Mental Health Services
Oversight & Accountability Commission

April 25, 2019
PowerPoint Presentations and Handouts

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	• **Handout:**	**Position Letters Regarding Butte County Innovation Plan**
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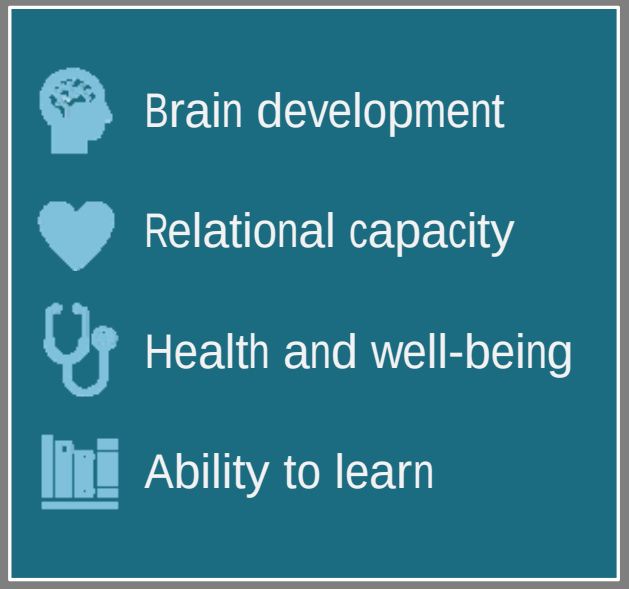
CENTER CARE PROJECT

CENTER
for Learning & Resilience

THE COMMUNITY NEED

1. **ACEs and Generational Trauma**
2. **Camp Fire Recovery**
3. **Mental Health Needs of Young Children and Long-Term Community Impact**



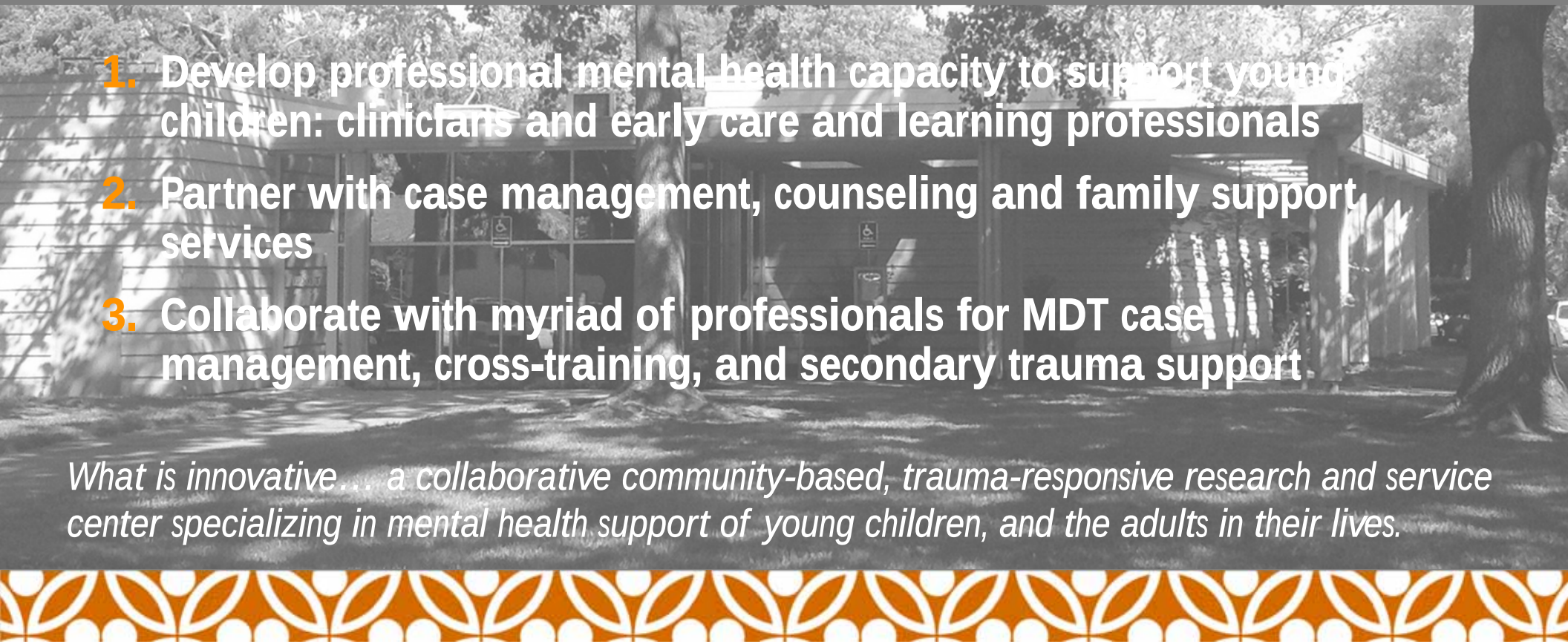
VISION: Young children are surrounded by a community of skilled and compassionate people.

SERVICES @ REMOTE LEARNING LOCATION

	**Specialized prevention, intervention and treatment for young children in natural learning environments**	• **Increase children who receive services** • **Decrease problem behaviors** • **Increase emotional competence** • **Improve social emotional skills**
	**On-going positive support, links to resources, education, and services**	• **Improve adult child interactions** • **Improve parenting skills** • **Increase access to services and support**
	**Training, coaching, reflective supervision, compassion fatigue support**	• **Improve interactions and environments** • **Increase secondary support** • **Decrease job related stress**

What is innovative… promising research-based mental health interventions in natural learning environments set in rural remote communities.

