



WELLNESS • RECOVERY • RESILIENCE



Mental Health Services
Oversight & Accountability Commission

Commission Packet

Commission Teleconference Meeting
November 19, 2020
10:00 AM – 1:30 PM



Mental Health Services
Oversight & Accountability Commission

1325 J Street, Suite 1700, Sacramento, California 95814

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

Commission/Teleconference Meeting Notice

NOTICE IS HEREBY GIVEN that the Mental Health Services Oversight Accountability and Commission (the Commission) will conduct a **teleconference meeting on November 19, 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: November 19, 2020

TIME: 10:00 a.m. – 1:30 p.m.

ZOOM ACCESS:

Link: <https://zoom.us/j/91765357271>

Dial-in Number: 408-638-0968

Meeting ID: 917 6535 7271

Passcode: 085310

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

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

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

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

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

Our Commitment to Excellence

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

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

Our Commitment to Transparency

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

Our Commitment to Those with Disabilities

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

AGENDA

Lynne Ashbeck

Chair

Mara Madrigal-Weiss

Vice Chair

Commission Meeting Agenda

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

10:00 AM Call to Order and Welcome

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

10:05 AM Roll Call

Roll call will be taken.

10:10 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 general public

comments, as the law requires formal public notice prior to any deliberation or action on agenda items.

10:40 AM

Action

1: Approve October 22, 2020 MHSOAC Meeting Minutes

The Commission will consider approval of the minutes from the October 22, 2020 teleconference meeting.

- Public Comment
- Vote

10:50 AM

Action

2: EPI Plus Funds Allocation

Presenter:

- **Toby Ewing, Executive Director**
- **Tom Orrock, Chief of Commission Grants**

The Commission will consider recommendations from the AB 1315 Advisory Committee on the allocation of \$5,565,000 of remaining funds from the Early Psychosis Intervention Plus Fund.

- Public Comment
- Vote

11:30 AM

10 Minute Break

11:40 AM

Information

3: Staff Report

Presenters:

- **Toby Ewing, Executive Director**

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

- Public Comment

12:00 PM

Information

4: Solano County's Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) Innovation Project

Presenters:

- **Tracy Lacey, LMFT, Senior Mental Health Services Manager-MHSA Coordinator, Solano County Department of Health and Social Services Behavioral Health Division**
- **Sergio Aguilar-Gaxiola, MD, PhD, Director, Center for Reducing Health Disparities, Professor of Clinical Internal Medicine, UC Davis Health**

The Commission will hear an update on the progress made on the ICCTM Innovation project approved by the Commission on May 28, 2015.

- Public Comment

1:30 PM

Adjournment

AGENDA ITEM 1

Action

November 19, 2020 Commission Meeting

Approve October 22, 2020 MHSOAC Teleconference Meeting Minutes

Summary: The Mental Health Services Oversight and Accountability Commission will review the minutes from the October 22, 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) October 22, 2020 Meeting Minutes

Handouts: None.

Proposed Motion: The Commission approves the October 22, 2020 meeting minutes.

State of California

**MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION**

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

Minutes of Teleconference Meeting
October 22, 2020

MHSOAC
1325 J Street, Suite 1700
Sacramento, CA 95814

408-638-0968; Code 495495

Members Participating:

Lynne Ashbeck, Chair
Mara Madrigal-Weiss, Vice Chair
Mayra Alvarez
Ken Berrick
Sheriff Bill Brown

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

Members Absent:

Reneeta Anthony
Senator Jim Beall
John Boyd, Psy.D.

Keyondria Bunch, Ph.D.
Assembly Member Wendy Carrillo
Tina Wooton

Staff Present:

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

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

CALL TO ORDER AND WELCOME

Chair Lynne Ashbeck called the teleconference meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to order at 9:03 a.m. and welcomed everyone. Chair Ashbeck reviewed the meeting protocols.

ROLL CALL

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

GENERAL PUBLIC COMMENT

Lauren Rettagliata, advocate, Contra Costa County, stated the need for the MHSOAC mission statement to clearly state the Mental Health Services Act (MHSA) exists for adults with a serious mental illness and children with a serious emotional disturbance. The new MHSA website, while employing many new sources of information, was difficult to navigate. The speaker urged the Commission to listen to needed improvements proposed by family members of those who are to be helped through MHSA funds.

Linda Mayo, advocate, Stanislaus County, stated California Advocates for the Seriously Mentally Ill sent a letter of opposition regarding proposed changes to the Commission's rules of procedure, which was signed by advocates from that organization. The speaker highlighted their personal concerns that the Commission would consider omitting collaboration with clients, family members, and underserved communities in its mission statement; that the proposed changes to Committee structure and increased authority to the Commission and its Executive Director undermine the participation, collaboration, and transparency given in the current rules of procedure; and that the Commission's website currently displays the proposed mission statement.

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), stated the MHSA Partners Forum agrees with the previous speakers. The speaker stated the MHSA Partners Forum has been inviting Commission staff and the Co-Chairs of the Innovation Subcommittee for the past several months to present general information such as the purpose, goals, and members of the Innovation Subcommittee. The speaker stated concern that the notice for the first meeting of the Innovation Subcommittee was not sent out to the public until after the meeting had begun and, although the notice for the second meeting was sent out, there are no meeting materials posted, such as the minutes from the first meeting.

Stacie Hiramoto stated they wanted the Innovations Subcommittee to understand the importance of the Innovation component of the MHSA to racial, ethnic, and LGBTQ communities and how knowledgeable representatives from most communities do not believe that most counties have used this component to reduce disparities for these communities.

Stacie Hiramoto stated the Innovation Subcommittee should have presentations from counties that have funded programs utilizing community-defined, evidence-based practices that were aimed at racial, ethnic, and LGBTQ communities, as well as presentations by representatives from the California Reducing Disparities Project (CRDP) Phases 1 and 2 who could explain how Innovations could be used for reducing disparities to those communities. The speaker stated the need for the public to learn

more about the Innovation Subcommittee so that the upcoming meeting can be as productive as possible.

Mark Karmatz, consumer and advocate, stated the need for the MHSA Systems Leadership Team meetings in Los Angeles to resume.

Thomas Mahany, Executive Director, Honor for ALL, stated the hope that their letter sent to the Commission was included in the meeting packet. The speaker 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 27th as Post-Traumatic Stress Injury Awareness Day to reduce stigma and resulting suicides and convince the APA that it is time to take the negativity out of the name. The speaker noted that one tactic that can combat stigma is the use of non-stigmatizing language, as was written on page 15 of the Commission's Striving for Zero: California's Strategic Plan for Suicide Prevention 2020-2025.

ACTION

1: Approve September 24, 2020, MHSOAC Meeting Minutes

Chair Ashbeck stated the Commission will consider approval of the minutes from the September 24, 2020, teleconference meeting. She asked for a motion to approve the minutes.

Commissioner Brown made a motion to approve the September 24, 2020, meeting minutes.

Commissioner Tamplen seconded.

Public Comment

No public comment.

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

- *The Commission approves the September 24, 2020, meeting minutes as presented.*

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

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

The following Commissioner abstained: Commissioner Alvarez.

ACTION

2: Schools and Mental Health Project Report

Presenter:

- Kai Dawn Stauffer LeMasson, Ph.D., Senior Researcher

Chair Ashbeck stated the Commission will consider adoption of the Schools and Mental Health Project Report. She asked Commissioner Gordon to introduce this agenda item.

Commissioner Gordon stated the Commission has worked hard over the past several years to help bring schools and mental health systems together to collaborate about meeting the mental health needs of young people. The project report documents the work done to date and highlights the amount of work left to do.

Commissioner Gordon stated it is important to remember that children are not born at age five when they enter kindergarten. For their first five years it is important that their basic health needs are met, but more than that it is important that they participate in early childhood programs that will get them ready for school and participation. He stated there is a gap at the level of entry into kindergarten. It is important to begin in the zero-to-five space. He noted that there will be recommendations on that in the future.

Commissioner Gordon thanked Commissioners and staff for their work in this effort. He stated the key is collaboration. Traditional youth supports have been unavailable during the COVID-19 pandemic. Many local community groups are doing their best to fill this gap. He stated young people are more vulnerable than at any time in his memory, but there is cause for optimism and hope as well because county health agencies and school systems are collaborating as never before. Partnering around wellness and prevention will help make young people in communities healthier.

Commissioner Gordon thanked the public and the community for hosting forums and providing comments and suggestions on the first draft of this report. Collaboration is the key to success, along with looking toward prevention and investing in the zero-to-five space. He invited Subcommittee Members to comment.

Commissioners shared their thanks and appreciation for Commissioner Gordon's and Executive Director Ewing's leadership and for the Commission's willingness to commit to work towards mental health in schools, and that the report looks at the mental health of the whole school community.

Commissioner Mitchell stated the importance of dealing with trauma at the earliest level, particularly for children from lower socioeconomic African American communities, and most particularly boys. She thanked the community for attending the forums and the Commission for undertaking this project.

Commissioner Gordon introduced Dr. LeMasson.

Kai Dawn Stauffer LeMasson, Ph.D., Senior Researcher, provided an overview, with a slide presentation, of the student mental health crisis, hope amid the crisis, guiding principles, and recommendations from the Schools and Mental Health Project report *Every Young Health and Mind: Schools as Center of Wellness*.

Commissioner Questions

Commissioner Danovitch stated this type of strategy is called for now more than ever in the context of the COVID-19 pandemic, school closures, and the consequences to families and communities. He asked how to implement this in the context of the coming year during these challenging times.

Commissioner Gordon stated enough can never be done, but as schools reopen, this issue will be top of mind for all school leaders across the state. Many if not most of the schools will be reopening in some fashion in the coming weeks and months. County Offices of Education and school districts have been providing services remotely. For example, Sacramento County has a public health order that the schools provide emergency counseling services where needed or appropriate for mental health issues for young people.

Commissioner Gordon stated what will be seen rolling out when schools open is a redoubled effort to connect with students. He noted that there is an explosion of youth voice and youth engagement in the process. Sacramento County is convening a Youth Mental Health Advisory Board, which is expected to come online shortly after the first of the year. That will meet an incredible need for schools to listen to young people and hear their voice in terms of what their needs are because in many ways they are ahead in thinking through the issues.

