of experience in the non-profit sector and has an extensive community mental health background addressing health inequities amongst underserved populations, namely within the Filipina/o/x community. Co-chair of the Filipino Mental Health Initiative (FMHI) of SMC, she was recognized with a Certificate of Commendation by SMC District 5 Supervisor, David J. Canepa, for her community activism. FMHI advocacy work includes partnering with other AANHPI community leaders to officially declare May 10th: Asian American Native Hawaiian Pacific Islander Mental Health Day in SMC. Stephanie has also sat on Congresswoman Jackie Speier's Asian American Advisory Committee to advise on the status of the Filipinx community's wellness to develop culturally relevant strategies of engagement.



## STAFF ANALYSIS— SAN MATEO COUNTY

<b>Innovation (INN) Project Name:</b>	<b>Cultural Arts and Wellness Social Enterprise Café for Filipino/a/x Youth</b>
<b>Total INN Funding Requested:</b>	<b>\$2,625,000</b>
<b>Duration of INN Project:</b>	<b>5 years</b>
<b>MHSOAC consideration of INN Project:</b>	<b>July 23, 2020</b>

### **Review History:**

Approved by the County Board of Supervisors:	April 7, 2020
Mental Health Board Hearing:	November 6, 2019
Public Comment Period:	October 5, 2019 – November 6, 2019
County submitted INN Project:	February 24, 2020
Date Project Shared with Stakeholders:	October 24, 2019 and July 1, 2020

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

General Criteria:

***Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention*** by implementing a culturally responsive social enterprise focused on community behavioral health needs of Filipino/a/x youth.

Primary Purpose:

***Increases access to mental health services to underserved groups*** by providing culturally specific and holistic approach to engaging and addressing Filipino/a/x youth behavioral health needs. The Social Enterprise Café will include a robust referral network that connects youth to systems of care, including behavioral health counseling.

### **Project Introduction:**

San Mateo County is requesting \$2,625,000 of Innovation spending authority to develop and operate a Cultural Arts and Wellness Social Enterprise Café for Filipino/a/x youth. The County is working with the Filipino Mental Health Initiative (a collaborative made up of community-based organizations, clients, family members and local stakeholders) who have developed this plan and will eventually implement the plan. The café would provide

an inclusive space for Filipino/a/x youth to collectively address culturally relevant problems in their community, while also serving as an opportunity for at-risk youth to receive employment training, and leadership development. On-site mental health programming will be provided to participants, which will address the social/cultural determinants of health.

The social enterprise model has traditionally been used in a non-mental health setting, as it aims to equip non-profits with innovative strategies to support themselves financially without relying solely on grants and donations<sup>1</sup>. The Social Enterprise Model blurs the lines between a business and its social mission.

***The County is seeking to adapt this model for the mental health setting by integrating cultural, financial, and behavioral health wellness services/opportunities into one inclusive meeting space for Filipino/a/x youth.***

### **What is the Problem:**

Despite the large Filipino population in the United States and in San Mateo County in particular, there is limited published research on promising youth-based behavioral health practices that deal with culturally specific issues faced by Filipino/a/x Americans. There are high rates of depression and suicidal ideation among Filipino/a/x youth that can be attributed to cultural identity formation.

CDC found that 45.6% of Filipina adolescents have experienced suicidal ideation, the highest rate among all racial/ethnic groups. They also have higher rates of depression (13.6%) than other Asian females.

Locally, at Jefferson Union High School District Filipino/a/x students have a 90% graduation rate, yet only 42% met UC and CSU requirements. At South San Francisco United, Westmoor High Filipino/a/x students have a 91% graduation rate, yet only 19% met UC and CSU requirements.

In San Mateo County, 53% of youth clients on probation and 43% in Behavioral Health and Recovery Services come from the same four zip codes, two of which are Daly City and South San Francisco which have extremely high Filipino/a/x populations.

Daly City has the highest concentration of Filipino/a/x Americans of any municipality in the country (32% of population), yet in San Mateo County there are few culturally competent programs that combat the disparity between social determinants of Filipino/a/x health and behavioral health outcomes, and none that use a social enterprise/holistic health model. For these reasons, the County believes an innovative solution is needed.

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<sup>1</sup> MaRS Discovery District. Social Enterprise Business Model. <https://learn.marsdd.com/article/social-enterprise-business-models/>

### **How this Innovation Project Addresses this Problem:**

San Mateo County seeks to test the success of a Cultural Arts and Wellness Social Enterprise Café in providing holistic, culturally competent services to Filipino/a/x youth. The County acknowledges cultural identification as a protective factor and builds off existing research examining the “bicultural clash” (page 3) between traditional Filipino/a/x values and American values. There is an intergenerational stigmatization of mental illness that often exists in the Filipino/a/x culture and this plan attempts to address it. Ethnic identity formation is especially critical for minority adolescents, therefore the County elaborates on the idea that “strength of identification with an ethnic group is found to be directly associated with fewer depressive symptoms”<sup>2</sup>.

In addition to providing a safe space to collectively address culturally relevant issues specific to the local Filipino/a/x community, the project provides at-risk Filipino/a/x youth with:

- An employment and training opportunity via the adapted Social Enterprise Model
- Future leadership opportunities, both in the café’s management and in the café’s mental health programming
- Access to on-site mental health programming via a Clinical Case Worker and a Case Manager

Moreover, the holistic component of the project is rooted in the hiring and training of at-risk youth which will fulfill basic financial needs and introduce new life skills. With that as a foundation, the on-site mental health programming will further service four other components of Filipino/a/x youths’ lives:

- School-to-career prep
- Wellness and mental health linkage
- Cultural identity formation
- Leadership development

These will be offered through the many workshops, classes, and skill-building activities facilitated at the Café. Filipino/a/x cultural food and drinks will also be available for purchase such as juices, smoothies, teas, and snacks.

The Cafe will go through a bidding process to select a contractor who will then determine the space in which the program is held. The Filipino Mental Health Initiative has been researching possible spaces, but it is all dependent on who gets the contract.

The County determined, through field and market research, that there are no similar local programs that support this specific population using a Social Enterprise Model.

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<sup>2</sup> Mossakowski, K. (2003). Coping with Perceived Discrimination: Does Ethnic Identity Protect Mental Health? *Journal of Health and Social Behavior*, 44(3), 318-331. [www.jstor.org/stable/1519782](http://www.jstor.org/stable/1519782)

## **The Community Program Planning Process:**

### **Local Level**

The proposed innovation plan was posted for public comment beginning October 5, 2019 and concluded on November 6, 2019. This project was approved by the San Mateo County Board of Supervisors on April 7, 2020. The County received five letters of support from:

- The Office of the City Council of Daly City
- Fred Finch Youth and Family Services
- Rock the School Bells
- The County of San Mateo LGBTQ Commission
- Daly City Councilmember, Juslyn Manalo

***“The innovation project excites me because it takes a holistic approach to a taboo topic within the Filipino community...” – Juslyn Manalo***

***“Not only can this Filipino Cultural Center support the community break through the cultural stigma and lack of understanding of mental and emotional health, but it can bridge the gap between Western and Eastern practices...” - County of San Mateo LGBTQ Commission***

### **Commission Level**

Commission staff originally shared this project with its six stakeholder contractors and its listserv on October 24, 2019. The final version of this project was again shared with stakeholders on July 1, 2020. No letters of support or opposition were received.