SERVICES @ THE CENTER



1. **Develop professional mental health capacity to support young children: clinicians and early care and learning professionals**
2. **Partner with case management, counseling and family support services**
3. **Collaborate with myriad of professionals for MDT case management, cross-training, and secondary trauma support**

What is innovative… a collaborative community-based, trauma-responsive research and service center specializing in mental health support of young children, and the adults in their lives.

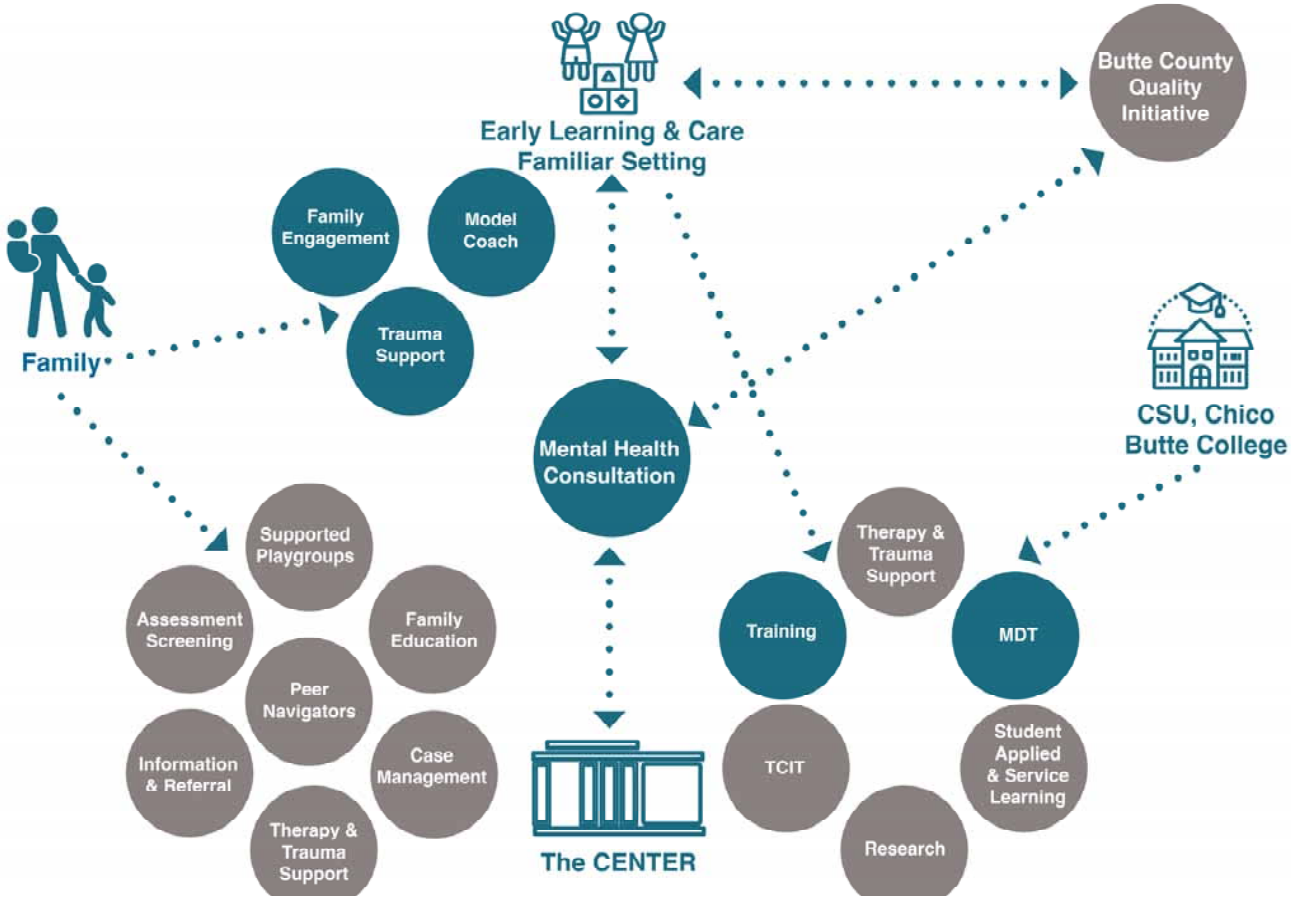
COLLABORATIVE HEALING

What is innovative… draw from collaborative expertise and support system to extend limited resources to remote learning locations across a community-wide comprehensive recovery.

CARE Project

Collective Action for Resiliency & Education

The Center is a centrally located, multi-disciplinary service, education and research location. It encompasses an array of programs and services. The CARE Project consists of elements of the overall Center vision which integrate closely with the center-based services, as well as offers specialized mental health support for young children in familiar, and typically remote, settings. This graphic illustrates the full spectrum of the Center, highlighting CARE Project elements in aqua and partner services in gray.



BUDGET & SUSTAINABILITY

Expenses:

Y1 (2months):	$ 171,031	One time costs
Y2:	$ 494,464	Staff, Contractual, Operations
Y3:	$ 495,725	Staff, Contractual, Operations
Y4:	$ 509,811	Staff, Contractual, Operations

Sustainability:

- Foundation Funding
- MediCal & Managed Care
- CA Department of Education: Early Learning and Care Division
- Butte County First 5 Children and Families Commission: Help Me Grow

Proposed Motion

The Commission approves Butte County's Innovation plan as follows:

Name:	Center CARE Project
Amount:	$1,671,031
Project Length:	Three (3) years, two (2) months

Center CARE Project

NVCSS
Northern Valley
Catholic Social Service
INSPIRING HOPE & TRANSFORMING LIVES

April 1, 2019

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

To whom it may concern:

This letter is on behalf of Northern Valley Catholic Social Service in support of The Center CARE Project, a collaboration between Butte County Behavioral Health (BCBH) and Butte County Office of Education (BCOE). The CARE Project is an innovative approach for addressing trauma in a rural region and is seeking Mental Health Services Act funding through the Innovation funding component. We strongly support this application and its principles, which will enact an evidence-based model proven in urban environments and bring that groundbreaking work to an underserved, rural community.