Commissioner Alvarez stated her appreciation for Commissioner Gordon's leadership and the Subcommittee Members' work on this important report. It cannot be more timely to have the Commission out front on these important issues. Emphasizing the importance of collaboration is going to be even more critical in the face of a tough budget year. There is an opportunity to leverage collaboration with the First 5 California Commission to ensure that the youngest Californians are prepared to enter school. Being a tough budget year, it will be that collaboration that will allow the best policies, programs, and investment possible for children's wellbeing.

Commissioner Alvarez asked if conversations have begun with agencies and what is their engagement in the process thus far. There is a work group between the California Department of Education (CDE) and the Department of Health Care Services (DHCS) looking at Medicaid billing and how it can be better leveraged to draw down more federal resources for the state. She stated a report will be issued in October of 2021. Alignment with this report is critical. She asked for greater detail on the next steps and how Commissioners might be able to engage and support this important work.

Executive Director Ewing stated one of the next steps is to strengthen the data conversations in California for a better understanding of who is and is not being served and the kinds of programs that are out there and their impacts. Staff currently has a Data Use Agreement with the DHCS and has been working for approximately a year to enter into a Data Use Agreement with the CDE. Staff is working to bring those two departments and the Commission together, along with the public, stakeholders, and subject matter experts, to discuss how to build the necessary data infrastructure to understand what is out there, what is working and not working, and for whom, because the reality is these programs and who they serve will be different in different parts of the state.

Executive Director Ewing discussed the fiscal piece. The Commission is not formally part of the Senate Bill (SB) 75 Work Group but staff has been talking with the DHCS, the CDE, and the Mental Health Task Force about some of this work and is beginning to

receive inquiries from legislative offices as this report was put out in draft form and shared with them.

Executive Director Ewing stated the California Children's Trust has completed their work as directed and funded by the Commission, which looked at the financing strategies and documented ways that existing school partnerships have been financing school mental health. The California Children's Trust has presented their findings and participated in the CDE webinar with over 600 educational and community leaders listening in to better understand the models that are out there.

Commissioner Gordon stated there are four things that need to happen in this landscape to get this work done effectively: collaboration, sustainable funding, youth engagement and youth voice, and a robust plan and resources for the zero-to-five space to ensure that the prevention aspect is dealt with.

Commissioner Berrick stated the strategy is to move the remarkable framework created by the Commission forward into a concrete implementation guide and make funding recommendations that would make it sustainable. The California Alliance of Child and Family Services, the County Behavioral Health Directors Association (CBHDA), and the County Welfare Directors Association of California (CWDA) are in conversation about how to create partnerships with schools in order to implement this strategy at scale. He noted that it will take funding integrated from all of them to sustain it.

Commissioner Berrick stated the CWDA sponsored legislation to pilot a statewide mobile urgent response system for foster youth. The legislation includes a statewide hotline and a creative framework for urgent response, which is another piece to this puzzle. Within two years, a comprehensive system can begin to be seen. He stated this momentum can be used to concretely move implementation strategies forward.

Chair Ashbeck stated one of the principles addressed is the intersection between schools, community, and health. She lifted up hospitals and health systems as partners in this work. She stated emergency departments are the last place a child should go with a mental health crisis. She suggested more actively integrating the health systems, particularly children's hospitals, in the work being done. Strengthening the health element is yet another piece to this puzzle.

Public Comment

Melanee Cottrill, Executive Director, California Association of School Psychologists, stated suggestions for minor changes to the report have been sent to staff. The speaker suggested that the recommendations in the report address the PPS credential shortage. Although the credential shortage is mentioned in the report, it is important that the internal capacity building does not get lost in the effort to collaborate. Collaboration is important but both sides of the coin need to be acknowledged in the recommendations. The speaker thanked the Commission for allowing the Association to be a part of this project.

Gulshan Yusufzai, Executive Director, Muslim American Society (MAS) Social Services Foundation (SSF), requested more time on this report to allow communities to submit more input. The speaker stated the hope to see more consideration for many areas of

need for youth and especially for refugees who have resided in California since the '70s and the high number of refugees who have settled in California since 2014. The speaker stated the Society wants to make suggestions on how to integrate professional, peer, and clinical approaches in school and asks for more information on the CRDP community-defined practices from the 35 agencies that have been doing this work since 2009.

Angela Vazquez, Mental Health Policy Director, Children's Partnership, spoke in support of the proposed Schools and Mental Health Project report.

Andrea Ball, President, Ball/Frost Group, suggested strengthening the explicit recognition of the role of the state's investment through the K-12 system with the Scale-Up Initiative in the report. The Scale-Up Initiative began in 2016 and runs through the state system of support. This is an important piece to this work; to leave it out of the report would be a disservice.

Christina Aguilar, Outreach Coordinator, MAS SSF, stated the draft report is incomplete. The speaker stated MAS SSF only recently learned of this report. The speaker asked for more time to contribute suggestions to make the draft even more powerful.

Stacie Hiramoto agreed with MAS SSF's request for additional time to provide stakeholder comment. The speaker stated, although there has been a long process, there are key stakeholders who would like the opportunity to provide comments.

Laurel Benhamida, Ph.D., REMHDCO, MAS SSF, stated the photos in the report are far too pretty and do not show the environments that real Californian students are living in. The speaker asked to rethink that branding strategy. The speaker agreed with previous speakers about asking for additional time to provide comments.

Basit Choudhary shared about growing up in the public-school system, graduating from Sacramento State University, and being a United States born Pakistani American. The speaker stated they are part of the Muslim Transitional Age Youth (TAY) Advocacy Program under MAS SSF, which is funded by the Commission through the California Youth Empowerment Network (CAYEN). The speaker stated the TAY group hosted its first public virtual town hall meeting a few days ago and advocated for a wellness center in Sacramento, which would be led by TAY and is for youth of all backgrounds. The speaker requested additional time for the TAY group to add suggestions and revisions for the draft report.

Hellan Roth Dowden, President and CEO, Teachers for Healthy Kids, spoke in support of the proposed Schools and Mental Health Project report.

Mary Ann Bernard read a letter from members of California Advocates for the Seriously Mentally Ill, a group of family members, professionals, and consumers who advocate for that population. The letter advocated against the proposed changes in the MHSOAC mission statement and that the new proposed mission statement is posted on the website without Commission approval.

Elia Gallardo, Director of Governmental Affairs, CBHDA, agreed with previous speakers requesting additional time to comment.

Mark Karmatz stated the Governor signed SB 803, Mental Health Services: peer support specialist certification, into law on September 25th.

Lilyane Glamben, ONTRACK Program Resources, stated the COVID-19 pandemic has greatly increased disparities. The speaker stated current support services environments are scandalous and special education services have been dropped entirely. Parents are being told they need to “step up” to fill the gaps in services. Gaps that have been accelerated in the COVID-19 environment must be addressed. The speaker thanked the Commission for this report and stated another report is needed to address post-COVID impacts.

Gina Plate, California Alliance of Child and Family Services, spoke in support of the proposed Schools and Mental Health Project report.

Marisol Beas, Youth Committee Member, Youth Innovation Project Planning Committee, and Project Coordinator, CAYEN, agreed with previous speakers requesting additional time for youth to review and give input to ensure that the report reflects the needs, solutions, and suggestions from those it will be serving.

Commissioner Discussion

Commissioner Berrick thanked members of the public for providing concrete, actionable suggestions. He volunteered to work on the implementation guide that needs to follow this work to set the format. He stated a greater level of detail belongs in an implementation guide as a roadmap for best practices and engagement.

Commissioner Mitchell stated she supported the public requests for additional time to provide input.

Chair Ashbeck asked Executive Director Ewing to share the staff perspective of providing additional time for stakeholder input.

Executive Director Ewing stated staff would be happy to work with commenters to support their ability to work in their communities to strengthen the youth voice. He stated comments on the mechanics of the program would be better addressed during the implementation phase.

Executive Director Ewing stated Marisol Beas is part of the Commission's Youth Leadership Project that hosted three Youth Idea Labs. There is discussion about doing an additional Youth Idea Lab. He suggested the lab focus on how to support immigrants and refugees by doing something specific to address the needs of that population recognizing that the earlier Youth Idea Labs may not have been as attentive to those issues.

Executive Director Ewing stated the staff perspective is that adopting the report starts the conversation about implementation. That would be the most meaningful opportunity to ensure robust community engagement.

Commissioner Brown stated he is particularly pleased that this report will join two others that provide a suite of products that give the state and resources within the state some real practice roadmaps for improving mental health in three key areas: criminal justice, suicide prevention, and mental health and wellness in schools.

Vice Chair Madrigal-Weiss stated this is a critical piece to ground conversations and to start to streamline between systems.

Commissioner Gordon thanked Executive Director Ewing and Kai LeMasson for their hard work, vision, and foresight that has gone into not just the report but the overall thoughtful view of the things that were needed to build towards the report. He agreed with Commissioner Berrick. He offered to meet with the local Sacramento stakeholders who provided public comment today to see if their program can be made a model in Sacramento County.

Commissioner Danovitch suggested creating guidance on how the Commission can evaluate progress in school-based mental health as a way to help keep the Commission on track over time to ensure accountability to the strategy. He volunteered to help create that guidance.

Commissioner Danovitch suggested that, every time the Commission generates a report like this, it should automatically include a component of the report that addresses the evaluation piece so it is engrained in the process.

Chair Ashbeck asked for a motion to adopt the Schools and Mental Health Project report.

Commissioner Gordon moved to adopt the Schools and Mental Health Project report.

Commissioner Berrick seconded.

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

- *The Commission adopts the report, "Every Young Heart and Mind: Schools as Centers of Wellness."*

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

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

10 MINUTE BREAK

ACTION

3: Election of the MHSOAC Chair and Vice Chair for 2021

Facilitator:

- Filomena Yeroshek, Chief Counsel

Chair Ashbeck stated 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. She turned the facilitation of this agenda item over to Filomena Yeroshek, Chief Counsel.

Ms. Yeroshek briefly outlined the election process and asked for nominations for Chair of the MHSOAC for 2021.

Vice Chair Madrigal-Weiss moved to reelect Chair Ashbeck as Chair of the Commission for 2021.

There were no other nominations.

Public Comment

Stacie Hiramoto commended Chair Ashbeck for her leadership and spoke in support of her reelection.

Linda Mayo, California Advocates for the Seriously Mentally Ill, suggested a Zoom meeting with the organization to discuss future collaboration.

