
State of California

**MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION**

Minutes of Teleconference Meeting
June 24, 2021

MHSOAC
1325 J Street, Suite 1700
Sacramento, CA 95814

928-8101-9542; Code 887109

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
John Boyd, Psy.D.
Keyondria Bunch, Ph.D.

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

Members Absent:

Ken Berrick
Sheriff Bill Brown
Assembly Member Wendy Carrillo
Gladys Mitchell
Tina Wooten

Staff Present:

Toby Ewing, Ph.D., Executive Director
Maureen Reilly, Acting General Counsel
Norma Pate, Deputy Director, Program,
Legislation, and Administration
Brian Sala, Ph.D., Deputy Director,

Research and Chief Information Officer
Tom Orrock, Chief of Stakeholder
Engagement and Grants
Sharmil Shah, Psy.D., Chief of Program
Operations

CONVENE AND WELCOME

Chair Lynne Ashbeck called the teleconference meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to order at 9:04 a.m. and welcomed everyone.

Chair Ashbeck asked for a moment of silence and reflection in honor of Richard Van Horn, who recently passed away. Commissioners shared their memories and gratitude for Mr. Van Horn's work and accomplishments in the mental health field.

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

Announcements

- No MHSOAC meeting is scheduled in July.
- The next MHSOAC meeting is scheduled for Thursday, August 26th.
- The Commission will host a brown-bag orientation on July 14th, featuring short presentations on the role, committees, and projects of the Commission and ways to engage.
- Through the Executive Director and the delegated authority to the Chair, two Sonoma County Innovation Projects were approved. Detailed information is included in the meeting materials.

New Personnel

Norma Pate, Deputy Director, Program, Legislation, and Administration, introduced Acting General Counsel Maureen Reilly, HR staff Lynette Green, Research Scientist Courtney Ackerman, and Summer Intern Julianna Roth and welcomed them to the Commission.

Research and Evaluation Committee Update

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

- The Committee reviewed an evaluation framework around facilitating evaluation activities to school-age youth. These approaches should be relevant across the board to other programs.
- The American Public Health Association annual meeting accepted an oral presentation by Kai LeMasson, Ph.D., Senior Researcher. This is the third year in a row that the Commission's Division on Research and Evaluation has had abstracts accepted at this esteemed conference.
- Dawnte Early, Ph.D., Chief, Research and Evaluation, was interviewed for a podcast at SAS Global this past month to discuss the Commission's data and evaluation work. Dr. Early was also interviewed for a GNC article entitled "California Connects Datasets to Show How Mental Health Services Can Reduce Arrests."

MHSOAC Teleconference Meeting Minutes

June 24, 2021

Page 3

- The next Research and Evaluation Committee meeting is scheduled for Wednesday, September 1st.

Client and Family Leadership Committee Update

Commissioner Tamplen, Chair of the Client and Family Leadership Committee (CFLC), provided a brief update of the work of the Committee since the last Commission meeting:

- The CFLC and the Cultural and Linguistic Competency Committee (CLCC) held joint meetings on May 13th and June 17th.
- The June 17th meeting continued to focus on the implementation of Senate Bill (SB) 803, Peer Specialist Certification, with discussions about components that could be included in the Peer Certification Implementation Toolkit, which will be shared with community-based organizations, counties, and peer providers. The goal is to collect and distribute resources to assist in implementation and to ensure that peer providers and peer services are implemented in the way that supports peers and stays true to the model.
- The CFLC and CLCC also continued the Commission's discussion on the Racial Equity Action Plan (REAP) and heard a presentation on the impacts of peer certification on transition age youth (TAY) and on opportunities that exist to grow the number of TAY peer providers.
- The next CFLC meeting is scheduled for Thursday, August 19th.

Cultural and Linguistic Competency Committee Update

Commissioner Alvarez, Chair of the Cultural and Linguistic Competency Committee (CLCC), provided a brief update of the work of the Committee since the last Commission meeting:

- The CLCC members discussed what they looked forward to contributing as part of what the CLCC does, including the scope of work and opportunities to influence the important work of the Commission to advance racial equity.
- The Committee heard a presentation by Dr. Early and Tamu Green, Ph.D., CEO, Equity and Wellness Institute, on the components of the REAP. The Committee joined the CFLC at their June meeting to continue this discussion.
- The Committee will continue the discussion on the REAP at the July meeting and will begin discussion on areas of focus that the Commission has adopted.
- The next CLCC meeting is scheduled for Thursday, July 8th.

