



WELLNESS • RECOVERY • RESILIENCE



Commission Packet

Commission Teleconference Meeting
June 25, 2020
9:00 AM – 1:00 PM



Mental Health Services
Oversight & Accountability Commission

1325 J Street, Suite 1700, Sacramento, California 95814

Phone: (916) 445-8696 * Email: mhsoac@mhsoac.ca.gov * 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 June 25, 2020**.

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

DATE: Thursday, June 25, 2020

TIME: 9:00 a.m. – 1:00 p.m.

ZOOM ACCESS:

Link: <https://zoom.us/j/96666153457>

Dial-in Number: 888-475-4499

Meeting ID: 966 6615 3457

Password: 398891

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

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

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

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

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

Our Commitment to Excellence

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

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

Our Commitment to Transparency

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

Our Commitment to Those with Disabilities

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

AGENDA

Lynne Ashbeck
Chair

Mara Madrigal-Weiss
Vice Chair

Commission Meeting Agenda

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

9:00 AM Call to Order and Welcome

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

9:10 AM Roll Call

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

9:15 AM General Public Comment

General Public Comment is reserved for items not listed on the agenda. No debate nor action by the Commission is permitted on such general public

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

10:00 AM Action

1: Approve May 28, and June 11, 2020 MHSOAC Meeting Minutes

The Commission will consider approval of the minutes from the May 28 and the June 11, 2020 teleconference meetings.

- Public Comment
- Vote

10:10 AM Action

2: Sacramento Innovation Plan

Presenter for the Forensic Behavioral Health Innovation project:

- Julie Leung, LCSW, Human Services Program Planner, Sacramento County Division of Behavioral Health Services (BHS)

The Commission will consider approval of \$9,536,739 in Innovation funding to support the Forensic Behavioral Health Innovation project.

- Public Comment
- Vote

10:40 AM Action

3: Ventura Innovation Plan

Presenter for the FSP Multi-Platform Data Exchange Innovation Project:

- Kiran Sahota, MA Mental Health Services Act Senior Behavioral Health Manager, Ventura County Behavioral Health

The Commission will consider approval of \$2,011,116 in Innovation funding to support the FSP Multi-Platform Data Exchange Innovation Project.

- Public comment
- Vote

11:15 AM 10 MINUTE BREAK

11:25 AM Information

4: Reflections on our work through the lens of current events: Racial Equity and COVID-19

Presenter:

- Toby Ewing, Ph.D., Executive Director

The Commission will consider the implications of COVID-19 and racial equity on our current and prospective actions.

12:35PM

Information

5: Executive Director Comments

Presenter:

- Toby Ewing, Ph.D., Executive Director

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

1:00 PM

Adjournment

AGENDA ITEM 1

Action

June 25, 2020 Commission Meeting

Approve May 28 and June 11, 2020 MHSOAC Teleconference Meeting Minutes

Summary: The Mental Health Services Oversight and Accountability Commission will review the minutes from the May 28 and June 11, 2020 Commission teleconference meetings. Any edits to the minutes will be made and the minutes will be amended to reflect the changes and posted to the Commission Web site after the meeting. If an amendment is not necessary, the Commission will approve the minutes as presented.

Presenter: None.

Enclosures (2): (1) May 28, 2020 Meeting Minutes, (2) June 11, 2020 Meeting Minutes

Handouts: None.

Proposed Motion: The Commission approves the May 28 and June 11, 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
May 28, 2020

MHSOAC
1325 J Street, Suite 1700
Sacramento, CA 95814

408-638-0968; Password 730214

Members Participating:

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

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

Members Absent:

Senator Jim Beall
John Boyd, Psy.D.

Assemblymember Wendy Carrillo

Staff Present:

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

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

CALL TO ORDER AND WELCOME

Chair Lynne Ashbeck called the teleconference meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to order at 9:01 a.m. and welcomed everyone.

Chair Ashbeck reviewed the meeting protocols.

Announcements

Commissioner Danovitch announced that the MHSOAC Research and Evaluation Committee has been newly reestablished with Commissioner Danovitch as Chair and Commissioner Berrick as Vice Chair. The Committee has been set up to help establish a research agenda to advance the Commission's strategic plan and to provide guidance on the Commission's evaluation activities such as the Transparency Suite, Data Linkage Project, evaluation initiatives, and the seven outcomes listed in the Mental Health Services Act (MHSA).

Commissioner Danovitch stated applications are currently being accepted for individuals who would like to participate in the Committee, specifically individuals with expertise in research and evaluation from the different disciplines, experts who identify as consumers, family members, or caregivers of consumers, or members of underserved ethnic and cultural communities. Information has been posted to the website.

Roll Call

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

GENERAL PUBLIC COMMENT

Thomas Mahany, Executive Director, Honor for ALL, stated Post-Traumatic Stress Disorder has been shown to be more accurately described as an injury than a disorder. The speaker stated to continue to refer to Post-Traumatic Stress Injury as a disorder adds to the adversity of the wounds, which discourages individuals from seeking care and others from caring.

Thomas Mahany 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. The speaker submitted proposed language for the proclamation, which was included in the meeting packet.

Karin Lettau, Director of Training and Employment, California Association of Mental Health Peer-Run Organizations (CAMHPRO), stated a large number of the individuals who are served by the public mental health system are excluded from this teleconference forum due to their lack of means and/or technical knowledge. The speaker encouraged the Commission to empower those Californians to become digital citizens and, at a designated income level, provide them with a notebook or laptop, Internet, and a peer trainer available to coach them through the process.

Karin Lettau stated the homeless are currently willing to be housed during the unprecedented times of the COVID-19 pandemic as hotel rooms become available in Los Angeles County. The speaker stated the need for a plan to be put in place prior to the expiration of measures for housing for the homeless.

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), referred to the letter from a coalition of a large number of statewide organizations on page 87 of the handout packet requesting flexibility with MHSA requirements to address the COVID-19 public health crisis. She commended the County Behavioral Health Directors Association and Cal Voices for taking the lead in gathering input on priorities from the statewide organizations and for drafting this letter.

Stacie Hiramoto stated one of the many things prioritized by consumers, family members, and organizations from underserved communities was to not transfer prevention and early intervention funds to other components of the MHSA. Racial, ethnic, and cultural communities value prevention and early intervention and do not want to see those funds taken.

Poshi Walker, LGBTQ Program Director, Cal Voices, and Co-Director, #Out4MentalHealth, stated stakeholders have received no notice of the estimated timeline, when the awards will be announced, or when the contracts will be executed for Phase 2 of the Stakeholder Advocacy Contracts. It is important for the community to be advised as to when this will happen. The speaker suggested that staff send out an email with this information.

Poshi Walker stated COVID-19 is negatively affecting LGBTQ youth. The speaker stated the #Out4MentalHealth project team has been holding virtual gatherings around the state. One of the concerns of the LGBTQ community is that the mental health of LGBTQ youth is being negatively affected by sheltering at home with non-affirming families.

Andrea Crook, Advocacy Director, ACCESS California, a program of Cal Voices, commended staff for including robust stakeholder involvement and tailoring it to be the most meaningful for community stakeholders who are utilizing the resources.

Michael Dey asked about substance use disorders and the MHSA and if there are opportunities for funding for smaller agencies and smaller counties.

Fido Pejic, ACCESS Ambassador and Co-Chair, Latino Underserved Cultural Committee, stated the California Mental Health Services Authority (CalMHSA) mini-grants have been indefinitely postponed when outreach is more important than ever. The speaker suggested creative ways to virtually outreach to communities as soon as possible.

Hector Ramirez, consumer and advocate, stated stakeholders are having difficulty accessing all MHSA-funded programs through the Department of Mental Health in Los Angeles due to the lack of Americans with Disabilities Act (ADA) accommodations during the COVID-19 pandemic. Lack of ADA enforcement by state agencies sets a bad example for the rest of the counties. The speaker requested that all meetings and materials be made accessible and the MHSOAC create a technical assistance division

to provide assistance to counties and organizations to ensure that the services they provide are ADA compliant.

Richard Gallo, ACCESS Ambassador, encouraged the Commission to support Senate Bill 803, mental health services: peer support specialist certification.

ACTION

1: Approve April 23, 2020, MHSOAC Meeting Minutes

Chair Ashbeck asked for a motion to approve the minutes from the April 23, 2020, meeting.

Commissioner Alvarez made a motion to approve the April 23, 2020, meeting minutes.

Commissioner Mitchell seconded.

Public Comment

Lorraine Zeller, MHSA Steering Committee, County of Santa Clara; Coordinator, Community Living Coalition; and ACCESS Ambassador, Cal Voices, corrected the spelling of their last name.

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

- *The Commission approves the April 23, 2020, MHSOAC Teleconference Meeting Minutes as corrected.*

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

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

The following Commissioner abstained: Commissioner Anthony.

ACTION

2: Award Youth Drop-In Centers Grants

Presenter:

- Tom Orrock, Chief of Stakeholder Engagement and Grants

Chair Ashbeck stated the Commission will consider awarding contracts to the five highest scoring applications in response to the Request for Applications for Youth Drop-In Centers. She asked staff to present this agenda item.

Tom Orrock, Chief of Stakeholder Engagement and Grants, provided an overview, with a slide presentation, of the background, goal, grant apportionment, and RFA evaluation process for the youth drop-in center grants. He announced the applicants with the highest overall scores as follows:

- Beach Cities Health District, which encompasses Hermosa Beach, Manhattan Beach, and Redondo Beach in Los Angeles

- Peninsula Health Care District in Burlingame
- Regents of the University of California, Irvine
- Sacramento County Behavioral Health Services
- Wellnest in Los Angeles

Mr. Orrock stated each of the five applicants represent four of the five California regions and have a youth advisory group, which will be engaged in the Allcove Youth-Drop-In Center model components. Summaries of each of the awarded programs will be sent to Commissioners and posted on the website.

Commissioner Questions

Commissioner Alvarez asked why the technical assistance contract is so large when those funds are needed in the community and what was learned from the Santa Clara investment to inform this investment.

Mr. Orrock stated the technical assistance component is larger than typically allotted because this is a new approach in the United States. The technical assistance provider also was the provider for the Santa Clara Allcove model. Much will be learned from the Santa Clara model.

Executive Director Ewing added that the technical assistance component was intentionally made larger as a way to extend the capacity beyond the grantees to support counties that might not be awarded a grant but are interested in spending local dollars to support the model.

Public Comment

Pamela Miles spoke in support of the proposed grant awards.

Stacie Hiramoto thanked Commissioner Alvarez for asking about the funding for technical assistance. The speaker stated the hope that the sole source technical assistance provider is an organization that knows how to work with underserved communities and also that the five programs will collaborate with community mental health organizations that serve racial, ethnic, and LGBT communities.

Ali Steward, Beach Cities Health District, spoke in support of the proposed grant awards.

Pamela Weston, ACCESS Ambassador, Cal Voices, spoke in support of the proposed grant awards.

Hector Ramirez spoke in support of the proposed grant awards. The speaker asked how these programs will ensure health modifications to help reduce or prevent the spread of the COVID-19 pandemic.

Commissioner Discussion

Chair Ashbeck asked for a motion to approve the awarded Youth Drop-In Centers grants.

Commissioner Berrick made a motion to approve the awarded Youth Drop-In Centers grants.

Commissioner Alvarez seconded.

Chair Ashbeck stated the hope that these programs, the Santa Clara programs, early psychosis, and schools and mental health programs will come together someday around children and youth.

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

For each of the five grants, staff recommends the Commission:

- *Authorizes the Executive Director to issue a “Notice of Intent to Award Youth Drop-In Center Grants to the following five applicants receiving the highest overall scores:*
 - *Beach Cities Health District*
 - *Peninsula Health Care District*
 - *Sacramento County Behavioral Health Services*
 - *The Regents of the University of California, Irvine*
 - *Wellnest, Emotional Health and Wellness*
- *Establishes June 4, 2020 as the deadline for unsuccessful bidders to file an “Intent to Appeal” letter*
- *Establishes that within five working days from the date MHSOAC receives the Intent to Appeal letter, the protesting Applicant must file with the MHSOAC a Letter of Appeal detailing the grounds for the appeal, consistent with the standard set forth in the Request for Applications*
- *Directs the Executive Director to notify the Commission Chair and Vice Chair of any protests within two working days of the filing and adjudicate protests consistent with the procedure provided in the Request for Applications*
- *Authorizes the Executive Director to execute the contract upon expiration of the protest period or consideration of protests, whichever comes first*

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

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

The following Commissioner abstained: Commissioner Gordon.

ACTION

3: San Bernardino Innovation Plans

Presenter for the Cracked Eggs and Eating Disorder Collaborative:

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

Chair Ashbeck stated the Commission will consider approval of \$1,568,143 Innovation funding to support the Cracked Eggs Innovation project and \$12,113,426 Innovation funding to support the Eating Disorder Collaborative Innovation project. She asked the representative from San Bernardino County to present this agenda item.

Veronica Kelley, DSW, LCSW, Director, San Bernardino County Department of Behavioral Health, provided an overview, with a slide presentation, of the purpose and criteria, addressing the problem, and budget of the Cracked Eggs Innovation project and the Eating Disorder Collaborative Innovation project.

Commissioner Questions

Commissioner Gordon stated, while outreach to colleges is important, many eating disorders begin earlier. The staff analysis states that the county's target age is 16 and older. He asked about the approach to working with K-12 schools and other sources to reach individuals earlier.

David Block, M.D., Psychiatrist, County of San Bernardino, stated the projects will focus mainly on community colleges and will not include individuals who may start presenting at a younger age. He stated the needs of the K-12 population can be addressed through the education of primary care and mental health providers and by better identifying eating disorders.

Timothy Hougen, Ph.D., Clinical Psychologist, San Bernardino County, added that the proposed Innovation programs are pivoting off of a fairly robust school-based mental health program. The hope is to develop what is being done with colleges to reach the K-12 population without the need for additional Innovation dollars.

Commissioner Mitchell asked if eating disorders include obesity, which tends to run higher in some communities, particularly with children.

Dr. Block stated the proposed Innovation programs do not specifically address consumers who may be obese, although the majority of consumers with an eating disorder are typically obese. A unique part of the proposed Innovation programs is the addition of a registered dietician on the team with expertise in working with eating disorders. The dietician will indirectly be serving consumers with obesity issues.

Chair Ashbeck encouraged the county to connect with schools and younger children to address eating disorders. She asked about the two objectives of needs assessment and training versus the pie chart in the staff report that shows that 52 percent of the budget will go to direct services.

Michelle Dusick, Administrative Manager, San Bernardino County, stated the direct services will be mostly in the staffing, such as the salaries and benefits for the two multidisciplinary teams and to cover the costs for residential care.

Chair Ashbeck asked where services will be provided.

Ms. Dusick stated services could be provided at the Department of Behavioral Health regional clinics, on college campuses, in full-service partnerships (FSPs), or in home-based settings, based on the needs of the individual.

Chair Ashbeck asked about the number of individuals who could be served annually.

Ms. Dusick stated the target number of clients anticipated to be served is 835 individuals annually. She stated approximately 4,000 individuals will be helped, combined with the outreach and screenings, over the five-year period.

Commissioner Bunch asked about the number of clients who will be enrolled in the programs, particularly clients who will be identified for residential treatment programs.

Dr. Block stated partners have been identified for individuals who may require residential treatment, partial hospitalization, or intensive outpatient treatment for their eating disorders, which is not a Medi-Cal-covered benefit.

Dr. Block stated there are two distinct features of this plan. If successful, a sizeable number of individuals will not require high-level services because of the early intervention phase. The number of individuals in the system currently receiving care, as of September of 2019, went from 89 to 165. He stated the thousands of individuals hoped to be reached through this program will never get to the point of needing medical hospitalization or residential treatment because they will have been identified earlier.

Dr. Block stated, by the time the county is aware of these cases, individuals typically are already severely impacted. A major part of this plan is to go upstream to prevent individuals from getting to the point where they need those higher levels of care, which is not a Medi-Cal-covered benefit. He stated there is a significant disparity in services for Medi-Cal inpatients experiencing an eating disorder versus outpatients and individuals who are part of an FSP program. The proposed Innovation programs are meant to address this gap.

Commissioner Tamplen asked about the number of staff to be funded for the two multidisciplinary teams and the number of peers and family members who will be on each team.

Dr. Block stated the plan is to have two regional teams composed of a clinical therapist, a behavioral health nurse, a social worker, one peer and one family advocate, and a registered dietician for a total of six to seven individuals on each team. The peer and family advocates will receive online training certification from the International Association of Eating Disorder Professionals.

Public Comment

Elena Yu spoke in support of the proposed Cracked Eggs Innovation project.

Linda Sibio, Executive and Artistic Director, Berzerk Productions, spoke in support of the proposed Cracked Eggs Innovation project.

Poshi Walker stated research shows that LGBTQ youth and adults are at a much higher risk for eating disorders. The speaker asked the Commission not to approve the proposed Innovation projects unless culturally-specific outreach and treatment is specifically included for LGBTQ communities of color.

Fia Backstrom, Interdisciplinary Artist and Writer, and Professor, Cooper Union, spoke in support of the proposed Cracked Eggs Innovation project.

Mandy Taylor, Outreach and Advocacy Coordinator, California LGBTQ Health and Human Services Network, stated eating disorders disproportionately affect individuals who are transgender. While transgender individuals have the highest rate of eating disorders, they often go without treatment or medical care due to the lack of access, knowledge, and financial ability, and systemic discrimination within the health care industry.

Mandy Taylor stated, even when individuals do seek care, the experience is often so negative and difficult that they do not return. Transgender individuals often choose to not pursue treatment in order to protect their sense of self and wellbeing. The speaker requested that the Commission only approve this project with the requirement that all providers be trained in providing outreach and support specifically to the transgender community and Latinx and African American women.

Andrea Crook spoke in support of the proposed Cracked Eggs Innovation project. The speaker requested that the Eating Disorder Collaborative Innovation project include a minimum of two peers in each of the multidisciplinary teams.

Stacie Hiramoto spoke in support of the proposed Cracked Eggs Innovation project and Eating Disorder Collaborative Innovation project.

Mark Karmatz suggested the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care webinar, developed by the Department of Health and Human Services' Office of Minority Health, which is currently posted on the Doors to Wellbeing website.

Pamela Weston suggested including impact and engagement in the planning process showing the vulnerabilities of a community when exposed. The speaker also suggested including measurement and treatment interventions where providers come into homes and schools. The speaker stated the need to be culturally-relevant and regionally-specific with transparency in everything. Innovations are important because they require community-based support and best-practice models. It is about identifying how communities became the way they are. The speaker asked the Commission to ensure that the proposed Innovation projects are inclusive and culturally specific prior to its approval.