Action: :

- *The Commission reelects Chair Lynne Ashbeck as Chair of the Mental Health Services Oversight and Accountability Commission for 2021.*

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

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

Ms. Yeroshek asked for nominations for Vice Chair of the MHSOAC for 2021.

Commissioner Tamplen moved to reelect Vice Chair Madrigal-Weiss as Vice Chair of the Commission for 2021.

Public Comment

Craig Durfey, Founder, Parents for the Rights of Developmentally Disabled Children, suggested that the Commission engrain its concepts with youth involvement. Issues may change with input from those impacted.

Mark Gale, California Advocates for the Seriously Mentally Ill, encouraged the dialogue that Linda Mayo suggested in their comments to discuss future collaboration. The speaker stated the need for a conversation about the mission statement, the devaluing of family member input, and the concentration of spending power with little or less stakeholder input. There are many individuals who are upset about this.

Action:

- *The Commission reelects Vice Chair Mara Madrigal-Weiss as Vice Chair of the Mental Health Services Oversight and Accountability Commission for 2021.*

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

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

ACTION

4: Contract Authorization

Presenter:

- Brian R. Sala, Deputy Director for Evaluation and Chief Information Officer

Chair Ashbeck stated the Commission will consider authorizing the Executive Director to enter into one or more contracts not to exceed \$125,000 to support the Commission in implementing best practices in Information Technology security including Federal Bureau of Investigation Criminal Justice Information Services security compliant practices. She asked staff to present this agenda item.

Brian Sala, Deputy Director for Evaluation and Chief Information Officer, reviewed the summary and background material provided in the staff report, which was included in the meeting packet.

Chair Ashbeck asked for a motion to approve the staff recommendation.

Commissioner Brown moved to approve the staff recommendation.

Commissioner Danovitch seconded.

Public Comment

No public comments.

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

- *The MHSOAC authorizes the Executive Director to enter into one or more contracts, not to exceed \$125,000, to support the Commission in implementing best practices in Information Technology security policy, practices, and policies, including Federal Bureau of Investigation Criminal Justice Information Services security compliant practices.*

Motion carried 6 yes, 0 no, and 0 abstain, per roll call vote as follows:

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

ACTION

5: Statewide Virtual and Digital Strategy for Mental Health

Presenter:

- Toby Ewing, Executive Director

Chair Ashbeck stated the Commission will consider working with the administration to support a statewide virtual and digital strategy for mental health. She asked staff to present this agenda item.

Executive Director Ewing stated this proposal was meant to recognize that the state has put opportunities in place during COVID-19 for providers to use digital and virtual mental health tools. He stated approximately 80 percent of mental health care has moved towards digital strategies. Outside of its emergency rules, the state has not adopted a strategy to support access to care through digital and virtual strategies including addressing digital divide issues. The question is whether the Commission would like to engage the administration, the Legislature, and communities to think strategically about, outside of the COVID-19 emergency, how a robust digital and virtual mental health strategy would look for California and how the lessons learned from the Technology Suite Collaborative Innovation Project can be beneficial to be more strategic in how to support access to care through those tools when and where they are appropriate.

Commissioner Questions

Commissioner Danovitch agreed with the importance of this topic, particularly the way it disparately impacts certain populations. It has many applications. He stated his feelings are mixed because he is concerned about the type of expertise it would require to implement a strategy and manage the Commission's bandwidth across its different projects. He stated there is an element of this that is crosscutting – every initiative that the Commission undertakes has a component that ties into this.

Commissioner Danovitch suggested thinking about the implications of all projects, similar to his comment about evaluation – in this case, about the implications for access via digital pathways.

Commissioner Danovitch also suggested thinking about how to bring attention to disparities in access and quality of services and, if not the Commission, how to find the right pathway in terms of who will most effectively drive this strategy forward.

Chair Ashbeck agreed. She stated Commissioner Danovitch's comments about building in evaluation and then building in the digital technical piece on these projects is the right template. She suggested adding two questions to the range of questions needing to be explored as part of this work, which were included in the staff report:

- What are the lessons learned from the Commission's previously funded projects relative to technology and access to behavioral health care that can inform the work going forward?
- What are the available payment mechanisms to allow access to telepsychiatry or telehealth?

Public Comment

Craig Durfey stated his organization, Parents for the Rights of Developmentally Disabled Children, have been working on technology and effective mental health on their website for three years. The speaker stated they wished documentation could be incorporated from the Commission's concept of bringing Innovation and mental health. The speaker noted that licensed individuals need to be educated and informed of the limitations in technology.

Sonya Adam, CEO, California Black Women's Health Project, stated the California Black Women's Health Project was developing a digital marketing plan at the invitation of the California Department of Public Health (CDPH), but ultimately the project did not move forward. The speaker stated they wanted to introduce it to Commission staff as they begin thinking about the Commission's work around marketing mental health in the digital space. The speaker stated their digital marketing plan was created to inspire, encourage, support, and train populations to navigate the systems and to do it with a level of trust. The speaker stated the California Black Women's Health Project is ready to support the Commission in anything it does around expanding digital connections to mental health and ensuring that certain populations feel a level of ease.

Sonya Adam encouraged the Commission to ask their contractors about adaptations they are making to support the new environment and the new way of communicating.

Stacie Hiramoto asked what "support community engagement" means in the motion. The speaker stated REMHDCO supports improved virtual and digital strategies and hopes that attention is paid to underserved communities and that the digital divide is a part of this study.

Elia Gallardo stated the most significant barrier that continues to be seen in the telehealth space is the issue of the digital divide and limited access. The speaker encouraged a strong emphasis on who the project focuses on and discussion on improving the digital divide.

Tiffany Carter, Statewide Advocacy Liaison, ACCESS California, a program of Cal Voices, echoed Stacie Hiramoto's comments about community engagement. The speaker asked how information will be gathered on how to deliver the best service from populations with virtual and digital challenges.

Josefina Alvarado Mena, CEO, Safe Passages, and Chair, CRDP Cross-Population Sustainability Steering Committee (CPSSC), stressed the intersection between the disproportionate impact of COVID-19, the historical digital divide for individuals of color, and the urgency and need for a rapid response related to the issue of virtual and telehealth services. The speaker stated all frameworks must provide structural space for community-defined, evidence-based practices. Without this fundamental systems change, the systemic racism embedded in the mental health system cannot be mitigated to reduce disparities that communities continue to experience and that have been exacerbated by the COVID-19 pandemic.

Josefina Alvarado Mena stated it is important to engage the CRDP community, which includes 35 culturally competent and LGBTQ providers that have pivoted to virtual services in the current environment. This kind of infrastructure does not exist anywhere else and this kind of pivot is monumental. The CRDP partners can be used to help guide the development of how to think about this issue across the state.

Hellan Roth Dowden stated Stanford University has fantastic materials that are available for free. The speaker stated schools have been giving laptops to students for use in the schools; these can also be used for service delivery for mental health. The training on the use of telehealth is important particularly in the schools that were not eligible to receive COVID-19 funding. The speaker stated there has been a huge drop in

young person assessments because school districts cannot meet the requirements. Digital tools have not been developed to be used for this. These are issues that need to be addressed.

Hellan Roth Dowden stated, related to the workforce issue, this technology would allow for supervision. The speaker stated one of the problems in rural school districts is the requirement for supervision of interns. Telehealth can be used to do supervision in rural school sites. This can be expanded to allow students to get their required hours for licensure. The speaker stated the hope that these suggestions will be part of the conversation of how to use digital tools to improve services and serve more children and youth.

Sarah Arnquist, Vice President, Beacon Health Options (BHO), stated their organization is approached almost weekly by a new company that is pitching an app or a solution. It is challenging for BHO to keep up with evaluating the value propositions of each of these new companies, let alone figuring out a contracting strategy for them. The speaker stated they could not imagine how a small county could do evaluation and contracting on their own. Creating a resource that could evaluate the new market entrants and create a common framework through which they are evaluated and make recommendations on them along with recommendations on reimbursement strategies would be of significant value to California.

Sarah Arnquist stated there would also be significant value in suggesting how digital strategies could be an adjunctive therapy and not necessarily a replacement for traditional therapies, such as including the Steps Care model of service delivery to which digital strategies are tailored into a larger portfolio of services.

Sarah Arnquist stated another observation BHO has seen in organizations that approach them is that very few of them are targeting Medicaid populations, let alone one as diverse as California's with more than 14 threshold languages. The speaker suggested putting out to these companies that, if they want to get into a huge market such as California, where one in three adults and one in two children are covered by Medicaid, they have to rethink their product and start from the beginning thinking of one that will match the population needs.

Linda Mayo stated the hope that the Commission will continue to focus in COVID-19 mindedness on the individuals who are unable to respond to a digital platform, such as the seriously mentally ill population.

Linda Mimms, advocate from San Diego County and member of the California Advocates Group, elaborated on the previous speaker's comments. The speaker stated the population that these monies are to serve are those with the most serious mental illnesses. Most of them are in a psychotic state in which, even if they had a computer, they might not be able to engage with it. The speaker stated concern about that population and suggested making a plan to figure out how to get services to them.

Commissioner Discussion

Chair Ashbeck asked if staff is looking for direction to begin this conversation with the administration on a virtual and digital strategy.

Executive Director Ewing stated he serves on the Governor's Behavioral Health Task Force. The administration asked the Commission, if it recognizes this opportunity, to bring this to the Behavioral Health Task Force for further discussion. He asked if bringing this issue to the Behavioral Health Task Force is consistent with the Commission's wishes.

Executive Director Ewing stated the motion is meant to agree to start this conversation without necessarily committing that this would be a Commission project. He stated a conversation could be started with the administration embracing the work of Beacon Health Options and the advocates who provided comment today.

Executive Director Ewing stated Stacie Hiramoto asked what community engagement means in the motion. He stated what that means is the Commission would advocate that, wherever this conversation takes place, it takes place with robust community engagement to ensure that strategies are explicit around digital and virtual – if that is the direction the state is going to go – and that explicit strategy includes recognition that this has to work for the individuals the Commission is trying to serve, particularly those who face disparities.

Executive Director Ewing stated the motion is about starting the conversation, recognizing that there is an opportunity here although it is unclear what that opportunity is and where it will be housed.

Chair Ashbeck asked for a motion to approve the staff recommendation.

Commissioner Danovitch moved to approve the staff recommendation.

Commissioner Alvarez seconded.

