
State of California

**MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION**

Minutes of Teleconference Meeting
May 27, 2021

MHSOAC
1325 J Street, Suite 1700
Sacramento, CA 95814

924-8660-3658; Code 806316

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
Ken Berrick
Sheriff Bill Brown
Keyondria Bunch, Ph.D.

Steve Carnevale
Shuonan Chen
Itai Danovitch, M.D.
David Gordon
Khatera Tamplen

Members Absent:

John Boyd, Psy.D.
Assembly Member Wendy Carrillo
Gladys Mitchell
Tina Wooton

Staff Present:

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

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

CALL TO ORDER AND WELCOME

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

Chair Ashbeck reviewed the meeting protocols and gave the announcements as follows:

Announcements

- The next MHSOAC meeting is scheduled for Thursday, June 24th. The agenda will be posted on June 14th. She noted that no Commission meeting is scheduled in July.
- The Commission sponsored the Psychiatric Advance Directives and the Importance of Choice Symposium on May 5, 2021, in partnership with the Saks Institute for Mental Health Law, Policy, and Ethics as part of the Commission's Innovation Incubator work.
- The Commission sponsored a webinar with Solano County around its Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) viewed through a forensic lens as part of a series provided by the Forensic Mental Health Association.
- Through the delegated authority to the Chair, Sonoma County's Innovation Project Nuestra Cultura Cura Innovation Lab and request for up to \$736,584 of Innovation funding was approved to increase knowledge and access to underserved or unserved groups. Staff analysis and information on this Innovation Project is included in the meeting materials.
- Through the Commission's development of the Mental Health Services Act (MHSA) Transparency Suite, it has come to the Commission's attention that a number of counties may have reported Innovation expenditures on their 2014-15 through 2016-17 Annual Revenue and Expenditure Reports that did not receive prior Commission approval. Staff is working to identify the issues. The Commission will continue to consider Innovation projects for approval until these items are reconciled.
- On May 13th, the Cultural and Linguistic Competency Committee (CLCC) held their third meeting for 2021. They heard a presentation on the Commission's involvement on the Capitol Collaborative on Race and Equity (CCORE). The meeting included members of the public as well as members of the Client and Family Leadership Committee (CFLC). The goal of the meeting was to gather input from the two Committees and the public on the Commission's Racial Equity Action Plan.
- The Calendar of Tentative Commission Meeting Agenda Items is also included in the meeting materials.

Research and Evaluation Work Update

Commissioner Danovitch provided a brief update of the work of the Research and Evaluation Committee since the last Commission meeting:

- The Committee did outreach and engagement with stakeholders to receive feedback on seven Transparency Dashboards that will soon be released.
- The Commission attained access to two decades of California's birth and death records. This data will be linked with mental health consumer data, which will enable access to mortality rates for a wide range of mental health consumers.

Commissioner Danovitch stated the Research and Evaluation Division has been effectively disseminating the Commission's work in this space. He stated staff took part in a presentation panel at this month's SAS Global Forum. The work of the Research and Evaluation Division was also featured in an online Health IT Analytics article entitled "How Big Data Insights Can Lead to Better Mental Health Care – Using Big Data Collected from Different Public Systems, California's Mental Health Services Oversight and Accountability Commission Delivers Enhanced Mental Health Care."

Commissioner Danovitch stated the next Research and Evaluation Committee meeting is scheduled for June 17th from 1:00 p.m. to 4:00 p.m. The focus of the meeting will be to get feedback on the Mental Health Evaluation Framework for School-Aged Youth.

Roll Call

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

Chair Ashbeck stated Ms. Yeroshek's last day with the Commission is June 4th. She thanked Ms. Yeroshek for her leadership, guidance, and years of service with the Commission and wished her all the best in her new role.

Commissioners and members of the public expressed their thanks, appreciation, and gratitude for Ms. Yeroshek and her work over the years.

GENERAL PUBLIC COMMENT

Mary Ann Bernard, lawyer, family member, and advocate for the severely mentally ill, stated the severely mentally ill is the group the MHSA was adopted by the voters to help. The speaker stated advocates gave up on this Commission years ago when only one Commissioner seemed interested in helping the individuals the MHSA was enacted to help.

Mary Ann Bernard stated they sent letters to Commissioners reminding them that, when rethinking prevention and early intervention, the MHSA states the Commission "shall" also include components similar to programs that have been successful in reducing the duration of severe mental illness and assisting individuals in quickly regaining productive lives. Prevention and early intervention include relapse prevention and early intervention in relapses for individuals who are already severely mentally ill.

Mary Ann Bernard stated this mandate can be easily complied with by sending prevention and early intervention funds to two vital programs that are already in MHSA Section 5813.5(f). The speaker stated putting individuals who are severely mentally ill in jail is costly, cruel, and dangerous to them and the public. The speaker asked that prevention and early intervention funding be used for relapse prevention and early intervention programs for individuals who already have severe mental illness.

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), respectfully requested that the Commission form a Legislative Committee. The speaker asked what the decisions on bills to consider are based upon. Also, the legislative priorities to be voted on later in the agenda include Senate Bill (SB) 465, but the County Behavioral Health Directors Association (CBHDA) that opposes the bill was not invited to present and will only have the opportunity to speak during public comment. The Commission should hear public comment on which bills to vote upon and why and should hear both sides of the bills.