Butte County was faced with an unprecedented crisis in the recent Camp Fire, the largest California wild fire to date, resulting in approximately 14,000 residences destroyed and 50,000 residents displaced. The understanding of the long-term impact of this trauma is yet to be evaluated, but research indicates that there is a predicted spike in mental health issues two to five years after a disaster. Even prior to this incident, County residents reported significantly high trauma from Adverse Childhood Experiences (ACEs).

It is clear that both BCBH and BCOE are integral to a thriving community through their work supporting our most vulnerable population, children. The CARE Project has the potential to be a meaningful and lasting solution for trauma recovery. This Project builds on the research-based Infant Early Childhood Mental Health Consultation Model to bring specialized, trauma informed mental health support to young children in community-relevant rural settings, such as natural learning and play environments, and a centrally-located multidisciplinary service, education, and research center.

Additionally, by supporting the CARE Project, Northern Valley Catholic Social Service supports the Center for Resilience in Learning, in which the CARE Project is housed, and which will establish state-of-the-art meeting and training space for on-site and remote professional development, including trauma-informed practices and care involving BCBH staff participation. We look forward to the establishment of this professional culture that is trauma responsive and healing-focused to support quality of work, healthy relationships, job satisfaction, more responsive services, and staff wellness.

Sincerely,

Cathy Wyatt, Executive Director
Northern Valley Catholic Social Service, Inc.

Catholic Charities USA

2400 Washington Avenue | Redding, CA 96001 | 530.241.0552 | Fax 530.241.6457 | www.nvcss.org

Superior Court of California
County of Santa Clara

Superior Court Building
191 North First Street
San Jose, California 95113
(408) 299-2074

Chambers of
Stephen V. Manley, Judge

April 9, 2019

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

To whom it may concern:

I write this letter in support of The Center CARE Project. This Project is an innovative approach for addressing trauma in a rural region and is seeking Mental Health Services Act funding through the Innovation funding component. I find this to be a dynamic and creative approach to the challenges faced by young children in isolated and semi-mountainous areas with extreme need and absence of services. The CARE Project will actualize an evidence-based model proven in urban environments and bring that groundbreaking work to a devastated rural community.

Butte County was faced with an unprecedented crisis in the recent Camp Fire, the largest California wild fire to date, resulting in approximately 14,000 residences destroyed and 50,000 residents displaced. Research is clear as to the long term mental health issues that will emerge in young children, 18 months to five years, after a disaster. I have spent many years speaking and advocating that action be taken based on the broad data available as to Adverse Childhood Experiences (ACEs) that are reflected at the highest rates in California, and that greater emphasis be placed on addressing the trauma children and their parents suffer at the earliest possible point of intervention.

The CARE Project has the potential to be a meaningful and lasting solution for trauma recovery. This Project builds on the research-based Infant Early Childhood Mental Health Consultation Model to bring specialized, trauma informed mental health support to young children in community-relevant rural settings.

As a Judge working with mentally ill offenders and their families, I see the challenge of addressing this trauma on a daily basis. I strongly support efforts to develop programs such as the CARE Project in Butte County that is trauma responsive and healing focused. These are the innovations that we need in trying to meet the needs of young children in a devastated community.

Sincerely,

Judge of the Superior Court

FIRST 5
BUTTE COUNTY
CHILDREN & FAMILIES COMMISSION

March 25, 2019

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

To whom it may concern:

This letter is on behalf of the First 5 Butte County Children and Families Commission in support of The Center CARE (Collective Action for Resiliency and Education) Project, a collaboration between Butte County Behavioral Health (BCBH) and Butte County Office of Education (BCOE). The CARE Project is an innovative approach for addressing trauma in a rural region and is seeking Mental Health Services Act funding through the Innovation funding component. We strongly support this application and its principles, which will enact an evidence-based model proven in urban environments and bring that groundbreaking work to an underserved, rural community.

Butte County was faced with an unprecedented crisis in the recent Camp Fire, the largest California wild fire to date, resulting in approximately 14,000 residences destroyed and 50,000 residents displaced. The understanding of the long-term impact of this trauma is yet to be evaluated, but research indicates that there is a predicted spike in mental health issues two to five years after a disaster. Prior to this incident, county residents reported significantly high trauma from Adverse Childhood Experiences (ACEs) and we were fortunate to have many partners united in the common goal of preventing and treating trauma in our communities. We are fortunate the BCBH director values trauma informed care and strategies, and is also one of our esteemed commissioners. Post-disaster, we are continuing our work to protect our most vulnerable population, with an invigorated sense of purpose to this important work.

The CARE Project has the potential to be a meaningful and lasting solution for trauma recovery. This Project builds on the research-based Infant Early Childhood Mental Health Consultation Model to bring specialized, trauma informed mental health support to young children in community-relevant rural settings, such as natural learning and play environments, and a centrally-located multidisciplinary service, education, and research center. It is not often that rural areas such as ours have the resources to implement these cutting edge concepts, and we are excited about the prospect of the CARE Project coming to fruition.

Additionally, by supporting the CARE Project, the First 5 Commission supports the Center for Resilience in Learning, in which the CARE Project is housed, and which will establish state-of-the-art meeting and training space for on-site and remote professional development, including trauma-informed practices and care involving BCBH staff participation. We look forward to the establishment of this professional culture that is trauma responsive and healing-focused to support quality of work, healthy relationships, job satisfaction, more responsive services, and staff wellness.