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

- *The MHSOAC authorizes the Executive Director to work with the Administration and Legislature and support community engagement to explore the potential for a virtual and digital behavioral health strategy to improve access to care, improve outcomes, and address disparities.*

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

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

INFORMATION

6: Staff Report

Presenters:

- Toby Ewing, Executive Director

Chair Ashbeck stated staff will report out on projects underway, county Innovation plans approved through delegated authority, and other matters relating to the ongoing work of the Commission. She asked staff to present this agenda item.

Executive Director Ewing presented his report as follows:

Communications Plan

Tremendous progress is being made in the communications plan. Information was sent out about Art with Impact. In early 2021, Clovis Community College will be hosting a Movies for Mental Health engagement for the public, which the Commission will sponsor with Art with Impact.

Dashboards and Transparency Work

Progress continues to be made on the dashboards and transparency work. The Fiscal Reporting Tool updates have been paused as staff works with the DHCS to better understand the methodology that they are using in coordination with the counties to document funds received, spent, and available.

One of the requests from the counties is that the Commission work with them to explore how to differentiate between funds in the bank account but that are dedicated or encumbered for an explicit purpose versus funds that are newly available. Counties are concerned about the perception that funds are not dedicated if they remain in the bank account. Staff will work with counties and bring back a way that the difference can be articulated between funds in the account that are committed versus not committed. The auditor will be engaged to help with this issue as a subject matter expert.

New dashboards will soon be released, which link Department of Justice (DOJ) data with full-service partnership (FSP) data, and include demographics of individuals served by FSPs and of individuals who are more broadly served through community services and supports.

Personnel

Anissa Padilla will soon be joining the Commission staff. She will be introduced at the next meeting.

Rules of Procedure

The Chair and Vice Chair held a community engagement meeting on September 14th and a second meeting is currently being planned for the January timeframe to address concerns that have been raised by the public about the Commission's rules of procedure and to discuss a new proposed draft amendment to the Commission's rules of procedure.

Website Update

The new website will soon be released.

Strategic Plan Operationalization

The staff report in the meeting packet highlights three emerging opportunities:

- Guiding the development of county Innovation plans.
 - Commissioners have expressed frustration on only approving county Innovation plans and have asked how to leverage the Innovation component of the MHSOAC to drive transformational change including working more

- upstream with counties to identify areas of concern, bringing counties together to support co-investment, and taking successful Innovations to scale.
- Commissioners have also expressed frustration that, because of the June 30th reversion deadline, the Commission often faces the pressure of reviewing a large number of Innovation plans at the end of the fiscal year. To get in front of that, staff has been working to identify counties and funds that will face the fiscal yearend reversion pressure. There is approximately \$45 million over 30 counties of MHSA Innovation funds that will revert at the end of this fiscal year. Staff is working with those 30 counties to encourage them to co-invest.
 - One of the areas to highlight is the Solano County Innovation plan, which starts with training in the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards). Thirty counties have expressed interest in learning about Solano County's process and trying to adapt the lessons learned into their own work. Staff is talking with Solano County and the 30 counties about the possibility of using some of their funds that would otherwise revert at the end of this fiscal year to support a strategy to strengthen attention on serving communities that are facing disparities to ensure the adoption of the National CLAS Standards.
 - The Innovation Subcommittee will discuss the opportunity next Thursday and will consider how to frame Innovation as a pool of investment dollars to keep from having a backlog of Innovation plans at the end of next fiscal year, as well, such as a fund that can be invested through Innovation to address high-priority challenges.
 - This is also the discussion with the second emerging opportunity: helping counties adapt to COVID-19.
 - Helping counties adapt to COVID-19.
 - The Commission may be in a position to use some of the COVID-19 funding to support conversations around how counties can use their Innovation investments to address key challenges.
 - COVID-19 funding may also subsidize smaller counties that may not have the resources to participate in opportunities such as the National CLAS Standards program.
 - Staff will work with the Chair and one or more of the Committee Chairs on the results of the survey to the counties, stakeholder engagement, and other community leaders about how to make the best use of the \$2 million COVID-19 response funding.
 - Allocating the next round of triage grants.
 - Commissioners will discuss priorities at the January or February meeting to allocate the next increment of triage funding that will hopefully be in alignment

- with how counties are investing their Innovation funding and how the Commission is investing the COVID-19 response funding.
- One of the lenses the Commission should look through in discussing the Innovation, triage, or COVID-19 funding is how funding can be linked to better position community partners to implement changes that are cost-effective, solution-focused, and sustainable over the long term.

Executive Director Ewing stated staff will work with the Chair to present this information through one or more of the Committees and will present recommendations at a future meeting so the Commission can be in a strategic position to think about how to influence change and incentivize these opportunities across the state.

Commissioner Questions and Discussion

Commissioner Alvarez asked if the survey to the counties will be made public.

Executive Director Ewing stated the survey results along with the gathered stakeholder and community leader input will be shared through the Committee structure for additional public engagement.

Commissioner Alvarez asked about the triage Request for Proposals (RFP) and if additional requirements or expectations can be included in it.

Executive Director Ewing stated SB 82 is written in a way that allows the Commission to have the flexibility to direct some or all of the funding towards priorities within the parameters of the law that requires half of the triage grant funding be directed to children and half to adults; a focus on issues related to mental health crises; and support for the capacity of counties to hire additional staff.

Public Comment

Sonya Adam stated, given the three emerging opportunities, it would be critical, especially when thinking of COVID-19 and triage, that there be an emphasis on anti-Black racism and a recognition that the Black community is grossly underserved, particularly in the mental health arena. There is currently an opportunity to look at community-defined practices. That is where to invest in triage.

Sonya Adam stated the need to collaborate with the 35 population groups of the CRDP and to support them for the long term.

Elissa Feld, Senior Policy Analyst, CBHDA, thanked Dr. Early and her team for their work in putting the Transparency Suite together and thanked Executive Director Ewing for identifying the encumbered funds.

Stacie Hiramoto stated Innovation is ideal for serving underserved racial, ethnic, LGBTQ, and other communities. The speaker implored the Commission to dialogue not only with counties but also with community stakeholders, particularly those from underserved communities, because they are the ones who can share what they think is innovative. Communities may have more urgent needs than the National CLAS Standards particularly because of the COVID-19 pandemic and racial reckoning.

Stacie Hiramoto asked about the input from racial, ethnic, and LGBTQ communities in the COVID-19 framework. The speaker suggested running the COVID-19 framework through the Committees before bringing it to the Commission.

Stacie Hiramoto stated the triage grants could be written to emphasize serving racial, ethnic, and LGBTQ communities. There was little mention in the first two rounds of triage grants of reducing disparities or about how, in crisis situations, communities often do not get served.

Josefina Alvarado Mena thanked Commissioner Alvarez for mentioning the national attention to systemic racism. The speaker stated, given state demographics, California must lead in this space.

Josefina Alvarado Mena stated, with regard to Executive Director Ewing's report, there must be an explicit response to the racial and ethnic disparities exacerbated by the COVID-19 pandemic. The data continues to demonstrate the disproportionate impact on communities.

Josefina Alvarado Mena stated the 35 community driven CRDP projects are overwhelmed with meeting critical mental health needs that continue to emerge at all levels of the state and cannot wait until February or March without a strategic response.

Josefina Alvarado Mena urged the strategic leveraging of the CRDP infrastructure rather than building new infrastructure, which creates inefficiencies within a system. Long-term sustainability and systems change only happens with consistent and strong investment. Building new infrastructure over and over is contrary to the logic of sustainability. The CRDP should be engaged in the stakeholder communications and the discussions around the National CLAS Standards but also the systems change that is needed to address mental health disparities.

Linda Mayo commented on the presentation points of sharing county information, Innovation projects that work, and how the Commission can share information. The speaker attended the Care Technical Assistance Center kickoff meeting. Much of what was described in the presentation has already been paid for with the \$5 million three-year contract for this resource center and technical assistance to basically do exactly what Executive Director Ewing talked about – help counties learn what other counties are using and build a resource base. Some of what the Commission is planning to implement has already been approved.

Lauren Rettagliata emphasized that so many loved ones are in the community but this community is in homeless encampments or cycling in and out of jails and psychiatric emergency rooms. They do not engage in crisis services now offered. Their very illness prevents them from doing this. The speaker emphasized this population that has not been sufficiently addressed. This is why the MHSA was started.

ADJOURNMENT

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

AGENDA ITEM 2

Action

November 19, 2020 Commission Teleconference Meeting

EPI Plus Funds Allocation

Summary: The Commission will consider recommendations from its Early Psychosis Intervention Plus (EPI Plus) Advisory Committee on the allocation of \$5,565,966 in remaining funds from the Early Psychosis Intervention Plus Fund.

Background: In 2017, Assembly Bill 1315 (Mullin) established the Early Psychosis Intervention Plus (EPI Plus) Program and directed the Commission to establish an EPI Plus Advisory Committee to provide guidance on strategies to improve early psychosis services. In 2019, the Commission received \$19,452,000 in state funds to expand existing early psychosis and mood disorder detection and intervention services in California.

On February 27, 2020, the Commission approved a Request for Applications (RFA) outline making available \$15,562,000 for up to eight county grantees to each receive approximately \$2,000,000, with \$3,890,000 set aside for evaluation, training, and technical assistance. The RFA was released on April 20, 2020 in a competitive bid process.

In August 2020, the Commission awarded \$9,996,034 in grants to the five counties: Kern, Lake, San Francisco, Santa Barbara, and Sonoma. Following the release of those funds, the Commission retained \$5,565,966 to support the Early Psychosis Plus program and asked the Advisory Committee to reconvene and provide recommendations for best use of the remaining funds.

The Advisory Committee met on October 5, 2020 and on November 9, 2020, discussed options for using the remaining funds, received public comment in both meetings and identified the three priorities outlined below. Each of those priorities should be pursued with an explicit focus on reducing racial, ethnic and LGBTQ+ disparities.

1. Expand Access to Care. Allocate \$4 million through a new Request for Application to fund additional programs or the expansion of existing programs. Access to care should be expanded through, 1) the development of one or more new programs or a proposal for program expansion, 2) the support of a collaborative, such as a “Hub and Spoke” model, or 3) a collaborative that allows the development of a regional strategy that can improve access to care in counties that may not have the capacity or need for a stand-alone program.