Poshi Walker, LGBTQ Program Director, Cal Voices, echoed Stacie Hiramoto's request for a Legislative Committee. The speaker stated it will be helpful for Commissioners, a venue for valuable discussion, and a more informed vote on legislative issues.

Poshi Walker suggested thinking about future meetings now that most individuals are vaccinated. In the past, individuals who were unable to be in attendance in person could only listen in and not fully participate in meaningful ways. The speaker stated his preference for in-person meetings; however, the speaker stated Zoom has allowed stakeholders to attend and participate in ways that were not possible before. The speaker suggested considering a hybrid model when returning to in-person meetings that would allow individuals to attend from across the state in a meaningful way.

Poshi Walker respectfully asked that everyone use strength-based language when speaking about mental health and mental illness. People are not schizophrenic or mentally ill, they are individuals living with schizophrenia, mental illness, or mental health challenges. People are human beings with other aspects to their lives.

Rachel Mino, Senior Attorney, Law Foundation of Silicon Valley, expressed strong support for the Independent Living Empowerment Project and encouraged the Commission to approve the proposal to invest MHSA funds for the development, staffing, and implementation of the program.

Steve McNally, family member, thanked Ms. Yeroshek for setting an expectation in understanding.

Steve McNally asked about Assembly Bill (AB) 1331 to support a statewide director of crisis services. While they are not against having someone in that role, the speaker asked why it is necessary in California for legislation to mandate that there be local implementation of a Substance Abuse and Mental Health Services Administration (SAMHSA) toolkit. The speaker stated it is worrisome how far the state has gone away from local implementation of mental health funds in the state.

Steve McNally stated the 17th Annual Evening with the Stars, hosted by the San Bernardino County Behavioral Health Commission, will be held tomorrow night. It proves that counties can do more to raise the focus of mental health.

Steve McNally stated Riverside County has done an MHSA advertising campaign on Facebook where approximately 3,000 individuals attended their 40-minute video. It is difficult for communities to know what is going on through the filters. The speaker asked Commissioners to close the loop at the local level.

Lorraine Zeller, MHSA Steering Committee, County of Santa Clara; Coordinator, Community Living Coalition, spoke in support of the Independent Living Empowerment Project, which is on page 211 of the meeting materials. The speaker asked for the Commission's approval of the project.

Uday Kapoor, Board of Directors, National Alliance on Mental Illness (NAMI), Santa Clara County, spoke in support of the Independent Living Empowerment Project. The speaker asked for the Commission's approval of the project.

Elisa Koff-Ginsborg, Executive Director, Behavioral Health Contractors Association, spoke in support of the Independent Living Empowerment Project. The speaker asked for the Commission's approval of the project.

Mark Karmatz, consumer and advocate, stated there will be a meeting on certified peer specialists at 2:00 p.m. today in Los Angeles, hosted by the CBHDA. The speaker stated concern that stakeholders were not involved in those meetings. The speaker asked for additional information on AB 465 and AB 1331.

Jennifer Jones, Consumer Affairs Program Manager, Santa Clara County, and member of the MHSOAC CFLC, spoke in support of the Independent Living Empowerment Project. The speaker asked for the Commission's approval of the project. The speaker shared that they are changing positions to the Mobile Crisis Response Team next week.

Kathy Forward, NAMI Santa Clara County, spoke in support of the Independent Living Empowerment Project. The speaker asked for the Commission's approval of the project.

ACTION

1: Approve April 22, 2021, MHSOAC Meeting Minutes

Chair Ashbeck stated the Commission will consider approval of the minutes from the April 22, 2021, teleconference meeting.

Public Comment

No public comment.

Commissioner Questions and Discussion

Chair Ashbeck asked for a motion for approval of the minutes.

Commissioner Berrick made a motion to approve the April 22, 2021, teleconference meeting minutes.

Commissioner Danovitch seconded.

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

- *The Commission approves the April 22, 2021, Teleconference Meeting Minutes as presented.*

Motion carried 8 yes, 0 no, and 2 abstain, per roll call vote as follows:

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

The following Commissioners abstained: Commissioners Bunch and Tamplen.

ACTION

2: Ventura County Innovation Plan

Presenter:

- Hilary Carson, MSW, Senior MHS Program Administrator, Ventura County Behavioral Health

Commissioner Berrick recused himself from the discussion and decision-making with regard to this agenda item pursuant to Commission policy.

Chair Ashbeck stated the Commission will consider approval of \$3,080,986 in Innovation funding for Ventura County's Mobile Mental Health Innovation Project. She asked the county representative to present this agenda item.

Hilary Carson, MSW, Senior MHS Program Administrator, Ventura County Behavioral Health, provided an overview, with a slide presentation, of the need, proposed project to address the need, community planning process, and budget of the proposed Mobile Mental Health Innovation Project.

Commissioner Questions

Commissioner Bunch asked if the proposed Innovation Project will be a step-down for clients coming off of 5150s and psychiatric holds or if that is a future goal.

Ms. Carson stated clients would not necessarily come down from a 5150, if they were able to get treatment. It is more for individuals who were attempting to get hospitalized or in a hold in an emergency room and nothing opened up for them. She stated it is meant to be a support similar to a follow-up appointment.