## **Learning Objectives and Evaluation:**

San Mateo County is proposing to *increase access to mental health services to underserved groups* by providing holistic, culturally competent services to Filipino/a/x youth via a social enterprise community center.

The primary target population is comprised of transition aged youth (16-24) in the Filipino/a/x community within northern San Mateo County cities of Daly City and South San Francisco. The County estimates to encounter 4,000 individuals annually through outreach and engagement efforts at local schools. Out of these individuals, the County estimates that 300 youth will be referred to services and 150 will receive behavioral health services. Moreover, it is predicted that 90 individuals will participate in the on-site mental health programming at the café, with 10-12 youth hired to work at the café.

The County has identified three learning goals for this project:

1. Does an integrated approach to a social enterprise that includes on-site programming improve mental health outcomes for the participating Filipino/a/x youth?
2. Does a culturally affirming space increase access to behavioral health services for Filipino/a/x youth?

3. Can a holistic social enterprise model improve quality of life indicators for Filipino/a/x youth?

San Mateo County plans to conduct pre/post-service surveys and mental health screenings to develop baseline data for the project. The County will track how many individuals are referred to services and how many participate in the on-site mental health programming. The County will evaluate project data and utilize measures by examining improvements in dropout rates at local high schools and percentages of Filipino/a/x graduates that meet UC and CSU requirements. Other measures and methods could include evaluating the number of individuals that participate in job/internships or by examining improved educational outcomes via pre/post surveys. Additionally, demographics of youth that engage in the program will be collected to assess protective factors, internal strengths, and external supports across several contexts of individuals' lives.

The County will hire an outside evaluator for this project who will develop scope of work, deliverables, and evaluation of collected data, surveys, and materials.

**The Budget**

San Mateo County is seeking authorization to use up to \$2,625,000 in innovation funding over a five-year period.

- Direct costs total \$2,400,000 and consists of startup costs, all contractor expenses related to delivering services, translation services, subcontracts for outreach, etc.
- Indirect costs total \$225,000 (8.5%) and will cover expenses related to the evaluation contract. This contract includes developing an evaluation plan, supporting data collection, data analysis, and submitting annual reports to the Commission.

<b>Funding Source</b>	Year-1	Year-2	Year-3	Year-4	Year-5	TOTAL
Innovation Funds	\$355,000	\$740,000	\$740,000	\$440,000	\$350,000	\$2,625,000

<b>5 Year Budget</b>	Year-1	Year-2	Year-3	Year-4	Year-5	Total
Direct Costs	\$300,000	\$700,000	\$700,000	\$400,000	\$300,000	\$2,400,000
Indirect Costs	\$55,000	\$40,000	\$40,000	\$40,000	\$50,000	\$225,000
Total	\$355,000	\$740,000	\$740,000	\$440,000	\$350,000	\$2,625,000

**Review of CCR Section 3930 requirements**

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

**References:**

MaRS Discovery District. Social Enterprise Business Model.  
<https://learn.marsdd.com/article/social-enterprise-business-models/>

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Ridley-Duff, R., & Bull, M. (2011). *Understanding social enterprise: Theory and practice*. London: Sage.  
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Toby Ewing  
Executive Director  
Mental Health Services Oversight and Accountability Commission  
1325 J Street, Suite 1700  
Sacramento, CA 95814

Dear Mr. Ewing

With a population of over 34,000 Filipina/o/x Americans (FilAm) in Daly City (American Community Survey, 2017), this community represents the largest concentration of Filipinos outside of the Philippines. Although there has been a FilAm presence since the 1960s, there has been a significant lack of services and resources for this community. As a City Council Member, educator, and leader in the community, it is vital to have services that are culturally relevant and responsive for FilAm youth. The opportunity to have a Filipino Cultural Center in Daly City is long overdue and the advantages it presents for empowering and addressing the issues of mental health are essential. I am writing this letter in **full support** for the **Filipino**

Health and Recovery Services.

Having a Filipino Cultural Center that focuses on the needs of FilAm youth is crucial based on research that has shown high rates of mental health issues, the stigma of voicing out matters of wellness, and cultural mistrust in obtaining services. As an Ethnic Studies professor who has taught Filipina/o/x American studies over the past two decades at Skyline College in San Bruno, CA, common themes of a lack of a cultural identity; substance abuse; and issues of depression, anxiety, and suicide ideation have been prevalent in my classroom. This is an opportune time where leadership can step up and provide the necessary resources and services for this underserved community.

The potential of having a Filipino Cultural Center in Daly City presents numerous opportunities for creating a leadership pipeline for youth to realize their potential and become active leaders in our community. The social enterprise model can provide youth lifelong skills in professionalism, networks, organizing, leadership, and a cultural identity that can provide economic, and cultural capital that will allow them to navigate through their personal,



educational, and professional endeavors. This is key in building foundational pillars in developing an identity of confidence, creativity, and service to others.

The opportunities to learn about their history and culture will allow them to understand how their experiences are related to a long legacy of struggle and survival stories in America. It will help them to construct a sense of pride and purpose to continue this narrative of resilience and legacy. By having a space where FilAm youth can discuss, explore, learn, and build with one another has the potential to create a supportive and caring community to bridge between generations, service-learning, and civic agency. According to a 2017 study on FilAm voter turnout, by Filipino Advocates for Justice (FAJ) expressed that 50% of the eligible voting population in San Mateo County vote and the number of young people are vastly underrepresented. The potential of a Filipino Cultural Center can cultivate a space for youth leadership to become connected to the community and become politically engaged.

I fully endorse the proposal for the **Filipino Cultural MHSA Innovation** project submitted by strong need for a Filipino Cultural Center in Daly City and how it will benefit our community. I

underresourced community. If you have any questions, please feel free to contact me via email at [councilmemberRod@gmail.com](mailto:councilmemberRod@gmail.com).

Sincerely,

A handwritten signature in black ink that reads "Roderick Daus-Magbual". The signature is written in a cursive, flowing style.

Dr. Roderick Daus-Magbual  
Council Member  
City of Daly City



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

Dear Mr. Ewing:

This letter is to support the **Cultural Arts and Wellness Social Enterprise Café for Filipino/a/x** MHSA Innovation project being submitted for approval by the San Mateo County Behavioral Health and Recovery Services. Fred Finch has served Filipino/a/x children, youth, and families over the past 20 years in San Mateo County and the availability of a Filipino Cultural Center would be a valued and utilized resource for many of our clients. Having culture-specific services and a physical location for our clients and the Filipino community to gather could be invaluable in strengthening cultural identity and sense of belonging. Having a resource such as the Café could help foster a more open and accepting atmosphere to address mental health needs. I fully support the development of this Café.

Sincerely,

A handwritten signature in black ink that reads "Misha Sky" followed by "LMFT". The signature is fluid and cursive.

Misha Sky, LMFT  
Program Director  
Bridges of San Mateo  
Fred Finch Youth Center  
126 West 25<sup>th</sup> Ave  
San Mateo, CA 94401



Nate Nevado  
Counselor, Skyline College  
Executive Director, Rock The School Bells  
Coordinator, CIPHER Hip Hop Learning Community  
3300 College Drive  
San Bruno, CA 94066

**November 10, 2019**

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

Dear Mr. Ewing:

This letter is to support the **Filipino Cultural Center** MHS Innovation project being submitted for approval by the San Mateo County Behavioral Health and Recovery Services.