Funding should be made available to support the Coordinated Specialty Care approach to early psychosis, which includes the following components to assist individuals to stay engaged in school or work, make stronger connections to relationship supports and achieve higher levels of health and wellness:

- Recovery-oriented psychotherapy
- Family psychoeducation and peer support
- Supported education and employment

- Pharmacotherapy and primary care coordination
 - Intensive case management
2. Support workforce development and retention and public awareness. Allocate \$1 million to support public awareness, and workforce education and training. A statewide and regional public awareness campaign should target a broad population of youth, young adults, parents and caregivers, and others. Public awareness strategies should be designed to increase referrals to early psychosis programs, increase awareness of the value of these programs and reduce stigma. Funding also should be available to support the development and retention of an early psychosis workforce that is reflective of the population being served, with a focus on communities of color and LGBTQ+ communities, including peers. Evaluation of these efforts would be required to determine if desired outcomes were met.
 3. Invest in one or more research initiatives to improve understanding of barriers to care and pathways to improve access and outcomes. Allocate \$565,966 for research. Areas of focus could include exploring barriers to care or improved outcomes for diverse populations, identifying pathways to improve reimbursement for coordinated specialty care, or other topics.

Presenters:

- Toby Ewing, Executive Director
- Tom Orrock, Chief of Stakeholder Engagement and Grants

Enclosures (1): Outline of Proposed EPI Plus RFA and Funding Strategies

Handouts (1): PowerPoint slides will be presented

Proposed Motion: The Commission adopts the Advisory Committee's recommendations as presented on the allocation of \$5,565,966 in remaining funds from the Early Psychosis Intervention Plus Fund.



Outline for the Early Psychosis Intervention Plus (EPI Plus) Request for Applications

Eligibility for Request for Applications: (New, Existing, or Collaborations)

County, city, or multi-county mental health or behavioral health departments acting individually or jointly. Applicants may include partnerships with community-based organizations, universities, or other partners.

Minimum Qualifications

Applicants must meet the minimum qualifications below in order to be eligible for this funding opportunity. The purpose of these minimum qualifications is to ensure that the entities applying for funding are adequately experienced and have the capacity to perform the duties as outlined.

1. Applicants must be county, city, or multi-county mental health or behavioral health departments.
2. Applicants must identify a contribution of local funds which will support the programs.

I. Program Grant Funding and Term

\$4,000,000 will be made available for program grants and approved for a grant term of up to three years with funds allocated annually, in quarterly installments, contingent on fulfilling reporting requirements.

II. Key Action Dates

The goal will be to release the RFA in early spring of 2021 and to award funds in early summer of 2021

III. Allowable Costs

Grant funds must be used as stated in the application submitted by the awardee and approved by the Commission, as follows:

- 1) Allowable costs include personnel, administration and program costs.
 - a. A budget worksheet shall be submitted with the applications which outlines all planned expenditures, amounts, and time frames for personnel hire dates, administrative cost expenditures, and program costs including training, technology, transportation and facilities.
- 2) Grant funds may be used to supplement existing programs but may not be used to supplant existing funds for early intervention of psychosis or mood disorder programs.
- 3) Grant funds cannot be used for purposes other than the stated purpose of this grant.

IV. EPI Plus Program Plan

The Program Plan must demonstrate the Applicant's ability to meet all specified qualifications, requirements, and standards set forth in the RFA as required by Welfare and Institutions Code Section 5835.3. The Program Plan will include but not be limited to:

- 1) A description of need, including, at a minimum, a comprehensive description of the early psychosis and mood disorder detection and intervention services and supports to be established or expanded, community need, target population to be served, linkage with other public systems of health and mental health care, linkage with schools and community social services, and related assistance as applicable, and a description of the request for funding.
- 2) A description of all programmatic components, including outreach and clinical aspects, of the local early psychosis and mood disorder detection and intervention services and supports.
- 3) A description of any contractual relationships with contracting providers as applicable, including any memorandum of understanding between project partners.
- 4) A description of local funds, including the total amounts, that would be contributed toward the services and supports.

- 5) The project timeline.
- 6) The ability of the awardee to effectively and efficiently expand an evidence-based program or establish a new program based on the Coordinated Specialty Care model.
- 7) A description of the applicant's capacity to collect core data for evaluating outcomes.
- 8) A description of the sustainability of program services and supports in future years.
- 9) A description of the population and clients to be served.

V. Program Communications Plan

Applicants must include a description of the communication plan which will increase awareness of the services in the community or region where they will be provided. The plan will outline how youth, families, providers, educational entities and other community-based organizations will be made aware of the program services. As a result, the Commission will require that the CSCs maintain up to date information on their website(s).

VI. Budget Requirements

Applicants must provide budget information, as indicated, on the Budget Worksheet, which will be provided with the RFA. Budget detail is required for personnel costs, program costs and administration.

VII. Program Evaluation

In order to determine program success, awardees are required to collect and provide data on the specific measures as outlined by the Commission.

AGENDA ITEM 3

Information

November 19, 2020 Commission Meeting

Staff Report Out

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

Presenter:

- Toby Ewing, Executive Director, MHSOAC

Enclosures (4): (1) Motions Summaries from the October 22, 2020 Meeting; (2) Evaluation Dashboard; (3) Innovation Dashboard; (4) Department of Health Care Services Revenue and Expenditure Reports Status Update

Handouts: None



Motions Summary

**Commission Meeting
 October 22, 2020**

Motion #: 1

Date: October 22, 2020

Time: 9:26AM

Motion:

The Commission approves the September 24, 2020 meeting minutes as presented.

Commissioner making motion: Commissioner Brown

Commissioner seconding motion: Commissioner Tamplen

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

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



Motions Summary

**Commission Meeting
 October 22, 2020**

Motion #: 2

Date: October 22, 2020

Time: 11:03AM

Motion:

The MHSOAC adopts the report, “Every Young Heart and Mind: Schools as Centers of Wellness.”

Commissioner making motion: Commissioner Gordon

Commissioner seconding motion: Commissioner Berrick

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

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



Motions Summary

**Commission Meeting
October 22, 2020**

Motion #: 3

Date: October 22, 2020

Time: 11:20AM

Motion:

The Commission reelects Chair Ashbeck as Chair for 2021.

Commissioner making nomination: Vice-Chair Madrigal-Weiss

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

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



Motions Summary

**Commission Meeting
October 22, 2020**

Motion #: 4

Date: October 22, 2020

Time: 11:36AM

Motion:

The Commission reelects Vice-Chair Madrigal-Weiss as Vice-Chair for 2021.

Commissioner making nomination: Commissioner Tamplen

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

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



Motions Summary

**Commission Meeting
October 22, 2020**

Motion #: 5

Date: October 22, 2020

Time: 11:45AM

Motion:

The Executive Director is authorized to enter into one or more contracts, not to exceed \$125,000, to support the Commission in implementing best practices in Information Technology security policy, practices, and policies, including Federal Bureau of Investigation Criminal Justice Information Services (CJIS) security compliant practices.

Commissioner making motion: Commissioner Brown

Commissioner seconding motion: Commissioner Danovitch

Motion carried 6 yes, 0 no, and 0 abstain, per roll call vote as follows:

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



Motions Summary

**Commission Meeting
October 22, 2020**

Motion #: 6

Date: October 22, 2020

Time: 12:27PM

Motion:

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

Commissioner making motion: Commissioner Danovitch

Commissioner seconding motion: Commissioner Alvarez

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

Name	Yes	No	Abstain
1. Commissioner Alvarez	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Commissioner Anthony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Berrick	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Boyd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Bunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Danovitch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Tamplen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Wooton	<input 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: None

Total Contracts: **5**

Funds Spent Since the October Commission Meeting

Contract Number	Amount
<u>17MHSOAC073</u>	\$0
<u>17MHSOAC074</u>	\$0
<u>18MHSOAC020</u>	\$0
<u>18MHSOAC040</u>	\$0
<u>19MHSOAC022</u>	\$0
Total	\$0

Contracts with Deliverable Changes

None

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

MHSOAC Staff: Kai Le Masson

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

Total Contract Amount: \$3,528,911.50

Total Spent: \$1,312,350

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

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

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

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

MHSOAC Staff: Kai Le Masson

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

Total Contract Amount: \$3,528,911.50

Total Spent: \$850,850

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

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

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: \$387,822

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	No
Quarterly Progress Report	Complete	06/30/2020	No
Quarterly Progress Report	Complete	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 NOVEMBER 2020



UNDER REVIEW	Final Proposals Received	Draft Proposals Received	TOTALS
Number of Projects	2	10	12
Participating Counties (unduplicated)	1	5	7
Dollars Requested	\$1,850,000	\$12,382,079	\$14,232,079

PREVIOUS PROJECTS	Reviewed	Approved	Total INN Dollars Approved	Participating Counties
FY 2015-2016	N/A	23	\$52,534,133	15 (25%)
FY 2016-2017	33	30	\$68,634,435	18 (31%)
FY 2017-2018	34	33	\$149,548,570	19 (32%)
FY 2018-2019	53	53	\$304,098,391	32 (54%)
FY 2019-2020	28	28	\$62,258,683	19 (32%)

TO DATE	Reviewed	Approved	Total INN Dollars Approved	Participating Counties
FY 2020-2021	3	2	\$2,716,224	2

Total number of counties that have presented an INN Project since 2013:	Average Time from Final Proposal Submission to Commission Deliberation [†] :	[†] This excludes extensions of previously approved projects, Tech Suite additions, reversion deadlines and government holidays. FY: Fiscal Year (July 1 st – June 30 th)
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	New Parent TLC	\$394,586	3 Years	10/6/2020	Pending
Under Review	Sonoma	Instructions Not Needed	\$689,860	3 Years	10/6/2020	Pending
Under Review	Sonoma	Nuestra Cultura Cura Social INN Lab (aka On the Move)	\$736,584	3 Years	10/6/2020	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
Under Review	Sonoma	Using Cognitive Technologies to Create Client Care Plans	\$992,428	2 Years	11/13/2019	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	San Mateo	Co-location of Prevention Early Intervention Services in Low Income Housing	\$925,000	4 Years	9/30/2019	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

APPROVED PROJECTS (FY 20-21)

County	Project Name	Funding Amount	Approval Date
San Mateo	Cultural Arts and Wellness Social Enterprise Café for Filipino/a/x Youth	\$2,625,000	8/27/2020
Modoc	INN and Improvement through Data (IITD)- Extension	\$91,224	10/12/2020

DHCS Status Chart of County RERs Received
November 19, 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 August 28th, 2020. This Status Report covers the FY 2016-17 through FY 2018-19 County RERs.