Chair Ashbeck stated it is inspiring to see how the work of the Committees link with the work of the Commission.

Roll Call

Maureen Reilly, Acting General Counsel, called the roll and confirmed the presence of a quorum.

GENERAL PUBLIC COMMENT

Poshi Walker, LGBTQ Program Director, Cal Voices, stated the concern about the lack of LGBTQ representation on the Commission.

Steve McNally, family member and Member, Orange County Behavioral Health Advisory Board, stated appreciation that the Committees are open and willing to listen to public comment. The speaker stated, although Commissioner Berrick had requested a focus on youth, education, and the disengagement of the schools, future agendas do not seem to include this important topic.

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), commended Commissioner Alvarez for holding regular CLCC meetings. The speaker stated concern about Committee members getting Innovation plans to review. The speaker stated it is unfair to counties to expect individuals to review and make comment on Innovation plans who have not been trained. It is also a concern that Innovation plans are sent to Committee members but Committee members have given no responses, which gives the impression that they approve the plans when they may not have reviewed them or did not know how. Also, some comments made by Committee members about Innovation plans that address communities of color were inappropriate. The speaker suggested that it may be more appropriate to compensate MHSOAC contractors to review Innovation plans from that population's point of view.

ACTION

1: Approve May 27, 2021, MHSOAC Meeting Minutes

Chair Ashbeck stated the Commission will consider approval of the minutes from the May 27, 2021, teleconference meeting.

Public Comment

Poshi Walker stated they will send revisions to staff.

Chair Ashbeck asked for a motion to approve the minutes.

Commissioner Tamplen made a motion to approve the May 27, 2021, teleconference meeting minutes.

Commissioner Alvarez seconded.

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

- *The Commission approves the May 27, 2021, Teleconference Meeting Minutes as presented.*

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

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

ACTION

2: Consent Calendar

1. Stanislaus County Early Psychosis Learning Healthcare Network Multi-County Collaborative Innovation Plan:
Approval of \$1,564,633 Innovation funding to support joining the Early Psychosis Learning Health Care Network (EP LHCN) approved by the Commission on December 17, 2018.
2. Stanislaus County Full-Service Partnership (FSP) Multi-County Collaborative Innovation Plan:
Approval of \$1,757,146 Innovation funding to support joining the FSP Multi-County Collaborative approved by the Commission on June 5, 2020.
3. Research and Evaluation Contract: Further authorize the Executive Director to enter into one or more contracts not to exceed \$4,244,350 in support of research and evaluation data management and analytical capacity over three years. This authorization extends the Executive Director's authority by \$1,222,000 over prior Commission authorizations related to the work effort encompassed by a proposed contract, with the University of California at San Francisco.

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. She asked for a motion to approve the Consent Calendar.

Commissioner Danovitch moved to approve the Consent Calendar.

Commissioner Bunch seconded.

Public Comment

Stacie Hiramoto asked if the research and evaluation contract was discussed in the Research and Evaluation Committee. The speaker asked how an item could be on a consent calendar without discussion.

Poshi Walker echoed Stacie Hiramoto's concerns about the research and evaluation contract.

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

- *The Commission approves the Consent Calendar as presented.*

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

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

ACTION

3: Psychiatric Advance Directives Multi-County Collaborative Innovation Project

Presenter:

- Kiran Sahota, MA, President, Concepts Forward Consulting

Chair Ashbeck stated the Commission will consider approval of the following Counties' requests to join the Multi-County Collaborative Psychiatric Advance Directives (PADs) Innovation Project. Fresno County was previously approved by the Commission on June 25, 2019.

- Fresno County \$500,000
- Mariposa County \$517,231
- Monterey County \$1,978,237
- Orange County \$12,888,948
- Shasta County \$630,731

Chair Ashbeck asked the project representative to present this agenda item.