Sincerely,

Yvonne McQuaid

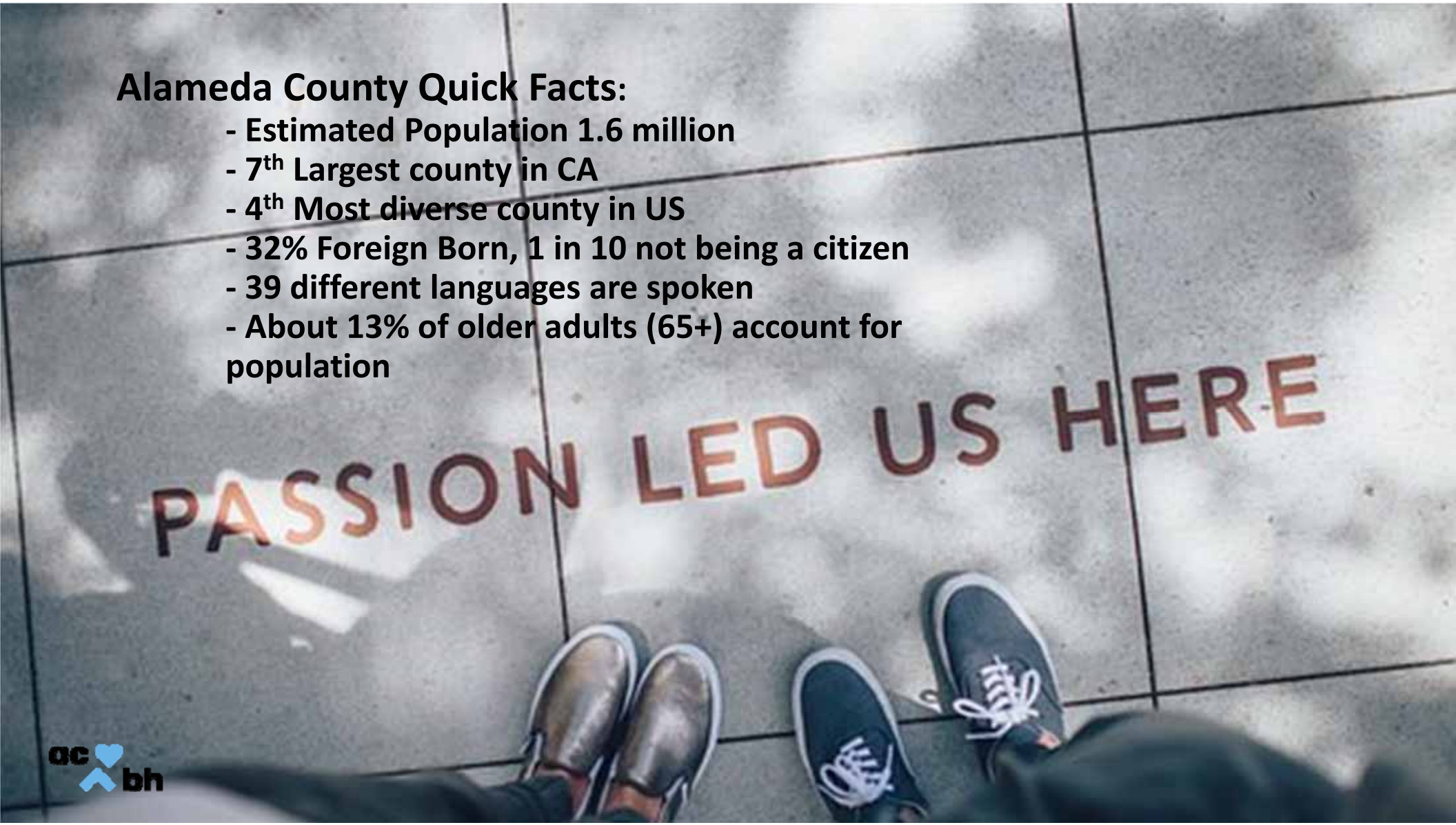
Yvonne McQuaid, Director

Mental Health Technology 2.0

"I can honestly say that technology has saved my life. When I found something greater than myself, I realized that I am not just a person with a life. I am a person who has something to contribute." *Amanda Southworth, Founder and Executive Director of Astra Labs and survivor of seven suicide attempts.*

Alameda County Behavioral Health Care Services Innovation Plan

MHSOAC Presentation April 25, 2019



Alameda County Quick Facts:

- Estimated Population 1.6 million
- 7th Largest county in CA
- 4th Most diverse county in US
- 32% Foreign Born, 1 in 10 not being a citizen
- 39 different languages are spoken
- About 13% of older adults (65+) account for population

Mental Health Technology 2.0

Presenting Problem/Need:

Alameda County is rich in MHSA funded trauma training and support services, however:

- many gaps remain with the county continuing to struggle with addressing trauma properly.
- None of the existing resources to address trauma have technology as part of their services.

Identified targeted populations having the most challenging barriers to overcome:

- ***Caregivers of family members who suffer Serious Mental Illness or a Serious Emotional Disturbance***
- ***Youth/Transition Age Youth who are victims of trauma induced by multiple forms of violence*** (*particularly gun violence*)
- ***Attempted Suicide Survivors***
- ***Immigrants, Asylees, and Refugees***

Mental Health Technology 2.0

Proposed Innovation Project to Address Need:

- Project will be a combination of ***technology embedded with local community-based organizations' (CBOs) existing services***
- Community Based Providers will ***collaborate*** with tech developers to create a mental health application
- Project intends to ***provide platform for individuals who reside in isolation, anonymity, or feel they have no place to go***
- New platform will be designed to ***increase outreach and support*** for individuals experiencing situational induced trauma

Mental Health Technology 2.0

What is Innovative?