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

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

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

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

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

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

Agenda Item 5: DHCS Status Chart of County RERs Received
 October 22, 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
 October 22, 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
 October 22, 2020 Commission Meeting

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

AGENDA ITEM 4

Information

November 19, 2020 Commission Meeting

Solano County Innovation Plan Update

Summary:

The Mental Health Services Oversight and Accountability Commission (Commission) will hear an update on the progress made on the Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) Innovation project and consider whether to encourage its replication.

The Commission has expanded its role in supporting the development of county Innovation plans, primarily through its support for multi-county Innovation collaboratives that have the potential for statewide impact.

This project is an example of a potential collaborative opportunity for counties to work together to improve learning opportunities and to replicate and scale innovations across the state. This project addresses racial disparities and has shown positive outcomes in access to services and reaching unserved and underserved populations. In addition, counties are particularly interested in learning about the Culturally and Linguistically Appropriate Services Standards (CLAS) and how they can influence service provision to disparate populations. This project developed a CLAS training curriculum unique to Solano County, but has the potential to be replicated and can be used in different areas (procurement, contracting, etc.) throughout the county to promote racial equity.

Background:

On May 28, 2015, Solano County received Commission approval of up to \$6,000,000 of Innovation fund spending authority over five (5) years for their Interdisciplinary and Collaboration Cultural Transformation Model (ICCTM) Innovation project that partnered with UC Davis-Center for Reducing Health Disparities (CRHD) and addresses health disparities for three (3) identified underserved populations: the Latino, Filipino, and LGBTQ+ communities.

“The primary purpose of this project is to improve inter-agency and community collaboration related to Mental Health Services, supports, or outcomes utilizing community engagement approaches. “The Culturally and Linguistically Appropriate Services Standards (CLAS), are nationally recognized standards for achieving cultural proficiency in service delivery.”

The Solano County project was constructed in 3 phases:

- Phase I focused on the health assessment of the community and behavioral health system and developed a baseline for access and penetration rates for

three target populations Latino, Filipino, and LGBTQ+ by using quantitative data from electronic health records.

- Phase II of the ICCTM project included the development and facilitation of a training curriculum, *Providing Quality Care with CLAS*, unique to Solano County for three cohorts of up to 30 people each.
 - Four training sessions were held and included the following:
 - Session 1: Overview/Health Disparities
 - Session 2: Community Needs/Gaps
 - Session 3: CLAS Standards
 - Session 4: Quality Improvement (QI) Action Plan Development.
- Phase III focused on the development of ten (10) comprehensive QI action plans and have been grouped into three areas of focus:
 1. Community Outreach
 2. Workforce-Development
 3. Training.

Since the original approval of this project, Solano County has reported the following results:

Early Results:

The project has accomplished the following activities since it started in 2016:

- Phase I: Three different narrative reports created, one for each priority population: Latino, Filipino, and LGBTQ+. Development of baseline data regarding access and penetration rates for the three target communities.
- Phase II: Developed training curriculum unique to Solano County, and designed QI action plans.
- Phase III: Ten (10) QI action plans were developed and grouped into three areas of focus: Community Outreach, Workforce-Development, and Training.

The project also had some remarkable results in the access and penetration rates for some of the underserved populations and have made some system improvements throughout the behavioral health department.

Solano County expanded activities and included the CLAS standards into procurement processes, contracting, policy development, and hiring practices, further expanding the learning.

To support the implementation of the QI Action plans referenced above, Solano County requested additional funding up to \$1,249,797 in innovation spending authority, which was approved by the Commission on June 11, 2020.

The presentation today will provide an update on the project overall, the activities completed thus far along with lessons learned.

Enclosures (4): (1) Biography for Solano County Presenter; (2) Biography for Center for Reducing Health Disparities Presenter; (3) Interdisciplinary and Collaboration Cultural Transformation Model (ICCTM) Project Summary; (4) PowerPoint Presentation



**Biography for Solano County Presenter
Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM)**

Tracy Lacey, LMFT

Tracy Lacey is a Senior Mental Health Services Manager and the MHSA Coordinator for Solano County Behavioral Health. Since 2015 Tracy has been in the role of the MHSA Coordinator responsible for community program planning, as well as the execution and oversight of the MHSA Three-Year Plan. The MHSA Plan ensures funding and support for the County Behavioral Health system to provide a continuum of care for the lifespan with services that are equitable, timely, and promote wellness and recovery for all consumers served. Currently Tracy is the lead from Solano County for the Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) Innovation Project delivered in partnership with UC Davis Center for Reducing Health Disparities (CRHD), three CBO partners and the community. Additionally, Tracy is the Chair of the Solano County Suicide Prevention Committee working closely with community partners—including local law enforcement—to work towards communitywide stigma reduction and targeted efforts to prevent suicide deaths in Solano County.

Tracy has 21 years of experience in the human services field including both behavioral health and child welfare. She has been in leadership positions in a County Quality Improvement Unit, a County adult forensic Full Service Partnership (FSP) program, a non-profit children’s mental health outpatient clinic, and a treatment foster care agency. Prior to being in administrative roles, Tracy had the opportunity to work in various milieus within the behavioral health and child welfare fields including: a youth residential treatment facility, a police youth diversion program, school settings, outpatient clinics, in private practice and working for dependency attorneys serving foster youth. Having worked with foster care children/youth for a good portion of her career Tracy recognized early on that communities of color were disproportionately involved with child welfare and were significantly impacted by transgenerational trauma. Her work experience in the human service field—both working for non-profits and in the government sector—has greatly contributed to her passion for social justice and health equity. Tracy received her undergraduate degree in Psychology from Sonoma State University and a Master’s in Counseling Psychology from Dominican University. In 2017 Tracy graduated with the Bay Area Social Services Consortium (BASSC) Executive Development Program (EDP) administered through UC Berkeley Extension.



Biography for UC Davis Presenter Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM)

Sergio Aguilar-Gaxiola, MD, PhD

Dr. Aguilar-Gaxiola is Professor of Clinical Internal Medicine, School of Medicine, University of California, Davis. He is the Founding Director of the Center for Reducing Health Disparities at UC Davis Health and the Director of the Community Engagement Program of the UCD Clinical Translational Science Center (CTSC). He is a past member of the National Advisory Mental Health Council (NAMHC), National Institute of Mental Health (NIMH). He is Past Chair of the Board of Directors of Mental Health America (MHA; formerly the National Mental Health Association) and Past President of the Board of Directors of NAMI California. He is a member of the National Advisory Council of the Substance Abuse and Mental Health Administration (SAMHSA) - Center for Mental Health Services (CMHS), and board member of the California Health Care Foundation, Physicians for a Health California, and the Public Health Institute. He was recently appointed to the California COVID-19 Vaccine Drafting Guidelines Workgroup with the charge of drafting draft guidelines for the prioritization of initial supplies of forthcoming COVID-19 vaccines on behalf of the COVID 19 Community Vaccine Advisory Committee. He is a national and international expert on health and mental health comorbidities on diverse populations. Over the last two decades, he has held several World Health Organization (WHO) and Pan American Health Organization (PAHO) advisory board and consulting appointments and is currently a member of the Executive Committee of WHO's World Mental Health Survey Consortium (WMH) and its Coordinator for Latin America overseeing population-based national surveys of Mexico, Colombia, Peru, and Argentina and a regional survey of Brazil.

Dr. Aguilar-Gaxiola is the author of over 190 publications. He is the recipient of multiple international, national, state, and local awards, including a distinguished member of the Top 10 U.S. Latino Physicians in the May 2016 issue of *Latino Leaders Magazine*. More recently, he received the Ohtli Award, the highest honor granted by the Mexican government to individuals who have dedicated their lives to improving the well-being of Mexicans, Mexican Americans and other Latinos in the US and abroad. Dr. Aguilar-Gaxiola is currently serving as co-chair of the Steering Committee of the National Academy of Medicine (NAM) Assessing Meaningful Community Engagement in Health and Health Care.

Name of Project: Interdisciplinary and Collaboration Cultural Transformation Model (ICCTM)

The ICCTM Project, delivered in partnership with UC Davis Center for Reducing Health Disparities, three CBOs Rio Vista CARE, Solano Pride Center and Fighting Back Partnership, and the community. The Project aims to increase culturally competent and appropriate services for County-specific underserved populations with low mental health service utilization rates identified as: the Latino, Filipino, and LGBTQ+ communities. The project is anchored in the national Culturally and Linguistically Appropriate Service (CLAS) Standards, community engagement practices, and the Quadruple Aim framework. The project included the creation of a region-specific curriculum based on the CLAS standards and the local community's perspective on culturally responsive practices that should be integrated into the current local mental health system to increase access for the three priority populations. Three (3) training cohorts have been completed and the training participants developed ten (10) quality improvement (QI) action plans that SCBH began to implement during FY 2018/19. In addition to the 10 plans developed by training participants, each of the three CBOs created their own action plan and the three CBOs then partnered on a collaborative plan. All of the QI action plans are focused on community engagement, workforce development and training.

Long term goals for the project include the following:

- Reduce shame and stigma related to accessing mental health services.
- Increase mental health service timely access, utilization and retention rates for the Latino, Filipino, and LGBTQ+ communities in Solano County.
- Develop a culturally responsive and diverse workforce.