Kiran Sahota, MA, President, Concepts Forward Consulting, provided an overview, with a slide presentation, of the need, proposed project to address the need, community contribution, learning objectives, evaluation, and budget of the proposed PADs Innovation Project. She stated a major hindrance is the lack of a single portal for the storage, access to, and retrieval of a PAD. One of the deliverables of the proposed project will be to create and implement a cloud-based technology platform to utilize PADs to evaluate process, utilization, and impact.

Commissioner Questions

Commissioner Danovitch asked about high-level takeaways from the 27 states that have enacted some version of the PADs.

Ms. Sahota stated the research is not only in 27 states but is in multiple countries, as well. One of the takeaways is the lack of understanding of why it would be important to fill out a PAD. Part of this project is training communities and consumers why it is important. She noted that this has been one of the fundamental flaws throughout the 27 states.

Ms. Sahota stated many of the 27 states also put legislation first, thinking they would back in all the trainings and education. This project will not put legislation first but will look at what is working and what peers want.

Ms. Sahota stated the biggest challenge found in the research was access – asking individuals to carry a document or to find the last person they gave it to caused difficulties. She stated having a technology platform enables access in the moment of crisis.

Commissioner Danovitch asked about the measure of effectiveness, what would change, and how to know that the project has done what was expected.

Ms. Sahota stated the five counties will be the true pilot to train law enforcement to talk about PADS, to work with emergency rooms and legal aid, to train peers in the train-the-trainer model, to get the voice of peers to say what it was like to do the PAD, to train in the PAD, to create the PAD, and to fill out the PAD. Being able to change and adjust while going through the project is one of the biggest takeaways.

Commissioner Danovitch asked about the measure of success and how to know that one county implemented the project more effectively than another.

Ms. Sahota stated the measures or indicators that would be tracked are the target population, the number of individuals in that population, the number of individuals enrolled in PADs, and impacts, such as in the technology aspect, do focus groups with law enforcement to learn how many PADs were requested.

Commissioner Bunch asked how PADs are used during times of crisis.

Ms. Sahota stated one aspect that can be seen, especially in crises with law enforcement, is a process called CLETS, the California Law Enforcement Telecommunications System, which is out of the Office of the Attorney General. It is a statewide computer network that provides law enforcement and criminal justice agencies with access to a variety of databases that contain data such as a person's: criminal history, criminal record, and driving record information. The CLETS would access PADs immediately. She stated PADS contain the individual's support network with contact numbers, needs, preferences, and medications in their own voice to access immediate resources to help alleviate hospitalizations and incarcerations. PADs provide the individual's voice in that moment.

Commissioner Tamplen asked about the group process of developing psychiatric advance directives in Innovation plans and how peers will be included.

Ms. Sahota stated this is one of the most important aspects of this project. Sometimes counties make decisions quickly on their own. The fact that this project looks at a peer process will help to slow down the process so it is not an automatic reaction because this tends to hinder the productivity of a project. Zoom meetings allow more stakeholder and peer participation throughout the state.

Chair Ashbeck stated the bulk of the funding will go to the technology investment. She asked how the technology platform will integrate or align with past and/or other mental health technology platforms that are coming along.

Ms. Sahota stated many other mental health platforms are resource platforms for consumers and hospitals that contain Health Insurance Portability and Accountability Act (HIPAA) protected information. The PADs platform differs in that it is custom built according to consumer voice and is easily accessible.

Public Comment

Nakeya Fields, Chair, Black Mental Health Task Force, President, Therapeutic Play Foundation, and Painted Brain, spoke in support of the proposed Innovation Project.

Michael Rose, DrPH, Chair, Behavioral Health Advisory Board, Orange County, stated their board voted in support of the proposed Innovation Project at their June 9th meeting.

Leslie Moreno, Peer Advocate, spoke in support of the proposed Innovation Project.

Poshi Walker spoke in opposition to the proposed Innovation Project. The speaker stated concerns that only three listening sessions were held, when LGBTQ and other communities learn that law enforcement will have access to this information, they will not want to participate in the project, and, if the largest barrier to implementing the proposed project is explaining to individuals why they should do it, then it was obviously not a request coming from community members.