- Development of a mobile app at the ***local level***
- ***Integration*** possibilities into CBO's treatment in terms of different practice, and outreach efforts
- Potential of the app to be ***utilized not only by clients, but also by CBO staffers***

How will it be Evaluated?

- Active data gathered through app
- Client/staff screening through app or paper
- Agency reports completed quarterly and annually
- Utilization data (app traffic) through the app
- Focus groups and key informant interviews

Broad Outcomes

- Reduction in prolonged suffering
- Level of user engagement by target population
- Changes that have occurred at CBO level in terms of new/different practices, outreach efforts, activities, etc.

Mental Health Technology 2.0

Innovations Budget

Total Innovation Budget: $2,040,120 over 2.5 years	
Salaries/Personnel $567,624	ACBH MHSA Innovation Coordinator (.25 FTE) Grantee Personnel
Operating $132,480	FY 19/20: $ 92,000 x 30% = $27,600 (5 months) FY 20/21: $220,800 x 30% = $66,240 (12 months) FY 21/22: $128,800 x 30% = $38,640 (7 months)
Consultants $1,160,000	Software development agency or developer Evaluation agency or evaluator, and/or other needed consultants
INN Technology Conference $75,000	Technology Conference to Launch Applications
Indirect $105,016	15% for ACBH to Administer
ACBH intends to award up to 8 grantee with each award totaling $230,000 per grantee.	

Mental Health Technology 2.0

If successful, how will it be Sustained?

- Share evaluation results with stakeholders to determine what aspects to continue
- If results are favorable from stakeholders, ACBH will investigate MHSA funds (CFTN) or other funding to extend and/or expand
- Evaluators will determine continued need of app beyond its two year innovative period
- All created mobile applications will be uploaded to Google Play and Apple iTunes for free download

Mental Health Technology 2.0

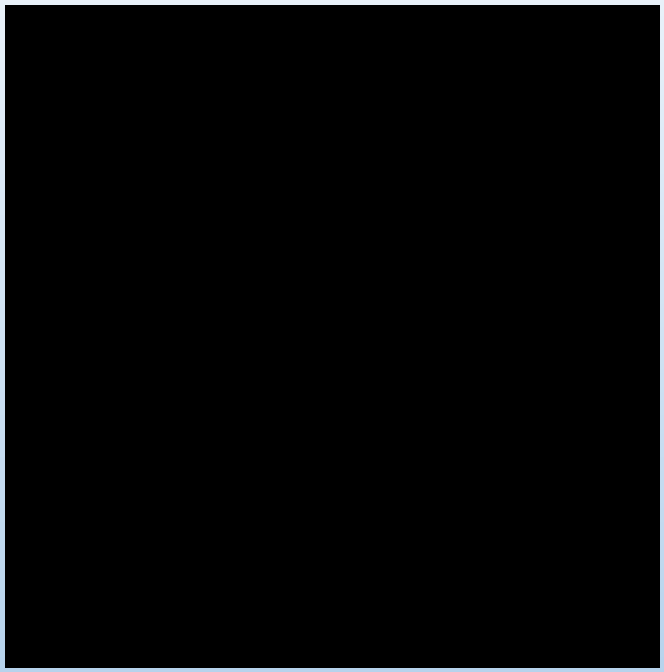
Video Presentations*

Gordon Reed, POCC Chairman, Alameda County Behavioral Health Consumer and Family Member

*media releases have been signed and are on file with ACBH

Mental Health Technology 2.0

Video Presentations*



Anupam Khandelwal, SageSurfer, CEO/Lead Developer

*media releases have been signed and are on file with ACBH

Comments and Questions

www.ACMHSA.org

Proposed Motion

The Commission approves Alameda County's innovation project as follows:

Name:	Mental Health Technology 2.0
Amount:	Up to $2,040,120 in MHSA INN funds
Project Length:	2.5 years

October 25, 2018

Mr. John Boyd, Psy.D
Chair
Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

Re: Cancellation of Alameda County's Technology and AANHPI/Refugee/Asylee Innovation Grants Due to Fiscal Issues Regarding Alameda County's Innovation Grant Programs from FY15-FY19

Dear Chair Boyd,

The organizations represented below are writing to voice our concerns over the cancellation of two Alameda County innovation mental health pilot projects that are aimed at increasing access and utilization of mental health services for underserved populations through community driven innovative technology and stigma reduction programs designed by and for these target communities. This includes eight (8) technology grants that were awarded and launched in May 2018 and the Asian American Native Hawaiian Pacific Islander (AANHPI)/Refugee/Asylee RFP for multiple projects that was issued in April 2018 and targeted to begin this fall. These grants were cancelled due to an OAC administrative fiscal technicality impacting innovation grants awarded in fiscal years FY15 through FY19.

We are bringing this issue to the OAC's attention because there is much at stake here for the communities as well as for the mental health field. These two innovation grants target communities who either have low penetration rates or have no data because these are emerging communities, many of whom are immigrants, refugees, and asylees with mental illness due to the experience of trauma in their native countries and migration to the US. These pilot projects have the potential to provide mental health systems with an opportunity to learn from on-the-ground innovative approaches. Should the OAC require Alameda County to go back to the drawing board, i.e. conduct stakeholder meetings and submit a new plan, it may be one to two years before we can turn the curve on improving the mental health penetration rates of un/underserved communities. Furthermore, it doesn't make sense to ask the county to conduct stakeholder meetings all over again when extensive stakeholder input was already done and the organizations that submitted proposals serve and represent these communities.