Beverly Scott spoke in support of the proposed innovation projects.

Commissioner Discussion

Chair Ashbeck asked for a motion to approve the Eating Disorder Collaborative and Cracked Eggs Innovation projects.

Commissioner Anthony made a motion to approve the Eating Disorder Collaborative and Cracked Eggs Innovation projects.

Commissioner Bunch seconded with a friendly amendment to add specific cultural competency trainings, if they are not already embedded in the programs.

Chair Ashbeck asked Ms. Kelley to attend to Commissioner Bunch's comments on specific cultural competency trainings as well as to attend to certain communities mentioned in the public comment as these projects move forward.

Ms. Kelley agreed that those suggestions are essential and are part of the plan.

Commissioner Anthony amended her motion to address the concerns noted within the public comment.

Commissioner Bunch agreed.

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

- *The Commission approves the following two San Bernardino County's Innovation Plans with the instructions that the County address the community concerns presented at the May 28, 2020 meeting regarding the projects:*

Name: Eating Disorder Collaborative

Amount: Up to \$12,113,426 in MHSA INN funds

Project Length: Five (5) Years

Name: Cracked Eggs

Amount: Up to \$1,568,143 in MHSA INN funds

Project Length: Five (5) Years

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

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

ACTION

4: Fresno County Innovation Plans

Presenter for The Lodge: Researching Targeted Engagement Approach, Project Ridewell, and Handle With Care+:

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

Chair Ashbeck recused herself from the discussion and decision-making with regard to this agenda item and turned the meeting over to Vice Chair Madrigal-Weiss. Chair Ashbeck left the teleconference call pursuant to Commission policy.

Vice Chair Madrigal-Weiss stated the Commission will consider approval of \$4,200,000 Innovation funding to support The Lodge: Researching Targeted Engagement Approach Innovation project; \$1,200,000 Innovation funding to support Project Ridewell Innovation project; and \$1,527,000 Innovation funding to support the Handle With Care+ Innovation project. She asked the representative from Fresno County to present this agenda item.

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

a slide presentation, of the primary purpose, challenges, proposed project, and budgets of The Lodge: Researching a Targeted Engagement Approach; Project Ridewell: Expanding Transportation Access for Wellness and Recovery Activities; and the Handle With Care+: Addressing Trauma Through Rapid Response and Engagement Innovation projects.

Commissioner Questions and Discussion

Commissioner Alvarez asked how the county is considering the widespread impact of trauma due to the COVID-19 pandemic.

Mr. Bahrami stated COVID-19 had not yet been experienced when these Innovation plans were submitted but will be taken into consideration as the plans are implemented in a meaningful and thoughtful way. The goal is to have a clinician in every school in the county.

Vice Chair Madrigal-Weiss asked about the indicators in defining wellness.

Mr. Bahrami stated some indicators are monitoring attendance, academic performance, and referrals.

Vice Chair Madrigal-Weiss stated her understanding that every student who gets a notification through the school will be assessed.

Mr. Bahrami stated that is correct. The students will be assessed and monitored by the clinician on the team.

Vice Chair Madrigal Weiss asked for a motion to approve The Lodge: Researching Targeted Engagement Approach; Project Ridewell; and Handle With Care+ Innovation projects.

Commissioner Anthony moved to approve The Lodge: Researching Targeted Engagement Approach; Project Ridewell; and Handle With Care+ Innovation projects as presented.

Commissioner Wooton seconded.

Public Comment

Poshi Walker stated the need to ensure that the transitional housing meets the needs of the transgender community. The speaker stated an understanding that Fresno County has difficulty in getting hormone treatment. This exacerbates mental illness and mental health issues. It is important to transgender mental health that that be available.

Poshi Walker stated the understanding that there is a lack of connection in Fresno County, such as that there is no LGBTQ center in Fresno and that individuals are having difficulty locating the LGBTQ community. The speaker asked that services offered for the housing program include LGBTQ-specific support groups and peer support staff who have sexual orientations and gender identities that support the individuals being served.

Stacie Hiramoto spoke in support of the three proposed Innovation projects.

Adrienne Shilton, California Alliance of Child and Family Services, spoke in support of the Handle With Care+ Innovation project.

Mark Karmatz stated the need for more peer crisis centers.

Action: Commissioner Anthony made a motion, seconded by Commissioner Wooton, that:

- *The Commission approves the following three (3) Fresno County's Innovation Plans as follows:*

Name: The Lodge: Researching Targeted Engagement Approach

Amount: \$4,200,000

Project Length: Three (3) Years

Name: Project Ridewell

Amount: \$1,200,000

Project Length: Three (3) Years

Name: Handle With Care+

Amount: \$1,527,000

Project Length: Three (3) Years

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

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

Chair Ashbeck rejoined the teleconference call.

ACTION

5: Innovation Incubator Contracts

Presenters:

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

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

Jim Mayer, Chief of Innovation Incubation, provided an overview, with a slide presentation, of the Innovation Incubator Stage 2 Projects.

Public Comment

Mark Karmatz suggested including certified peer specialists within police and sheriff departments. The speaker suggested considering the program in Lincoln, Nebraska, as a model.

Stacie Hiramoto asked for greater transparency in the Innovation Incubator project. The speaker stated it is difficult for REMHDCO to have confidence in this project due to the lack of information about reducing disparities or involving experts in cultural competence.

Executive Director Ewing stated the Innovation Incubator funding supports the community planning process at the county level. Shaping and informing the planning at the county level is where the robust community engagement is desired to be.

Commissioner Questions and Discussion

Chair Ashbeck asked for a motion to approve the Innovation Incubator Stage 2 Projects.

Commissioner Brown moved the staff recommendation.

Vice Chair Madrigal-Weiss seconded.

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

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

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

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

ACTION

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

Presenter:

- Norma Pate, Deputy Director, MHSOAC

Chair Ashbeck tabled this item to the next meeting.

INFORMATION

7: Executive Director Report Out

Presenter:

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

MHSOAC Teleconference Meeting Minutes

May 28, 2020

Page 14

Chair Ashbeck tabled this item to the next meeting.

Commissioner Berrick asked for more consideration on how Commission agendas are structured for better efficiency. He requested that the tabled items be put first on the next agenda.

Commissioner Gordon agreed.

Norma Pate, Deputy Director, stated the next Commission teleconference meetings will be on June 11th and June 25th, from 9:00 a.m. to 12:00 p.m.

ADJOURN

There being no further business, the meeting was adjourned at 12:15 p.m.

State of California

**MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION**

Minutes of Teleconference Meeting
June 11, 2020

MHSOAC
1325 J Street, Suite 1700
Sacramento, CA 95814

877-853-5257; Password: 677491

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

Members Participating:

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

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

Members Absent:

Senator Jim Beall
Assemblymember Wendy Carrillo

Staff Present:

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

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

[Note: An additional General Public Comment section was added to the agenda after Agenda Item 4 per the chair's request.]

CALL TO ORDER, WELCOME, AND ANNOUNCEMENTS

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

Chair Ashbeck reviewed the meeting protocols.

Announcements

Chair Ashbeck stated that the death of George Floyd has underscored the equity issues that have long challenged our country and our communities. She stated she wanted to recognize everyone participating in the meeting and acknowledge it's more important than ever to be aware of the mental health needs of ourselves, our families, our neighbors and our communities. She encouraged all to take care of each other and extend grace to one another as we figure out how to move forward to do this work. Chair Ashbeck thanked everyone for being on the call today, and for the work that is being done to lift up the mental health services, and spirits, in the State of California.

Chair Ashbeck stated the need for dedicated thinking to better manage the Commission's meeting agendas for improved satisfaction of Commissioners and stakeholders. She asked Commissioners Boyd and Danovitch, as the current Co-Chairs of the Innovation Subcommittee, to take on the task of working with staff and stakeholders on how the Commission might reframe the agendas to better deal with the Innovation project approval and reflect the priorities of the Commission within the available meeting time.

Commissioners Boyd and Danovitch agreed to take on the task.

Chair Ashbeck suggested looking at different ways to use the Consent Calendar and tiering the levels of discussion based on the amount of Innovation funding required. She suggested, during these unprecedented times during the COVID-19 pandemic, taking the opportunity to try something new. She stated the goal is to get the work done, hear from the public, and complete the mission of helping to transform mental health in California.

Chair Ashbeck requested that the Innovation Subcommittee present recommendations before the Commission within the next 30 to 45 days to be tested out before the end of the year.

Roll Call

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

GENERAL PUBLIC COMMENT

Pamela Inaba, ACCESS Ambassador, Cal Voices, stated on June 3rd, the MHSOAC rejected Cal Voices's protest and is upholding the award of the 2020-2023

MHSOAC Teleconference Meeting Minutes

June 11, 2020

Page 3

Client/Consumer Stakeholder Advocacy contract to another agency. The speaker requested that the MHSOAC's Executive Director use his contract authority under Section 2.4 of the Rules of Procedure to enter into a contract in the amount of \$100,000 with Cal Voices to continue the important work of the ACCESS Ambassador Program. The speaker sent a letter with their full comment to staff.

Janet King, Native American Health Center, expressed appreciation for Chair Ashbeck's opening statements that the nation's political unrest and the COVID-19 pandemic are unveiling the lack of equity across communities and that people of color are suffering. The speaker encouraged the Commission to reinstate the Cultural and Linguistic Competence Committee (CLCC) meetings. It is appropriate during these unprecedented times.

Carol West, ACCESS Ambassador, Cal Voices, echoed Pamela Inaba's comments and spoke in support of continued funding for the Cal Voices ACCESS Ambassador Program. The speaker sent a letter with their full comment to staff.

Jim Gilmer, a member of the Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), former Co-Coordinator of the African American Strategic Plan Work Group for the California Reducing Disparities Project (CRDP), and Co-Chair of the California Multicultural Mental Health Coalition, thanked Chair Ashbeck for her opening comments relative to the current national and local situation regarding the cumulative impact of racism. The speaker stated, as a former prevention and early intervention evaluator and Committee Member, they were very struck at this moment to see that the nation is still at the stage where racism and mental health are not at the forefront of the Commission's work.

Jim Gilmer thanked Janet King for highlighting the need to reinstate the CLCC meetings. The speaker stated inclusive dialogue has been eliminated by eliminating many of the Commission's service subcommittees instead of turning the status of public mental health toward reducing racial and ethnic disparities and impacting racism in mental health. The speaker stated it is time to make that a priority. It is time to reengage communities of color and LGBTQ to help turn the dial because the nation is in a worse state racially compared to mental health.

Amparo Ostojic, ACCESS Ambassador, Cal Voices, echoed Pamela Inaba's and Carol West's comments and spoke in support of continued funding for the Cal Voices ACCESS Ambassador Program.

Mandy Taylor, Outreach and Advocacy Coordinator, California LGBTQ Health and Human Services Network, stated the California LGBTQ Health and Human Services Network is the organization to whom the MHSOAC intends to award the LGBTQ Stakeholder Advocacy Contract. The speaker stated, since the intent to award was announced, the California LGBTQ Health and Human Services Network has made public comment several times during Commission meetings and spoken with staff, requesting that the MHSOAC change the annual budget distributions to the fifteen local level entities in order to better support equity and resources for local partners. The requested changes would not change the overall amount of the grant or the scope of

work – they only change the way in which funding is distributed to local level partners across the three years.

Mandy Taylor urged Commissioners to explicitly authorize staff, during Agenda Items 2, Budget, and 5, the Executive Director Report Out, to make the following changes to the proposed contract, based on feedback provided by local partners:

- Change the direct pass-through funding for local level entities to be the same for all fifteen organizations across all three years.
- Move \$65,000 from year 3 to year 1 to allow for more equitable distribution of funding and participation in technical assistance.

Mandy Taylor sent a letter with their full comments to staff.

Karin Lettau, Director of Training and Employment, California Association of Mental Health Peer-Run Organizations (CAMHPRO), thanked Chair Ashbeck for her opening statement. The speaker stated the hope that the Commission will find a way to address the human rights discrimination and racist practices that are still systemic within its own organization. The speaker questioned the diversity of Commission staff and Commissioners.

Karin Lettau asked about the opposition to the elimination of all the MHSOAC Committees. The speaker stated, if anything, there should be a greater emphasis on taking the recommendations from Committees for consequential action in Commission meetings.

Tiffany Carter, Statewide Advocacy Liaison, ACCESS California, a program of Cal Voices, echoed the previous ACCESS Ambassadors' comments. The speaker stated the Mental Health Services Act (MHSA) calls for an unprecedented amount of stakeholder engagement and empowerment, which ACCESS California has been honored to successfully nurture throughout the state over the past three years. The speaker spoke in support of continued funding for the Cal Voices ACCESS Ambassador Program.

Stacie Hiramoto, Director, REMHDCO, thanked Chair Ashbeck for her opening comments relative to the COVID-19 pandemic and the monumental response to the current situation nationally and locally regarding the cumulative impact of racism, which have disproportionately affected communities of color statewide. The speaker encouraged the Commission to respond in a positive and meaningful way to these historic and overwhelming situations.

Stacie Hiramoto stated REMHDCO members and allies believe that convening the CLCC is one concrete action that the Commission could take. The CLCC could make authentic suggestions on what the Commission could do within its own programs and operations to reduce disparities for racial, ethnic, and other underserved communities. For years REMHDCO has been wanting the CLCC to do this.

Stacie Hiramoto stated this is the time for genuine and meaningful change. The CLCC could review and make recommendations on the Commission's reports and projects

before they are finalized. The speaker stated it is time for institutions to do business differently.

Hector Ramirez, consumer and advocate, thanked Chair Ashbeck for the reminder that the mission of the MHSOAC is to transform mental health in California. This Commission oversees and provides accountability for the largest number of individuals with psychiatric disabilities in the United States, the majority of which are in Los Angeles County. The speaker stated this month marks the 30th anniversary of the Americans with Disabilities Act (ADA) as a civil rights law that prohibits discrimination based on disabilities.

Hector Ramirez stated the Commission can help the MHSA transform mental health for the people of California by looking at practices, ensuring that all programs of the MHSA are accessible and designed for individuals with disabilities, and identifying accommodations that communities need.

Poshi Walker, LGBTQ Program Director, Cal Voices, and Co-Director, #Out4MentalHealth, referred to a previous public commenter and stated their concern that the Commission cut off an important Black voice by not allowing that speaker to finish their thought after the allowed time had been reached. The nation has spent the last 15 days in protest because Black voices and Black lives have been silenced for 400 years.

Poshi Walker stated it is important for this body to realize that Black voices matter. The speaker noted that a Black person was not even on the panel for the first criminal justice meeting. It took Jim Gilmer, who was in attendance, to finally bring up the Black disparities in the criminal justice system. The speaker stated their appreciation that the Commission thinks they must do equal time for all speakers, but equality is not the same as equity. There barely are any Black voices coming to Commission meetings.

Poshi Walker agreed with Janet King and Stacie Hiramoto about reinstating the CLCC but only if it will be allowed to be an effective voice. The speaker stated they have served on the CLCC in the past and never felt that that voice was truly heard, especially in the last few years.

Chair Ashbeck apologized to Jim Gilmer that his call was ended abruptly. She agreed that the agenda is not more important than the voices. She asked the Executive Director to reach out to Jim Gilmer.

Lorraine Zeller, MHSA Steering Committee, County of Santa Clara; Coordinator, Community Living Coalition; and ACCESS Ambassador, Cal Voices, thanked Chair Ashbeck for supporting agenda reform so that more voices can be heard. The speaker spoke in support of continued funding for the Cal Voices ACCESS Ambassador Program. The speaker sent a letter with their full comment to staff.

Andrea Crook, Advocacy Director, ACCESS California, a program of Cal Voices, stated Cal Voices has been the Commission's Client/Stakeholder Advocacy contractor for almost three years. The speaker spoke in support of continued funding for the Cal Voices ACCESS Ambassador Program.

Andrea Crook encouraged the Commission to read the ACCESS Ambassador Program's State of the Community Reports and post them to the Commission's website so Californians can see the meaningful work that the Commission has invested in.

Mark Kamatz, consumer and advocate, spoke in support of reinstating the CLCC. The speaker announced that the Disability Rights California Board Meeting will be held this Saturday, June 13th.

Jessie Wright, ACCESS Ambassador, Cal Voices, spoke in support of continued funding for the Cal Voices ACCESS Ambassador Program.

Tiffany Duvernay-Smith, ACCESS Ambassador, Cal Voices, stated they are a Black voice who stands in solidarity with Jim Gilmer, Karin Lettau, Stacie Hiramoto, and Poshi Walker. The speaker spoke in support of continued funding for the Cal Voices ACCESS Ambassador Program.

Commissioner Mitchell responded to several public comments that were made regarding the Commission's responsibility or lack of action regarding the CLCC or any work towards the Commission's mandate with respect to equity and inclusion. She stated Commissioners and staff are all upset over the inequity of people of color and specifically of Black Americans in this country. This story has played out over and over and the Commission is not blind to that. Consumer voices are being heard and conversations are occurring regarding the issue of equity – and this includes equity for Black people.

Commissioner Mitchell stated the need for the CLCC to not be a Committee of tokenism or an afterthought. She stated she has been working with staff on different directions and priorities for the CLCC. She stated she wanted the public to know that this Commission is not ignoring this huge issue. She stated a CLCC meeting will occur in the near future and the issues of equity and inclusion will be discussed.

ACTION

1: Consent Calendar

- Solano County Innovation Project Extension Plan: Approval of \$1,249,797 Innovation funding to support an extension to the Interdisciplinary and Collaboration Cultural Transformation Model Innovation project previously approved by the Commission in 2015.

Chair Ashbeck stated all matters listed on the Consent Calendar are routine or noncontroversial and can be acted upon in one motion. There will be no separate discussion of these items prior to the time that the Commission votes on the motion unless a Commissioner requests a specific item to be removed from the Consent Calendar for individual action.

Chair Ashbeck stated meeting minutes are also a part of the Consent Calendar. She noted that the minutes for the May 28, 2020, Commission meeting will be approved as part of the Consent Calendar at the June 25th Commission meeting.

Commissioner Questions and Discussion

Commissioner Alvarez stated the Solano County Innovation Project is an important item because it uses culturally- and linguistically-appropriate standards that have been defined at the national level that show a huge uptick in outreach to particular communities of color across the board and the general population. She asked that the Commission learn more about this project. She suggested that Commissioners Boyd and Danovitch look at this project with the Innovation Subcommittee. This project could highlight something that might be shared with other counties in the approach to outreach, particularly during these difficult times.

Chair Ashbeck asked for a motion to approve the Consent Calendar.

Commissioner Alvarez moved to approve all items on the Consent Calendar as presented.