Commissioner Bunch asked if the mobile team will also transport, if there is a need for a 5150 while out in the field,

Ms. Carson stated it is still to be determined. She stated the mobile team will have the ability to transport, but that is not their primary focus. The county also has a crisis team and a Rapid Integrated Support and Engagement (RISE) team that can assist in transportation. She stated it will depend on the contractor and what makes the most sense.

Commissioner Bunch asked for additional detail on the culturally responsive mental health services.

Ms. Carson stated the county does a wide variety of cultural competency trainings, but the literature review showed that these might not be enough. The staff needs to feel comfortable not only engaging but outreaching to individuals who may be different from them and to make everyone feel welcome. This may be done in a variety of ways such as engaging with partner organizations, doing well-documented trainings, and working with the Request for Proposals (RFP) awardees.

Vice Chair Madrigal-Weiss asked about the engagement of youth, if information was gathered from homeless youth, and if there was a connection with the county office of education and homeless liaison projects. She stated there has been a rise in substance use in youth. She asked about planning around that.

Ms. Carson stated the county education department is working closely with the school homeless outreach liaison. The locations of focus have yet to be determined. She stated the county will be working with the RFP recipients for the first year to determine other county entities where there may be the most interest and greatest need and also areas where the program does not need to be consistent but is still important to engage with those communities.

Commissioner Danovitch stated the presentation materials can make a stronger case for what specifically is innovative about this project versus other similar programs that have been implemented. He stated the presenter mentioned that the plan is yet to be determined; yet, the plan around sustainability is critical, especially with the high likelihood that it will be effective.

Commissioner Danovitch stated the evaluation plan must address what key stakeholders and the county need to know to make decisions to continue to support this project over time, if it is effective. Otherwise, what is needed in order to sustain it may not be learned. This is critical to address prior to launching the proposed project.

Commissioner Danovitch stated part of the interest in this project was individuals waiting in the emergency department until their holds expire, but none of the evaluation metrics looked at holds, emergency department utilization, or emergency department boardings. He suggested measuring that if the expectation is that this project will influence that. He stated he would only vote to approve this plan if the sustainability factors were specified and the evaluation would answer necessary questions so, if successful, the proposed project could be sustained over time.

Ms. Carson stated staff also brought up some of Commissioner Danovitch's concerns. She stated the county has been thinking about those issues. For sustainability, she stated the county has a commitment from her department to continue funding the project and has tentative commitments from partner agencies. For evaluation, the county is hoping to track some of Commissioner Danovitch's suggestions. She noted that much of that data belongs to partner agencies rather than to Ventura County Behavioral Health, so the county did not want to commit to that in the evaluation not knowing if they will be given access to that data.

Commissioner Danovitch stated the County Counsel in Los Angeles County has determined that the clock for holds does not begin until individuals enter Lanterman Petris Short (LPS) facilities. This makes the proposed project more pressing, but it means that individuals at high risk do not have to be released from emergency departments when their holds expire because their hold time has not yet begun. He stated that may be worth exploring with Ventura County's legal department.

Chair Ashbeck stated County Counsels interpret that law differently across the state. She echoed Commissioner Danovitch's comments. She stated the hope that the county will be given access to that data from the partner agencies. She suggested more specificity on that data.

Chair Ashbeck stated, in the evaluation metrics, nothing is measured on the human level outcome such as the frequency of returning to the emergency department or the variation of time spent in the emergency department. Human and system outcomes are important to measure and will help make the case for sustainability with partners.

Commissioner Carnevale agreed with Commissioner Danovitch and Chair Ashbeck. He stated the proposed project seems like an essential service to be provided, but he stated the need to better understand other areas of the state where this is being done, if it has been modeled after anything, or if it is innovative. If innovative, it is essential that the results be measured because, if successful, it should be rolled out across the state as quickly and effectively as possible.

Ms. Carson stated seven other counties were doing some kind of mobile mental health project – some were more focused on prevention services while others were focused on specific communities. She stated the component that set Ventura County apart is the partnership with the health care agency to enable ongoing measurements for some of the comorbidities that take place for individuals diagnosed with a serious mental illness. She noted that the county modeled some of the proposed project from the nationwide literature.

Ms. Carson stated the county is open to adding or revising questions on the evaluation plan. The RFP is not yet written. She stated the hope that she is not underplaying the county's confidence in getting some of the data because they have the advantage of the Full-Service Partnership (FSP) data exchange. Some of this is already set to happen within eight months to a year. She stated it would not be difficult to ask for broader data sets than the FSP data.

Commissioner Gordon asked what has been done to build receptivity to the utilization of a van in the communities that are most difficult to serve. He stated reluctance to come into a brick-and-mortar facility may be no different with a van, unless something is done in the community to let them know it provides a culturally competent approach to service.

Ms. Carson stated the mobile team will need to consistently build relationships and dependability in the community. The county is working with and leveraging entities that are already working successfully with these populations to build awareness of the mobile unit's approach, capabilities, and scheduling.

Chair Ashbeck suggested reaching out to Fresno County to learn about their central service sections and their mobile unit, based at the back of a food truck.