Poshi Walker stated large amounts of funding have gone to the Technology Suite Collaborative Innovation Project without any results. The resolution of its many issues needs to be learned from prior to implementing another technology project in five additional counties. The speaker suggested beginning with piloting the proposed project in Fresno.

Sally Zinman, Executive Director, California Association of Mental Health Peer-Run Organizations (CAMHPRO), spoke in support of the proposed Innovation Project.

Andrea Crook, Director of Advocacy, ACCESS California, a program of Cal Voices, spoke in opposition to the proposed Innovation Project. The speaker stated concern about the community program planning, the technology literature, and the measure of success. The speaker stated the proposed project was not borne through the client stakeholder process and was not requested by clients. There is concern around digital literacy and the ability to afford a cell phone or computer and about what advance directives can and cannot do. The speaker agreed with Poshi Walker about first piloting this project in Fresno.

Keith Coleman, Applied Positive Psychology, University of Pennsylvania, and Member, Black Mental Health Task Force, and Co-Founder of Stanford Angels, spoke in support of the proposed Innovation Project.

Nicole Eberhart, Senior Behavioral Scientist, RAND Corporation, the proposed evaluator of the PADs Project, spoke in support of the proposed Innovation Project.

Nichole Eberhart answered Commissioner Danovitch's question about the metrics that indicate success. The speaker stated the RAND Corporation will look at implementation and outcomes:

- The measure of implementation has to do with metrics of completion of PADs, refusals to complete PADs, demographics of those who complete PADs, and qualitative data to look at things like barriers and facilitators and to learn from this Innovation process.
- The measure of outcomes has to do with consumer experiences with PADs and whether it increases their satisfaction, empowerment, autonomy, and engagement in treatment, and the concordance between their preferences and what is actually received.

Nicole Eberhart stated the RAND Corporation is thinking of using a mixed-methods approach that would combine focus groups with qualitative data analysis, surveys as quantitative analysis, as well as analysis of administrative data.

Rayshell Chambers, Co-Founder, Painted Brain, and Member, Black Mental Health Task Force, spoke in support of the proposed Innovation Project.

Steve McNally spoke in opposition to the proposed Innovation Project. The speaker stated technology will not necessarily help with enforcement and asked about the individuals who will enforce it. The speaker stated the estimated Wellness Recovery Action Plan (WRAP) completion rate in wellness centers is approximately 15 percent. The speaker's full comment was sent to staff.

Savannah Thomas, Painted Brain, Black Mental Health Talk Force, spoke in support of the proposed Innovation Project.

Linda Mimms, serious brain disorders advocate, and Board Member, Schizophrenia and Psychosis Action Alliance, spoke for themselves in support of the proposed Innovation Project. The speaker stated the need to build in accountability and enforceability safeguards in the PADs that will allow families and peers to have assurances that it will be followed by doctors and police officers.

Maagic Collins, mental health advocate and civil rights activist, spoke in support of the proposed Innovation Project. The speaker stated who will enforce the project needs to be clarified.

Melissa Hernandez, Painted Brain, spoke in support of the proposed Innovation Project.

Commissioner Discussion

Chair Ashbeck stated the need for all multi-county collaboratives to share the learnings widely and well.

Chair Ashbeck asked for a motion to approve the Multi-County Collaborative PADs Innovation Project.

Commissioner Tamplen moved the staff recommendation.

Vice Chair Madrigal-Weiss seconded.

Action: Commissioner Tamplen made a motion, seconded by Vice Chair Madrigal-Weiss, that: *The Commission approves each of the following County's Innovation plans, as follows:*

County Total INN Funding Requested Duration of INN Project

Mariposa County	Up to \$517,231	4 years
Orange County	Up to \$12,888,948	4 years
Shasta County	Up to \$630,731	4 years
Monterey County	Up to \$1,978,237	4 years

Fresno County Additional Funding up to \$500,000 5 years

Total \$16,515,147

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

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

ACTION

4: Butte County Innovation Plan

Presenter:

- Danelle Campbell, Program Manager, Prevention Unit, Butte County Behavioral Health

Chair Ashbeck stated the Commission will consider augmenting the Physician Committed Innovation Project for an additional two years and \$1,252,631 further Innovation spending authority. The augmentation would bring the total authorized Innovation expenditure for this project to \$2,484,955 over five years. The original Innovation Project was approved by the Commission on May 24, 2018, for \$767,900 over three years and on November 14, 2019, the Commission approved an additional \$464,424. She asked the county representative to present this agenda item.