Commissioner Mitchell seconded.

Public Comment

Poshi Walker commented about the idea of Innovations being on the Consent Calendar. The speaker pointed out that Innovations and prevention and early intervention is where marginalized communities were told that they would be served. While Innovation is a small part of the Commission's budget, for certain populations, it is the only hope. It is frustrating how few Innovation plans have realized that hope. The speaker suggested that that be a part of the MHSOAC Innovation conversation moving forward, and that stakeholders and community members be a part of that conversation of how to move forward with recommended ideas and also how to handle Innovation projects during MHSOAC meetings.

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

- *The Commission approves all items on the Consent Calendar as presented.*

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

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

ACTION

2: Governor's May 2020 Budget Revise Briefing and the Commission's Final 2019-20 Budget

Presenter:

- Norma Pate, Deputy Director

Chair Ashbeck stated the Commission will be presented with an overview of the Governor's May Budget Revise for Fiscal Year 2020-21. The Commission will consider approval of its final Fiscal Year 2019-20 Operations Budget. She asked staff to present this agenda item.

Norma Pate, Deputy Director, provided an overview, with a slide presentation, of the Commission budget for Fiscal Year 2019-20, local assistance, and Governor's May Revise.

Deputy Director Pate stated there was a significant increase in savings from the personnel line item due to vacant positions that were unable to be filled. She stated there was also savings from the travel budget line item because the Commission and some committees did not hold in person meetings due to the COVID-19 pandemic. Deputy Director Pate stated those funds have been redirected to support communications efforts for the Commission's suicide prevention work, COVID-19 related activities, and racial equity and criminal justice efforts.

Commissioner Questions

Commissioner Brown asked if there is any indication from the state on the projected downturn in income tax revenues and the ongoing reduction in MHSA funds to be anticipated.

Executive Director Ewing stated a dramatic reduction in MHSA revenues overall is estimated, which will primarily impact counties. Those impacts would normally be better understood at this time of year except that the state moved the deadline back for paying taxes. He stated he will try to find the outline of the Department of Finance's impact estimates and present that in his Executive Report later in today's agenda.

Executive Director Ewing stated, in terms of the budget impact on the Commission, an impact is not anticipated this year. A downturn may be expected in next year's budget since the revenues are from stock market earnings. The counties are anticipating dramatic cuts in their budgets. The MHSA impact is a little delayed, but the Realignment have already hit the counties because they are sales tax revenues.

Chair Ashbeck asked for a motion to approve Fiscal Year 2019-20 expenditures.

Vice Chair Madrigal-Weiss moved to approve Fiscal Year 2019-20 expenditures.

Commissioner Berrick seconded.

Public Comment

Poshi Walker referred to the last sentence in the fourth paragraph from the bottom of page 3 of the budget narrative, which states "staff will begin to look for ways to reduce the Commission's spending over the next few years and assess the need to continue some of our current contracts." The speaker stated concern that there is no clarification as to which contracts are being referred to but it could include the stakeholder contracts. The speaker stated concern about the transparency and stakeholder involvement in this assessment process. The speaker asked the Commission to direct staff to include stakeholder voices throughout this assessment process and not just have the outcomes be presented at a meeting where stakeholders are limited to a two- to three-minute public comment period.

Stacie Hiramoto echoed Poshi Walker's comments. The speaker urged the Commission to make the \$100,000 sole source contracts awarded by the Executive Director transparent and consider those in the reductions.

Stacie Hiramoto stated a letter was included in the meeting materials at the last meeting from a broad coalition of mental health organizations outlining the agreements they made with the County Behavioral Health Directors Association (CBHDA) about how the Governor and the MHSOAC should respond to the budget and the COVID-19 situation. The speaker highlighted that the large coalition does not want prevention and early intervention funds at the local level to be transferred to other components of the MHSA.

Stacie Hiramoto encouraged the Commission to review that letter and encouraged staff to lobby these positions with Commissioner permission.

Hector Ramirez asked how oversight and accountability is really being funded in this budget. The speaker proposed that advocacy be included as a high priority. The speaker noted that, in the Great Recession of 2008, counties in California struggled to keep their services funded and departments solid. Some service disruption was seen that is still trying to be recovered to this day, especially in the Los Angeles County homeless and criminally involved populations. The speaker suggested that the Commission look at the challenges and best practices in the counties from the Great Recession of 2008.

Hector Ramirez echoed Poshi Walker's and Stacie Hiramoto's comments. The speaker agreed with the importance of stakeholder involvement now more than ever.

Mandy Taylor echoed Poshi Walker's statements about stakeholder involvement and the process of reassessing contracts and determining the contracts that are important.

Mandy Taylor echoed Stacie Hiramoto's concerns about sole source contracts under \$100,000.

Mandy Taylor asked about the unspent funding for racial equity and criminal justice efforts. The speaker asked about the amount that was spent to address racial inequities and criminal justice. The speaker stated it has been seen in recent times that law enforcement should not be responding to mental health crises. It was never intended to be their job. The speaker asked that there be accountability about the kind of mental health funding being provided to law enforcement.

Mark Karmatz stated Innovation is only five percent of the mental health budget, which is unfair.

Commissioner Discussion

Chair Ashbeck asked Executive Director Ewing to comment on the stakeholder contract questions that came up during public comment.

Executive Director Ewing stated there have been questions about how the state's \$54 billion deficit could impact the Commission's ability to fund stakeholder contracts. There was concern, going into the May Revise, that the Commission may face cuts and need to spread those cuts throughout the budget.

Executive Director Ewing stated, as indicated in the table on Presentation Slide 2, the stakeholder contract funds are technically not mingled with other funding. The funds the Commission receives through the budget process for stakeholder contracts go towards those stakeholder contracts.

Executive Director Ewing referred to the sentence about reducing costs on page 3 of the Staff Report, which was included in the meeting materials, and stated the drive to reduce costs stems from a budget letter from the Governor's Office directing all agencies to be prudent, recognizing the fiscal impact that the state is facing. The intent is that this will not affect the stakeholder contracts primarily because those dollars are given to the Commission through the budget process specifically for that purpose.

Executive Director Ewing stated the budget has not yet been signed but it is expected that it will be signed consistent with the language in the May Revise.

Executive Director Ewing responded to the public comment about the \$100,000 sole source contracting. He stated the contracts that are not agendized and adopted by the Commission are contracts such as to maintain the copier or to buy office supplies. Recently, the Commission purchased laptops for staff to allow them to work from home during the COVID-19 pandemic. Those kinds of purchases are not typically brought to the Commission for approval. They fall under the provision in the Rules of Procedure that allow the Executive Director to make a purchase if that purchase is less than \$100,000.

Executive Director Ewing stated he will talk more about the public comment around being able to free up funding to support racial equity issues and reducing criminal justice involvement during his Executive Director Report later in the agenda. He clarified that the Commission is not funding law enforcement but is funding projects to implement the Commission's Criminal Justice and Mental Health Report, which has a heavy emphasis on diversion.

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

- *The Commission approves Fiscal Year 2019-20 expenditures.*

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

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

ACTION

3: Tulare Innovation Plans

Presenter for the Advancing Behavioral Health and Project Empath Innovation Projects:

- Michele R. Cruz, MHSA Manager

Chair Ashbeck stated the Commission will consider approval of \$6,000,000 in Innovation funding to support the Advancing Behavioral Health Innovation Project and \$1,400,000 to support the Project Empath Innovation Project. She asked the representative from Tulare County to present this agenda item.

Advancing Behavioral Health Innovation Project

Michele Cruz, MHSA Manager, Tulare County Mental Health Department, provided an overview, with a slide presentation, of the need, proposed project to address the need, and budget of the proposed Advancing Behavioral Health Innovation Project.

Commissioner Questions

Commissioner Alvarez stated the Whole Person Care Pilot Program was something that the Department of Health Care Services (DHCS) supported through a Medicaid waiver. She asked if Tulare County has a Whole Person Care Pilot Program in place and if the proposed Innovation project will build off of that model and, if not, if the county has talked to other Whole Person Care Pilot Initiatives throughout counties. She suggested leveraging the investment that the DHCS has already made and cautioned against duplicating efforts.

Ms. Cruz stated Tulare County did not implement a Whole Person Care Pilot at that time with those efforts and the county hopes to do so with this project.

Commissioner Alvarez suggested that staff identify ways in which the Commission can collaborate with the DHCS on Whole Person Care approaches. That is the preferred health care system model of care. She stated there seems to be continuous siloed approaches. She suggested a more collaborative effort to ensure that resources are maximized.

Executive Director Ewing stated staff has been in conversation with the DHCS around ways to partner on technical assistance. This is consistent with comments Chair Ashbeck made earlier about thinking about the larger picture and that so much time is spent at this stage and opportunities are missed as a result to bring everyone together. Tremendous progress has been made in supporting multi-county collaboratives. He stated Whole Person Care is a perfect example of how to learn together because of siloed, fragmented efforts.

Chair Ashbeck encouraged Tulare County to link with other counties, for example Fresno, that have tried delivering services in innovative settings. There are interesting opportunities that might help accelerate the work in Tulare County.

Project Empath Innovation Project

Ms. Cruz provided an overview, with a slide presentation, of the need, proposed project to address the need, and budget of the proposed Project Empath Innovation Project.

Commissioner Questions

Commissioner Danovitch asked a series of questions:

- How can the use of virtual reality facilitate the development of empathy?

- Does the county have experience with that?
- Is there is evidence that the county can draw upon to suggest that that is an effective strategy?
- If not, how does the county intend to evaluate the proposed project and understand whether it is effective?

Noah Whitaker, Community Outreach Manager, Tulare County Health and Human Services Agency, stated artificial intelligence is currently being utilized, primarily in the military. He stated there are training and evaluation protocols that the county can pull from that environment as well as traditional measures to see shifts over time. He stated part of the hope is, while developing the products, the county can concurrently offer Crisis Intervention Team (CIT) training without the use of this virtual reality technology to enable the county to utilize evaluation tools as a control group as they would not yet have been exposed to the technology.

Mr. Whitaker stated the county can then reevaluate once officers and other first-responders are exposed to the technology. He stated the county will continue to use other tools and metrics that are used to gauge empathy, and there are other stigma tools that can also be used, especially when stepping out of the first-responder groups and looking at groups such as the National Alliance on Mental Health (NAMI) peer groups.

Commissioner Danovitch stated there is promise in the use of augmented and virtual reality tools for these types of applications but they are highly experimental. He noted that it is critical to do the following:

- Develop good protocols and have methodologies to evaluate the effectiveness of the virtual reality tools.
- Build partnerships with groups that have expertise developing this content, since so much depends on the particular platform and the software.

Commissioner Danovitch stated it is important that those details are worked out, along with a good evaluation and dissemination plan that would learn from the successes or the lack thereof.

Mr. Whitaker stated there is a video game that has already been developed called *Hellblade: Senua's Sacrifice* in which the makers worked with a psychiatrist from Cambridge University to make the experiences as authentic as possible. The county's intent is to engage specific content area experts in the development process.

Commissioner Brown stated he was impressed with the proposal and presentation. It covered many of the areas that Commissioners are concerned about, such as the collaborative nature and the inclusion of individuals with lived experience. He commended the county for a truly innovative program that brings the community together and is a multidisciplinary program.

Commissioner Mitchell asked how change in behavior will be measured and if there is a specified period of time in which one would expect to see change.

Ms. Cruz stated the county plans to develop pre- and post-surveys with stakeholders along with having a control group with the CIT training officers. Then, when the technology begins to be implemented as part of that training, there would be pre- and post-surveys at that point to learn about changes in attitude during that one training session.

Ms. Cruz stated the CIT training is held four times a year and recurring training will be developed to perhaps look at the officers who were first introduced to the proposed project. When they come back from a recurring training, they can be assessed as to how their empathy, behaviors, or attitudes towards individuals with mental illness have changed. There are other measures but those were the ones considered during that specific pilot period.

Commissioner Tamplen asked about the leadership role of peers with lived experience for facilitating group discussions and trainings. She stated Dr. Patrick Corrigan has gone much research on stigma reduction of mental health. She asked to hear more about the leadership in facilitating these stigma reduction efforts.

Ms. Cruz stated Tulare County has Peer Support Specialists involved in all aspects of service delivery and currently participating in CIT trainings.

Mr. Whitaker added that the technology being utilized is part of the connection with the peer groups. One of the aspects hoped to be gained through this technology is a dashboard where a consumer can adjust certain features or traits such as the loudness or presence of an auditory hallucination and be able to make those adjustments so another person can get a richer experience of that individual's experience with mental health conditions. The county has an active and engaged consumer group who helped develop some of the initial demonstrations.

Public Comment

Poshi Walker commented on the proposed Advancing Behavioral Health Innovation Project. The speaker stated Cal Voices has been doing LGBTQ research across the state for ten years. One of the top barriers that consistently comes up is being unable to find an affirming and culturally competent mental health provider, even more so for queer and trans Black individuals and individuals of color.

Poshi Walker stated the presentation showed that 60 percent of the individuals spoken to state that appointment time is their biggest barrier. The speaker was concerned that this percentage hides the numbers of the most unserved and underserved individuals. LGBTQ individuals and individuals of color often feel unsafe and unwelcome in community planning meetings and are not provided a platform to meet their specific needs for initial and continued engagement. The speaker stated the hope that the county will look at that as a reason why individuals are not coming back or not engaging at all.

Poshi Walker commented on the proposed Project Empath Innovation Project. The speaker stated concern that mental health funding will continue to be given towards the training of police officers. The speaker stated the hope that it has been learned over the past two weeks that that is not a solution. Police officers have been being trained for

several decades and it is not helping. This is an intersection of Black Lives Matter and mental health. Money and Innovation funding are being spent on defunding the police, meaning someone other than the police should be responding to mental health concerns, not training the police to continue to do a job that is difficult and not appropriate for them to do.

Poshi Walker stated concern that there are other Innovation projects in the queue with virtual reality and that virtual reality will become the new toy.

Mark Karmatz requested more information on the proposed Project Empath Innovation Project.

Andrea Crook echoed Poshi Walker's comments and appreciated Commissioner Tamplen's question about peer leadership in the proposed Project Empath Innovation Project. The speaker stated the response spoke volumes. There is a need to look at how this Innovation plan came to be and to go back to hearing the client voice and choice in the programs they want to see since they are the end user.

Tiffany Carter commented on the proposed Project Empath Innovation Project. The speaker echoed Poshi Walker's and Andrea Crook's comments. Training law enforcement officers is not where the focus should be. The speaker stated peers should be utilized more in de-escalation and intervention. There is significant data that supports that peer involvement is what is needed for many consumers with mental health issues.

Tiffany Carter stated concern about the lack of peer leadership in the proposed Project Empath. The speaker stated, for something as innovative as this, it is imperative that peers are in leadership roles, not just used as consultants or as individuals who fill out surveys. Peers need to be in decision-making roles ensuring that the project is reflective of consumers and evolving with them as well.

Mandy Taylor commented on the proposed Project Empath. The speaker echoed Poshi Walker's comment that law enforcement should not be responding to mental health crises. More funding should not be invested in training law enforcement to respond to situations that they should not be responding to. That money is better spent funding crisis response for consumers who are mental health professionals and/or peer support.

Mandy Taylor also stated concern that Tulare County had another Innovation plan last year for cultural brokers that would support training for direct service staff where the amount of funding is drastically less than the funding for the proposed Project Empath. The speaker also stated concern that funding will be spent on technology to support and educate non-consumers on how to be empathetic when there are many under-resourced consumer communities in Tulare County, particularly communities of color and LGBTQ communities, that are not getting the services they need. There is great space for innovation in Tulare County to support these communities.

Commissioner Discussion

Commissioner Brown responded to public comment about how inappropriate it is for law enforcement to be involved in mental health emergencies, to have training in mental health issues, or to respond to individuals who are in crisis. He asked everyone to recognize, even if an alternative model was developed to send other agencies or

members of the community to deal with these issues, that there are many times that law enforcement would still be brought into the equation, particularly where individuals are in crisis and are violent, are armed, or have a history of that.

Commissioner Brown asked everyone, in the emotion of the moment of what has happened across the nation, not to lose sight of the fine work that is being done in communities and in collaborative efforts between mental health professionals and law enforcement.

Commissioner Brown stated Santa Barbara County has a collaborative program with the county's behavioral wellness department that teams up deputy sheriffs and mental health clinicians to respond to mental-health-related calls in the community. He provided an example to demonstrate the success of that program – three teams responded to 186 contacts in the month of April and only two of those contacts resulted in the arrest of the individual involved.

Commissioner Brown stated these are programs and this is training that keeps individuals out of the criminal justice system and more appropriately gets them mental health services in the field. There is a great need for this collaborative effort to keep individuals safe, to keep the deliverers of mental health services safe in many situations, and to have an effective response to these calls which, unfortunately, are all too common in communities throughout the nation.

Commissioner Berrick asked about the current status of the Tulare County's mental health mobile crisis response capability.

Ms. Cruz asked Casie Ennis to discuss the county's Psychiatric Emergency Team (PET) program in response to Commissioner Berrick's question.

Casie Ennis, Clinical Administrator, County of Tulare, stated the county has two mobile crisis teams that respond to consumers and individuals in the community who are actively experiencing crisis. The teams go into the community and hospitals and they partner with law enforcement. The teams attend trainings with law enforcement where they learn how to connect and partner and they connect with the county's Homeless Outreach and Proactive Enforcement (HOPE) team of law enforcement members who actively work with the homeless community in the field.

Ms. Ennis stated Tulare County has a positive relationship with their law enforcement agencies, which are very open to working with the county. She stated it has been a great collaboration.

Commissioner Berrick asked if the county's mobile response teams operate 24/7.

Ms. Ennis stated they do.

Chair Ashbeck asked if the Commission has funded other virtual reality Innovation plans and if there are other counties doing similar work as Tulare County. She cautioned against funding several disparate counties doing several different virtual reality projects and not linking together.

Executive Director Ewing asked Sharmil Shah to respond to Chair Ashbeck's question.

Sharmil Shah, Psy.D., Chief of Program Operations, MHSOAC, stated Tulare County is the first virtual reality project but there is another county that will be presenting a proposed virtual reality project to the Commission in the future to address Post Traumatic Stress Disorder (PTSD) in transition age youth (TAY) that will come under the Executive Director's delegated authority.

Chair Ashbeck recommended linking similar projects together. She noted that technology is expensive and unwieldy when not connected.

Chair Ashbeck asked for a motion to approve Tulare County's Advancing Behavioral Health Innovation Project.

Commissioner Brown moved the staff recommendation.

Commissioner Wooton seconded.