Public Comment

Poshi Walker stated the presenter used the term “cultural adeptness” in the presentation to make the people feel welcome and the staff feel comfortable with the clients they are servicing. The speaker cautioned that, especially for the LGBTQ community and other racial and ethnic groups, having a staff member feel comfortable does not necessarily equal competent care. Also, when someone thinks they are being welcoming, oftentimes it looks like “I accept you,” but that kind of language is not enough and still sends the message that there is something wrong with the person that needs to be accepted.

Poshi Walker stated, when someone is in crisis, especially if they are in crisis because of rejection and discrimination for being LGBTQ, it is vitally important that they are not additionally harmed or that their needs are misunderstood or ignored because the person serving them does not understand. The speaker recommended contracting with LGBTQ agencies or providers in the area to do responses to LGBTQ individuals. Also, there may be other cultural and linguistic issues going on.

Poshi Walker cautioned not to expect one person to be competent in all the letters of the LGBTQ acronym.

Mark Karmatz asked if the proposed project will include certified peer specialists.

Ms. Carson stated the project includes certified peer specialists but it is up to the contractor to determine the number.

Commissioner Discussion

Chair Ashbeck asked for a motion to approve Ventura County’s Mobile Mental Health Innovation Project.

Commissioner Danovitch moved the staff recommendation, with a strong recommendation to establish an evaluation plan that addresses the sustainability factors that are identified in the analysis.

Vice Chair Madrigal-Weiss seconded.

Commissioner Bunch offered a friendly amendment to request that staff work with the county.

Commissioner Danovitch agreed that staff should be available to support the process but stated the county should decide where to look for that assistance. He rejected the friendly amendment.

Chair Ashbeck stated the original motion stands with the understanding that staff will be a potential resource to the county.

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

The Commission approves Ventura County's Innovation Plan with a strong recommendation to establish an evaluation plan that addresses the sustainability factors that are identified in the analysis, as follows:

Name: Mobile Mental Health

Amount: Up to \$3,080,986 in MHSA Innovation funds

Project Length: Four (4) Years

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

The following Commissioners voted "Yes": Commissioners Alvarez, Bunch, Carnevale, Chen, Danovitch, Gordon, and Tamplen, Vice Chair Madrigal-Weiss, and Chair Ashbeck.

Commissioner Berrick rejoined the meeting.

ACTION

3: Los Angeles County – Trieste (aka Hollywood 2.0) Innovation Project

Presenter:

- Jonathan E. Sherin, M.D., Ph.D., Director of Mental Health, Los Angeles County

Commissioner Bunch recused herself from the discussion and decision-making with regard to this agenda item pursuant to Commission policy.

Chair Ashbeck stated the Commission approved Los Angeles County's Trieste (aka Hollywood 2.0) Innovation Project for five years with an Innovation budget of up to \$116,750,000 on May 23, 2019. At that time, the county proposed to fund the Trieste Project solely with Innovation funds to allow for maximum flexibility to create a comprehensive recovery-informed mental health system funded 100 percent with MHSA Innovation funds.

Chair Ashbeck stated, according to the Los Angeles County letter dated April 13th, which is included in the meeting materials, the county indicates that due to the COVID-19 pandemic, they had to shift their priorities based upon the direction of the board of supervisors, the needs of their clients, and the needs of the new clients who have emerged because of the pandemic. Los Angeles County is now requesting to leverage Medi-Cal drawdown as a funding source for the Trieste Project, instead of solely funding the project with Innovation dollars.

Chair Ashbeck directed Commissioners' attention to the staff report, included in the meeting materials, which included possible questions to guide the discussion. She asked the county representative to present this agenda item.

Jonathan E. Sherin, M.D., Ph.D., Director of Mental Health, Los Angeles County, provided an update on the project, reviewed what has remained unchanged, and listed the proposed changes to the project necessitated by the fiscal challenges and

uncertainties of the COVID-19 pandemic, as outlined in his letter of April 13th, the staff report, and the project summary, which were included in the meeting materials.

Commissioner Questions

Commissioner Berrick stated he was one of the individuals who was concerned about the original plan leaving the federal match on the table. He stated, although he understood why the county made that choice, he was thrilled to see the county moving in this direction and hoped it will be instructive for the whole state on how to do this. He encouraged the county to take the opportunity to document the barriers that are created by the current funding system to help inform how this is transformative. He stated the hope that the changes made to the program will not change the texture and nature of the original intent.

Chair Ashbeck stated this Innovation Plan started in 2019. She asked about the current timeline of the plan.

Dr. Sherin stated the county has been working on many things in order to launch the program with the hope of moving the project forward by July of this year, and, even with the COVID-19 pandemic, that is still a possibility. He stated the hope to begin identifying and committing to various types of housing, expanding FSP, looking for peer respite sites, and engaging property owners by July 1st of this year.

Commissioner Tamplen asked if service providers will still receive training on how to use recovery-focused, whole person approaches to care while complying with documentation requirements.

Dr. Sherin stated the county developed a powerful and safety-net-oriented partnership with UCLA called the Public Partnership for Wellbeing, which is a massive training component that focuses on FSP work. It is a significant sophisticated training capacity that will be focused on this project as needs arise.