Danelle Campbell, Program Manager, Prevention Unit, Butte County Behavioral Health, provided an overview, with a slide presentation, of the need, proposed extension, community contribution, evaluation, and budget of the proposed extension to the Physician Committed Innovation Project.

Commissioner Questions

Commissioner Danovitch stated behavioral health screening and adolescent medicine is considered a standard of care. He asked what is innovative about the proposed project.

Ms. Campbell stated behavioral health screening and adolescent medicine is not a standard of care with medical providers in Butte County. Although some medical providers have been exploring the screening of adverse childhood experiences (ACEs), it does not include the same questions incorporated in the proposed project, which include mental health and substance use questions.

Ms. Campbell stated another innovative feature is the immediate opportunity to refer for brief intervention, which happens within 48 hours. There is a warm hand-off and a referral to a brief intervention specialist who will see that young person regardless of any factor, such as insurance or other barrier.

Ms. Campbell stated physicians sometimes have apprehension about behavioral health screening because there is not a next step that is quick and easy for them to refer to to ensure

that that young person will get the care and support they need. Also, brief intervention is sometimes not enough. She stated the county learned that there was a huge need to have a clinical navigator to help young people who need long-term care and support to work through system barriers that were preventing that from happening in early months of this project. She noted that sufficient time has not passed to fully test that yet.

Commissioner Danovitch asked why the county does not implement it, if the proposed project has been successful and how further scaling will answer questions that enable decisions about the scaling of it.

Ms. Campbell stated the data gleaned to date is too small to examine that and, more importantly, the project has not had an uninterrupted period of time to adequately inform outcomes outside the recent devastating community traumas that have severely impacted the ability for providers to implement the project as designed and for the young people to get the care and support they need. The county did not have access to participants for many months due to the COVID-19 pandemic. The hope is to regain efforts, revisit the program design as it was intended, and have uninterrupted opportunities to support medical providers and systems in the implementation of the initiative as it was proposed.

Commissioner Alvarez asked how this work aligns with the governor's announcement of an investment of \$4 billion in child and youth behavioral health initiatives, including the integration of behavioral health in primary care settings and behavior change in practices and ensuring a holistic perspective on child and youth wellbeing. She asked staff where the Commission is taking what this project is doing, learning, and uplifting and sharing it with colleagues at the Department of Health Care Services (DHCS). It is important to ensure that the Commission dollars do not supplant what could be paid for by the Medi-Cal program. She suggested that there perhaps may be an opportunity to show the great work that the Commission has invested in that can strengthen the overall delivery of care for Californians.

Executive Director Ewing stated the governor's \$4 billion proposal includes two relevant components: the establishment of a digital portal that would allow for screening with the results leading to a referral and some level of obligation for care to be delivered in response to the results of the screening, and a \$430 million investment in identifying evidence-based practices and scaling them. He stated there will be a future conversation on how to identify key priorities.

Executive Director Ewing recognized that the state has made some progress in moving toward a common screening tool but that more work has yet to be done. It is early in these conversations and it is important to recognize that there is not agreement on what the right tools are. More research is needed to better understand what is effective, to identify best practices, and to scale them. There will be lots of opportunities during the next five years to learn and benefit from the work that Butte County and others are doing in this space.

Chair Ashbeck asked about sustainability.

Ms. Campbell stated the hope that the project will be integrated into the overall Mental Health Services Act (MHSA) prevention and early intervention efforts and that it will become part of systems change and that partner agencies will help with long-term sustainability as well.

Public Comment

Monica Soderstrom, Division Director for Community Health Services, Butte County Public Health, spoke in support of the proposed project.

Phillip Filbrandt, M.D., Physician in Butte and Glenn Counties, Member, Butte-Glenn Medical Society, spoke in support of the proposed project.