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

- *The Commission approves Tulare County's Innovation Plan as follows:*

Name: Advancing Behavioral Health

Amount: Up to \$6,000,000 in MHSA Innovation funds

Project Length: Five (5) Years

Motion carried 12 yes, 0 no, and 1 abstain, per roll call vote as follows:

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

The following Commissioner abstained: Commissioner Bunch.

Chair Ashbeck asked for a motion to approve Tulare County's Project Empath Innovation Project.

Commissioner Danovitch spoke against the current plan. He stated the objectives are very positive but he was concerned that using virtual reality to facilitate empathy is something that requires development, testing, and adoption of an intervention. He stated it is unclear how the proposed plan will do each of those components and whether it is feasible.

Commissioner Danovitch suggested asking the Tulare County to come back with further details about exactly what will happen, including leveraging other counties and/or infrastructure of partners that would be helpful in sharing that they could feasibly do those things.

Chair Ashbeck asked if Commissioner Danovitch is making a motion to continue this item and to ask staff to work with the county to more fully develop the items outlined by Commissioner Danovitch.

Commissioner Danovitch agreed that that would be his motion.

Commissioner Berrick seconded.

Commissioner Discussion

Commissioner Mitchell agreed with Commissioner Danovitch and spoke against the current plan. She asked that the county address Poshi Walker's public comments when this proposal comes back to the Commission for approval including the issue regarding the lack of stakeholder participants in the process and the reason that individuals do not want to come in for services

Commissioner Mitchell agreed with Commissioner Brown's comments that law enforcement requires mental health training. She stated she understands both sides of the issue. As a family member of a person with lived experience, she stated it is helpful to have trained law enforcement to assist in times of crisis.

Commissioner Tamplen highlighted Tiffany Carter's statements about the lack of peer leadership in this project. She agreed that it is imperative that peers are in leadership and decision-making roles.

Commissioner Berrick stated, when looking across counties and the number of law enforcement officers who are dedicated and responding to these situations versus the number of mobile response and mobile crisis teams, California and the nation have vastly underfunded mobile response and mobile crisis teams. He stated the first line of response for mental health crisis should be trained mental health professionals and peers working together in concert with the community with which they are deeply connected and embedded. For the most part, law enforcement has been made the first line of response, which puts them in a terrible position. There are still counties that have no mental health mobile crisis capability. This must be deeply considered.

Chair Ashbeck stated the proposed Project Empath Innovation Project funds are subject to reversion. She asked if that is a factor in the continuance of this agenda item.

Executive Director Ewing stated rules require counties to either spend this funding prior to the end of the month or to dedicate this funding to a project that the Commission has approved. If the Commission continues this project to a future meeting, there would be three options:

- To present further details at the next Commission meeting on June 25th, which would allow the county to possibly have an approved project that would meet the deadline.
- To not approve, which would force the funding to revert.
- To allow the Commission to authorize the county to enter into an Innovation Plan and work with staff to revise that plan after the fact.

Executive Director Ewing asked the county about the amount of funds that are Assembly Bill (AB) 114 funds or otherwise subject to reversion.

Ms. Cruz stated the amount is \$1.4 million in total for the proposed Project Empath Innovation Project.

Chair Ashbeck asked Commissioner Danovitch, as the maker of the motion, which option he would prefer.

Commissioner Danovitch stated, since there is a meeting prior to the end of the month, his preference would be for the county to present further details at the next Commission meeting on June 25th, which would allow the county to possibly have an approved project that would meet the deadline.

Chair Ashbeck asked Ms. Cruz if this option is doable for the county.

Ms. Cruz stated the county will make every effort to fulfill Commissioner Danovitch's request.

Chair Ashbeck stated her understanding that Commissioner Danovitch is amending his motion to continue this item to the June 25th Commission meeting.

Commissioner Danovitch agreed.

Commissioner Berrick stated he supported that change in the motion.

Commissioner Mitchell requested that the county also be given a list of the comments and requests made during public comment, particularly Poshi Walker's comments.

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

- *The Commission continues consideration of Tulare County's Project Empath Innovation Plan to the June 25th Commission meeting to address Commissioner Danovitch's concerns and the concerns heard during public comment.*

Motion carried 12 yes, 0 no, and 1 abstain, per roll call vote as follows:

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

The following Commissioner abstained: Commissioner Bunch.

ACTION

4: Mendocino Innovation Plans

Presenter for the Healthy Living Community Innovation Project:

- Karen Lovato, Acting Deputy Director of Mendocino County Behavioral Health and Recovery Services

Chair Ashbeck stated the Commission will consider approval of \$1,230,000 in Innovation funding to support the Healthy Living Community Innovation project. She asked the representative from Mendocino County to present this agenda item.

Karen Lovato, Acting Deputy Director of Mendocino County Behavioral Health and Recovery Services, provided an overview, with a slide presentation, of the need, proposed project to address the need, and budget of the proposed Healthy Living Community Innovation Project.

Commissioner Questions

Commissioner Tamplen asked if the housing units are in one location or integrated into the community.

Ms. Lovato stated the project will start in one location with one housing unit of 37 apartments. The county has other housing units but the population would be slightly different as those units have been filled for some time as opposed to newly-housing individuals who have a history of chronic homelessness. She stated there are also housing developments in progress, which is the reason for the cost for year three. It is related to the No Place Like Home Initiative housing that could be eligible for a similar expansion and testing if the proposed project is successful throughout various applications.

Commissioner Wooton thanked the county for considering an equitable wage for the peer advocate and for including outings. She stated social connectiveness is an important part of recovery.

Commissioner Brown stated the cost for the proposed project, which does not include housing or sustenance, averages between \$24,600 and \$33,243 per person. He stated the cost is high compared to what is being proposed. He asked how this project compares to existing services that are being provided and their cost in other communities, and if there is a plan for sustaining this effort if this project is acceptable at those financial levels.

Ms. Lovato stated the high cost is due to including what would normally be multiple other agency cost equivalents for multiple types of wellness centers and service provider agencies. The proposal brings all those resources into one location at the housing unit. She agreed that it is a high cost per client. She stated there may be a higher number of clients served, depending on turnover at the apartment complex and depending on successful results, spreading to other housing complexes, and doing testing in other environments.

Ms. Lovato stated the costs that would normally be associated with the operational costs of a wellness center, for example, or an outpatient specialty mental health facility are combined in the community room at the housing complex. Much of the funding is going to stocking those items. She stated the county could look at the operating costs of the wellness centers to use as comparison to the proposed project.

Ms. Lovato stated, if the proposed project is successful, the county would write into future community services and supports (CSS) contracts an expectation that either these services will be provided through a Request for Proposal (RFP) or that existing wellness centers will make part of their services offered on-site at housing locations and would develop systems around that. Because the services are for seriously mentally ill individuals who fall into full-service partnership categories for most of the time that they are being housed, they would qualify for CSS services. The county would look at partnering those successful outcomes and practices with existing CSS operations and future MHS plans.

Public Comment

Hector Ramirez stated the COVID-19 pandemic has changed the mental health landscape. It is important that the Commission no longer continue to make funding decisions with a pre-COVID-19 framework. The speaker applauded the intent of the county but stated it is not innovative. The speaker stated individuals do not learn to be independent in this setting unless they are out in the community where they can receive supported community integration services, which is what works best. The speaker stated this has been happening for years in the intellectual and developmental disability communities.

Hector Ramirez cautioned the Commission against funding Innovation plans in congregate settings such as the proposed project due to COVID-19 safety protocols. The speaker suggested holding decisions on county Innovation plans to allow proposals to be adjusted to include COVID-19 safety protocols. The speaker stated COVID-19 has changed mental health forever. The Commission needs to adapt and think differently.

Poshi Walker strongly echoed Hector Ramirez's comments and reminded everyone that there never will be a pre-COVID-19 world again, at least not until there is a 100 percent effective vaccine and 100 percent immunity.

Poshi Walker encouraged the county to talk to the homeless teams at the Veteran's Administration. They have many lessons learned as they have tried to house veterans, many of whom have mental illness and/or co-occurring disorders and have been chronically homeless.

Poshi Walker stated many homeless individuals have pets and one of the reasons homeless individuals do not want to be housed is because they are required to give up what is essentially a child or a partner to them, since programs generally do not allow pets.

Poshi Walker stated the need to ensure that implicit bias is addressed among the members of the group whenever individuals are grouped together. Just because they all have a mental illness does not mean there is not also racism, heterosexism, and transphobia issues. The speaker stated the need in congregate settings to not present certain religious holidays to the exclusion of others.

Commissioner Discussion

Chair Ashbeck stated the proposed project is right for Mendocino County but is not innovative. She stated the need to link similar Innovation plans together. She recommended that it be made a requirement that counties with similar projects link together going forward. She asked Commissioners Boyd and Danovitch, as the Innovation Subcommittee considers how to manage the meeting agendas, to also consider how to link similar Innovation projects such as making a tiering of projects and to distinguish between projects that are innovative to one county when other counties have already tried it.

Chair Ashbeck asked for a motion to approve Mendocino County's Healthy Living Community Innovation Project.

Commissioner Bunch moved to approve the staff recommendation.

Commissioner Anthony seconded.

Commissioner Alvarez stated the need to be mindful about COVID-19 and the expectation that individuals do not congregate together. She made a friendly amendment to ask the county to inform the Commission how they would respond to that, given public health guidelines, and what that would look like for discussions and gatherings to ensure the safety of individuals who participate in the proposed project.

Commissioners Bunch and Anthony agreed to accept Commissioner Alvarez's friendly amendment.

Chair Ashbeck asked the county to reply to Commissioner Alvarez's request in writing with attention to living arrangements in close quarters, group settings, disinfecting, masks, and other requirements that are part of COVID-19 safety protocols.

Ms. Lovato agreed.

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

- *The Commission approves the following Mendocino County's Innovation Plan, and requests the county to submit in writing within 30 days their plan to comply with COVID-19 safety protocols with special attention to living arrangements in close quarters, group settings, disinfecting, masks, and other requirements that are part of COVID-19 protocols:*

Name: Healthy Living Community

Amount: Up to \$1,230,000 in MHSA Innovation funds

Project Length: Five (5) Years

Motion carried 12 yes, 1 no, and 0 abstain, per roll call vote as follows:

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

The following Commissioner voted "No": Commissioner Brown.

[Note: An additional General Public Comment section was added to the agenda after Agenda Item 4 per the chair's request.]

GENERAL PUBLIC COMMENT

Lilyane Glamben, ONTRACK Program Resources, appreciated that COVID-19 and the nation's unrest have been discussed in this meeting. The speaker thanked Poshi Walker, Stacie Hiramoto, Hector Ramirez, and others who provided feedback in today's meeting. The speaker stated a train wreck is just beginning due to the COVID-19

pandemic in terms of behavioral health services and the African American community. The speaker stated the disparity data that has been worked with until now does not capture the detrimental impact that will be happening for services for the African American community and others that have been underserved or inappropriately served until now. The speaker noted that telehealth has many barriers and challenges.

Lilyane Glamben implored this Commission to be proactive as much as possible. The speaker agreed that the CLCC should be reinstated but stated the need for it to be armed with teeth and the ability to act with actionable items.

Commissioner Berrick stated Lilyane Glamben spoke about important issues from what is happening in the communities, to the meltdown in Realignment funds and what is expected to happen to the MHSA funding, to the massive underreaction at the federal level to what is going to be a crisis like has never been seen before in the communities. He thanked Lilyane Glamben for bringing these points across in such a powerful way.

Additional Public Comment

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

Bill Floyd, Program Coordinator, Peer Recovery Art Project; ACCESS Ambassador, Cal Voices, wrote their concern that the ACCESS Ambassador Program, a program of Cal Voices, was not awarded a new three-year contract. The speaker wrote in support of continued funding for the Cal Voices ACCESS Ambassador Program.

Bill Floyd asked the Commission to consider ways in which applications were scored and the way the scoring process was changed to result in the decision that has been made.

INFORMATION

5: Executive Director Report Out

Presenter:

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

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

Executive Director Ewing provided an overview, with a slide presentation, of the Commission's response to the COVID-19 pandemic, COVID-19 and racial equity, personnel, Committees, Innovation work, and projects. He stated there are 18 Innovation Plans in the queue. He stated the need for the Commission to change its logo for ADA compliance.

Executive Director Ewing recognized Ashley Mills, Research Supervisor, Policy and Research Section, Research and Evaluation Division, who was on the local KVIE channel to provide suicide prevention messaging on PBS.

Executive Director Ewing invited Dawnte Early to report on the Capitol Collaborative on Race and Equity (CCORE).

Dawnte Early, Ph.D., Chief, Research and Evaluation, summarized the purpose, the Commission's role, and goals of the CCORE. She stated, with COVID-19 and racial injustice disproportionately impacting communities of color, this is the time to assess and build capacity to meet this critical challenge. She stated doing so will enable the Commission to more effectively engage with stakeholders, make policy and resource decisions, and communicate intentions.

Commissioner Questions and Discussion

Commissioner Gordon stated the COVID-19 impacts and the issues related to equity and diversity are superimposed on the Commission's regular work. He stated meeting times are spent rushing from one urgent approval to another. The Commission is not spending the time it should to think and discuss how these issues should be approached.

Commissioner Gordon encouraged setting aside time to discuss adjustments to the equity and diversity work and other adjustments due to the COVID-19 pandemic. He suggested making time for facilitated discussions on these two issues to determine what needs to be adjusted in grants and plans in a way that Commissioners can work thoughtfully together.

Executive Director Ewing agreed and stated staff has expressly made that argument to the Budget Committees and Administration and asked them to pause the incentive to spend Innovation funding quickly and recognize that none of the Innovation plans and County Three-Year Plans that have been developed that are coming to the Commission were done in the context of the COVID-19 pandemic. He stated some of this fiscal pressure must be taken off counties to allow the thoughtful work recommended by Commissioner Gordon.

Commissioner Bunch requested that information on the CCORE be sent to Commissioners.

Executive Director Ewing stated staff is working to clarify the CCORE information. Part of the intent is to bring that proposal to the CLCC for feedback and guidance and then disseminate the information.

Commissioner Bunch stated pieces of the CCORE can be used in the Workplace Mental Health work.

Executive Director Ewing agreed and stated the CCORE can also be used in Schools and Mental Health, Prevention and Early Intervention, and Suicide Prevention work. This is part of the conversation.

Commissioner Anthony stated her concern about institutional bias by organizations and their service practices. She stressed the importance of measuring pre- and post-

institutional bias that is discovered, reporting on it, and making it an issue. Institutional bias is at the heart of some of the problems being seen.

Commissioner Berrick strongly agreed with Executive Director Ewing and that the Commission should take time to evaluate its role in responding to the COVID-19 pandemic. He stated continuing to do business as usual makes the Commission less relevant.

Commissioner Berrick spoke about structure. He stated Commission meetings consistently run over the time allotted. This is bad planning. He noted that Chair Ashbeck facilitates the meeting beautifully and in the best way possible and he agreed that time must be given to hear public comment, especially in these unprecedented times. The Commission needs to be thoughtful and engaged while, at the same time, it needs to move quicker than it has in the past. He acknowledged that it is difficult to do both.

Commissioner Berrick suggested that the next meeting be scheduled for at least four hours and maybe longer with a ten-minute break, knowing that there will not be time for things that are both urgent and important without doing that. He stated breaks make virtual meetings work better.

Commissioner Berrick stated the Commission can help to be an activist on changes that need to occur both within and outside of California. This refers to COVID-19 and Black Lives Matter but also it refers to a federal government that is not being responsive to the needs across the country. The Commission cannot take stands on those kinds of issues but it can at least discuss them.

Commissioner Mitchell thanked fellow Commissioners for being open to discussing the complicated issue of race and Black lives equity. Equity is really what this conversation is about nationwide. The only way change will happen is when everyone takes an appropriate stand. All lives matter but it has been seen that equity is not what is going on in America. She urged Commissioners not to be afraid to do the right thing and not to be afraid of the discussion because it is equally as difficult and often there is only one Black voice at the table. She stated everyone is angry, but there needs to be an intelligent, reasonable conversation in order to effect change.

Chair Ashbeck suggested changing the name of the CLCC. The name is outdated. She suggested using the word "equity" mentioned by Commissioner Mitchell.

Commissioner Mitchell agreed that it is worth a discussion because the issue is equity. The goal is to get the work done and to raise awareness in all the Commission does. She agreed with Dr. Early's question if the Commission is contributing to the problem with its own quiet implicit biases because everyone has them.

Public Comment

Hector Ramirez requested hearing more about the peer advocacy initiatives. The speaker agreed that there is a need for structural change in the way the Commission functions. Today's meeting highlights the need for the state to start looking at that conversation again. The speaker stated the importance of one of the strategies as far as adjustments or proposals is looking at emergency crisis response services. It should not

be the sole burden of the MHSOAC to come up with the right model but the state needs to step up.

Hector Ramirez stated there is still a missing piece between law enforcement and health care. It is not right to burden law enforcement with so many responsibilities and, at the same time, leave family members and individuals with psychiatric disabilities to depend on law enforcement when they need medical help. There is a need for a broader conversation with intentional strategies for the sake of providing guidance.

Stacie Hiramoto stated the need for more transparency around the sole source contracts. The speaker reminded the Commission that, at a meeting in 2019, stakeholders learned that there had been a grant awarded to the California Children's Trust and staff had put on the agenda that the MHSOAC should entertain awarding this contractor \$500,000. The speaker stated it is misleading to say that contracts are only for such things as office supplies and laptop computers.

Poshi Walker agreed with Commissioner Berrick's comments about the agenda and added it would be helpful to show the faces of the speakers from the public, when possible.

Poshi Walker agreed with Stacie Hiramoto's comments. It is misleading to say that sole source funding is spent on copiers and laptops. The speaker stated they have no problem with the funds being used for things such as copiers and laptops but the sole source funding has been used to fund organizations and other activities that perhaps should have either been competitive or at least brought before the Commission and, more importantly, the public.

Mandy Taylor spoke about the sole source funding of up to \$100,000. The speaker stated there are some contracts, like the funding provided to the California Children's Trust, that the LGBTQ Health and Human Services Network is not in agreement with because of the level of accountability, but there are also some sole source contracts that are acceptable, such as Art With Impact. The speaker stated, had there been a competitive process, Art With Impact would have gotten the contract.

Mandy Taylor stated the problem is not always who is getting the funding, it is how they are getting the funding and the level of accountability. It is great to have a policy to set aside \$100,000 for administrative and personnel costs, but special projects and public safety projects should go through a competitive RFP process to ensure that back-room deals are not being made or money is not being given away with no accountability.

Mandy Taylor applauded the Commission for taking concrete steps to address equity and institutional racism within the Commission's system and the system in general. The speaker thanked the Commission for providing more detail on how the unspent funds are being used to proactively address these issues.