Commissioner Tamplen asked how the removal of technology development and changes resulting from the COVID-19 pandemic have changed the timeline and budget.

Dr. Sherin stated the changes expedite the program. The budget should not be decreased – the homeless population has grown during the COVID-19 pandemic, which may require a significant increase in the number of FSP teams and the amount of housing.

Public Comment

Elan Shultz, Senior Health Deputy, Office of Supervisor Sheila Kuehl, who represents the Hollywood area as well as much of the Northern and Western City of Los Angeles and the San Fernando Valley, spoke in support of the proposed changes to the Trieste Innovation Project.

Samuel Liu, Deputy Chief of Staff, Office of State Senator Ben Allen, who represents the West side, Coastal South Bay, and Hollywood Region in the State Legislature, spoke in support of the proposed changes to the Trieste Innovation Project.

Aditi Shakkarwar, Field Representative, Office of Assemblymember Richard Bloom, who represents the assembly districts, which includes Hollywood, spoke in support of the proposed changes to the Trieste Innovation Project.

Andrea Conant, Deputy Chief of Staff and District Director, Los Angeles City Councilmember Mithai Ramen, spoke in support of the proposed changes to the Trieste Innovation Project.

Sean Starkey, Los Angeles City Councilmember Mitch O'Ferrell, who represents the 13th district, which includes the Hollywood entertainment district and much of Hollywood's residential area, spoke in support of the proposed changes to the Trieste Innovation Project.

Maggie Merritt, Executive Director, Steinberg Institute, spoke in support of the proposed changes to the Trieste Innovation Project.

Steve Leoni, consumer and advocate, spoke in opposition to the proposed changes to the Trieste Innovation Project. The speaker stated changes remove a major part of what the original process was about. California Advancing and Innovating Medi-Cal (CalAIM) does not change the fact that billing for Medi-Cal must address illness, not recovery. The question about how a treatment will help a person recover is never asked; instead, the question is how it addresses symptoms or illness. This has tripped up the MHSA since the beginning. The speaker stated, by eliminating three of the five system changes in the original project, including a recovery-informed reimbursement system and recovery-informed documentation, major parts of the intended freedoms are lost.

Steve Leoni stated the project was meant to be cost-neutral and without a federal drawdown. The speaker requested reconsidering the amount of MHSA funding given for this project, now that a federal drawdown is required. The speaker stated nothing will be demonstrated without a cost-neutral demonstration project except that throwing millions of dollars at something might fix it. That is not what Innovation funding is for.

Steve Leoni was skeptical about the homeless issue. The speaker stated the bottom line is that there is not enough housing to go around and individuals who are poor get caught up in that, including individuals with mental illness. Continuing to support people in housing drains funding. Los Angeles is currently under court order to get the homeless off the street. The speaker stated it would be very upsetting to drain mental health funds for this purpose. That is not what the Commission should be doing.

Mark Karmatz stated Los Angeles County has a serious homeless issue. The speaker suggested listening to Doors to Wellbeing workshops.

Commissioner Discussion

Chair Ashbeck stated the fundamental change request is to change the Innovation funding model to eliminate the recovery-informed reimbursement system to rely on Medi-Cal. She stated concern was stated during public comment that this conceptually changes how the original project was framed. She agreed with Dr. Sherin that the Commission would like to hear regular updates on how the project is rolling out and how the changes might adjust the overall budget or expenditure plan.

Chair Ashbeck asked for a motion to approve the proposed changes to the project.

Commissioner Berrick moved to approve the proposed changes.

Commissioner Danovitch seconded.

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

The Commission approves Los Angeles County's request to change the reimbursement system that was in the original Trieste Innovation project plan and requests the County provide updates to the Commission every six months.

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

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

Commissioner Bunch rejoined the meeting.

BREAK

ACTION

4: Santa Clara County Innovation Plan

Presenter:

- Jeanne Moral, Program Manager III, County of Santa Clara Behavioral Health Services, Systems Initiatives, Planning and Communication

Chair Ashbeck stated the Commission will consider approval of \$27,949,227 in Innovation funding for Santa Clara County's Community Mobile Response (CMR) Program Innovation Project. She asked the county representative to present this agenda item.

Jeanne Moral, Program Manager III, County of Santa Clara Behavioral Health Services, Systems Initiatives, Planning and Communication, provided an overview, with a slide presentation, of the need, proposed project to address the need, community planning process, and budget of the proposed Community Mobile Response Program Innovation Project.

Commissioner Questions

Commissioner Bunch asked how this plan is innovative and differs from other counties' mobile crisis teams.

Ms. Moral referred to Presentation Slide 3, CMR Planning and Community Input, and reviewed the proposed program's five innovative approaches: family involvement, prevention focused, access through a trusted community phoneline, transformed trauma informed mobile response vehicle, and community collaborators and highlighted

innovative components. She noted that the county is adapting the Crisis Assistance Helping Out on the Streets (CAHOOTS) model from Eugene, Oregon.

Chair Ashbeck stated there are several mobile service Innovation plans throughout the counties. She asked staff to incorporate comparisons of similar Innovation plans into the staff analysis or the county reports.

Chair Ashbeck asked if the project will use 9-1-1 for intake.