Quadruple Aim Goals:

- Improve consumer outcomes
- Improve consumer satisfaction
- Decrease per capita costs
- Improve provider satisfaction



UC DAVIS
HEALTH

Center for Reducing
Health Disparities



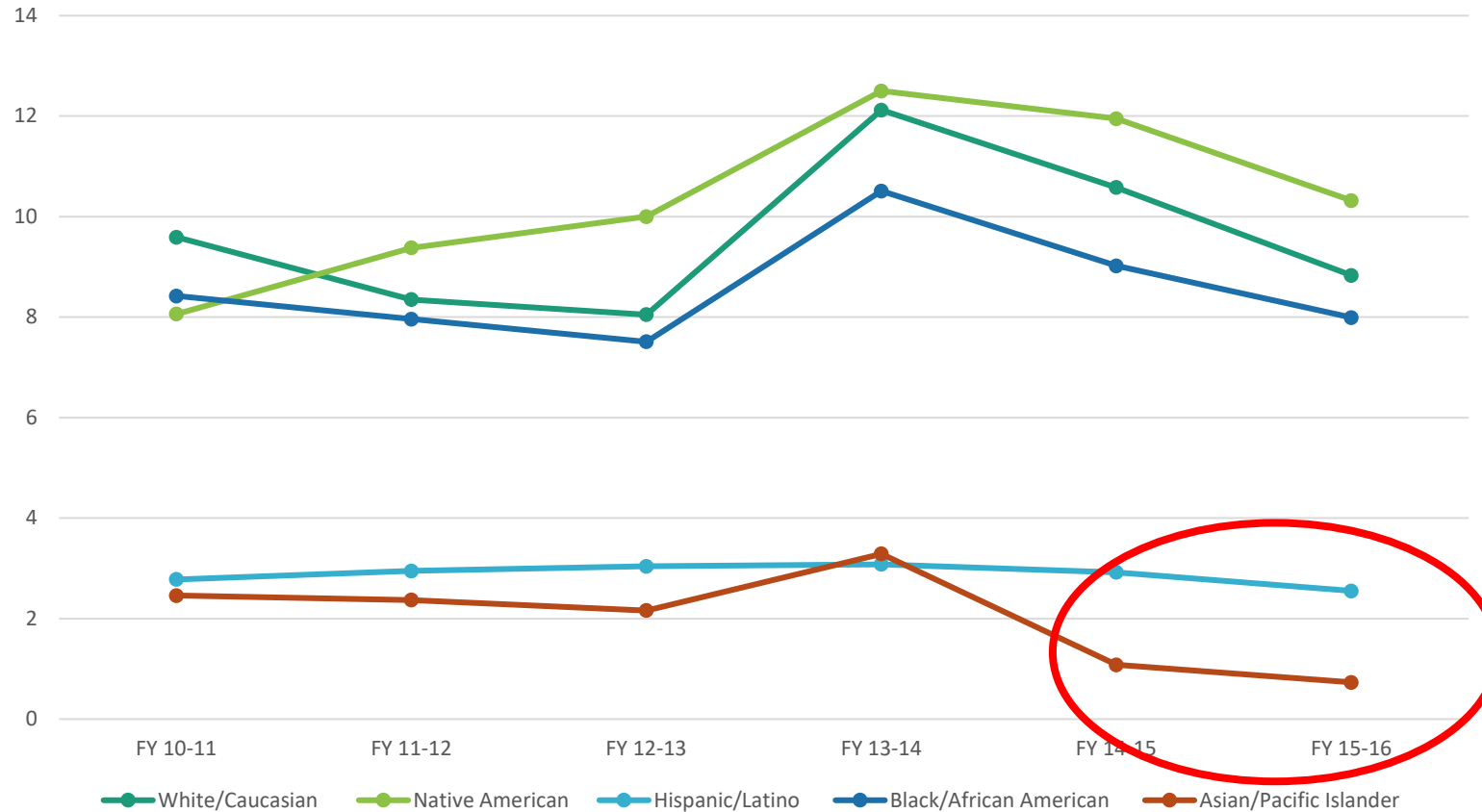
WELLNESS • RECOVERY • RESILIENCE

Solano County Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) Innovation Project

MHSOAC Commission Meeting | November 19, 2020

Why the ICCTM Innovation Project?

Penetration Rates Solano County Mental Health Plan by Race/Ethnic Group by Year Pre Project

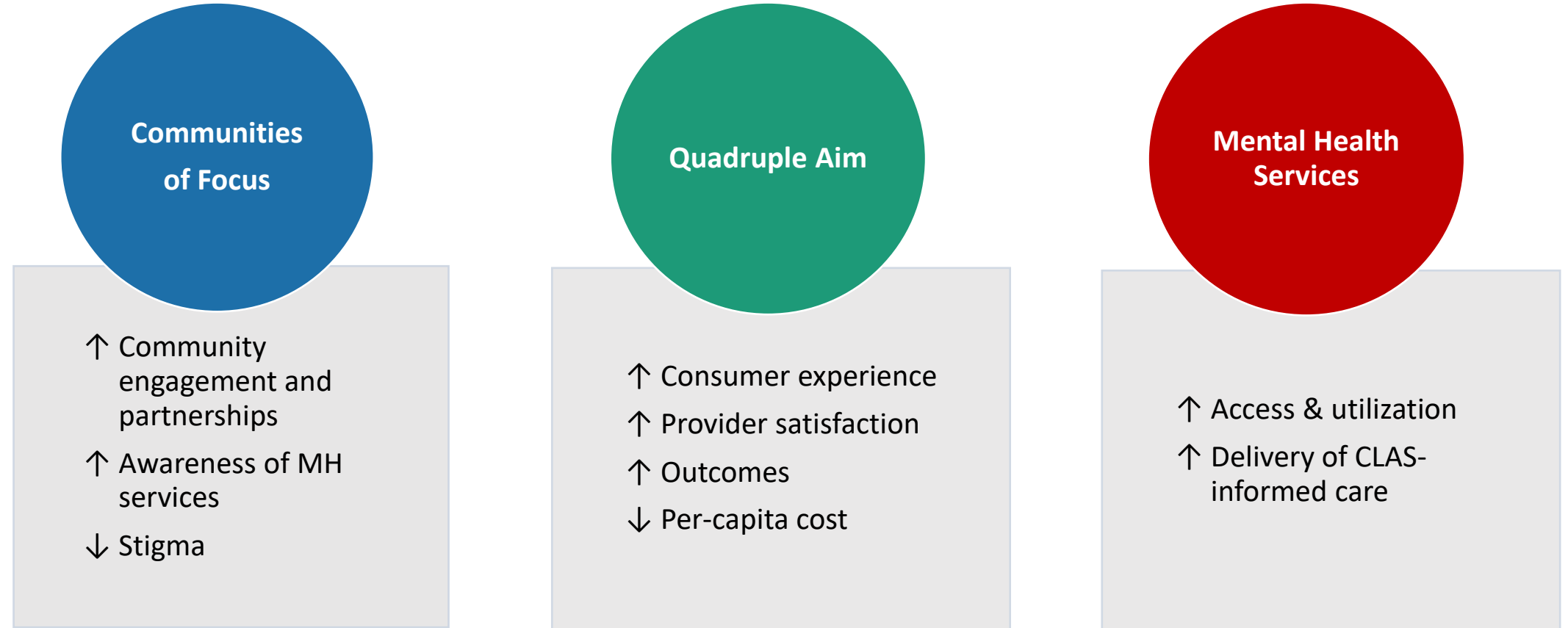


- Ethnic minority groups are generally under-served in healthcare. To improve health outcomes we needed to improve their access to care.
- Latinos and Asians (i.e., Filipinos) in Solano County were much less likely to utilize mental health care, but they are not less likely to have mental health conditions.
- LGBTQ+ individuals are widely understood to be under-served, though there was no historical data available in Solano County.

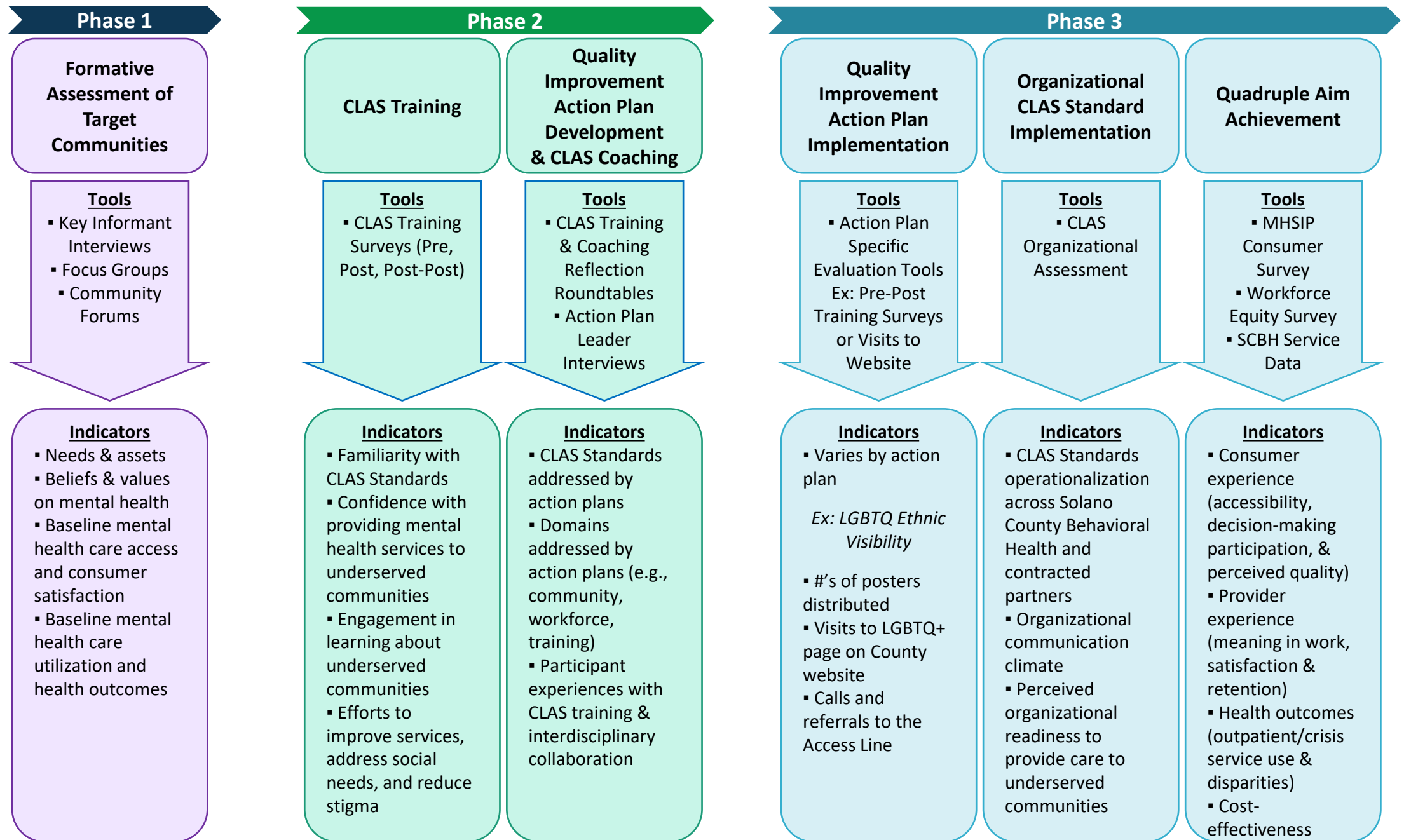
ICCTM Project Overview

- 5-Year Multi-Phase MHSA Innovation Project focused on three priority underserved populations in Solano County: Latino, Filipino and LGBTQ+ communities.
- The project is anchored in the nationally recognized Culturally and Linguistically Appropriate Services (CLAS) Standards and is the **first project of its kind combining the CLAS Standards with community engagement**.
- Community engagement has included:
 - Comprehensive health assessment with the three priority populations in the first year
 - Community forums and focus groups throughout the project
 - Development and facilitation of a Solano-specific CLAS training for multi-sector participants representing the community
 - Community informed and developed culturally and linguistically relevant quality improvement (QI) action plans designed to improve mental health service delivery for consumers

ICCTM Project Goals



ICCTM Innovative Project Evaluation Framework



QI Action Plans



SOMOS UNO

Familia.
Amistad.
Comunidad.