Mandy Taylor stated the LGBTQ Health and Human Services Network looks forward to supporting the Commission's efforts to establish a suicide prevention department within the Department of Public Health using the amazing research and recommendations that the Commission put forward in the report. It is important work and the LGBTQ Health

and Human Services Network is fully behind the Commission and is eager to provide support in any way it can.

Mandy Taylor stated their excitement about the expansion of the Fiscal Transparency Tool. The LGBTQ Health and Human Services Network and its communities have used this as a resource for advocacy work and would love to see that expanded to include not just information that staff must painstakingly input by hand, but in such a way within the system that the counties and programs within the public mental health system are being held accountable and are being transparent.

Mark Karmatz stated their concern that more people will contract COVID-19 during these demonstrations where there is no social distancing.

ADJOURN

There being no further business, the meeting was adjourned at 12:34 p.m.

AGENDA ITEM 2

Action

June 25, 2020 Commission Meeting

Sacramento County Innovation Plan

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

1. Forensic Behavioral Health Multi System Teams

Sacramento County is requesting \$9,536,739 (of which \$5,000,000 are funds subject to reversion) in Innovation fund spending authority to explore the viability of adapting the Child and Family Team Model (CFT), currently utilized in the child welfare system, and expanding the teaming model for individuals in the forensic behavioral health population (individuals with a serious mental illness who are also involved in the criminal justice system).

The County states the expansion and adaptation of the CFT model will allow for the development of Multi-System Teams (MST), resulting in increased coordination and communication among agency partners to streamline the transition from incarceration back into the community. The MST will collaborate to develop and create integrated plans so that the individual, upon release, is able to immediately receive support, as outlined in the client's integrated plan, prior to being released from one of the two local jail sites within the County (the Main Jail and the Rio Cosumnes Correctional Center).

This project aims to reduce recidivism for the forensic behavior health population by coordinating, staffing, and collaborating a multisystem of care for addressing the needs of those incarcerated in jail and prior to their release back into the community, by linking them to necessary services including but not limited to mental health treatment.

The target population for this project are inmates, 18 years and older, who are incarcerated in the pre-sentence/intake facility at the Sacramento Main Jail or are incarcerated at the Rio Cosumnes Correctional Center, primary custody facility. The clients selected to participate in this project may include those who live with a serious mental illness, are justice involved, and experience complex behavioral health needs. The point in time maximum capacity will be 150 clients.

Through the Community Program Planning Process (CPP), the need to provide complex, multi-services to those who are justice involved and suffer from serious mental illness emerged with the overarching goal of treatment efficacy to reduce recidivism in this population.

A myriad of challenges exists to providing immediate multi-service access to mental health services for the Forensic Behavioral Health population, contributing to increased rates of recidivism:

- Shorter stays at the Main Jail with no access to discharge planning
- Lack of follow through on referrals and appointments
- Difficulty meeting requirements of courts, probation, etc.
- Limited communication/collaboration between other types of services

Due to shorter stays at the Main Jail, inmates are not usually linked to mental health services prior to release as well as other necessary services at discharge such as medical treatment, mental health treatment and/or substance abuse counselors, and housing. Often times, individuals are released from the County jail outside of normal business hours, making it difficult to be linked to necessary services that may also involve the collaboration of community supports (i.e. probation department, legal representation).

Sacramento County proposes to increase immediate multidisciplinary mental health services to the inmate population in two different jail settings: The Main Jail and Rio Cosumnes Correctional Center.

The comprehensive services collaboration will adapt and expand on the Child and Family Team (CFT) model for the forensic behavioral health population to create integrated plans that address client goals and needs.

The proposed Forensic Behavioral Health Multi-System Model Teams (MST) will be individualized, client-centered, collaborative, culturally responsive, trauma-informed, and outcomes-focused. The support teams include the client, a multidisciplinary services team, formal supports and system partners, natural supports, and community supports.

This project proposes to meet the goals with a four-phase implementation process which may occur while the individual is in custody or upon immediate release after booking is complete.

- Phase 1-Engaging and Developing Team Membership
- Phase 2-Develop Shared Integration Plan: Comprehensive biopsychosocial assessment with the client and coordination of client treatment plans includes:
- Phase 3-Monitoring and Adapting
- Phase 4-Transition

While researching this intervention, Commission staff found that there were several Counties that had similar projects utilizing a team approach to treat those involved in the criminal justice system.

Mariposa County has an innovation project described in the 17-20 Three-year Program and Expenditure Plan that introduced the concept of team decision meetings that has been proven effective in the child welfare setting to the adult population. They began implementing the program in 2016 and early data indicated success with their initial consumers and are now expanding this program to include a Behavioral Health Court program, implementing the same basic concepts for this population, with the addition of support from the criminal justice system. This was a diversion strategy for individuals with mental illness.

Additionally, Santa Clara and Sonoma Counties' are also utilizing a team approach with their justice involved population. Upon review of their FY 17-20 Three-Year Program and Expenditure Plan, Sonoma County's program serves adult offenders with Serious Mental Illness (SMI) by providing a community-based treatment team as an alternative to

incarceration. The Forensic Assertiveness Treatment Team FACT team serves offenders with SMI coming directly from the jail through a Mental Health Court (MHC). The MHC acts as both a diagnostic and disposition tool for the Sonoma County Criminal Justice System.

Santa Clara County's FY 17-20 Three-Year Plan describes their program as an outpatient treatment program for justice-involved individuals to provide culturally and linguistically appropriate services including individual, group, and family counseling and education on wellness, recovery, and resiliency. These programs offer comprehensive, coordinated services that vary in level of intensity.

Sacramento County staff may wish to contact these Counties to discuss lessons learned and identify how this project differs from those described above.

The proposed innovation plan was posted for public comment beginning May 18, 2020 and will conclude on June 17, 2020. The Mental Health Board Hearing is anticipated to be held on June 17, 2020, followed by Board of Supervisor approval pending Commission approval. As of the writing of this analysis, this project is in the public comment period so all comments received should be directly sent to the County and substantive feedback is expected to be incorporated into the final version of the project plan.

Commission staff originally shared this project with its six stakeholder contractors and its listserv on May 19, 2020 when the County began their 30-day public comment period with comments being directed to the County. The public comment period will end on June 17, 2020 and, due to time constraints, the final version of this project was not shared.

County may wish to provide information on what, if any, substantive comments were received during the public comment period and how the County responded to those comments and concerns.

Enclosures (3): (1) Biography for Sacramento County's Innovation Presenter; (2) Staff Analysis: Forensic Behavioral Health Multi-System Teams; (3) PowerPoint Presentation

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

<https://mhsoc.ca.gov/document/2020-06/sacramento-county-forensic-behavioral-health-multi-system-teams-draft-innovation>

Proposed Motion: The Commission approves Sacramento County's Innovation plan, as follows:

Name:	Forensic Behavioral Health Multi-System Teams
Amount:	\$9,536,739
Project Length:	Five (5) Years



Sacramento County Division of Behavioral Health Services

Innovation Project 5 Plan: Forensic Behavioral Health Multi-System Teams

Presentation Biography

Julie Leung, LCSW, is a Human Services Program Planner representing Sacramento County's Division of Behavioral Health Services (BHS). Ms. Leung has worked for Sacramento County since 2000. In her current role, she is involved with many MHS community stakeholder and planning initiatives and believes in strong collaboration and integration of services to improve the experience of consumers, family members and staff. As a licensed clinical social worker, her experience includes providing direct mental health child, family, and adult services; crisis intervention services; clinical supervision and administration of both County and community based mental health programs.



STAFF ANALYSIS – SACRAMENTO COUNTY

Innovation (INN) Project Name:	Forensic Behavioral Health Multi-System Teams
Total INN Funding Requested:	\$9,536,739
Duration of INN Project:	5 years
MHSOAC consideration of INN Project:	June 25, 2020

Review History:

Approved by the County Board of Supervisors:	Pending Commission Approval
Mental Health Board Hearing:	June 17, 2020
Public Comment Period:	May 18, 2020 – June 17, 2020
County submitted INN Project:	June 19, 2020
Date Project Shared with Stakeholders:	May 19, 2020

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

The primary purpose of this project is to *increase access to mental health services to underserved groups* by expanding mental health treatment capacity by including:

- Discharge planning prior to jail release and warm hand off at the time of release
- Transportation support
- 24/7 crisis support
- Immediate access to mental health treatment; community mentoring and peer support
- Immediate assistance with access to housing and other needed resources and treatment (e.g. substance use disorder treatment, medical treatment); and support with benefits acquisition.

The secondary purpose of this project *will promote interagency and community collaboration related to Mental Health Services, supports or outcomes* by establishing and assembling a Multi-System Team who will meet regularly to develop, implement and monitor a coordinated and integrated client plan that defines client needs and goals, multisystem requirements, MST member roles, tasks and action items. The MST will consist of the following team members:

- The Client
- Forensic Behavioral Health Provider Staff

- Representatives from Formal Supports (e.g. Courts, Probation, DA, PD, Service Providers, Housing Specialist, Employment Specialist)
- Natural supports (e.g. family members, neighbors, faith-based connections)
- Support Services (e.g. Community Mentors, Peers).

This proposed project meets INN criteria by making a change to an existing practice in the field of mental health and widely used in the child welfare system, the Child Family Team model. This teaming model will be adapted and expanded for the adult forensic behavioral health population.

Project Introduction:

Sacramento County is requesting \$9,536,739 in innovation spending authority to explore the viability of adapting the Child and Family Team Model (CFT), currently utilized in the child welfare system, and expanding the teaming model for individuals in the forensic behavioral health population (individuals with a serious mental illness who are also involved in the criminal justice system).

The County states the expansion and adaptation of the CFT model will allow for the development of Multi-System Teams (MST), resulting in increased coordination and communication among agency partners to streamline the transition from incarceration back into the community. The MST will collaborate to develop and create integrated plans so that the individual, upon release, is able to immediately receive support, as outlined in the client's integrated plan, prior to being released from one of the two local jail sites within the County (the Main Jail and the Rio Cosumnes Correctional Center).

This project aims to reduce recidivism for the forensic behavior health population by coordinating, staffing, and collaborating a multisystem of care for addressing the needs of those incarcerated in jail and prior to their release back into the community, by linking them to necessary services including but not limited to mental health treatment.

What is the Problem:

Through the Community Program Planning Process (CPP), the need to provide complex, multi-services to those who are justice involved and suffer from serious mental illness emerged with the overarching goal of treatment efficacy to reduce recidivism in this population.

A myriad of challenges exists to providing immediate multi-service access to mental health services for the Forensic Behavioral Health population, contributing to increased rates of recidivism.

Challenges include but are not limited to:

- Shorter stays at the Main Jail with no access to discharge planning
- Lack of follow through on referrals and appointments
- Difficulty meeting requirements of courts, probation, etc.
- Limited communication/collaboration between other types of services

The county states the recidivism rates for inmates suffering from severe mental illness are higher than those without a serious mental illness. The two jail sites in Sacramento serve different functions: the Main Jail (MJ) in downtown Sacramento is a pre-sentence and intake facility while the Rio Cosumnes Correctional Center (RCCC), located outside the city limits, serves as the primary custody site for inmates sentenced to jail by the Sacramento County Courts.

Due to shorter stays at the Main Jail, inmates are not usually linked to mental health services prior to release as well as other necessary services at discharge such as medical treatment, mental health treatment and/or substance abuse counselors, and housing. Often, individuals are released from the County jail outside of normal business hours, making it difficult to be linked to necessary services that may also involve the collaboration of community supports (i.e. probation department, legal representation).

This project proposes to improve services and reduce recidivism by providing integrated plan coordination and treatment, upon release from Sacramento's two jail locations, and aims to provide immediate treatment through the development, coordination, and collaboration between service partners immediately after the individuals are taken into custody, throughout their stay, and prior to discharge.

These individuals will be also offered the opportunity for continuation of treatment after release, at any point in time.

How this Innovation project addresses this problem:

Sacramento County proposes to increase immediate multidisciplinary mental health services to the inmate population in two different jail settings: The Main Jail and Rio Cosumnes Correctional Center.

The comprehensive services collaboration will adapt and expand on the Child and Family Team (CFT) model for the forensic behavioral health population to create integrated plans that address client goals and needs.

The proposed Forensic Behavioral Health Multi-System Model Teams (MST) will be individualized, client-centered, collaborative, culturally responsive, trauma-informed, and outcomes-focused.

The support teams include the client, a multidisciplinary services team, formal supports and system partners, natural supports, and community supports.

The Multidisciplinary Team:

- Program Director
- Psychiatric Nurse
- Clinical Director
- Psychiatrist
- Housing and Resource Specialist

- 5 -Forensic Behavioral Health Facilitators
- 10- Forensic Service Coordinators
- 2 - Peer Staff located at the Drop in Centers

Formal Supports and System Partners may include:

- Behavioral Health Services (BHS)
- Geographic Managed Care (GMCs)
- Substance Use Treatment Providers
- District Attorney
- Jail Psychiatric Services
- Public Defender
- Probation
- Adults Protective Services
- Child Welfare
- Courts

Natural Support Team may include:

- Family
- Extended family
- Neighbors
- Faith-based representatives

Community/Additional Supports may include:

- Community mentors
- Peers
- Cultural organizations
- Advocates
- Educators and Coaches

The County hopes to partner with multiple community sites/individuals to provide the spaces for the community clinical setting. In addition to increasing the amount of community access points to mental health services, the project would also provide training for these community sites/individuals in identifying and connecting potential clients to County services.

The Forensic Behavioral Health Provider will be located at the Drop-in Center, where mental health services will be offered. Resource Providers and System Partners may also provide services at the Drop-in Center to enhance service collaborations at the same location. Services may include substance use treatment, staff probation officers, peer support, peer mentoring, group therapy and mental health clinicians. Upon release from custody, clients will receive a warm hand-off, including after hours and weekends, and with the provision of 24/7 support services. Clients will also be offered tenant services to address housing needs, will receive support with transportation needs, medications, and assistance with seeking various resources.

The goals of the project include:

- Increased collaboration
- Removal of barriers to allow immediate access to MHS
- Reduced recidivism
- Reduced criminal justice involvement

This project proposes to meet the goals with a four-phase implementation process which may occur while the individual is in custody or upon immediate release after booking is complete.

Phase 1-Engaging and Developing Team Membership:

Occurs when client is in custody or upon release, after booking.

Services include:

- Building rapport and immediately meeting basic needs
- Information gathering, administration
- Adult Needs and Strengths Assessment (ANSA) to determine needs for the individualized treatment plan
- Develop-MST based on ANSA

Phase 2-Develop Shared Integration Plan:

Comprehensive biopsychosocial assessment with the client and coordination of client treatment plans as the client reenters the community.

Services include:

- MST roles and responsibilities
- Client strengths
- Client goals and objectives
- Specific service and resource needs
- System obligations and requirements (E.g. Court and Probations requirements)
- Peer supports and other support services
- Challenges and barriers to accessing Treatment and resources
- Solutions for overcoming challenges and barriers

Phase 3-Monitoring and Adapting:

Services Include:

- Make revisions
- Administer ANSA every six months
- Monitor the individualized client plan
- Reevaluate Client as needed
- Problem solve challenges

Phase 4-Transition:

Services Include:

- MST will administer post assessment to determine readiness for transition to the community
- Discussing progress towards goals and objectives
- Client offered to return as alumnus to provide peer support

The client will be assured by the MST that services are continued and available to them anytime they need support such as loss of a job, interpersonal conflict, or an increase in symptomatology, and are welcome to return at any point in time, beginning with intake, through release and after reentry, as a member of the community. Once the client reenters the community, they will remain a member of the MST as well as continue to receive mental health services until they feel they no longer need the teaming approach or mental health services.

While researching this intervention, Commission staff found that there were several Counties that had similar projects utilizing a team approach to treat those involved in the criminal justice system.

Mariposa County has an innovation project described in the 17-20 Three-year Program and Expenditure Plan that introduced the concept of team decision meetings that has been proven effective in the child welfare setting to the adult population. They began implementing the program in 2016 and early data indicated success with their initial consumers and are now expanding this program to include a Behavioral Health Court program, implementing the same basic concepts for this population, with the addition of support from the criminal justice system. This was a diversion strategy for individuals with mental illness.

Additionally, Santa Clara and Sonoma Counties' are also utilizing a team approach with their justice involved population. Upon review of their FY 17-20 Three-Year Program and Expenditure Plan, Sonoma County's program serves adult offenders with Serious Mental Illness (SMI) by providing a community-based treatment team as an alternative to incarceration. The Forensic Assertiveness Treatment Team FACT team serves offenders with SMI coming directly from the jail through a Mental Health Court (MHC). The MHC acts as both a diagnostic and disposition tool for the Sonoma County Criminal Justice System.

Santa Clara County's FY 17-20 Three-Year Plan describes their program as an outpatient treatment program for justice-involved individuals to provide culturally and linguistically appropriate services including individual, group, and family counseling and education on wellness, recovery, and resiliency. These programs offer comprehensive, coordinated services that vary in level of intensity. Outpatient programs may address a variety of needs, including situational stressors, family relations, interpersonal relationships, mental health issues, life span issues, psychiatric illnesses, and substance use disorders and other addictive behaviors. There are three outpatient treatment program types in Santa Clara County that serve justice involved individuals with mental illness.

Sacramento County staff may wish to contact these Counties to discuss lessons learned and identify how this project differs from those described above.

The Community Program Planning Process

Local Level

The proposed innovation plan was posted for public comment beginning May 18, 2020 and will conclude on June 17, 2020. The Mental Health Board Hearing is anticipated to be held on June 17, 2020, followed by Board of Supervisor approval pending Commission approval.

The Final Innovation Project Plan was received on June 19, 2020, following 30-day public comment. The County provided summaries of the public comment in the final plan (pgs. 23-35) and includes a comment in support, a comment with suggestions and seven comments requesting clarification.

All of which are summarized and responded to by the County in the FINAL Plan.

Commission Level

Commission staff originally shared this project with its six stakeholder contractors and its listserv on May 19, 2020 when the County began their 30-day public comment period with comments being directed to the County. The public comment period will end on June 17, 2020 and, due to time constraints, the final version of this project was not shared. ***County may wish to provide information on what, if any, substantive comments were received during the public comment period and how the County responded to those comments and concerns.***

Learning Objectives and Evaluation: (see pgs. 14-17 for detailed evaluation plan)

Sacramento County is proposing to *increase access to mental health services to underserved groups and to promote interagency and community collaboration related to Mental Health Services or supports or outcomes* by adapting and expanding the CFT model for the forensic behavioral health population to receive necessary services. This expanded model aims to increase collaborative efforts between system partners and service providers to provide integrated treatment and discharge plans for inmates with the goal of improving client experiences.