We understand from the September 2018 OAC meeting that several other counties besides Alameda are in the same situation and acknowledged that there were external factors, out of the counties' control, such as a change of the rules under AB100, that also contributed to counties continuing to spend innovation funds without an approved plan.

Of all 58 counties in CA, the impact of this issue has greater significance to Alameda County's diverse communities, many of whom are at risk of not being able to access cultural and linguistic

mental health services. Alameda County continues to be a leader in creating opportunities to fund MHSA innovative programs with the intent to reach underserved communities, first with the Underserved Ethnic Language and Ethnic Programs (UELP) funded by PEI since 2010 that targets historically un/under/in-appropriately served populations:, African/African American, Asian American/Native Hawaiian/Pacific Islander, Latino, Middle Eastern/Arabic, Native American, and South Asian; and with several innovation grant programs, one targeted at isolated adults/seniors and their families, pilot technology projects to increase access to behavioral health for communities who are currently under-served by mental health services due to language and cultural barriers, and the most recent release of an AANHPI and Refugee/Asylee innovation RFP.

Alameda County and its' diverse communities should not be penalized for an administrative error that was not caught many years ago by the OAC, in which case Alameda County would have taken the steps to extend their grant program or create another innovative grant program. The OAC should take into consideration that there was no direct oversight and Alameda County has been very transparent with their innovative grant rounds and yet the OAC did not directly contact the county with their concerns until June 2018.

We also understand that OAC has been and will continue to be in talks with legislative counsel and OAC's counsel to figure out how to reconcile the situation under the color of the law, namely to make a retroactive approval.

We urge the OAC to:

1) accept this oversight error and resulting fiscal issue as a joint responsibility with the counties; and as such,

2) retroactively approve all Alameda County innovation grants executed from FY15-FY19 as well as grants already in process. This will allow Alameda County to go forward with two innovation grant rounds: eight technology grants awarded and launched in May 2018 and AANHPI/Refugee/Asylee grants that were processed and waiting to be awarded this fall 2018.

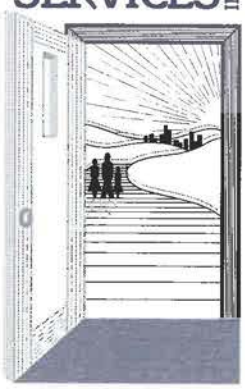
Sincerely,

Bonita House
Center for Empowering Refugees and Immigrants
Diversity in Health Training Institute
Filipinos 4 Justice
Korean Community Center of the East Bay
Mental Health Association for Chinese Communities
NAMI of Alameda County
PEERS
Youth Alive

cc:
Khatera Aslami-Tamplen, Pleasant Hill - Vice Chair
Reneeta Anthony, Fresno
Mayra Alvarez, Los Angeles
Lynne Ashbeck, Clovis
Senator Jim Beall, San Jose
Bill Brown, Lompoc
Keyondria Bunch, Ph.D., Los Angeles
Assemblymember Wendy Carrillo, Los Angeles
Itai Danovitch, M.D., Los Angeles
David Gordon, Sacramento
Mara Madrigal-Weiss, San Diego
Gladys Mitchell, Sacramento
Tina Wooton, Santa Barbara

Toby Ewing, OAC Executive Director

HORIZON SERVICES INC.



24051 Amador St.
Hayward, CA 94544

Mailing Address:
P.O. Box 4217
Hayward, CA 94540
(510) 582-2100
(510) 582-1221 fax

April 18, 2019

Dear Commissioners,

My name is Janeen Smith, and I am the Clinical Services Director for Horizon Services, Inc. a community based not for profit organization providing detoxification, prevention, early intervention, outpatient and residential treatment services to people and communities suffering with substance use disorders and mental health. Horizon Services is based in Alameda County with additional programs in San Mateo and Santa Clara Counties.

I am writing in support of Alameda County's mental health technology innovation project. I recently became aware of this innovation pilot project which utilizes technology, specifically a mobile app to support people dealing with the effects of trauma, suicidal ideation and depression. After my initial reading of the proposal, I became aware of my excitement and interest in the project and its potential to enhance in the moment support options for clients experiencing the effects of trauma or having difficulty regulating suicidal thoughts. In addition, I can see potential in this project to also support direct client support staff to reduce the incidences of vicarious or secondary trauma and compassion fatigue and develop and improve their own self-care.

This project brings a new opportunity to support consumers while in services as well as waiting for services. I was struck by the idea of "24 hour" support because a phone does not sleep. Helping clients reach out and receive support through technology immediately, be reminded of a coping skill to try or see a hopeful statement reminding them why they need to live or not harm themselves could be invaluable. Most people have access to phones and understand app usage. Clients can increase their resources with an app, support peers and learn how to self-regulate in the moment. I can also see the potential technology and apps have to work in conjunction with treatment services to improve mental health outcomes for consumers.

I have worked in this field for over 20 years. The addition of technology as a resource to improve the quality of life for client suffering from the effects of trauma, depression or struggling to discover why they want to live is invaluable. I support this innovative project and look forward to seeing what comes out of it.

Sincerely,

MFT LPCC

Janeen Smith MFT, LPCC
Clinical Services Director
Horizon Services, Inc.

October 25, 2018

Mr. John Boyd, Psy.D
Chair
Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

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Diversity in Health Training Institute
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Mental Health Association for Chinese Communities
NAMI of Alameda County
PEERS
Youth Alive

cc:
Khatera Aslami-Tamplen, Pleasant Hill - Vice Chair
Reneeta Anthony, Fresno
Mayra Alvarez, Los Angeles
Lynne Ashbeck, Clovis
Senator Jim Beall, San Jose
Bill Brown, Lompoc
Keyondria Bunch, Ph.D., Los Angeles
Assemblymember Wendy Carrillo, Los Angeles
Itai Danovitch, M.D., Los Angeles
David Gordon, Sacramento
Mara Madrigal-Weiss, San Diego
Gladys Mitchell, Sacramento
Tina Wooton, Santa Barbara

Toby Ewing, OAC Executive Director

HORIZON SERVICES INC.