My name is Nate Nevado and I am a counselor at Skyline College in San Bruno, CA. I am also the Executive Director for Rock The School Bells which is an annual Hip Hop educational conference that is aimed to educate middle school and high school youth about the importance of higher education, career exploration, mental health wellness, and social justice issues. Rock The School Bells has been serving the community for the last 12 years and has been replicated at other colleges such as De Anza College, Sacramento City College, and the University of Hawaii in Manoa. We have recently been awarded by the Kent Award for San Mateo County for our intentional work with our students in addressing the educational gaps through curriculum development and pedagogical practices.

Despite the success of Rock The School Bells, there is a significant gap in providing continued support and resources for our Filipino community. It is also important to note while Rock The School Bells is Hip-Hop based and is rooted in Black arts and culture, many Filipino youth and students have identified themselves through Hip Hop culture. In fact, for the last 5 years in my work with the CIPHER Hip Hop Learning Community, nearly 75% of the students I serve in this community are Filipinos. In the CIPHER Hip Hop Learning Community, our students engage in classes that are degree-applicable and

transferable to universities such as English, History, Sociology, and Counseling. These classes are all contextualized in using Hip Hop as a framework to educate students about current events, mental health wellness, social justice issues, identity, financial literacy, and career development. All of our classes generate all of their learning through cultural production such as creating videos such as documentaries, music production, creating artwork, songwriting, and event coordination.

As with any class in college, the experience can last one semester. Students are left with figuring out where they can go to generate new and existing cultural production particularly our students from Daly City. As an educator, I believe strongly that we should not place the responsibility on youth and students to seek for these services and resources; that it is the responsibility of the City and the County to create these opportunities. The Filipino Cultural Center can provide so much for our students who are seeking academic, emotional, and creative outlets. The Center can provide a space, an ocean of knowledge, a pipeline from programs such as CIPHER and Rock The School Bells at Skyline College, where our students can continue to extend their learning outside of school.

I am excited for this intentional and necessary work for our community. As an educator who has been in higher education for the last 15 years and has been one to approach education in new and innovative ways, I have learned that when you create educational and humanizing spaces that fosters sense of belonging and cultural humility and integrity, individuals of all ages can develop a greater sense of self, acquire the practice of agency and advocacy, and develop meaningful relationships intergenerationally.

We appreciate your consideration of the Filipino Cultural Center.

Sincerely,

Nate Nevado  
Skyline College  
Rock The School Bells

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


Dear Mr. Ewing,

The LGBTQ Commission of San Mateo County is writing to support the Filipino Cultural Center MHSA Innovation project being submitted for approval by the San Mateo County Behavioral Health and Recovery Services.

The Filipino community is suffering, and it has gone unnoticed for long enough. The effects of colonial mentality have driven the Filipino community to undiagnosed/untreated depression, substance use, cultural identity confusion, oppression, and suicide ideation. There needs to be a solution to this and we believe the proposed Filipino Cultural Center MHSA Innovation project is a start.

Not only can this Filipino Cultural Center support the community break through the cultural stigma and lack of understanding of mental and emotional health, but it can bridge the gap of Western and Eastern practices and be a catalyst for future models of mental health services for minorities. The integrative approach of traditional therapeutic behavioral services to treat the pathologies of an individual with the understanding of emotional suffering as a universal human condition and needing to take an active role in shaping one's psychology provides a balanced approach to mental health. This Filipino Cultural Center would be the first of its kind in San Mateo County and would be pioneers for providing to an underserved population using supportive, creative, and innovative methods. We hope you can join us in supporting to change course of the diverse effects of mental health, mental illness, and mental health services within the Filipino community by approving the Filipino Cultural Center MHSA Innovation project.

Sincerely,



Grant Whitman  
Co-Chair



Rebecca Carabez  
Co-Chair

Cc: County of San Mateo Board of Supervisors,  
Cc: Scott Gilman and Doris Estremera, SMC Behavioral  
Health & Recovery Services





**OFFICE OF THE CITY COUNCIL  
CITY OF DALY CITY  
COUNCILMEMBER JUSLYN MANALO  
333 – 90TH STREET  
DALY CITY, CA 94015-1895**

Juslyn Manalo, Councilmember  
333 90<sup>th</sup> Street  
Daly City CA 94014

**November 5, 2019.**

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

Dear Mr. Ewing:

This letter is to support the **Filipino Cultural Center** MHSa Innovation project being submitted for approval by the San Mateo County Behavioral Health and Recovery Services.

**My name is Juslyn Manalo, a resident in Daly City, San Mateo County for over 30 years and currently on the City Council for the City of Daly City. As a Filipino American being raised in the Bay Area, it was through support of organizations and programs that gave me the understanding of who I was and what it meant in regards to the word community, to sustain my well-being. The Filipino Cultural Center MHSa Innovation project will change lives, and potentially even save the lives of young people in our community.**

The innovation project excites me because it takes a holistic approach to a taboo topic within the Filipino community, most especially with the youth. It is extremely important youth have a safe space, an outlet for creativity and a place they can hone into their leadership skills.

As I look back, through different youth programming, I gained support. The idea of having a place especially geared towards providing mental health services and including programming that serves as a catalyst for a young person to understand who they are, once again feel safe, and gain ownership of their creativity and share it with the community is invigorating.

I have no doubt that this innovation project will reach the target community, especially those who are not accessing services. Mental Health sustainability should be part of our routine but because of stigma and lack of resources, it is not. This program will open doors for those who do not seek services and will hopefully prevent tragedies and teach young people that receiving help is not a weakness but a strength.

The overarching model, looks at every aspect of someone's wellbeing. Through culture, a very significant part of one's self, a wellness social enterprise in itself, is designed to put the youth in the center of the conversation and essentially give a safe space for expression, inner reflection and an outlet with trained professionals who can identify and support these young people.

In the proposal sent, the program is well thought out to include the most important aspects and tools to teach youth in their Wholistic Well-being.

Career Path/Purpose (school-to-career prep)

- Wellness Ambassadors (wellness and mental health linkages)
- Rite of Passage Work (cultural identity formation)
- Leadership Development (i.e. capstone arts-based projects to address mental health & wellness related social issues facing the community)
- Youth Production Line & Management (financial wellness)

I am amazed at the concept of the CommuniTREE which provides a framework which uses a tree as a metaphor to depict the values that ground this work (SOIL), the supports needed (ROOTS) for success, the strategies that will get us there (BRANCHES), the resulting youth capacity (LEAVES) and health outcomes (FRUITS) we expect to impact.

Daly City has a high percentage of Filipino Americans and young people that need the support in their most vulnerable times. I urge you to support the Filipino Cultural Center, MHSA Innovation project as this will impact the community and provide services to those underserved, and in essence provide a life-line for youth to understand themselves, their culture, the mental health resources, tools for them as they proceed into adulthood to pass on to others and the next generation.

Sincerely,

Juslyn C. Manalo

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# AGENDA ITEM 4

Action

August 27, 2020 Commission Meeting

## Evaluation Committee Update and Transparency Suite Demo

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### Summary:

Dawnté Early, Chief of Research and Evaluation, will provide an update on research activities, including the August 24, 2020 meeting of the Evaluation Committee and a status report on and demonstration of draft Transparency Suite dashboards.

The Research and Evaluation Committee, under the leadership of Commissioners Danovitch and Berrick, will meet to welcome new committee members, acquaint new members with the role of the committee and current research underway, and discuss the committee charter and strategic planning for evaluation activities.