The proposed Forensic Behavioral Health Multi-System Team (MST) process will address the multifaceted needs of inmates and help reduce recidivism. The county cited the primary reasons for recidivating back to jail is the lack of immediate access to services and resources including transportation, housing, mental health services, medical services, benefits, income, resource coordination and collaboration between system partners and service providers.

The target population for this project are inmates, 18 years and older, who are incarcerated in the pre-sentence/intake facility at the Sacramento Main Jail or are incarcerated at the Rio Cosumnes Correctional Center, primary custody facility. The clients selected to participate in this project may include those who live with a serious mental illness, are justice involved, and

experience complex behavioral health needs. The point in time maximum capacity will be 150 clients.

The County has identified three (3) primary learning goals for this project:

1. Will collaboration among the system partners, service providers, peers, clients, and family members for the forensic behavioral health population increase with the adaptation of the Child and Family Team model (CFT) approach to treatment?
2. Will immediate access to needed services and resources for the forensic behavioral health population increase with the implementation of the teaming model?
3. Will jail recidivism rates decrease with implementation of the MST process by providing coordinated and integrated client plans as well as reduce jail exposure, time in custody, and overall justice involvement?

Measures for each learning objective have been identified and will appropriately meet the needs of the evaluation, including but not limited to utilizing two assessments:

- Measuring Effective Collaborations and Partnerships (MECAP) tool
- Adult Needs and Strengths Assessment (ANSA).

The County will utilize Avatar for their Electronic Health Care Records, which will track the following:

- status outcomes such as primary care physician linkage
- time between outreach and engagement,
- income and benefits,
- time between engagement and completion of the biopsychosocial assessment,
- client no-shows, and housing status.

The County has identified the following intended outcomes:

- Improve multi-system collaboration
- Improve multi-system involvement in the MSTs
- Improve MST satisfaction
- Utilize Peer Services
- Improve community resource linkages
- Increase housing stability
- Increase income/entitlements
- Increase linkage to a primary care physician
- Decrease time between release and engagement and behavioral health assessment
- Decrease MST client no-shows
- Decrease MST system partner no-shows
- Decrease number of arrests
- Decrease number of incarcerations
- Decrease number of incarceration days
- Increase client functioning
- Decrease client risk behaviors
- Increase client strengths

- Improve client satisfaction

The Sacramento County evaluation plan is to utilize the Behavioral Health Services Research, Evaluation and Performance Outcomes (REPO) Team for this project. The team will monitor and evaluate activities including site visits, documentation of monthly monitoring visits, review providers quarterly outcomes reports, conduct site visits, gather client level data and outcomes.

The Budget

Funding Source	FY 20/21	FY 21/22	FY 22/23	FY 23/24	FY 24/25	TOTAL
Innovation Funds	\$ 400,000.00	\$ 2,466,344.00	\$ 2,219,834.00	\$ 2,223,429.00	\$ 2,227,132.00	\$ 9,536,739.00
Medi-Cal FFP	\$ -	\$ (650,000.00)	\$ (900,000.00)	\$ (900,000.00)	\$ (900,000.00)	\$ (3,350,000.00)
1991 Realignment						\$ -
Behavioral Health Subaccount						\$ -
TOTAL	\$ 400,000.00	\$ 3,116,344.00	\$ 3,119,834.00	\$ 3,123,429.00	\$ 3,127,132.00	\$ 12,886,739.00

5 Year Budget	FY 20/21	FY 21/22	FY 22/23	FY 23/24	FY 24/25	Total
Personnel	\$ -	\$ 1,344,580.00	\$ 1,344,580.00	\$ 1,344,580.00	\$ 1,344,580.00	\$ 5,378,320.00
Direct Costs	\$ -	\$ 1,213,210.00	\$ 1,213,210.00	\$ 1,213,210.00	\$ 1,213,210.00	\$ 4,852,840.00
Indirect Costs	\$ -	\$ 442,210.00	\$ 442,210.00	\$ 442,210.00	\$ 442,210.00	\$ 1,768,840.00
Non-recurring costs	\$ 400,000.00	\$ -	\$ -	\$ -	\$ -	\$ 400,000.00
Other Expenses / Eval	\$ -	\$ 116,344.00	\$ 119,834.00	\$ 123,429.00	\$ 127,132.00	\$ 486,739.00
Total	\$ 400,000.00	\$ 3,116,344.00	\$ 3,119,834.00	\$ 3,123,429.00	\$ 3,127,132.00	\$ 12,886,739.00

- Sacramento County is seeking authorization to use up to \$9,536,739 in innovation funding over a five- year period. **Approximately \$5,000,000 of the funds for this project are subject to reversion (exact amount will be determined by DHCS).**
- Personnel costs total \$5,378,320 (42% of the total project). These costs cover the funding and benefits for the following positions and annual salaries have been provided:
 - Program Director (1.0 FTE - \$80,000 annually)
 - Psychiatric Nurse (1.0 FTE - \$80,080 annually)
 - Clinical Director (1.0 FTE- \$70,000 annually)
 - Psychiatrist (0.50 FTE - \$185,000 annually)
 - Housing and Resource Specialist (0.50 FTE - \$42,000 annually)
 - 5 Forensic Behavioral Health Facilitators (FTE positions - \$52,000 each annually)
 - 10 Forensic Service Coordinators (FTE positions - \$42,500 each annually)
 - 3 Peer Staff Positions (FTE - \$37,500 each annually)
 - 1 Peer Staff Team Lead (1 FTE - \$40.000 annually)
- Operating costs total \$4,449,260 (34% of the total project) and will cover expenses associated with staff training, computer lab and support, rental payments for client housing and flexible supports, and staff health benefits.

- Non-recurring costs total \$400,000 (3% of the total project) and will cover expenses to purchase computers, software, along with interior and exterior furnishings to help create a welcoming environment.
- The County is allocating a total of \$486,739 (4% of total project – listed as “other expenditures” in budget spreadsheet) to conduct the evaluation and monitoring of this project to include site visits and documentation associated with site visits, reviewing quarterly reports, gathering and analyzing client data.

This project will provide full-time employment and compensation for three peer staffing positions (salary for each position will be \$37,500 annually) and one Peer Staff Team Lead (salary for this position will be \$40,000 annually) to provide support for family members and clients participating in this program.

Budget adjustments were made following public comment, which commenced on June 17, 2020. The Final Project proposal was received on June 19, 2020.

See pages 27-28 of the INN Project 5 Plan, for information on the Budget and Budget Narrative.

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

A decorative graphic on the left side of the slide, consisting of several thin, curved lines in shades of blue and grey, and a solid black arrow pointing to the right.

Division of Behavioral Health Services
Forensic Behavioral Health
Multi-System Teams Innovation Project

Mental Health Services Oversight and Accountability
Commission Presentation

June 25, 2020

Proposed Innovation Project

Primary Purpose and General Requirement

- ▶ The proposed Project's **primary purpose**:
 - ▶ Increases access to mental health services to underserved groups by:
 - ▶ Expanding mental health treatment capacity for the adult forensic behavioral health population
 - ▶ Promote interagency and community collaboration related to mental health services, supports, and outcomes by:
 - ▶ Establishing and assembling together a Multi-System Team that meets regularly to develop, implement, and monitor a coordinated and integrated client plan
- ▶ The proposed Project **meets Innovation component criteria** by making a change to an existing practice in the field of mental health, a practice also widely used in the child welfare system, the Child Family Team model. This teaming model will be adapted and expanded for the adult forensic behavioral health population.

Proposed Innovation Project

Presenting Need

- ▶ **Presenting Need** for the adult forensic behavioral health population:
 - ▶ Immediate access to services and resources
 - ▶ Pre-release planning from jail
 - ▶ Collaboration and communication amongst system partners, service providers, natural supports, and support service providers
 - ▶ Coordinated and integrated client plan

Proposed Innovation Project

Addressing the Needs / Outcomes

- ▶ The proposed Innovation Project addresses complex needs of the adult forensic behavioral health population in several distinct ways:
 - ▶ Provides pre-release planning to clients
 - ▶ Assists clients with immediate access to services and resources
 - ▶ Establishes and assembles a Multi-System Team that will meet regularly
 - ▶ Develop, implement, and monitor a coordinated and integrated client plan
 - ▶ Shared vision; shared decision making; prioritize client voice
- ▶ **Outcomes** for the adult forensic behavioral health population:
 - ▶ Reduce recidivism back to jail
 - ▶ Improve behavioral health outcomes and promote successful transition to the community
 - ▶ Improve care coordination

Proposed Innovation Project Budget

- ▶ \$12,886,739 Total Project Budget (spanning five years)
 - ▶ \$9,536,739 in Sacramento County Innovation funds
 - ▶ \$ 3,350,000 in estimated Medi-Cal reimbursement
- ▶ Personnel Costs: \$7,550,740
- ▶ Operating Costs: \$4,449,260
- ▶ Non Recurring Costs: \$400,000
- ▶ Work Plan Management Costs: \$486,739

Section 4: INN Project Budget and Narrative

6

New Innovative Project Budget By FISCAL YEAR (FY)*						
EXPENDITURES						
PERSONNEL COSTS (salaries, wages, benefits)	FY 20/21	FY 21/22	FY 22/23	FY 23/24	FY 24/25	Total
1 Salaries		1,344,580	1,344,580	1,344,580	1,344,580	5,378,320
2 Direct Costs		396,895	396,895	396,895	396,895	1,587,580
3 Indirect Costs		146,210	146,210	146,210	146,210	584,840
4 Total Personnel Costs	0	1,887,685	1,887,685	1,887,685	1,887,685	7,550,740
OPERATING COSTS						
5 Direct Costs		816,315	816,315	816,315	816,315	3,265,260
6 Indirect Costs		296,000	296,000	296,000	296,000	1,184,000
7 Total Operating Costs	0	1,112,315	1,112,315	1,112,315	1,112,315	4,449,260
NON RECURRING COSTS (equipment, technology)						
8 Not applicable						0
9 Furnishings and Equipment	400,000					400,000
10 Total Non-recurring costs	400,000	0	0	0	0	400,000
CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)						
11 Direct Costs						0
12 Indirect Costs						0
13 Total Consultant Costs	0	0	0	0	0	0
OTHER EXPENDITURES (please explain in budget narrative)						
14 Work Plan Management		116,344	119,834	123,429	127,132	486,739
15						0
16 Total Other expenditures	0	116,344	119,834	123,429	127,132	486,739
BUDGET TOTALS						
Personnel (line 1)	0	1,344,580	1,344,580	1,344,580	1,344,580	5,378,320
Direct Costs (add lines 2, 5 and 11 from above)	0	1,213,210	1,213,210	1,213,210	1,213,210	4,852,840
Indirect Costs (add lines 3, 6 and 12 from above)	0	442,210	442,210	442,210	442,210	1,768,840
Non-recurring costs (line 10)	400,000	0	0	0	0	400,000
Other Expenditures (line 16)	0	116,344	119,834	123,429	127,132	486,739
TOTAL PROJECT BUDGET	400,000	3,116,344	3,119,834	3,123,429	3,127,132	12,886,739
Less Projected Federal Financial Participation	0	(650,000)	(900,000)	(900,000)	(900,000)	(3,350,000)
TOTAL MHSA INNOVATION FUNDING	400,000	2,466,344	2,219,834	2,223,429	2,227,132	9,536,739

PROPOSED MOTION

- ▶ The Commission approves Sacramento County's Innovation Plan as follows:

Name: Forensic Behavioral Health Multi-Systems Teams

Amount: Up to \$9,536,739 in MHSA INN funds

Project Length: Five (5) Years

AGENDA ITEM 3

Action

June 25, 2020 Commission Meeting

Ventura County Innovation Plan

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

1. FSP Multi-Platform Data Exchange

Ventura County is requesting **\$\$2,011,116** (of which **\$600,000** are funds subject to reversion) in Innovation fund spending authority to establish shared data streams. These data streams will enable Full-Service Partnership (FSP) client information on law enforcement encounters, hospital stays, health care services and homeless services, to be shared between the following systems: Emergency Services, Primary Health, Human Services Agency, and the Sheriff's office, to provide comprehensive service coordination and valid data reporting for FSP performance outcome measures. Contractor's will develop software that will overlay the existing Electronic Health Records (EHR) System.

The project will create:

- **New software that will access and pull data from the electronic health records used by Behavioral Health, Primary Health and Emergency Departments.**
- **Patient agreements for sharing data**

Ventura County is proposing to Increase the Quality of Mental Health Services, including measured outcomes by systematically developing a web of shared data streams. They will also promote interagency and community collaboration related to mental health services, between the Ventura County Behavioral Health, Human Services Agency, and the Ventura County Sherriff's Department.

The target population for this project is Adult FSP clients. The County currently serves approximately 600 FSP individuals however, after recently completing a service use analysis and participating in the Multi-County FSP project the number of participants is expected to rise to the current estimate of 1,500.

The county reports that services impacting FSP clients are delivered through programs which originate out of three different agencies and their corresponding programs.

- Ventura County Behavioral Health's, RISE Team
- The Sherriff Office's, Homeless Services Officers

- Health Care Agency, Whole Person Care, Backpack Medicine Program and Shower Pods

The operation of these programs through different agencies causes the following challenges:

1. Duplication of Services: Clients often receive services from multiple agencies and when the information is recorded it is currently not shared across other service providers, causing the client to have to repeat themselves and provide information that has already been provided to another agency.
2. Client Data and Outcomes are reported in isolated systems: The history of client encounters is not currently captured which creates problems for eligibility for other types of services such as housing for homeless individuals. Documenting the history of homelessness would support their ability to get housing and accurate client data.
3. Follow up is impeded: RISE outreach workers are notified of a discharge from jail or the emergency room after the event has happened. They may have been re-arrested or unlocatable by the time the worker is able to follow up and offer resources.

The number of days where a client is detained in jail, hospitalized or homeless could be reduced with better care coordination between agencies. When a significant event occurs, the agencies could clarify roles and define which resources each agency could contribute to resolve the current situation. The more coordinated and effective intervention will likely decrease the frequency and length of time where clients are jailed, hospitalized or homeless.

Having access to this information will also assist the providers in coordinating care and tracking outcome data. An information sharing system that would allow care managers to know if FSP clients have been incarcerated, hospitalized, or if they are eligible or in need of homeless services will assist in integrating care.

Ventura county is also participating in the Multi-County FSP project to implement new data-informed strategies to modify program design and create continuous improvement for FSP partners. This FSP Multi-Platform Data Exchange Innovation project will enable the County to collect accurate data across service systems so they can fully utilize the Multi-County FSP Project data.

This project has been discussed in the County's Community Program Planning Process meetings for the past two years. The initial idea was developed out of the county wide community needs assessment. The project details have been further refined in discussions about the need to improve outreach and services to the highest system utilizers.

The Innovation Project Plan document went through public comment on February 28, 2020 through March 29, 2020. The County reported that there were no public comments received. The local mental health board approved the plan on April 20, 2020. The plan was presented to the Board of Supervisors on June 9, 2020.

This Innovation project was initially shared with the Commission's six stakeholder contracts and the listserv on March 3, 2020 during its 30-day public comment period, where comments were to be directed to the County. The final version was then shared on May 22,2020. No letters of support or opposition were received.

Enclosures (3): (1) Biography for Ventura County's Innovation Presenter; (2) Staff Analysis: FSP Multi-Platform Data Exchange; (3) PowerPoint Presentation

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

<https://mhsoac.ca.gov/document/2020-06/ventura-county-fsp-multi-platform-data-exchange-innovation-plan>

Proposed Motions: The Commission approves Ventura County's Innovation plan, as follows:

Name:	FSP Multi-Platform Data Exchange
Amount:	\$2,011,116
Project Length:	Three (3) Years



Kiran Sahota, MA

Mental Health Services Act Senior Behavioral Health Manager
Ventura County Behavioral Health

Kiran has managed all MHSOAC activities in Ventura County since 2015. She has worked in Ventura County Social Services for over 20 years. She has experience in the child welfare system, law enforcement, and community collaboration. Her advanced education is in Clinical and Community Psychology.



STAFF ANALYSIS – VENTURA COUNTY

Innovation (INN) Project Name: FSP Multi-Platform Data Exchange

Total INN Funding Requested: \$2,011,116

Duration of INN Project: 3 years

MHSOAC consideration of INN Project: June 25, 2020

Review History:

Approved by the County Board of Supervisors:	June 9, 2020
Mental Health Board Hearing:	April 20, 2020
County submitted INN Project:	May 7, 2020
Date Project Shared with Stakeholders:	March 3, 2020 and May 22, 2020

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

The primary purpose of this project is to *Increase the Quality of Mental Health Services, including measured outcomes* by systematically developing a web of shared data streams. This will improve the quality of mental health services by allowing the three agencies working with the FSP population in Ventura County to share information, eliminate duplicative efforts and streamline services. The data sharing will increase the quality of care by allowing FSP service coordinators to follow up with clients much sooner after significant life events, rather than responding only after self-report of the events to each provider.

The project will also promote interagency and community collaboration related to mental health services, between the Ventura County Behavioral Health, Human Services Agency, and the Ventura County Sheriff's Department.

This proposed project meets INN criteria by making a change to an existing practice in the field of mental health, allowing for cross agency information exchange between previously siloed agencies, who are currently reporting data in isolated systems, working with the same populations.

Project Introduction:

Ventura County is requesting authorization to use up to \$2,011,116 of Innovation spending authority, over a three-year period, to establish shared data streams. These data streams will enable Full-Service Partnership (FSP) client information on law

enforcement encounters, hospital stays, health care services and homeless services, to be shared between systems. This will allow the programs working with FSP clients in Emergency Services, Primary Health, Human Services Agency, and the Sheriff's office to provide comprehensive service coordination and valid data reporting for FSP performance outcome measures.

Contractor's will develop software that will overlay the existing Electronic Health Records (EHR) System. The new system, the Netsmart Care Manager will allow data to be shared between:

- Hospital Emergency Departments, County Health Information Exchange Manifest System
- Primary Health's, Cerner Millennium Health Care Manager System
- Human Services Agency, Homeless Management Information System
- Ventura County Sherriff's, Justice Information System

The project will create:

- New software that will access and pull data from the electronic health records used by Behavioral Health, Primary Health and Emergency Departments.
- Patient agreements for sharing data

Ventura county intends to expand the scope of previous efforts made through behavioral health information exchange platforms and single agency sharing, by sharing information with behavioral, physical, emergency, homeless and law enforcement services for the purpose of increasing care collaboration. The software will be designed to trigger alerts and create tasks. For example, if a person were hospitalized, the system would issue two tasks; One prompting the clinician to complete a key event tracking form and another for a Peer Recovery Coach to visit the FSP Partner in the inpatient unit.