Ms. Moral stated a separate three-digit number will be assigned that is not associated with government or public safety.

Commissioner Brown asked how calls will be triaged and teams dispatched, how the county will make the determination who responds to a mental health crisis, and how to ensure that the mobile team will be protected in circumstances with the potential for violence or the use of violence if the call is made to 9-1-1.

Ms. Moral stated both the call center and onsite field service teams will be operated by a community-based organization that will be tasked with building out the triage and workflow shown in the presentation slides in terms of safety. They will also be tasked with communicating with and educating the public safety partners on how to patch through a call to the CMR.

Commissioner Brown stated Santa Clara County would essentially have three different types of teams to respond to crisis calls in the field. Each team will be equipped and staffed differently. There is a potential for an incorrect response to occur when the wrong team is dispatched to the wrong call. He stated concern of the county's potential to be put in a position of not having the properly trained and equipped team at a particular type of call, such as when someone is causing a disturbance. He cautioned against being put in a position where the safety of the callers and responders are put in jeopardy in this effort to eliminate law enforcement from the equation.

Public Comment

Sparky Harlan, CEO, Bill Wilson Center, spoke in support of the proposed project.

Elise Koff-Ginsborg, Executive Director, Behavioral Health Contractors Association, spoke in support of the proposed project.

Adrienne Shilton, Senior Policy Advocate, California Alliance of Child and Family Services, spoke in support of the proposed project.

Don Taylor, Executive Director, Uplift Family Services, spoke in support of the proposed project.

Mary Glomer, CEO, Project Safety Net, spoke in support of the proposed project.

Poshi Walker thanked the county for mentioning family of choice for LGBTQ individuals. The speaker suggested looking at the Family Acceptance Project interventions, especially for youth, so that families who are maybe causing problems can come together.

Poshi Walker stated concern that this project is being questioned as not being innovative. The Commission is not consistent not only with how Innovation is defined,

but when it is or is not held up as a criteria. The speaker stated ze would much rather see a project like this funded than the funding be reverted and put toward CSS, for example.

Poshi Walker stated LGBTQ individuals are also afraid of contacting law enforcement. The speaker responded to Commissioner Brown's question about responding to a situation where someone is causing a disturbance by asking why there is an assumption that the police presence would deescalate a situation more than someone who has been trained to work with individuals who are escalating. Evidence shows that in many or most cases police presence does not deescalate the situation but often escalates it. Currently, there are many instances of the police being the incorrect response. In response to the concern about calling the wrong team, the speaker stated there often is only one team to call and that police response often is the wrong choice.

Poshi Walker stated understanding that changing the scope of work for the police, especially for individuals who are involved as part of their career, feels difficult and different but this does not mean that it is wrong. The speaker stated it is incredibly innovative to say that not only is it important for the safety of the community that clinicians are protected, but that the individuals being responded to are protected. The speaker stated it is questionable for law enforcement to be sent for any mental health issue.

Yvonne Maxwell, Executive Director, Ujima Adult and Family Services, stated the plan is for the response team to be highly trained, know how to bring resolution, and be embedded in the community. The speaker spoke in support of the proposed project.

Tarob Ansari, resident, stated many consumers considered the therapeutic transport as the most innovative aspect of this project. The only current transport options are ambulance or police cruisers. The speaker stated research done by the California Reducing Disparities Project (CRDP) shows that individuals can be retraumatized by being placed in handcuffs or being transported in police cruisers or other marked vehicles. Having a therapeutic venue where individuals can relax and deescalate is possibly the most important part of this project. The speaker spoke in support of the proposed project.

Commissioner Discussion

Chair Ashbeck stated police reform is driving this kind of response in possibly every county. She asked Commissioner Brown about the trend being seen and what the Commission can do to get ahead of that trend to either align, inventory, or streamline these types of requests.

Commissioner Brown stated the trend is to do things differently from the way they have historically been done. As with most programs and initiatives, there is not a one-size-fits-all model. He stated his county has a co-response program that incorporates some of the elements of the proposed project, such as responses in unmarked vehicles, pairing of a law enforcement officer with a clinician, or law enforcement wearing a soft-type nonstandard uniform. And most of the time when transport is necessitated, it is done in an unmarked vehicle. He recognized that this program acknowledges the

stigma when someone is restrained and put into an ambulance or police vehicle and taken to a hospital. The proposed program is innovative and has a good approach.

Commissioner Brown stated this program most often will work just fine. The program's variation of the CAHOOTS model is being offered as an alternative to the traditional response where there is no team versus mobile response, where there is a team of mental health professionals who do not have a partnership with local law enforcement or with consumers or peers who are involved in it. The question is if it is appropriate for the community. The idea that there is some over-the-phone interaction, which may alleviate the need for a response, is commendable. The provided material was vague about how the decision is made to either refer the call to one of the different teams or law enforcement for response. There is a wide range of variables.

Commissioner Brown cautioned that there are instances that can be very violent and very lethal. A co-response model strikes an appropriate and good balance between the different options and works well in his county. It is important that safety be considered when certain indicators are present. There should not be a hesitancy either on the part of the public or mental health professionals to call law enforcement if those dangers are indicated.

Commissioner Brown stated concern about the composition of the mobile team's lack of a clinician or licensed personnel. He stated this program is innovative and has not been seen before in any other program.