Dr. Early will demonstrate early drafts of several new data dashboards, including: (1) Monthly MHSA Allocations, (2) Demographics and outcomes data from the Criminal Justice Mental Health Project, (3) Full Service Partnership Demographics, and (4) CSS/SMHS Demographic Comparisons. Staff anticipate working closely with county departments and stakeholders to review and confirm dashboard contents and designs over the coming weeks, with a targeted public release by the end of October 2020.

**Presenter:** Dawnté R. Early, PhD, MS, Chief of Research and Evaluation

**Enclosures (0):**

**Handout:** None. A live demonstration of draft web pages will be provided during the Zoom teleconference.



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# AGENDA ITEM 5

Action

August 27, 2020 Commission Meeting

Suicide Prevention

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**Summary:** The Mental Health Services Oversight and Accountability Commission will consider priority areas for the initial implementation of suicide prevention activities consistent with [Striving for Zero: California's Strategic Plan for Suicide Prevention, 2020 – 2025](#). The enclosed initial implementation plan outlines strategic aims and key objectives from *Striving for Zero*, proposes action items to implement each objective, and then presents considerations for the implementation of action items.

**Background:** [Assembly Bill 114 \(Chapter 38, Statutes of 2017\)](#) directed the Commission to develop a statewide strategic suicide prevention plan. In early 2018, the Commission formed a Suicide Prevention Subcommittee, which included Commissioners Tina Wooton (Chair), Khatera Tamplen, and Mara Madrigal-Weiss. The Commission adopted *Striving for Zero: California's Strategic Plan for Suicide Prevention, 2020-2025* in November 2019. Since the plan was adopted, the Commission voted to co-sponsor [Assembly Bill 2112 \(Ramos\)](#) to establish state-level suicide prevention leadership within the California Department of Public Health. The bill currently is being reviewed by the Senate Appropriations Committee.

Through the 2020-21 Budget Act, the Legislature acknowledged that immediate action is needed to prevent further loss of life to suicide and recognized that because of the research and engagement involved in *Striving for Zero* the Commission is uniquely positioned to begin filling the essential infrastructure gaps and authorized the Commission to allocate \$2 million of its budget to begin implementing the strategic plan. The Commission will vote whether to direct staff to implement the proposed action items for this initial investment and allocation of resources, such as staffing, Commissioner, and Committee time.

**Overview:** Proposed action items below are aligned and organized by strategic aims and objectives identified in *Striving for Zero*. These items address critical statewide gaps in strategic planning, data, safety, training, and support and are recommended priority areas as the Commission determines how, over the next two years, to allocate \$2 million of its budget for the initial implementation of *Striving for Zero*.

## Strategic Aim 1 | Establish a Suicide Prevention Infrastructure

*Proposed action items to advance strategic planning and data related to Objectives 1a, 1b, 2a, and 3b*

- Co-Sponsor Assembly Bill 2112 (Ramos) to authorize the establishment of an **Office of Suicide Prevention** within the Department of Public Health.
- Assemble a **statewide suicide prevention coalition** of private and public partners.

- Form **local learning collaboratives** to advance suicide prevention strategic planning and implementation, asset mapping, coalition building, and data collection and analysis.
- Create and implement a **research agenda**, including analytics to link mental health consumer data with suicide outcomes and intentional injury data with suicide outcome data, and explore opportunities to analyze data collected on suicide attempt interventions by first responders and crisis service providers.

Strategic Aim 2 | Minimize Risk for Suicidal Behavior by Promoting Safe Environments, Resiliency, and Connectedness

*Proposed action items to advance safety related to Objective 4b*

- **Deliver technical assistance** to local departments and coalitions to disseminate suicide prevention information, including recent changes in the legal transfer of firearms to prevent imminent death by suicide, to and increase awareness among local gun shops, shooting clubs, and firearm owner associations.

Strategic Aim 3 | Increase Early Identification of Suicide Risk and Connection to Services based on Risk

*Proposed action items to advance training related to Objectives 8d and 8e*

- Create a **standardized training** on suicide risk assessment and management.
- Create a standardized training on **suicide risk screening** and service triage based on risk for **schools**.
- **Develop guidance** for health, mental health, and substance use disorder providers to use electronic health records to include suicide risk assessments and make referrals for services more routine.

Strategic Aim 4 | Improve Suicide-related Services and Supports

*Proposed action items to advance support for suicide attempt survivors related to Objectives 11b and 11c*

- Create a sustainability and scalability strategy to expand **lethal means restriction counseling and safety planning** before discharge from health care or crisis services settings.
- Create a sustainability and scalability strategy to **expand follow-up after an attempt** by regional crisis service providers.

**Presenter:** Ashley Mills, Research Supervisor

**Enclosure (1):** Striving for Zero: California's Strategic Plan for Suicide Prevention, 2020-2025 | Initial Implementation Action Items

**Handout (1):** PowerPoint presentation

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

# Striving for Zero: California’s Strategic Plan for Suicide Prevention, 2020-2025

## *Initial Implementation Action Items*

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Suicide rates in California have been steadily increasing for decades. Experts predict suicidal behavior will increase due to factors associated with the COVID-19 pandemic. The following proposal outlines action items and considerations as the Commission determines how to allocate \$2 million of its budget to begin implementation of [Striving for Zero: California’s Strategic Plan for Suicide Prevention, 2020-2025](#) during its meeting on August 27, 2020.

### **STRATEGIC AIM 1: Establish a Suicide Prevention Infrastructure**

Similar to other public health crises, such as the COVID-19 pandemic, preventing death by suicide demands intentional efforts to coordinate and integrate activities, data, and assets among and between private and public partners. Everyone plays a role in suicide prevention, yet the multi-disciplinary nature of suicide prevention makes it difficult to coordinate efforts, which may result in inefficiencies and system gaps. *Striving for Zero* calls for local planning to coordinate efforts, send clear and consistent messages about best practices, monitor suicide and suicidal behavior data, and leverage existing and seek new resources. Making state funding available for suicide prevention strategic planning creates an incentive to prioritize suicide prevention as resources become more and more scarce.

<b><i>Striving for Zero Plan Objective</i></b>	<b>Action Item</b>	<b>Considerations (non-exhaustive list)</b>
<b>Objective 1a</b> Establish centralized, visible state-level leadership by creating the Office of Suicide Prevention within the California Department of Public Health to provide strategic guidance, deliver technical assistance, develop and coordinate trainings, monitor data, conduct state-level evaluation, and disseminate information to advance statewide progress.	Co-Sponsor Assembly Bill 2112 (Ramos) to authorize the establishment of an Office of Suicide within the Department of Public Health.	Current bill language requires the office to consult with the Commission to implement suicide prevention efforts and would require the commission to transfer any suicide prevention contracts to the office

# Striving for Zero: California’s Strategic Plan for Suicide Prevention, 2020-2025

## *Initial Implementation Action Items*

<b>Striving for Zero Plan Objective</b>	<b>Action Item</b>	<b>Considerations (non-exhaustive list)</b>
<p><b>Objective 1b</b> Engage private and public partners by creating the California Suicide Prevention Council to advance suicide prevention efforts with strategic planning and dissemination of best practices in their respective sectors.</p>	<p>Assemble a statewide suicide prevention coalition of private and public partners.</p>	<p>Consult with Commission Committee leadership to discuss engagement with committee members to support development of coalition.</p> <p>Low cost, high impact opportunities to engage private and public partners and increase awareness of suicide prevention strategies and imperatives in a variety of sectors, some of which are disproportionately impacted by suicide, such as the healthcare industry and schools.</p>
<p><b>Objective 2a</b> Accelerate the development and management of suicide prevention resources in communities across California, and support capacity building to use best practices in suicide prevention by disseminating guidance and resources.</p>	<p>Form local learning collaboratives to advance suicide prevention strategic planning and implementation, asset mapping, coalition building,</p>	<p>Develop a strategy for delivering technical assistance based on need (i.e., high rates, high numbers).</p> <p>Coordinate with existing statewide learning collaborative to supplement, not duplicate, technical assistance supports.</p>