What is the Problem:

The county reports that services impacting FSP clients are delivered through programs which originate out of three different agencies and their corresponding programs.

- Ventura County Behavioral Health's, RISE Team
- The Sherriff Office's, Homeless Services Officers
- Health Care Agency, Whole Person Care, Backpack Medicine Program and Shower Pods

The operation of these programs through different agencies causes the following challenges:

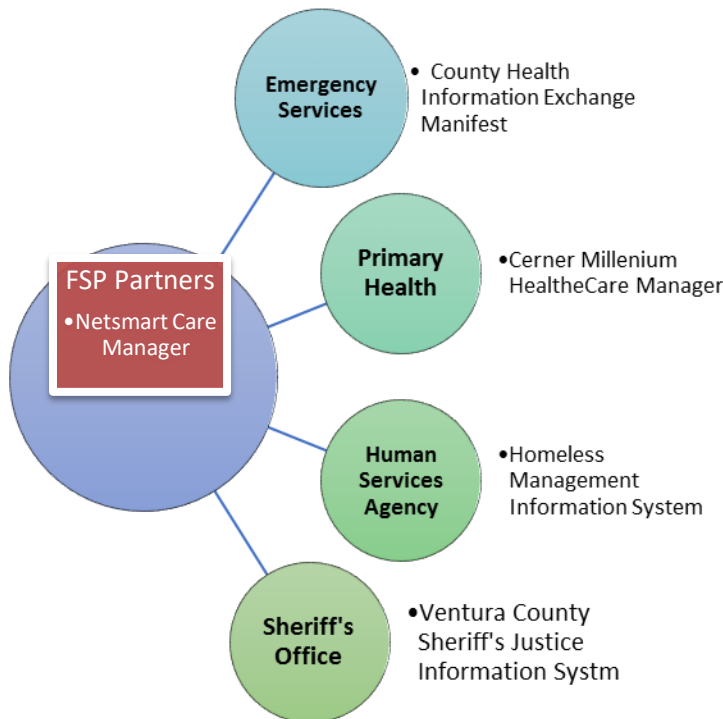
1. **Duplication of Services:** Clients often receive services from multiple agencies and when the information is recorded it is currently not shared across other service providers, causing the client to have to repeat themselves and provide information that has already been provided to another agency.

2. Client Data and Outcomes are reported in isolated systems: The history of client encounters is not currently captured which creates problems for eligibility for other types of services such as housing for homeless individuals. Documenting the history of homelessness would support their ability to get housing and accurate client data.
3. Follow up is impeded: RISE outreach workers are notified of a discharge from jail or the emergency room after the event has happened. They may have been re-arrested or unlocatable by the time the worker is able to follow up and offer resources.

The number of days where a client is detained in jail, hospitalized or homeless could be reduced with better care coordination between agencies. When a significant event occurs, the agencies could clarify roles and define which resources each agency could contribute to resolve the current situation. The more coordinated and effective intervention will likely decrease the frequency and length of time where clients are jailed, hospitalized or homeless.

The project will provide the agencies working with the FSP population information on various datapoints, such as, Date of Birth, Language Preference, Power of Attorney Status, and Advance Directives to name a few. A more complete list of potential data points can be found on page 7 of the proposal.

Having access to this information will assist the providers in coordinating care and tracking outcome data. An information sharing system that would allow care managers to know if FSP clients have been incarcerated, hospitalized, or if they are eligible or in need of homeless services will assist in integrating care.



Ventura county is also participating in the Multi-County FSP project to implement new data-informed strategies to modify program design and create continuous improvement for FSP partners. The FSP Multi-Platform Data Exchange will enable the County to collect accurate data across service systems so they can fully utilize the Multi-County FSP Project data.

Community Planning Process (see page 10 of project plan for detailed CPP)

Local Level

This project has been discussed in the County’s Community Program Planning Process meetings for the past two years. The initial idea was developed out of the county wide community needs assessment. The project details have been further refined in discussions about the need to improve outreach and services to the highest system utilizers.

As part of the 3-year plan update the plan was discussed with the following committees:

- Adult Committee on Thursday, November 7, 2019
- Executive Meeting on Tuesday, November 12, 2019
- Prevention Committee on Tuesday, November 12, 2019
- Youth & Family Committee on Wednesday November 13, 2019
- TAY Committee on Thursday, November 21, 2019

The Innovation Project Plan document went through public comment on February 28, 2020 through March 29, 2020. The County reported that there were no public comments received.

The local mental health board approved the plan on April 20, 2020. The plan will be presented to the Board of Supervisors on June 9, 2020.

Commission Level

This Innovation project was initially shared with the Commission’s six stakeholder contracts and the listserv on March 3, 2020 during its 30-day public comment period, where comments were to be directed to the County. The final version was then shared on May 22,2020. No letters of support or opposition were received.

Learning Objectives and Evaluation: (see pgs. 6-9 of project plan for details)

Ventura County is proposing to Increase the Quality of Mental Health Services, including measured outcomes by systematically developing a web of shared data streams. They will also promote interagency and community collaboration related to mental health services, between the Ventura County Behavioral Health, Human Services Agency, and the Ventura County Sherriff’s Department.

The target population for this project is Adult FSP clients. The County currently serves approximately 600 FSP individuals however, after recently completing a service use analysis and participating in the Multi-County FSP project the number of participants is expected to rise to the current estimate of 1,500.

The County has identified four learning goals for this project with subsequent measurements:

- 1) Can the proposed data systems be integrated to share information in an actionable way?
 - Completed action items measured in Care Manager System
 - Improvement in FSP measures collected by the state in the DHR Rate of Completion
- 2) Are Community Partners better able to coordinate care with behavioral health?
 - Modified version of 16 item IPEC competency Self-Assessment Tool Version 3 (July 2015)
- 3) Are FSP partners more satisfied with services because of interagency data integration?
 - Treatment Perception Survey, Adult and Youth and Family Versions
- 4) Long term Goal: does the integration of data reduce cost across agencies?
 - Expenditure Reports
 - General Claims Data
 - Arrest Reports
 - ED visits- Healthy Registries
 - Recidivism measures validated through data partnership

An additional benefit of the shared data may include the ability to measure the effectiveness of preventative interventions and better understand disparities within the system.

The Budget (see pgs. 13-15 for detailed project budget)

Ventura County is requesting authorization to spend \$2,011,117 of MHSA Innovation funds over three years to administer this project. ***This project will utilize \$600,000 of FY 17/18 funds that would be subject to reversion on June 30, 2020.***

Funding Source	Year-1	Year-2	Year-3
Innovation Funds	\$1,493,350	\$256,281	\$261,486

FY 2019-20 through FY 2022-23

3 Year Budget	Year-1	Year-2	Year-3	Total
Personnel	\$146,459	\$150,853	\$155,379	\$452,691
Consultants	\$1,152,106	\$72,000	\$72,000	\$1,296,106
Indirect	\$187,785	\$26,218	\$26,680	\$240,683

Indirect-Admin (Evaluation)	\$7,000	\$7,210	\$7,426	\$21,636
Total	\$1,493,350	\$256,281	\$261,485	\$2,011,116

- The total personnel costs for the project are \$452,691 over three years. (22% of the total budget).
 - This is for the salary and benefits of a Program Administrator III who will build the Care Manager Software platform, manage information bridges between the systems and set up alert system and analytics.
- \$1,296,106 or 64.7% of the budget will be for consultant and contract expenses.
 - \$325,000 for Special Air Service (SAS) to develop a data pool Ventura County Information Center (VCIJIS).
 - \$572,106 for Cerner for Information Technology development, overall project costs for analysis and design services and project management.
 - \$399,000 for Netsmart to build Care Manager software and the connections to the other systems.
- 15% of the Annual Operating expenses are included as indirect Administration costs. This 15% or \$21,636 will pay for 5% of the MHSA quality Management personnel's time for the evaluation. The total evaluation cost is \$21,636 or 1%.

The County may wish to discuss the amount allocated to Evaluation and how they feel it will adequately meet the learning objectives for this project.

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



VENTURA COUNTY
BEHAVIORAL HEALTH
A Department of Ventura County Healthcare Agency

June 25, 2020

VENTURA COUNTY INNOVATIONS:

FSP Data Exchange Project

Kiran Sahota, MHSA Sr. Manager, Hilary Carson INN Administrator

Program Overview and Current State

Primary Purpose: Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes.

Time Limited: 3 Years from 2020-2023

Program Goals: VCBH will work across agencies to develop access to collaborator's data platforms in order to:

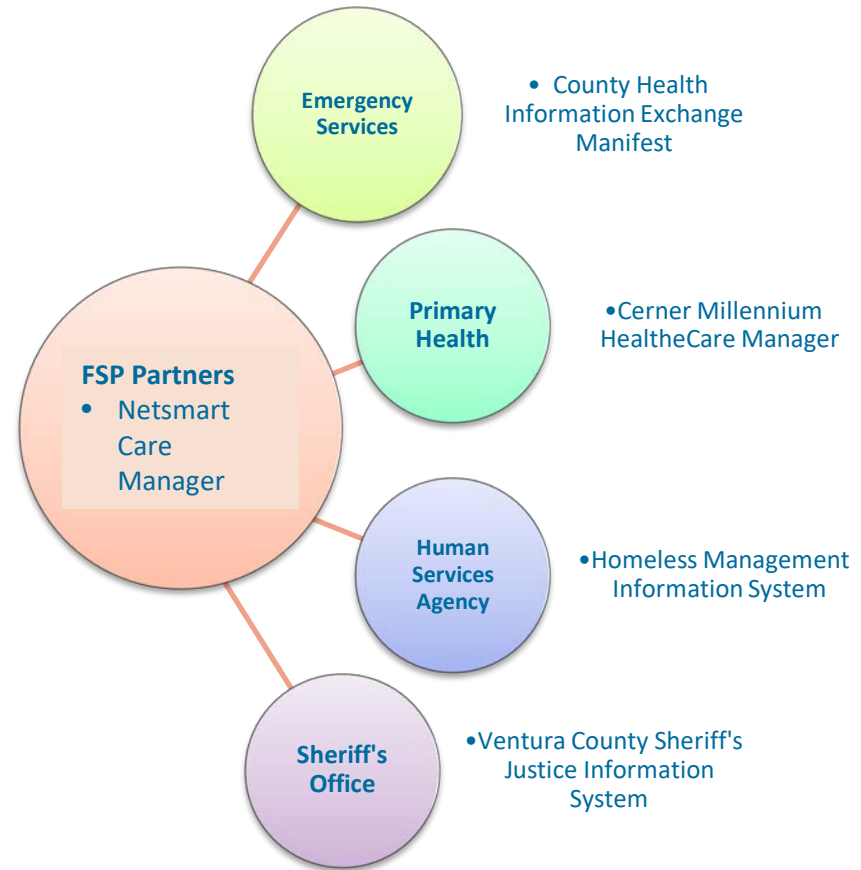
- Report valid FSP client Key Event data by gathering directly from local agency systems
- Share important health and mental health information with relevant and legally-sanctioned audiences across systems
- Improve services through closer care coordination across health care provider systems

Current State:

1. County Data Systems (Law enforcement, Physical healthcare, Behavioral Health) are all independent and unable to speak to each other.
2. Electronic Health Record is designed to house not analyze data.
3. Informed patient consents are designed and written per agency not for multiple capacities.
4. All of which places the burden of reporting and communicating squarely on the client.

Proposal

- The unique approach that Ventura is proposing is to unite Behavioral, Physical, Emergency, Homeless, and Law Enforcement Services through a live and actionable data use model.
- CareManager System would allow valid data (arrests, hospitalization dates etc.) to be comminuted directly to Behavioral Health
- Informed consent would allow Behavioral heath to communicate as legally permissible to other agencies as appropriate
- Built in analytics can communicate progress to clinicians, directors, and community collaborators



Budget

BUDGET TOTALS				
	FY 20/21	FY 21/22	FY 22/23	TOTAL
Personnel	\$146,459	\$150,853	\$155,379	\$452,691
Direct Costs	\$1,152,106	\$72,000	\$72,000	\$1,296,106
Indirect Costs				
Non-recurring costs				
Other Expenditures	\$194,785	\$33,428	\$34,106	\$262,319
TOTAL INNOVATION BUDGET	\$1,493,350	\$256,281	\$261,485	\$2,011,116

Dedicated Evaluation Costs (Total): **\$21,636**

Questions?

Kiran Sahota, MA
Sr. Manager, MHSA
805-981-2262
kiran.sahota@ventura.org

Hilary Carson, MSW
Program Administrator, MHSA INN
805-981-8496
hilary.carson@ventura.org

PROPOSED MOTION

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

Name: FSP Multi-Platform Data Exchange

Amount: Up to \$2,011,116 in MHSA INN funds

Project Length: Three (3) Years

AGENDA ITEM 4

Information

June 25, 2020 Commission Meeting

Reflections on our Work Through the Lens of Current Events: Racial Equity and COVID-19

Summary: The Commission will consider the implications of COVID-19 and racial equity on our current and prospective actions.

Presenter:

- Toby Ewing, Executive Director, MHSOAC

Enclosures: None

Handouts: TBD

AGENDA ITEM 5

Information

June 25, 2020 Commission Meeting

Executive Director Report Out

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

Presenter:

- Toby Ewing, Executive Director, MHSOAC

Enclosures (6): (1) Motions Summaries from the May 28 and June 11, 2020 Meetings; (2) Evaluation Dashboard; (3) Innovation Dashboard; (4) Calendar of Tentative Agenda Items; (5) Department of Health Care Services Revenue and Expenditure Reports Status Update; (6) Legislative Report to the Commission.

Handouts: None



**Motions Summary
 Commission Meeting
 May 28, 2020**

Motion #: 1

Date: May 28, 2020

Time: 9:36AM

Motion:

The Commission approves the April 23, 2020 Meeting Minutes as corrected.

Commissioner making motion: Commissioner Alvarez

Commissioner seconding motion: Commissioner Mitchell

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

Name	Yes	No	Abstain
1. Commissioner Alvarez	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Commissioner Anthony	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Danovitch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Vice Chair Madrigal-Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Chair Ashbeck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Motions Summary
Commission Meeting
May 28, 2020**

Motion #: 2

Date: May 28, 2020

Time: 10:06AM

Motion:

For each of the five (5) grants the Commission:

- *Authorizes the Executive Director to issue a “Notice of Intent to Award Youth Drop-In Center Grants to the following five applicants receiving the highest overall scores:*
 - **Beach Cities Health District**
 - **Peninsula Health Care District**
 - **Sacramento County Behavioral Health Services**
 - **The Regents of the University of California, Irvine**
 - **Wellnest, Emotional Health and Wellness**

- *Establishes June 4, 2020 as the deadline for unsuccessful bidders to file an “Intent to Appeal” letter*
- *Establishes that within five working days from the date MHSOAC receives the Intent to Appeal letter, the protesting Applicant must file with the MHSOAC a Letter of Appeal detailing the grounds for the appeal, consistent with the standard set forth in the Request for Applications*
- *Directs the Executive Director to notify the Commission Chair and Vice Chair of any protests within two working days of the filing and adjudicate protests consistent with the procedure provided in the Request for Applications*
- *Authorizes the Executive Director to execute the contract upon expiration of the protest period or consideration of protests, whichever comes first*

Commissioner making motion: Commissioner Berrick

Commissioner seconding motion: Commissioner Alvarez

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

Name	Yes	No	Abstain
1. Commissioner Alvarez	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Commissioner Anthony	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Danovitch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Gordon	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



12. Commissioner Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Vice Chair Madrigal-Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Chair Ashbeck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Motions Summary
Commission Meeting
May 28, 2020**

Motion #: 3

Date: May 28, 2020

Time: 11:07AM

Motion:

The Commission approves the following two San Bernardino County’s Innovation Plans with the instructions that the County address the community concerns presented at the May 28, 2020 meeting regarding the projects:

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

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

Commissioner making motion: Commissioner Anthony

Commissioner seconding motion: Commissioner Bunch

Motion carried 10 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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Bunch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Danovitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Vice Chair Madrigal-Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Chair Ashbeck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Motions Summary
Commission Meeting
May 28, 2020**

Motion #: 4

Date: May 28, 2020

Time: 11:48AM

Proposed Motion:

The Commission approves the following three (3) Fresno County’s Innovation Plans as follows:

- Name: **The LODGE: Researching Targeted Engagement Approach**
- Amount: Up to \$4,200,000 in MHSA INN funds
- Project Length: Three (3) Years

- Name: **Project Ridewell**
- Amount: Up to \$1,200,000 in MHSA INN funds
- Project Length: Three (3) Years

- Name: **Handle With Care Plus+**
- Amount: Up to \$1,527,000 in MHSA INN funds
- Project Length: Three (3) Years

Commissioner making motion: Commissioner Anthony

Commissioner seconding motion: Commissioner Wooton

Chair Ashbeck recused herself. Motion carried 10 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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Bunch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Danovitch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



12. Commissioner Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Vice Chair Madrigal-Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Chair Ashbeck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Motions Summary
Commission Meeting
May 28, 2020**

Motion #: 5

Date: May 28, 2020

Time: 12:09PM

Proposed Motion:

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

Commissioner making motion: Commissioner Brown

Commissioner seconding motion: Vice-chair Madrigal-Weiss

Motion carried 11 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Danovitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Vice Chair Madrigal-Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Chair Ashbeck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Motions Summary

**Commission Meeting
June 11, 2020**

Motion #: 1

Date: June 11, 2020

Time: 10:07AM

Motion:

The Commission approves all items on the Consent Calendar as presented.

Commissioner making motion: Commissioner Alvarez

Commissioner seconding motion: Commissioner Mitchell

Motion carried 12 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Bunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Danovitch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Vice Chair Madrigal-Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Chair Ashbeck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Motions Summary

**Commission Meeting
 June 11, 2020**

Motion #: 2

Date: June 11, 2020

Time: 10:32AM

Motion:

The Commission approves Fiscal Year 2019-20 expenditures.

Commissioner making motion: Vice Chair Madrigal-Weiss

Commissioner seconding motion: Commissioner Berrick

Motion carried 12 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Bunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Danovitch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Vice Chair Madrigal-Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Chair Ashbeck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Motions Summary

**Commission Meeting
June 11, 2020**

Motion #: 3

Date: June 11, 2020

Time: 11:16AM

Motion:

The Commission approves Tulare County’s Innovation Plan as follows:

- Name: **Advancing Behavioral Health**
- Amount: Up to \$6,000,000 in MHSA Innovation funds
- Project Length: Five (5) Years

Commissioner making motion: Commissioner Brown

Commissioner seconding motion: Commissioner Wooton

Motion carried 12 yes, 0 no, and 1 abstain, per roll call vote as follows:

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



Motions Summary

**Commission Meeting
June 11, 2020**

Motion #: 4

Date: June 11, 2020

Time: 11:29AM

Motion:

The Commission continues consideration of Tulare County’s Project Empath Innovation Plan to the June 25th Commission meeting to address Commissioner Danovitch’s concerns and the concerns heard during public comment.