24051 Amador St.
Hayward, CA 94544

Mailing Address:
P.O. Box 4217
Hayward, CA 94540
(510) 582-2100
(510) 582-1221 fax

Cherry Hill
Chrysalis
Cronin House
Horizon South
Mission Street
Sobering Center
Palm Avenue
Project Eden

April 18, 2019

Dear Commissioners,

My name is Janeen Smith, and I am the Clinical Services Director for Horizon Services, Inc. a community based not for profit organization providing detoxification, prevention, early intervention, outpatient and residential treatment services to people and communities suffering with substance use disorders and mental health. Horizon Services is based in Alameda County with additional programs in San Mateo and Santa Clara Counties.

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Sincerely,

MFT LPCC

Janeen Smith MFT, LPCC
Clinical Services Director
Horizon Services, Inc.

April 25, 2019

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

Re: Alameda County's Mental Health Technology 2.0 Innovation Project

Dear Chair Aslami,

The organizations represented below are writing to support Alameda County's Mental Health Technology 2.0 Innovation Project that the Commission will consider approval of at the April 25, 2019 MHSOAC meeting in Anaheim.

Alameda County is rich in MHSA funded trauma training and support services, however many gaps remain with the county continuing to struggle with addressing trauma properly. Additionally, there appear to be few to none existing resources at the local level to address trauma through technology platforms.

We believe embedding technology into existing local community based organizations (CBO) is innovative and has the potential to greatly increase access to mental health services and supports not only for clients but also for CBO staff.

As stated in our letter to former MHSOAC Chair, Mr. John Boyd, on October 25, 2018, we are in support of Alameda's technology INN project. It has the potential to reach currently underserved populations such as immigrants and refugees, family caregivers, victims of violence and individuals who've attempted suicide, for the goal of reducing suffering and promoting wellness in a culturally responsive manner. Approving this funding will also allow INN funds to be used at the local level for technology development instead of sending funds to the CalMHSA Tech Suite project, where it's unclear of the impact for local agencies and communities.

Sincerely,

Beatrice Lee, Executive Director, Diversity in Health Training Institute

June Lee, Executive Director, Korean Community Center of the East Bay

Elaine Peng, President, Mental Health Association for Chinese Communities (MHACC)

Bidyut Bose, Executive Director, Niroga Institute

Vanetta Johnson, Executive Director, Peers Envisioning and Engaging in Recovery Services

Anne Marks, Executive Director, Youth Alive

Cc: Tracy Hazelton, Division Director MHSA, Alameda County Behavioral Health

MHSOAC
Mental Health Services
Oversight & Accountability Commission

Awarding of the Immigrant and Refugee Stakeholder Contracts

Norma Pate, Deputy Director
Tom Orrock, Chief, Commission Operations and Grants
April 25, 2019
Agenda Item 4

WELLNESS • RECOVERY • RESILIENCE

Background

- At the January 2019 the scope of work and minimum qualifications for the Immigrant and Refugee RFP were approved.

- Five contracts of $402,500 each for a three year investment of $2,012,500.

RFP Timeline

- February 15, 2019: RFP released to the public
- April 5, 2019: Deadline to submit proposals
- April 8-18: Multiple stage evaluation process to review and score proposals
- April 25, 2019: Results presented to the Commission

RFP Evaluation Process

The RFP contained the scoring requirements and rubric.

Stage 1: Administrative Submission Review

Stage 2: Technical Review

Stage 3: Interviews

As outlined in the RFP, the proposal in each region with the highest overall score is recommended for an award.

RFP Response

- The Commission received 24 proposals.
- Proposer organizations provide services in 42 counties.
- Serving immigrants and refugees from 62 different countries

RFP Response

- **Africa**: Algeria, Burundi, Cameroon, Congo, Egypt, Eritrea, Ethiopia, Ghana, Guinea, Kenya, Liberia, Libya, Morocco, Nigeria, Rwanda, Sierra Leone, Somalia, Sudan, Tunisia, Uganda
- **Asia:** Afghanistan, Bangladesh, Bhutan, Brunei, Burma/Myanmar, Cambodia, China, India, Iran, Iraq, Japan, Jordan, North and South Korea, Laos, Lebanon, Malaysia, Nepal, Pakistan, Philippines, Sri Lanka, Syria, Thailand, Turkey, Vietnam
- **Europe**: Armenia, Croatia, Romania, Russia, Ukraine
- **North America**: El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua
- **South America**: Argentina, Brazil, Chile, Colombia, Peru, Venezuela

RFP Results

The five highest scoring proposals serve immigrants and refugees from the following areas:

- Mexico
- South America
- Asia
- Africa
- Middle East

RFP Results

- Superior Region
- Central Region
- Bay Area Region
- Southern California
- Los Angeles

Proposed Motion

For the organizations with the highest scoring proposals from each region, staff recommends the Commission:

- Authorize the Executive Director to issue a “Notice of Intent to Award Contract” to the highest scoring proposer from each region.
- Establish May 2, 2019 as the deadline for unsuccessful bidders to file an “Intent to Protest” and May 9, 2019 as the deadline to file a letter of protest consistent with the requirements set forth in the RFP.
- Direct the Executive Director to notify the Commission Chair and Vice Chair of any protests within two working days of the filing and adjudicate protests consistent with the procedure provided in the Request for Proposals.
- Authorize the Executive Director to execute the contract upon expiration of the protest period or consideration of protests, whichever comes first.