# Striving for Zero: California’s Strategic Plan for Suicide Prevention, 2020-2025

## *Initial Implementation Action Items*

<b>Striving for Zero Plan Objective</b>	<b>Action Item</b>	<b>Considerations (non-exhaustive list)</b>
	and data collection and analysis.	
<p><b>Objective 3b</b> Develop a data monitoring and evaluation agenda on suicide deaths and suicidal behavior, including data elements documenting interrupted or aborted suicide attempts and crisis service interventions (“save data”) that resulted in the de-escalation of desire and intent to die by suicide. The agenda should include guidance to support state and local data and information sharing, including methods for sharing confidential information among diverse partners while adhering to state and federal privacy and security laws.</p>	<p>Create and implement a research agenda, including analytics to link mental health consumer data with suicide outcomes and intentional injury data with suicide outcome data, and explore opportunities to analyze data collected on suicide attempt interventions by first responders and crisis service providers.</p>	<p>Consult with Commission Committee leadership to discuss engagement with committee members to support development of research agenda.</p>

# Striving for Zero: California’s Strategic Plan for Suicide Prevention, 2020-2025

## *Initial Implementation Action Items*

### **STRATEGIC AIM 2: Minimize Risk for Suicidal Behavior by Promoting Safe Environments, Resiliency, and Connectedness**

Access to lethal methods of suicide, such as a firearm, is a significant risk factor for suicide. Eliminating or reducing access to a particular method during a crisis, which are often transient, creates lifesaving time and opportunity for intervention. Gun access – especially access to guns in the home – is a significant consideration in suicide prevention because the majority of people who die by suicide use a firearm. Research consistently has documented the link between increased risk for suicide and gun access. A recently released large-scale study documented the association between risk of suicide and gun ownership, which is particularly concerning given gun sales have dramatically increased in California since the beginning of the COVID-19 pandemic.

<b>Striving for Zero Plan Objective</b>	<b>Action Item</b>	<b>Considerations (non-exhaustive list)</b>
<p><b>Objective 4b</b> Monitor state-level trends in lethal means used for suicidal behavior and develop a statewide strategy for technical assistance to expand efforts to reduce access to the lethal means identified.</p>	<p>Deliver technical assistance to local departments and coalitions to disseminate suicide prevention information, including recent changes in the legal transfer of firearms to prevent imminent death by suicide, to and increase awareness among local gun shops, shooting clubs, and firearm owner associations.</p>	<p>Collaborate with public partners, such as law enforcement representatives, and private partners, such as firearm violence prevention foundations and non-profits.</p> <p>Develop an online clearinghouse to increase awareness about safe storage of lethal means in the home.</p> <p>Collaborate with veterans’ service provides to develop and deploy strategies specific to reducing access to firearms during crisis for current and former military members.</p>

# Striving for Zero: California’s Strategic Plan for Suicide Prevention, 2020-2025

## *Initial Implementation Action Items*

### **STRATEGIC AIM 3: Increase Early Identification of Suicide Risk and Connection to Services Based on Risk**

People at risk for suicide may not be identified and receive the services they need when they need them. This challenge may be more pronounced now as people are at home, adhering to social distancing guidelines to prevent the spread of COVID-19. Detection gaps in health care infrastructure could strengthen the identification of people at-risk and increase timely connection to services based on risk. Health, mental health, and substance use disorder service settings are important centers of suicide prevention, as studies show that the majority of those who die by suicide interact with their doctor and health care system in the weeks and months prior to death. Recent federal screening requirements are responding to this trend. For example, as of July 1, 2019, all people seen in medical settings for a primary diagnosis or primary complaint of a mental health need, including those seen in emergency departments as well as outpatient and inpatient settings, are required to be screened for suicide risk. Despite the opportunity to prevent injury and death by suicide in these settings, there are no training standards based on best practices for suicide risk screening, assessment, and management.

<b>Striving for Zero Plan Objective</b>	<b>Action Item</b>	<b>Considerations (non-exhaustive list)</b>
<p><b>Objective 8d</b> Increase standardized training offered to health, mental health, and substance use disorders providers in suicide risk assessment and management best practices. Enhance uniform suicide risk assessment and management in health care settings to align with Joint Commission guidelines and the Zero Suicide Initiative. Such settings</p>	<p>Create a standardized training on suicide risk assessment and management.</p> <p>Create a standardized training on suicide risk screening and service triage based on risk for schools.</p>	<p>Develop training in collaboration with private and public partners, including survivors of suicide loss and attempt.</p> <p>Develop a core curriculum with modules specific to providers in different settings, such as hospitals, substance use treatment centers, and other settings. Include in curriculum training on risk and protective factors unique to diverse racial/ethnic, occupational, and cultural groups.</p>



## Striving for Zero: California’s Strategic Plan for Suicide Prevention, 2020-2025

### *Initial Implementation Action Items*

<b>Striving for Zero Plan Objective</b>	<b>Action Item</b>	<b>Considerations (non-exhaustive list)</b>
include state and local correctional facilities.		<p>Develop modules specific to paraprofessional and peer providers.</p> <p>Develop a process for the standardized, uniform submission of data to centralized database.</p>
<p><b>Objective 8e</b> Invest in technology in systems serving health, mental health, and substance use disorder to improve uniform suicide risk assessment and management. Goals include identifying people at risk and triaging those at risk into appropriate services and culturally appropriate support.</p>	<p>Develop guidance for health, mental health, and substance use disorder providers to use electronic health records to include suicide risk assessments and make referrals for services more routine.</p>	<p>Develop a strategy to explore the use of electronic applications to support risk assessment and management and decision-making by person at-risk and provider.</p> <p>Explore regional telehealth networks to connect providers virtually with mental health and substance use disorder professionals if consultation is needed.</p> <p>Explore the use of hospital administrative data to identify people who may be at increased risk for suicide.</p>

# Striving for Zero: California’s Strategic Plan for Suicide Prevention, 2020-2025

## *Initial Implementation Action Items*

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### **STRATEGIC AIM 4: Improve Suicide-Related Services and Supports**

Suicide attempt, especially an attempt necessitating medical attention, is the most significant risk factor for dying by suicide. Risk for death by suicide also may be compounded with repeat attempts and increased lethality of means. Research suggests risk for suicide is greatest in the two weeks to 30 days following a suicide attempt. Suicide attempt survivors often come to the attention of care providers yet may not receive effective and timely services after an attempt, even when provided with provider referrals. Research suggests as many as 70 percent of suicide attempt survivors do not attend appointments with providers after receiving care for the attempt. Time delays may be made worse by geographic and transportation barriers in rural communities, which may contribute to higher suicide rates. Connections with providers prior to discharge to establish trust, rapport, and consent for contact, such as postcard, phone call, text message, and email, post-discharge has demonstrated effectiveness and cost effectiveness.