Más Fuertes Juntos
LesbianGayBiTransQueer

Ley de servicios de salud mental
Solano County Behavioral Health

Para más información
solanocounty.com/lgbtq

SANA ALAM MO...

We are happy.
Family is still our priority.
We want you to ask about our
lives and include us

Bakla is Love

Mental Health Services Act
Solano County Behavioral Health

For more information:
solanocounty.com/lgbtq

SOMOS UNO

Familia.
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Ley de servicios de salud mental
Departamento de Salud Mental del Condado de Solano

Para más información
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LGBTQ Ethnic Visibility: QI Action Plan

Takin' CLAS to the Schools: QI Action Plan

School-Based Wellness Centers

- Culturally inclusive spaces where ALL students are welcome
- Enlisted youth group to conduct focus groups at each site prior to launching
- Funded 35 wellness centers on school campuses K-12 and adult ed sites, 5 pilot sites open already
- Scaffolding in services already funded by County BH MHSA, Public Health, Child Welfare, etc.

Wellness Centers Philosophy

- Calm and supportive environment for students needing a place to re-center and re-calibrate
- Trauma-Informed space and staff
- Access point to link students to behavioral health services including crisis support as needed
- Peer delivered services when appropriate



TRUEcare Roadmap: QI Action Plan



TRUEcare Roadmap: QI Action Plan

TRUEcare Map

Culture Matters

Solano Pride Center	707-707-3430
Culturally Specific Outreach	CLAS@SolanoCounty.com
Tribal TANF - Solano	707-421-8379

Crisis Support

National Suicide Prevention Lifeline	800-273-TALK (8255)
TrevorLifeline (LGBTQ support)	866-488-7386
TrevorText Line	Text "START" to 678678
Trans Lifeline	877-565-8860
Crisis Text Line	Text "HELLO" or "START" to 741741
Lifeline for Deaf & Hard of Hearing	800-799-4889
Institute of Aging Friendship Line	800-791-0016
Teen Line	Text "Teen" to 839863
Solano County Crisis Stabilization Unit	707-428-1131

Basic Needs

Solano Food Bank	707-421-9777
Medi-Cal Eligibility	707-784-8050
Help Me Grow Solano	800-501-KIDS (5437)
SolanoCares Network	www.solanocares.org
Solano Public Health	info@vibesolano.com
Women, Infants & Children (WIC)	707-784-8130
Benicia Family Resource Center	707-746-4352
Cleo Gordon FRC-Fairfield	707-421-3961
Dixon Family Services	707-678-0442
Fairfield Healthy Start	707-421-3224
Rio Vista CARE	707-374-5243
Suisun Healthy Start	707-421-4399
Vacaville Family Resource Center	707-469-6608
Fighting Back Partnership-Vallejo	707-648-5230

Access to Behavioral Health Services

Solano County Behavioral Health Access Line*	800-647-0495
Healthy Partnership Substance Use Services	707-355-4059
Beacon Health Options*	855-765-9703

*To request both mental health and substance use services

Support and Advocacy

NAMI Solano County	707-422-7792
Solano County Wellness & Recovery Unit	WRU@SolanoCounty.com
Solano Legal Access Center	FLF@solanocourts.ca.gov
California Peer Run Warm Line	855-845-7415
Legal Services of Northern California	707-643-0054

Housing & Homeless Support

Resource Connect Solano	707-652-7311
County Youth Homeless Outreach	YouthARCH@SolanoCounty.com
County Homeless & Housing Support	Housing@SolanoCounty.com

Abuse Prevention

Solano Child Welfare Services	800-544-8696
Solano Older & Disabled Adult Services	707-784-8259
Solano Advocates for Victims of Violence	707-820-7288
Solano Family Justice Center	707-784-7635
National Domestic Violence Hotline	877-799-7233
Rape, Abuse & Incest National Network (RAINN)	800-656-4673
National Human Trafficking Hotline	888-373-7888



SOLANOCOUNTY.COM/ACCESS





Cultural Game Changers: QI Action Plan

- **Part I focused on recruitment, hiring and retention practices**
 - Job Postings
 - Change job descriptions
 - Hiring questions focused on cultural responsiveness and competencies
- **Part 2 focused on developing career pipelines**
 - Middle & High schools
 - Community Colleges
 - State colleges

Solano County Diversity, Equity & Inclusion Statement

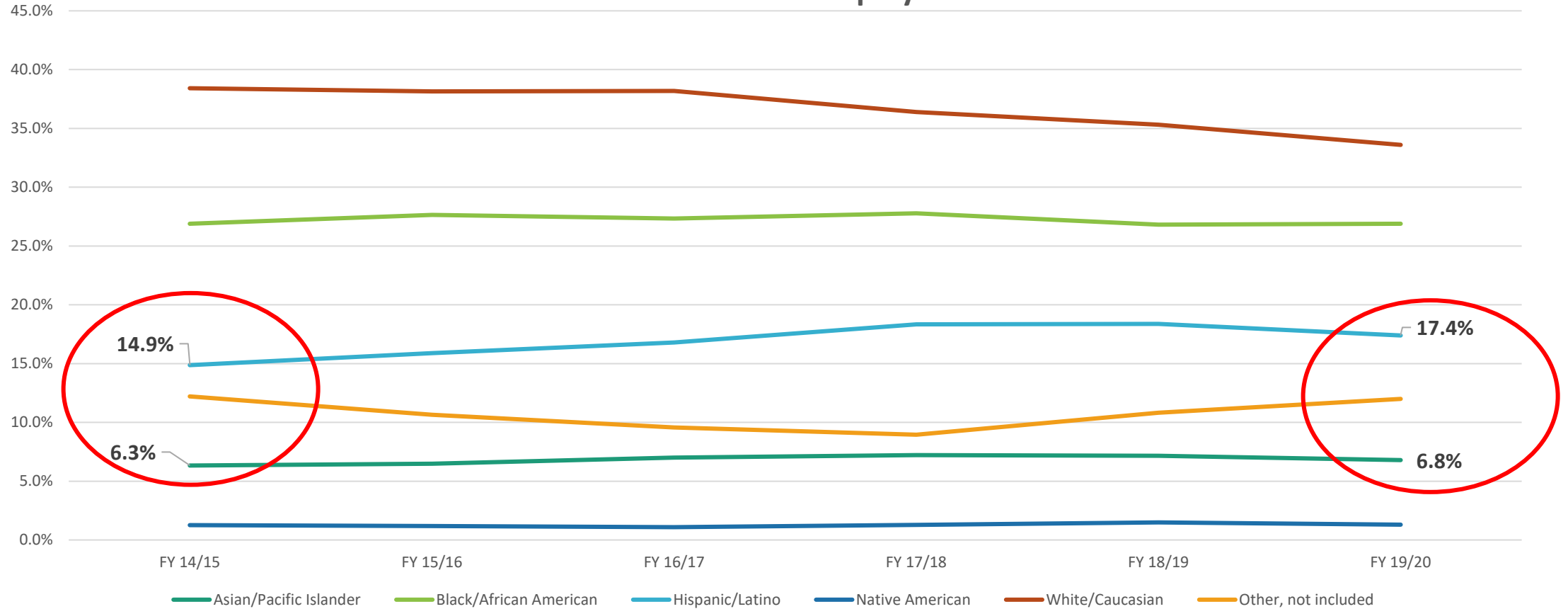
Solano County Behavioral Health is committed to equity, diversity, and inclusion. Our services aim to empower all community members throughout their journey towards wellness and recovery.

It is also of equal importance for us to improve access to quality care for underserved and under-represented ethnic and minority populations who have been historically marginalized by health care systems.

We value the importance of employing staff who possess valuable life experiences and expertise to ensure our workforce is culturally and linguistically responsive and leverages diversity to foster innovation and positive outcomes for the people we serve.

ICCTM Outcomes

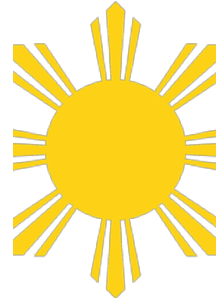
Utilization of Solano County MHP Services by Race/Ethnicity Group by Year



7.9% increase in Asian/Pacific Islander consumers served and a **16.9% increase** in Hispanic/Latino consumers served

ICCTM Outcomes

Comparison of calls to
Access Line requesting
services from FY 2014/15
to FY 2019/20



106% increase in Asian-American callers to the Access Line, and specific to the Filipino community there was a **86.5%** increase in calls to request services



425% (4 to 21) increase of callers who identified as a gender other than “male” or “female”



33.8% increase in Hispanic/Latino callers to the Access Line



666% (29 to 222) increase of callers who identified their sexual orientation as something other than “heterosexual”

Key ICCTM Contacts

- Tracy Lacey, Sr. Manager & MHSA Coordinator

TCLacey@SolanoCounty.com

- Alyssum Maguire, INN Project Manager

ACMaguire@SolanoCounty.com

- Sergio Aguilar-Gaxiola, Director UC Davis Center for Reducing Health Disparities (CRHD)

aguilargaxiola@ucdavis.edu

- Maria Alaniz, Project Manager UC Davis CRHD

malaniz@ucdavis.edu