Commissioner Bunch agreed with public comment that the Commission has been inconsistent in what constitutes Innovation. She stated there is a difference between Innovation and need. She stated the need for a larger discussion about what it means to be innovative.

Commissioner Tamplen stated another way this program is innovative is that it is available 24 hours, 7 days a week, 365 days a year.

Commissioner Tamplen stated great ideas come to the Commission and get funded as an Innovation. Other counties become aware of it and want part of that too, but it is no longer innovative; yet, in some situations, the Commission has opened it up for other counties to join in. There is an opportunity for that in this case because it is innovative in terms of how practice is done in responding to individuals who are in crisis. It is important to hear what communities are saying.

Commissioner Tamplen stated she does not see law enforcement being excluded. When law enforcement is required, they will engage.

Chair Ashbeck asked for a motion to approve Santa Clara County's Mobile Response Program Innovation Project.

Commissioner Tamplen moved to approve the proposed project.

Commissioner Bunch seconded.

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

The Commission approves Santa Clara County's Innovation Plan, as follows:

Name: Community Mobile Response Program

Amount: Up to \$27, 949, 227 in MHSA Innovation funds

Project Length: 4.5 Years (4 yrs, 6 months)

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

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

ACTION

5: Marin County Innovation Plan

Presenter:

- Taffy Lavie, Administrative Assistant II, County of Marin, Department of Health and Human Services, Behavioral Health and Recovery Services Division

Chair Ashbeck stated the Commission will consider approval of \$1,795,000 in Innovation funding for Marin County's From Housing to Healing, a Re-Entry Community for Women Innovation Project. She asked the county representative to present this agenda item.

Taffy Lavie, Administrative Assistant II, County of Marin, Department of Health and Human Services, Behavioral Health and Recovery Services Division, provided an overview, with a slide presentation, of the need, proposed project to address the need, community planning process, and budget of the proposed From Housing to Healing, a Re-Entry Community for Women Innovation Project.

Commissioner Questions

Commissioner Carnevale stated UCSF has been doing innovative work in collaboration with Hastings Law School around incarceration, particularly the women's population at the Dublin Women's Prison. The study, which will soon be released, supports much of what this presentation is about in hard neuroscience evidence. He suggested connecting offline with the county to discuss possible cross-connections.

Commissioner Brown stated it is refreshing to see a truly innovative project and to see a project presented well by an individual who is heavily invested in this cause. He saluted Ms. Lavie for sharing her story of recovery. He stated the sheriff's office in Santa Barbara County is blessed with a person similar to Ms. Lavie, who has gone through the system and is in charge of the sheriff's treatment program. He stated he would be happy to introduce them as they are doing many of the same things in the jail in Santa Barbara that Ms. Lavie is doing in Marin County. He stated appreciation and gratitude for the work Ms. Lavie is doing in Marin County and wished her luck with the proposed project.

Vice Chair Madrigal-Weiss stated she looked forward to what will be learned with the proposed project, since the way things have historically been done does not produce the best outcomes. She suggested taking the learnings from this program to the juvenile centers in order to get ahead of this. She stated appreciation that the program looks beyond medications but speaks to the whole person to address the trauma and to address it earlier and holistically. She thanked Ms. Lavie for sharing her story, being authentic, and speaking to that whole person and human experience. These are the necessary conversations in order to address the problems that are needed to be addressed.

Commissioner Bunch echoed the previous Commissioners and agreed with doing this on a larger scale and bringing it down to juvenile centers.

Chair Ashbeck asked about the number of individuals who will be served with the proposed program.

Michelle Funez Arteaga, Jail Mental Health Supervisor, stated there are six beds in the house, one of which will be a peer provider who has been through some of these issues and can provide support and mentorship. Part of the Innovation of this house is that the individuals will not be asked to leave or discharged in an arbitrary timeline to allow time for a solid transition. Although she was unable to predict the length of time individuals will stay, she stated next steps for the individual will be part of the discussion from the beginning. She stated the average timeline to help individuals find the next safe place will be part of the learning.

Public Comment

Adrienne Shilton spoke in support of the proposed project.

Mandy Taylor, Outreach and Advocacy Coordinator, California LGBTQ Health and Human Services Network, asked how the children of these women will be incorporated into the program. These children are often also survivors of trauma and have high adverse childhood experiences (ACEs) scores.

Ms. Funez Arteaga stated there is not an element to include children in this program. These women oftentimes are in active crisis and are facing a huge variety of challenges. She stated the women this project will serve do not currently have custody of their children or may need to get on a path to being able to care for their children. She stated there is at least one recovery house for women in Marin County who can have their children with them, but it does not address trauma or is not geared for individuals who are in active crisis.

Ms. Funez Arteaga stated including children would create a different focus. The goal to support the women in reunification or getting back with their children will definitely be an aspect of this program.

Andrea Crook, Director of Advocacy, ACCESS California, a program of Cal Voices, stated there is one FTE for one trauma therapist, who will be employed by the county, and the rest of the staff will be contracted through a community-based organization. The speaker asked about the staffing structure and about wages for peer employees.

Maggie Merritt spoke in support of the proposed project.