<b>Striving for Zero Plan Objective</b>	<b>Action Item</b>	<b>Considerations (non-exhaustive list)</b>
<p><b>Objective 11b</b> Establish a program to deliver training on lethal means restriction counseling to health care providers, and distribute gun and medication lock boxes and locks to hospitals, with prioritized distribution to families and caregivers of people being discharged following a suicide attempt.</p>	<p>Create a sustainability and scalability strategy to expand lethal means restriction counseling and safety planning before discharge from health care or crisis services settings.</p>	<p>Develop guidance for discharge planning and documentation for people who have received suicide-related services, especially in hospital settings.</p> <p>Develop guidance that includes safety planning developed collaboratively between person at-risk and provider; provisions for transitioning care to another setting or provider, home, school, and work; and a process for written follow-up via written correspondence, email, text message, or other communication preferred by the person.</p>

## Striving for Zero: California’s Strategic Plan for Suicide Prevention, 2020-2025

### *Initial Implementation Action Items*

<b>Striving for Zero Plan Objective</b>	<b>Action Item</b>	<b>Considerations (non-exhaustive list)</b>
		<p>Develop a strategy for health plans and insurance to cover the cost of discharge planning, aftercare, and follow-up services.</p> <p>Outline the evidence for return on investment to commercial insurance and managed care plan payers when hospitals implement standardized and consistent discharge protocols.</p>
<p><b>Objective 11c</b> Ensure delivery of best practices for continuity of care following discharge after suicide related services in emergency departments and hospital settings, including the routine, standardized use of follow-up cards, texts, and emails.</p>	<p>Create a sustainability and scalability strategy to expand follow-up after an attempt by regional crisis service providers.</p>	<p>Explore incentives for local suicide prevention centers to partner with hospitals to deliver follow-up services and linkages to referral services prior to discharge.</p>

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# AGENDA ITEM 6

Information

August 27, 2020 Commission Meeting

Staff Report Out

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**Summary:** Deputy Director Norma Pate will report out on projects underway and other matters relating to the ongoing work of the Commission.

**Presenter:**

- Norma Pate, Deputy Director, Administrative and Legislative Services, MHSOAC

**Enclosures (7):** (1) MHSOAC Support of Innovative Responses to COVID-19; (2) Motions Summaries from the July 23, 2020 Meeting; (3) Evaluation Dashboard; (4) Innovation Dashboard; (5) Calendar of Tentative Agenda Items; (6) Department of Health Care Services Revenue and Expenditure Reports Status Update; (7) Legislative Report to the Commission.

**Handouts:** None



STATE OF CALIFORNIA  
GAVIN NEWSOM, Governor



LYNNE ASHBECK  
Chair

MARA MADRIGAL-WEISS  
Vice-Chair

MAYRA ALVAREZ  
Commissioner

RENEETA ANTHONY  
Commissioner

JIM BEALL  
Senator  
Commissioner

KEN BERRICK  
Commissioner

JOHN BOYD, Psy.D.  
Commissioner

BILL BROWN  
Sheriff  
Commissioner

KEYONDRIA D. BUNCH, Ph.D.  
Commissioner

WENDY CARRILLO  
Assembly Member  
Commissioner

ITAI DANOVITCH, M.D.  
Commissioner

DAVID GORDON  
Commissioner

GLADYS MITCHELL  
Commissioner

KHATERA TAMPLIN  
Commissioner

TINA WOOTON  
Commissioner

TOBY EWING  
Executive Director

## Supporting Innovative Responses to COVID-19

August 17, 2020

### Summary

The Legislature provided the Commission with some \$2 million to support innovations that address the mental health impacts of the pandemic. The Commission staff is conducting research and outreach to develop options for the Commission. This workplan is provided for information and to invite the Commission's guidance.

### Overview

The novel coronavirus and the disease it causes, COVID-19, are amplifying and aggravating a multitude of mental health needs, and further stressing a mental health care delivery system that also is under financial pressure because of the pandemic-induced recession. This dynamic – greater need imposed on an overburdened system with declining revenue – also accentuates the racial, ethnic and cultural disparities that concentrate the negative consequences of the pandemic and inadequate mental health care in some Californian communities.

The Legislature in the 2020-21 Budget Act provided the Commission with \$2,020,000 “to support innovative approaches, in partnership with counties and other entities, to address mental health needs as a result of the COVID-19 pandemic.” The direction in the 2020-21 budget was the result of discussions with lawmakers and staff that focused on two imperatives:

- > Support county behavioral health agencies and their community-based service providers to adapt to the three-fold challenge of (1) meeting the changing and increasing mental health needs associated with the pandemic, (2) providing services in ways consistent with public health requirements, and (3) sustaining essential services with declining revenues.
- > Engage other community government partners such as schools, as well as private sector health providers and employers and other potential allies, to develop and scale mental health models that would respond to the broader public mental health needs resulting from the pandemic.

Even prior to the legislative direction, the Commission has been responding to the pandemic, including contributing to the development of CalHOPE.dhcs.ca.gov, which guides those seeking help to the appropriate care, and launching the Rapid Response Network, which distills research and expert guidance to provide tailored guidance to specific challenges faced by counties, service providers and First Five

commissions. The staff has consulted with grantees, county behavioral health staff and others to adapt activities as necessary.

The following process builds on that knowledge to develop options for how the Commission can best use its authority and resources to help the public mental health system and other allies meet the needs of Californians, particularly those hardest hit by the pandemic.

## **1. Reconnaissance**

The Commission staff is gathering information to understand how the pandemic has increased or altered the need for services, the ability to provide services, and the opportunities to adapt and improve services. Among the activities:

- a) Community outreach. Consumer and advocate individuals and organizations have been invited to identify and help document their highest needs and suggested actions.
- b) County and provider outreach. Counties and providers, as well as their associations, have been invited to provide their concerns, needs and suggestions.
- c) State-level coordination. State actions addressing the mental health implications of the pandemic will be surveyed to avoid duplication and discover partnership opportunities.
- d) Academic and national associations. Scientific and policy literature will be reviewed to identify trends, needs and opportunities.

## **2. Needs and Impact Analysis**

The information will be distilled into a framework to inform how the financial resources can be deployed, and potentially refinements in other Commission projects and activities that are impacted by the pandemic. The framework will include:

- a) Situational analysis. A summary will describe the mental health impacts of the pandemic, the actions being taken to address those needs, and additional impacts that are expected as the health, mental health, economic and public revenue consequences of the pandemic grow and evolve.
- b) Opportunities. An analysis will consider the priorities and approaches in the Commission's strategic plan, existing projects, and the Commission's authority, competencies, resources and relationships to identify projects that can help build capacity and support effective practices.
- c) Priorities. These options will be further assessed to identify high-value opportunities to partner with other agencies and leverage other resources to improve outcomes and reduce disparities.

## **3. Timeline**

The outreach and research has already begun with the objective of enabling the Commission to make decisions early this autumn.

- a) Decision Framework. Staff will provide the Commission an update at its September meeting, with the goal of presenting options and "first step" actions at its October meeting.
  - b) Progress Monitoring and Additions. Staff will provide the Commission frequent updates and options for additional projects as the pandemic and the economic recession unfold.
-



**Motions Summary**

**Commission Meeting  
 July 23, 2020**

**Motion #: 1**

**Date:** July 23, 2020

**Time:** 9:50 AM

**Motion:**

The Commission approves the June 25, 2020 meeting minutes as corrected.