REMHDCO
Racial and Ethnic Mental Health Disparities Coalition

April 22nd, 2019

Khatera Aslami-Tamplen
Chair
Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

Dear Chair Aslami-Tamplen,

This letter is a request for the Commission to formally support both AB 512 (Ting) and SB 66 (Atkins) at your Mental Health Services Oversight and Accountability Commission (MHSOAC) meeting on April 25th, 2019 in Anaheim.

AB 512 (Ting) would strengthen current County Cultural Competence Plans and SB 66 (Atkins) would allow federally qualified health centers to bill for mental health services provided on the same day a physical health service was provided. Both of these bills are of great importance to racial, ethnic, and other underserved communities.

These two bills are high priorities for our organization, the Racial and Ethnic Mental Health Disparities Coalition (REMHDCO). We believe passage of these bills will improve mental health service to our community as well as reduce the mental health disparities that we currently experience.

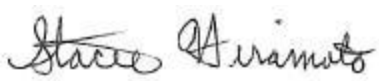
Several years ago, REMHDCO did a statewide study on the County Cultural Competence Plans, which are the subject of AB 512 (Ting). This study was approved and funded by the MHSOAC. The results and findings of the study strongly support the need for AB 512. Furthermore, as noted in the Assembly Health Committee analysis, this bill is strongly supported by organizations that specialize in serving racial, ethnic, and cultural communities, as well as mental

5901 Leona Street, Oakland, CA 94605
(916) 705-5018 shiramoto@remhdco.org

health organizations.

We hope the Commission will actively support these bills as they continue through the legislature. Thank you!

Sincerely,



Stacie Hiramoto, MSW
Director

cc: All Members of the MHSOAC
Toby Ewing, Executive Director, MHSOAC
Norma Pate, Deputy Director, MHSOAC

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AB 512: Cultural Competence in Mental Health

Topic	Current Law	Proposed Change	Reasoning
Cultural competency plan components	Each county must assess cultural competency needs of its mental health services and provide for culturally competent and age-appropriate services, to the extent feasible. (WIC Section 14684(9)) Each county must produce a Cultural Competence Plan that includes specified components, namely: • Objectives and strategies for improving cultural competence. • A population assessment and an organizational and service provider assessment. • A listing of services available by language and location. • A plan for providing cultural competency training to staff. (CCR Section 1810.410)	Each county must prepare a cultural competency assessment plan that meets includes specified components, namely: • Disparities in access, utilization, and outcomes by race, ethnicity, language, sexual orientation, gender identity, and immigration status, to the extent data is available. • Annual performance targets for reducing disparities. • Designated strategies for reaching performance targets. • Performance on prior performance targets. • Strategies for addressing trauma and developing trauma-informed services. • Process for stakeholder input.	Counties need further guidance in order to make cultural competency plans useful and reduce disparities. Specifically, current law does not specify which populations and disparities should be addressed or require specific performance targets for reducing disparities. In addition, current law does not require counties to address trauma in their cultural competency strategies, despite the growing recognition of the impact of trauma on communities of color and other historically marginalized communities.
Cultural Competency Committees and stakeholder engagement	Each county is required to have a cultural competence committee. (DMH Information Notice No.: 10-02) Each county is required to have a public planning process for their mental health services. (WIC Section 14684(2))	Each county shall convene their cultural competence committee monthly, and the committee must include experts in disparities reduction, among others.	While every county has a stakeholder committee for this purpose, counties vary widely in the degree of engagement. Given the persistent mental health disparities, local disparities reduction experts should be a part of the process.

AB 512: Cultural Competence in Mental Health

Topic	Current Law	Proposed Change	Reasoning
Review of cultural competency plans	DHCS must establish timelines for the submission and review of the Cultural Competence Plan and each county must submit the Cultural Competence Plan to DHCS for review and approval in accordance with the timelines. In addition, each county must submit annual updates to DHCS for review and approval. (CCR Section 1810.410)	Each county must submit its plan to DHCS every three years for technical assistance and implementation guidance. DHCS must consult with the Office of Health Equity and CA Surgeon General to review the plans. Counties must provide annual updates on progress.	Prior to 2010, the Department of Mental Health provided guidelines and reviewed plans. When the Department of Mental Health was folded into DHCS, this work ceased happening. In fact, DHCS has not provided updated guidance to counties or reviewed plans since it received this authority. In addition, the cultural competency staff from the Department of Mental Health were moved to the Office of Health Equity. Therefore, in order to utilize their expertise, the Office of Health Equity should be consulted.
Disparities data	The Department of Health Care Services (DHCS) must publish annual updates to the Performance Outcomes System that identify mental health disparities in the areas of access, language access, quality, and utilization. This data must be stratified by race, ethnicity, age, sex, gender identity, sexual orientation, and primary language. The data must be both statewide and county specific. (WIC Section 14707.7)	Each county must utilize the annual disparities data to identify disparities in access, utilization, and outcomes by race, ethnicity, language, sexual orientation, gender identity, and immigration status. This data and the findings must be included in the cultural competency assessment plan.	Disparities data is currently being made available by DHCS; however, counties are not required to utilize this data to build their cultural competency strategies.
Statewide disparities reduction strategy	Beginning January 1, 2019, DHCS must consult with stakeholders to make recommendations for statewide quality improvement and efforts to reduce mental health disparities based on data available from the performance outcomes reports. (WIC Section 14707.7)	DHCS must direct the External Quality Review Organization (currently required contractor) to develop a statewide plan for monitoring disparities reduction progress in each county.	The EQRO is already contracted to conduct in-depth reviews of each county and their compliance with certain standards. However, disparities reduction is not currently part of their charge.