Commissioner making motion: Commissioner Danovitch

Commissioner seconding motion: Commissioner Berrick

Motion carried 12 yes, 0 no, and 1 abstain, per roll call vote as follows:

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



Motions Summary

**Commission Meeting
June 11, 2020**

Motion #: 5

Date: June 11, 2020

Time: 11:55AM

Proposed Motion:

The Commission approves the following Mendocino County’s Innovation Plan, and requests the county to submit in writing within 30 days their plan to comply with COVID-19 safety protocols with special attention to living arrangements in close quarters, group settings, disinfecting, masks, and other requirements that are part of COVID-19 protocols:

- Name: **Healthy Living Community**
- Amount: Up to \$1,230,000 in MHSA Innovation funds
- Project Length: Five (5) Years

Commissioner making motion:

Commissioner seconding motion:

Motion carried 12 yes, 1 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Brown	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Bunch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Danovitch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Vice Chair Madrigal-Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Chair Ashbeck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Updates

Contracts

New Contract:

Total Contracts: **7**

Funds Spent Since the February Commission Meeting

Contract Number	Amount
17MHSOAC073	\$390,850
17MHSOAC074	\$390,850
17MHSOAC081	\$584,700
17MHSOAC085	\$66,936
18MHSOAC020	\$45,504
18MHSOAC040	\$155,126
19MHSOAC022	\$8,600
Total	\$1,642,566

Contracts with Deliverable Changes

[17MHSOAC073](#)

[17MHSOAC074](#)

[17MHSOAC081](#)

[17MHSOAC085](#)

[18MHSOAC040](#)

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

MHSOAC Staff: Kai Le Masson

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

Total Contract Amount: \$3,528,911.50

Total Spent: \$850,850

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

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

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

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

MHSOAC Staff: Rachel Heffley

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

Total Contract Amount: \$1,200,000

Total Spent: \$1,200,000

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

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

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

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

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

MHSOAC Staff: Rachel Heffley

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

Total Contract Amount: \$234,279

Total Spent: \$234,279

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

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

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

MHSOAC Staff: Rachel Heffley

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

Total Contract Amount: \$400,143

Total Spent: \$387,242

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

Deliverable	Status	Due Date	Change
Secure Data Management Platform	Complete	01/01/19	No
Data Management Support Services	In-Progress	06/30/20	No

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

MHSOAC Staff: Dawnte Early

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

Total Contract Amount: \$1,171,008

Total Spent: \$445,378

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

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

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

MHSOAC Staff: Rachel Heffley

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

Total Contract Amount: \$313,604

Total Spent: \$298,604

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

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

INNOVATION DASHBOARD JUNE 2020



UNDER REVIEW	Final Proposals Received	Draft Proposals Received	TOTALS
Number of Projects	6	16	22
Participating Counties (unduplicated)	5	8	13
Dollars Requested	\$5,145,465	\$27,717,567	\$32,863,032

PREVIOUS PROJECTS	Reviewed	Approved	Total INN Dollars Approved	Participating Counties
FY 2014-2015	N/A	26	\$128,853,402	16 (27%)
FY 2015-2016	N/A	23	\$52,534,133	15 (25%)
FY 2016-2017	33	30	\$68,634,435	18 (31%)
FY 2017-2018	34	31	\$149,219,320	19 (32%)
FY 2018-2019	53	53	\$303,143,420	32 (54%)

TO DATE	Reviewed	Approved	Total INN Dollars Approved	Participating Counties
FY 2019-2020	25	25	\$50,235,517	17 (29%)

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, and government holidays. FY: Fiscal Year (July 1st – June 30th)
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	San Mateo	Co-location of Prevention & Early Intervention Services in Low Income Housing	\$925,000	3.9 Years	10/2/2019	Pending
Under Review	San Mateo	PIONEERS (Pacific Islanders Organizing, Nurturing, and Empowering Everyone to Rise and Serve)	\$925,000	3.9 Years	10/2/2019	Pending
Under Review	San Mateo	Cultural Arts and Wellness Social Enterprise Café for Filipino/a/x Youth	\$2,625,000	5 Years	10/2/2019	Pending
Under Review	Sonoma	Using Cognitive Technologies to Create Client Care Plans	\$992,428	2 Years	11/13/2019	Pending
Under Review	Sonoma	EP-LHCN Multi-County Collaborative	\$475,311	4 Years	5/1/2020	Pending
Under Review	Sonoma	New Parent TLC	\$394,586	3 Years	3/5/2020	Pending
Under Review	Sonoma	Instructions Not Needed	\$689,860	3 Years	3/5/2020	Pending
Under Review	Sonoma	Nuestra Cultura Cura Social INN Lab (aka On the Move)	\$736,584	3 Years	3/10/2020	Pending
Under Review	Santa Clara	TECH SUITE for Community Health	\$6,000,000	3 Years	11/27/2019	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	Mendocino	Tech for Trauma	\$800,000	5 Years	10/16/2019	Pending
Under Review	Sacramento	Forensic Behavioral Health	\$9,000,000	4 Years	5/18/2020	Pending
Under Review	San Luis Obispo	BH Education & Engagement Team (BHEET)	\$963,197.00	4 Years	6/4/2020	Pending

DRAFT PROPOSALS

Status	County	Project Name	Funding Amount Requested	Project Duration	Draft Proposal Submitted to OAC	Final Project Submitted to OAC
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

FINAL PROPOSALS

Status	County	Project Name	Funding Amount Requested	Project Duration	Draft Proposal Submitted to OAC	Final Project Submitted to OAC
Under Final Review	Modoc	INN and Improvement through Data (IITD)-Extension	\$91,224	1 Year	3/4/2020	3/4/2020
Under Final Review	Modoc	Help @ Hand Extension	\$180,000	2 Years	3/4/2020	3/4/2020
Under Final Review	San Mateo	Addiction Medicine Fellowship	\$663,125	4 Years	10/2/2019	2/23/2020
Under Final Review	Ventura	FSP Multi-Platform Data Exchange	\$2,011,116	4 Years	2/28/2020	5/22/2020
Under Final Review	Mendocino	Tech for Trauma	\$800,000	5 Years	4/23/2020	6/5/2020
Under Final Review	Tulare	Project Empath	\$1,400,000	3 Years	2/13/2020	4/10/2020

APPROVED PROJECTS (FY 19-20)

County	Project Name	Funding Amount	Approval Date
Siskiyou	Integrated Care Project (extension)	\$518,180	August 2019
Alameda	Supportive Housing Community Land Trust	\$6,171,599	August 2019
Sutter-Yuba	iCARE (Innovative & Consistent Application of Resources and Engagement)	\$5,228,688	September 2019

APPROVED PROJECTS (FY 19-20)

County	Project Name	Funding Amount	Approval Date
Glenn	Crisis Response and Community Connections	\$787,535	September 2019
San Francisco	Addressing Socially Isolated Older Adults-EXTENSION	\$195,787	October 2019
San Luis Obispo	Holistic Adolescent Health	\$660,000	October 2019
San Luis Obispo	San Luis Obispo-Threat Assessment Program	\$879,930.40	October 2019
Napa	Statewide Early Psychosis Learning Health Care Network	\$258,480	November 2019
Butte	Physician Committed-EXTENSION	\$464,424	November 2019
El Dorado	Senior Nutrition & Health	\$900,000	January 2020
El Dorado	Community HUBS	\$250,000	February 2020
Stanislaus	NAMI On Campus	\$923,259	April 2020
Alameda	Funding for CPP and Stakeholder Input Project	\$750,000	5/13/2020
San Bernardino	Eating Disorder Collaborative	\$12,113,426	5/28/2020
San Bernardino	Cracked Eggs	\$1,568,143	5/28/2020
Fresno	The Lodge	\$4,200,000	5/28/2020
Fresno	Project Ridewell	\$1,200,000	5/28/2020
Fresno	Handle with Care +	\$1,527,000	5/28/2020
Sacramento	Multi-County FSP Project	\$500,000	6/5/2020
San Bernardino	Multi-County FSP Project	\$979,634	6/5/2020
Siskiyou	Multi-County FSP Project	\$700,001	6/5/2020

APPROVED PROJECTS (FY 19-20)

County	Project Name	Funding Amount	Approval Date
Ventura	Multi-County FSP Project	\$979,634	6/5/2020
Mendocino	Healthy Living Community	\$1,230,000	6/11/2020
Tulare	Advancing Behavioral Health	\$6,000,000	6/11/2020
Solano	ICCTM Extension	\$1,249,797	6/11/2020

Calendar of Tentative Commission Meeting Agenda Items

Proposed 6/15/2020

Agenda items and meeting locations are subject to change

June 25, 2020: Sacramento, CA (Teleconference)

Chair and Executive Director Announcements – 25 minutes

General Public Comment – 15 minutes

Potential Innovation Plan Approval – 60 minutes

- Ventura County seeks approval of \$2,011,116 in Innovation funding for their FSP Multi-Platform Data Exchange Innovation project
- Sacramento County seeks approval of \$9,536,739 in Innovation funding for their Forensic Behavioral Health Innovation project
- Tulare County seeks approval of \$1,400,000 in Innovation funding for their Project Empath Innovation project

July 25, 2020: Sacramento, CA (Teleconference)

Potential Innovation Plan Approval

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

Award Mental Health Student Services Act Contracts (Category 2)

The Commission will consider awarding contracts to the highest scoring applications in response to the Request for Applications to support the Mental Health Student Services Act.

Executive Director Performance Review (Closed Session at Lunch)

Prevention and Early Intervention Project Panel

The Commission is working to identify prevention and early intervention priorities, data monitoring, and technical assistance as directed by Senate Bill 1004 (Wiener, 2018). Commissioners will hear presentations from subject matter experts on opportunities to intervene early in the development of mental health needs, as well as the prevention of factors that may result in mental health needs.

Thematic PEI Presentation

The Commission will be presented with findings from a descriptive analysis of Prevention and Early Intervention programs along with services and outcomes, and will also include a presentation on the considerations for how this information can be used to support the Commission's Prevention and Early Intervention Project.

OAC Budget Overview

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

Calendar of Tentative Commission Meeting Agenda Items

Proposed 6/15/2020

Agenda items and meeting locations are subject to change

Legislative Priorities for 2020

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

Executive Director Report Out

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

August 27, 2020: Sacramento, CA (Teleconference)

Research & Evaluation Transparency Suite and Strategic Plan for the Research & Evaluation Division

The Commission will hear about the Strategic Plan for the Research and Evaluation Division and see a demo of the newly redesigned Transparency Suite

Award Early Psychosis Intervention Contracts

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

Potential Innovation Plan Approval

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

Legislative Priorities for 2020

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

Mental Health in the Workplace Panels

This second public hearing on the Mental Health in the Workplace project will explore research and policy recommendations to support voluntary workplace mental health standards. Panelists will provide testimony on strategies and models in the US and internationally to support workplace mental health.

Executive Director Report Out

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

September 24, 2020: Sacramento, CA (Teleconference)

Potential Innovation Plan Approval

Calendar of Tentative Commission Meeting Agenda Items

Proposed 6/15/2020

Agenda items and meeting locations are subject to change

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

Election of the MHSOAC Chair and Vice-Chair for 2021

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

Legislative Priorities for 2020

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

Executive Director Report Out

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

October 22, 2020: Sacramento, CA (Teleconference)

Potential Innovation Plan Approval

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

Legislative Priorities for 2020

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

Executive Director Report Out

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

November 19, 2020: Sacramento, CA (Teleconference)

Potential Innovation Plan Approval

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

Legislative Priorities for 2020

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

Executive Director Report Out

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

DHCS Status Chart of County RERs Received
June 25, 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 May 28h, 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
 June 25, 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	
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
 June 25, 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
 June 25, 2020 Commission Meeting

County	FY 17-18 Electronic Copy Submission Date	FY 17-18 Return to County Date	FY 17-18 Final Review Completion Date	FY 18-19 Electronic Copy Submission Date	FY 18-19 Return to County Date	FY 18-19 Final Review Completion Date
Santa Clara	12/27/2018		1/2/2019	12/13/2019	12/16/2019	12/31/2019
Santa Cruz	12/31/2018	1/3/2019	1/7/2019	1/2/2020	1/7/2020	1/29/2020
Shasta	12/13/2018	12/17/2018	1/2/2019	12/18/2019	12/23/2019	12/30/2019
Sierra	12/28/2018		1/2/2019	12/19/2019	12/26/2019	1/29/2020
Siskiyou	9/3/2019	9/3/2019	9/24/2019	4/6/2020	4/8/2020	4/23/2020
Solano	12/31/2018	1/3/2019	2/21/2019	12/30/2019	1/2/2020	1/27/2020
Sonoma	1/16/2019	1/29/2019	2/1/2019	12/18/2019	12/26/2019	1/23/2020
Stanislaus	12/26/2018		1/3/2019	12/31/2019	1/3/2020	1/3/2020
Sutter-Yuba	1/7/2019	1/28/2019	1/31/2019	1/2/2020	1/6/2020	1/15/2020
Tehama	6/20/2019		8/12/2019			
Tri-City	12/31/2018	1/3/2019	1/30/2019	12/30/2019	12/31/2019	1/14/2020
Trinity	1/30/2019		2/7/2019	2/10/2020	2/10/2020	2/14/2020
Tulare	12/19/2018	12/21/2018	12/26/2018	12/19/2019	12/23/2019	12/23/2019
Tuolumne	12/11/2018	12/12/2018	12/12/2018	10/21/2019	10/23/2019	10/25/2019
Ventura	12/20/2018		12/21/2018	1/13/2020	1/16/2020	1/31/2020
Yolo	1/30/2019	1/31/2019	1/31/2019	12/20/2019	12/24/2019	1/3/2020
Total	59	39	59	58	56	57

2020 Legislative Report to the Commission As of June 16, 2020

SPONSORED LEGISLATION

Assembly Bill 2112 (Ramos)

Title: Suicide Prevention

Summary: Would authorize the State Department of Public Health to establish the Office of Suicide Prevention within the department and would specify authorized responsibilities of the office if established, including, among other things, providing strategic guidance to statewide and regional partners regarding best practices on suicide prevention and reporting to the Legislature on progress to reduce rates of suicide. The bill would authorize the office to apply for and use federal grants.

Commission's Position:

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

On June 4, 2020, AB 2112 was amended.

As amended on June 4, 2020 AB 2112 supports the recommendation in the Commission's 2019 report "Striving for Zero" and authorizes, but does not require, the establishment of the Office of Suicide Prevention within the Department of Public Health and supports the core recommendations in the report.

Status/Location: In Senate - June 11, 2020

Co-Sponsors: California Alliance of Child and Family Services

SUPPORTED LEGISLATION

Senate Bill 803 (Beall)

Title: Mental health services: peer support specialist certification.

Summary: Requires the Department of Health Care Services to establish a program for certifying peer support specialists. The bill also requires DHCS to amend its Medicaid state plan and to seek any federal waivers or state plan amendments to implement the certification program.

Commission's Position:

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

On March 26, 2020, SB 803 was amended.

As amended, the bill requires the Department of Health Care Services instead of the Department of Consumer Affairs to establish a program for certifying peer support specialists; requires Department of Health Care Services to amend its Medicaid state plan and to seek any federal waivers or state plan amendments to implement the certification program.

Amendments to the bill will also allow the Department of Health Care Services to use Mental Health Services Act funds to develop and administer the peer support specialists program, subject to an express appropriation in the annual Budget Act, and for the purposes of claiming Federal financial participation.

Status/Location: Senate Appropriations Suspense- Hearing on June 18, 2020.

Senate Bill 854 (Beall)

Title: Health care coverage: substance use disorders.

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

Commission's Position:

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

On April 24, 2020, SB 854 was amended.

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

Status/Location: Senate – Dead.

Senate Bill 855 (Wiener)

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

Summary: The California Mental Health Parity Act requires every health care service plan contract or disability insurance policy issued, amended, or renewed on or after July 1, 2000, that provides hospital, medical, or surgical coverage to provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses of a person of any age, and of serious emotional disturbances of a child under the same terms and conditions applied to other medical conditions, as specified. Existing law requires those benefits to include, among other things, outpatient services, inpatient hospital services, partial hospital services, and prescription drugs, if the plan contract or policy includes coverage for prescription drugs. This bill would revise and recast those provisions, and would instead require a health care service plan contract or disability insurance policy issued, amended, or renewed on or after January 1, 2021, provide coverage for medically necessary treatment of mental health and substance use disorders, as defined, under the same terms and conditions applied to other medical conditions.

Commission's Position:

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

On May 19, 2020, SB 855 was amended.

Amendments to Senate Bill 855 strengthens the California Parity Act to require that insurers cover medically necessary treatment for all mental health and substance use disorders, not just emergency care.

As recommended by the Senate Health Committee, the author amendments remove language within the jurisdiction of the Senate Judiciary Committee. Due to the COVID-19 pandemic, the timeline for the 2020 Legislative Session does not allow this bill to be referred and heard by more than one committee.

Status/Location: Senate Appropriations Suspense- Hearing on June 18, 2020.

TECHNICAL ASSISTANCE

Assembly Bill 2265 (Quirk-Silva)

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

Summary: Authorizes funding from the Mental Health Services Act, to be used to treat a person with cooccurring mental health and substance use disorders when the person would be eligible for treatment of the mental health disorder as state in the MHSA. The bill also authorizes the use of MHSA funds to assess whether a person has cooccurring mental health and substance use disorders and to treat a person who is preliminarily assessed to have cooccurring mental health and substance use disorders, even when the person is later determined not to be eligible for services provided with MHSA funds. The bill would require a person being treated for cooccurring mental health and substance use disorders who is determined to not need the mental health services that are eligible for funding pursuant to the act, to be, as quickly as possible, referred to substance use disorder treatment services.

Commission's Position:

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

On May 20, 2020, SB 855 was amended.

Amendments to AB 2265 are consistent with the direction from the Commission and the Executive Director worked with Commissioner Danovitch to develop the language for the amendments.

Status/Location: In Senate – June 9, 2020.

Assembly Bill 3229 (Wicks)

Title: Maternal mental health

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

Commission's Position:

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

Status/Location: Assembly – Dead.

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