Poshi Walker suggested that the program also take care of the children – not necessarily in the house, but perhaps with counseling either separately or with their mothers.

Poshi Walker stated the hope that the program is successful. The speaker suggested looking at a more upstream solution to consider what would happen if, instead of taking these women out of jail, they instead were diverted from ever going into the jail.

Commissioner Discussion

Chair Ashbeck asked for a motion to approve Marin County's From Housing to Healing, a Re-Entry Community for Women Innovation Project.

Commissioner Brown moved to approve the proposed project.

Commissioner Carnevale seconded.

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

The Commission approves Marin County's Innovation Plan, as follows:

Name: From Housing to Healing, a Re-Entry Community for Women

Amount: Up to \$1,795,000 in MHSA Innovation funds

Project Length: Five (5) Years

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

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

ACTION

6: Legislative Priorities for 2021

Presenters:

- Norma Pate, Deputy Director
- David Stammerjohan, Chief of Staff, Office of Senator Eggman

Chair Ashbeck stated the Commission will consider legislative and budget priorities for the current legislative session including Senate Bill (SB) 465 (Eggman) and the Governor's May Revise. She invited Mr. Stammerjohan to give his presentation on SB 465.

David Stammerjohan, Chief of Staff, Office of Senator Eggman, stated Senator Eggman's office came into this year with an intentional focus on the many of the most pressing needs in the lives of Californians – access to health care, mental health care, food security, and housing. He stated Full Service Partnerships (FSPs) lie at the

intersection of these needs. FSPs are intended to reach those with the greatest needs in the community. He stated SB 465 was crafted with technical assistance from the Commission to review how FSPs are serving those individuals and how they might be improved to better prevent homelessness, hospitalization, and incarceration.

Mr. Stammerjohan stated SB 465 specifically requires the Commission to report to the Legislature on how many of those served by FSPs experience these outcomes, why individuals separate from FSPs, the services they receive, and outcomes. The report is also to include the degree to which those with the greatest needs are accessing these services, barriers to the Commission's access to relevant data, and recommendations for strengthening these programs.

Mr. Stammerjohan stated SB 465 focuses on understanding how the most the significant portion of the mental health services fund are meeting the needs of those they target, and hopes to build on the work of counties that have taken the lead in starting to evaluate how a more outcomes-oriented approach could improve care. He asked for the Commission's support of SB 465.

Public Comment

Elissa Feld, Senior Policy Analyst, CBHDA, stated the CBHDA continues to look favorably on the FSP language. The speaker stated, as this bill moves forward, members have asked to include the Department of Health Care Services (DHCS) as one of the stakeholders in discussing this information, including the data challenges. The FSP data is reported to the DHCS and they have an important role in this discussion.

Elissa Feld stated the CBHDA believes that county behavioral health agencies should be explicitly named as one of the subject matter experts in this bill. Some of the members are also part of the Commission-led learning collaborative to evaluate FSPs and make recommendations on improvements and were interested in learning how the Commission sees this effort aligning with SB 465.

Elissa Feld stated the CBHDA plans to continue to engage with the author's office and the sponsors and thanks the Commissioners and staff for their continued collaboration on this bill.

Randall Hagar, Psychiatric Physicians Alliance of California, sponsor of SB 465, stated this is a significant program and is at the core of what many counties do. The speaker stated this bill looks to gather data so the data can be more effectively used and targeted to produce better outcomes and have more fidelity to the model upon which it is based. An investment in data can have a payoff in more appropriate treatment for those who are experiencing some of the more severe crises in the state due to their mental health.

Poshi Walker stated a comment was made at the beginning of this meeting that it would be helpful, when a bill or budget item is brought before the Commission and the public, for both sides to be invited to discuss it. It is concerning for only one side of an issue to be presented when the Commission is being asked to give their support. The speaker asked how Commissioners can make an educated decision and choice when only

hearing the supporters and not any arguments against. The speaker stated this is another opportunity where a Legislative Committee would have been helpful to bring the Commission the full information.

Commissioner Questions and Discussion

Commissioner Berrick asked if there is formal opposition to the bill.

Mr. Hagar stated the organization that has expressed concerns is the CBHDA. The author's office has been very happy to work with them towards common agreement on the bill. The speaker stated they look forward to continuing to do that.

Mr. Stammerjohan stated there is no formal opposition at this time.

Commissioner Tamplen asked for the author's and sponsor's thoughts on CBHDA's requests outlined in Elissa Feld's public comment.

Mr. Hagar stated the sponsor has no problem writing those entities into the bill. Anyone who has a voice and stake in the process should be involved.

Mr. Stammerjohan stated the author's office is happy to have that conversation. He noted that one of the challenges with adding names is that someone inevitably is left out.

Chair Ashbeck asked for a motion to support SB 465.

Commissioner Berrick moved to support SB 465.

Commissioner Carnevale seconded.

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

The MHSOAC supports SB 465.

Motion carried 7 yes, 0 no, and 2 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Berrick, Brown, Bunch, Carnevale, and Chen, Vice Chair Madrigal-Weiss, and Chair Ashbeck.

The following Commissioners abstained: Commissioners Danovitch and Tamplen.

ADJOURNMENT

There being no further business, the meeting was adjourned at 1:26 p.m.