**Commissioner making motion:** Commissioner Alvarez

**Commissioner seconding motion:** Commissioner Tamplen

Motion carried 10 yes, 0 no, and 3 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 checked="" type="checkbox"/>
3. Commissioner Beall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Berrick	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Boyd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Bunch	<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Vice Chair Madrigal-Weiss	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Chair Ashbeck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## **Motions Summary**

### **Commission Meeting July 23, 2020**

**Motion #:** 2

**Date:** July 23, 2020

**Time:** 10:30 AM

**Motion:**

For each of the eight grants the Commission:

- Authorizes the Executive Director to issue a “Notice of Intent to Award Mental Health Student Services Act Category 2 Grants” to the following applicants receiving the highest overall scores in each population category:

**Small County Population:**

Calaveras County  
Madera County  
Tehama County  
Trinity/Modoc Counties (Collaborative)

**Medium County Population:**

Santa Barbara County  
Yolo County

**Large County Population**

San Mateo County  
Santa Clara County

- Establishes July 30, 2020 as the deadline for unsuccessful bidders to file with the Commission an “Intent to Appeal” letter
- Establishes that within five working days from the date MHSOAC receives the Intent to Appeal letter, the appealing 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 appeals within two working days of the filing and adjudicate the appeals consistent with the procedure provided in the Request for Applications





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

**Commissioner making motion:** Vice-chair Madrigal-Weiss

**Commissioner seconding motion:** Commissioner Danovitch

Commissioners Berrick, Brown, and Ashbeck recused themselves.

Motion carried 10 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Beall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Berrick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Boyd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Brown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Bunch	<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Motions Summary**

**Commission Meeting  
 July 23, 2020**

**Motion #: 3**

**Date:** July 23, 2020

**Time:** 11:26 AM

**Motion:**

The Commission approves Fiscal Year 2020-21 expenditures as presented.

**Commissioner making motion:** Commissioner Danovitch

**Commissioner seconding motion:** Commissioner Tamplen

Motion carried 12 yes, 0 no, and 0 abstain, per roll call vote as follows:

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



**Motions Summary**

**Commission Meeting  
July 23, 2020**

**Motion #: 3**

**Date:** July 23, 2020

**Time:** 11:45 AM

**Proposed Motion:**

The Commission adopts a support position on Assembly Bill 2265 (Quirk-Silva).

**Commissioner making motion:** Commissioner Berrick

**Commissioner seconding motion:** Commissioner Danovitch

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

Name	Yes	No	Abstain
1. Commissioner Alvarez	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Commissioner Anthony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Beall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Berrick	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Boyd	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Chair Ashbeck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Summary of Updates

### Contracts

New Contract:

Total Contracts: **7**

### Funds Spent Since the February Commission Meeting

Contract Number	Amount
<a href="#">17MHSOAC073</a>	\$390,850
<a href="#">17MHSOAC074</a>	\$390,850
<a href="#">17MHSOAC081</a>	\$584,700
<a href="#">17MHSOAC085</a>	\$66,936
<a href="#">18MHSOAC020</a>	\$45,504
<a href="#">18MHSOAC040</a>	\$155,126
<a href="#">19MHSOAC022</a>	\$8,600
<b>Total</b>	<b>\$1,642,566</b>

### Contracts with Deliverable Changes

[17MHSOAC073](#)

[17MHSOAC074](#)

[17MHSOAC081](#)

[17MHSOAC085](#)

[18MHSOAC040](#)

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

**MHSOAC Staff:** Kai Le Masson

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

**Total Contract Amount:** \$3,528,911.50

**Total Spent:** \$850,850

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

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

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

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

**MHSOAC Staff:** Kai Le Masson

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

**Total Contract Amount:** \$3,528,911.50

**Total Spent:** \$850,850

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

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

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



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

**MHSOAC Staff:** Rachel Heffley

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

**Total Contract Amount:** \$1,200,000

**Total Spent:** \$1,200,000

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

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

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

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

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

**MHSOAC Staff:** Rachel Heffley

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

**Total Contract Amount:** \$234,279

**Total Spent:** \$234,279

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

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

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

**MHSOAC Staff:** Rachel Heffley

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

**Total Contract Amount:** \$400,143

**Total Spent:** \$387,242

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

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

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

**MHSOAC Staff:** Dawnte Early

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

**Total Contract Amount:** \$1,171,008

**Total Spent:** \$445,378

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

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

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

**MHSOAC Staff:** Rachel Heffley

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

**Total Contract Amount:** \$313,604

**Total Spent:** \$298,604

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

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

## INNOVATION DASHBOARD AUGUST 2020



UNDER REVIEW	Final Proposals Received	Draft Proposals Received	TOTALS
Number of Projects	6	10	<b>16</b>
Participating Counties (unduplicated)	2	5	<b>7</b>
Dollars Requested	\$5,409,349	\$7,477,647	<b>\$12,886,996</b>

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

TO DATE	Reviewed	Approved	Total INN Dollars Approved	Participating Counties
FY 2020-2021				

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

## INNOVATION PROJECT DETAILS

### DRAFT PROPOSALS

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

### FINAL PROPOSALS

Status	County	Project Name	Funding Amount Requested	Project Duration	Draft Proposal Submitted to OAC	Final Project Submitted to OAC
Under Final Review	Modoc	INN and Improvement through Data (IITD)-Extension	\$91,224	1 Year	3/4/2020	3/4/2020
Under Final Review	Modoc	Help @ Hand Extension	\$180,000	2 Years	3/4/2020	3/4/2020



**FINAL PROPOSALS**

Status	County	Project Name	Funding Amount Requested	Project Duration	Draft Proposal Submitted to OAC	Final Project Submitted to OAC
Under Final Review	San Mateo	Co-location of Prevention Early Intervention Services in Low Income Housing	\$925,000	4 Years	9/30/3019	2/24/2020
Under Final Review	San Mateo	PIONEERS (Pacific Islanders Organizing, Nurturing, and Empowering Everyone to Rise and Serve)	\$925,000	4 Years	10/2/2019	2/24/2020
Under Final Review	San Mateo	Cultural Arts and Wellness Social Enterprise Café for Filipino/a/x Youth	\$2,625,000	5 Years	10/2/2019	2/24/2020
Under Final Review	San Mateo	Addiction Medicine Fellowship in a Community Hospital	\$663,125	4 Years	10/2/2019	2/23/2020

**APPROVED PROJECTS (FY 20-21)**

County	Project Name	Funding Amount	Approval Date

# Calendar of Tentative Commission Meeting Agenda Items

Proposed 8/17/2020

Agenda items and meeting locations are subject to change

## August 27, 2020: Sacramento, CA (Teleconference)

### **Research & Evaluation Transparency Suite Demonstration and Evaluation Committee Update**

The Commission will hear an update on the Evaluation Committee and see a demonstration of the newly redesigned Transparency Suite.

### **Suicide Prevention**

The Commission will consider priority areas for the allocation of \$2 million authorized to support suicide prevention efforts consistent with Striving for Zero: California's Strategic Plan for Suicide Prevention, 2020 – 2025.

### **Award Early Psychosis Intervention Contracts**

The Commission will consider awarding contracts to the highest scoring applications in response to the Request for Applications to support the Early Psychosis Intervention Program.

### **Staff Report**

Deputy Director Pate will report out on projects underway, and other matters relating to the ongoing work of the Commission.

### **Innovation Plan Approval**

- San Mateo County seeks approval of \$2,625,000 in Innovation funding for their Cultural Arts and Wellness Social Enterprise café for Filipino/a/x Youth Innovation project

## September 24, 2020: Sacramento, CA (Teleconference)

### **Executive Director Performance Review (Closed Session 8-9am)**

### **Innovation Plan Approval**

- San Mateo County seeks approval of \$663,125 in Innovation funding for their Addiction Medicine Fellowship in a Community Hospital Innovation project

### **Election of the MHSOAC Chair and Vice-Chair for 2021**

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

### **Legislative Priorities for 2020**

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

### **Executive Director Report Out**

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.

## **Calendar of Tentative Commission Meeting Agenda Items**

**Proposed 8/17/2020**

Agenda items and meeting locations are subject to change

### **October 22, 2020: Sacramento, CA (Teleconference)**

#### **Potential Innovation Plan Approval**

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

#### **Legislative Priorities for 2020**

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

#### **Executive Director Report Out**

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.

### **November 19, 2020: Sacramento, CA (Teleconference)**

#### **Potential Innovation Plan Approval**

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

#### **Legislative Priorities for 2020**

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

#### **Executive Director Report Out**

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.

DHCS Status Chart of County RERs Received  
August 27, 2020 Commission Meeting

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

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

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

The Department also publishes on its website a web page providing access to County RERs. This page includes links to individual County RERs for reporting years FY 2006-07 through FY 2015-16. This page can be accessed at: <http://www.dhcs.ca.gov/services/MH/Pages/Annual-Revenue-and-Expenditure-Reports-by-County.aspx>. Additionally, County RERs for reporting years FY 2016-17 through FY 2017-18 can be accessed at the following webpage: [http://www.dhcs.ca.gov/services/MH/Pages/Annual\\_MHSA\\_Revenue\\_and\\_Expenditure\\_Reports\\_by\\_County\\_FY\\_16-17.aspx](http://www.dhcs.ca.gov/services/MH/Pages/Annual_MHSA_Revenue_and_Expenditure_Reports_by_County_FY_16-17.aspx).

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

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

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

Agenda Item 5: DHCS Status Chart of County RERs Received  
August 27, 2020 Commission Meeting

## DCHS MHSA Annual Revenue and Expenditure Report Status Update

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

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

Agenda Item 5: DHCS Status Chart of County RERs Received  
 August 27, 2020 Commission Meeting

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

Agenda Item 5: DHCS Status Chart of County RERs Received  
August 27, 2020 Commission Meeting

County	FY 17-18 Electronic Copy Submission Date	FY 17-18 Return to County Date	FY 17-18 Final Review Completion Date	FY 18-19 Electronic Copy Submission Date	FY 18-19 Return to County Date	FY 18-19 Final Review Completion Date
Santa Clara	12/27/2018		1/2/2019	12/13/2019	12/16/2019	12/31/2019
Santa Cruz	12/31/2018	1/3/2019	1/7/2019	1/2/2020	1/7/2020	1/29/2020
Shasta	12/13/2018	12/17/2018	1/2/2019	12/18/2019	12/23/2019	12/30/2019
Sierra	12/28/2018		1/2/2019	12/19/2019	12/26/2019	1/29/2020
Siskiyou	9/3/2019	9/3/2019	9/24/2019	4/6/2020	4/8/2020	4/23/2020
Solano	12/31/2018	1/3/2019	2/21/2019	12/30/2019	1/2/2020	1/27/2020
Sonoma	1/16/2019	1/29/2019	2/1/2019	12/18/2019	12/26/2019	1/23/2020
Stanislaus	12/26/2018		1/3/2019	12/31/2019	1/3/2020	1/3/2020
Sutter-Yuba	1/7/2019	1/28/2019	1/31/2019	1/2/2020	1/6/2020	1/15/2020
Tehama	6/20/2019		8/12/2019			
Tri-City	12/31/2018	1/3/2019	1/30/2019	12/30/2019	12/31/2019	1/14/2020
Trinity	1/30/2019		2/7/2019	2/10/2020	2/10/2020	2/14/2020
Tulare	12/19/2018	12/21/2018	12/26/2018	12/19/2019	12/23/2019	12/23/2019
Tuolumne	12/11/2018	12/12/2018	12/12/2018	10/21/2019	10/23/2019	10/25/2019
Ventura	12/20/2018		12/21/2018	1/13/2020	1/16/2020	1/31/2020
Yolo	1/30/2019	1/31/2019	1/31/2019	12/20/2019	12/24/2019	1/3/2020
Total	59	39	59	58	56	58

## 2020 Legislative Report to the Commission As of August 18, 2020

### SPONSORED LEGISLATION

#### Assembly Bill 2112 (Ramos)

**Title:** Suicide Prevention

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

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

**Status/Location:** Amended on August 12, 2020. In Senate Appropriations Suspense – August 20, 2020.

On August 12, 2020, AB 2112 was amended as follows:

The amendments to AB 2112 will require the Department of Public Health, Office of Suicide Prevention to consult with the Mental Health Services Oversight and Accountability Commission to implement suicide prevention efforts and would require the commission to transfer its suicide prevention efforts to the office. Transfer shall not include staff or contracts.

#### Budget Act of 2020

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

**Co-Sponsors:** California Alliance of Child and Family Services



## SUPPORTED LEGISLATION

### Assembly Bill 2265 (Quirk-Silva)

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

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

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

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

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

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

On August 12, 2020, SB 855 was amended as follows"

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

**Status/Location:** Amended August 12, 2020. Senate Consent Calendar – August 19, 2020

## SUPPORTED LEGISLATION

### Senate Bill 803 (Beall)

**Title:** Mental health services: peer support specialist certification.

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

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

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

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

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

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

#### Budget Act of 2020

The amendments also include budget language authorizing the Department of Health Care Services to use Mental Health Services Act State Administrative Funds from the Budget Act of 2020 in fiscal years 2021-22, to fund state administrative costs related to developing and administering the peer support specialist certification program.

**Status/Location:** Amended on July 27, 2020. In Assembly Appropriations Suspense – August 20, 2020.

## SUPPORTED LEGISLATION

### Senate Bill 854 (Beall)

**Title:** Health care coverage: substance use disorders.

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

**Commission's Position:**

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

On April 24, 2020, SB 854 was amended.

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

**Status/Location:** Senate – Dead.

### Senate Bill 855 (Wiener)

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

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

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

On August 6, 2020, SB 855 was amended as follows:

- Add language in the findings and declarations regarding "least restrictive setting" to acknowledge problems regarding behavioral health treatment coverage for autism in certain settings;
- Clarify that clinical review criteria must be provided at no cost;
- Add Behavioral Health Treatment for autism into the definition of generally accepted standards;
- Delete the definition of "medically necessary treatment of a MH/SUD" from this bill;
- Delete reference to 12 months course of treatment from the out-of-network provisions of this bill

**Status/Location:** Amended on August 6, 2020. In Assembly Appropriations – August 20, 2020.

## OPPOSED LEGISLATION

### Senate Bill 665 (Umberg)

**Title:** Mental Health Services Fund: county jails

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

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

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

On August 12, 2020, SB 665 was amended as follows:

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

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

**Status/Location:** In Assembly Appropriations – August 20, 2020

## TECHNICAL ASSISTANCE

### **Assembly Bill 3229 (Wicks)**

**Title:** Maternal mental health

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

**Commission's Position:**

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

**Status/Location:** Assembly – Dead.

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