Faye Javellana, School Nurse, Butte County Office of Education, spoke in support of the proposed project.

Poshi Walker spoke in support of the proposed project. The speaker suggested adding to the screening for the most often invisible trauma that LGBTQ youth experience due to rejecting behaviors.

Gary Smith, Family Member, spoke in support of the proposed project.

Hannah Bichkoff, Policy Director, Cal Voices, spoke in support of the proposed project. The speaker asked how the initial questionnaire has been adapted to capture COVID-19-related ACEs and impacts.

Chair Ashbeck asked Ms. Campbell to send an answer to this question to staff to pass onto Hannah Bichkoff.

Commissioner Discussion

Chair Ashbeck asked for a motion to approve the augmentation to Butte County's Physician Committed Innovation Project.

Commissioner Gordon moved to approve the proposed project.

Commissioner Tamplen seconded.

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

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

Name: Physician Committed

Amount: Up to \$1,252,631 in additional MHSA Innovation funds, to the total authority of \$2,484,955

Project Length: Five (5) Years with this Extension

Motion carried 9 yes, 1 no, and 0 abstain, per roll call vote as follows:

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

The following Commissioner voted “No”: Commissioner Danovitch.

ACTION

5: Merced County Innovation Plan

Presenter:

- Jeff Sabean, LMFT, Division Director, Merced County Behavioral Health and Recovery Services, Justice and Community Integration Division

Chair Ashbeck stated the Commission will consider approval of \$3,624,323.39 in Innovation funding for Merced County’s Transformational Equity Restart Program (TERP) Innovation Project. She asked the county representative to present this agenda item.

Jeff Sabean, LMFT, Division Director, Merced County Behavioral Health and Recovery Services, Justice and Community Integration Division, introduced Sharon Jones, MHSA Coordinator, and Jennifer Valentine, Behavioral Health Director, Merced County Behavioral Health and Recovery Services, and stated they would be available to answer questions. He provided an overview, with a slide presentation, of the need, proposed project to address the need, community contribution, learning objectives, evaluation, and budget of the proposed Transformational Equity Restart Program Innovation Project.

Commissioner Questions

Commissioner Carnevale stated a budget is being finalized to support a Bench to School Initiative, a collaboration between UCSF neurology and Hastings Law School that is specifically targeted at the juvenile justice system. UCSF is also involved in other work that shows that the incarcerated population has a disproportionately-high percentage of individuals with learning differences and that those same individuals have overlapping behavioral health issues. Best practices are currently being developed that will help social justice where there are many issues. He suggested reaching out to UCSF to learn about areas of mutual interest.

Chair Ashbeck suggested narrowing down the list of metrics. She stated she is less interested in the number of individuals served versus if something happens to their lives as a result of participating in the program, such as that they gained employment or permanent housing or that they did not go to the emergency room or back to jail. Those are outcomes that have the chance of elevating a person’s life.

Public Comment

Poshi Walker questioned that the proposed project is innovative since there are many places that are looking at programs to serve individuals coming out of jail to ensure against recidivism. The speaker stated, although this is a good program, hearing words such as “evidence-based practices” cause questions about the innovativeness of the project.

Poshi Walker stated a focus group with Black, Indigenous, and people of color (BIPOC) individuals showed that they were severely distrusting of mainstream mental health services. Those populations see mainstream mental health services as violent and that the treatment focuses on supporting systems of oppression and wants them to be okay with what is happening on the outside rather than recognizing the real trauma as well as the trauma caused by being incarcerated.

Tiffany Carter, ACCESS California, a program of Cal Voices, agreed with the previous speaker. Although the speaker spoke in support of the proposed Innovation project, they stated Innovation is not the mechanism for it. The speaker suggested that it belongs in the prevention and early intervention category.

Tiffany Carter stated peer work and feedback on this project will be imperative. The speaker suggested elevating the usage of peers, including the ability for peers to be used in leadership roles, and paying peers competitive wages.

Stacie Hiramoto stated an innovative component of this project is that the county will try to make it culturally competent. The speaker suggested working with community-based organizations that serve particular communities but that are not necessarily labeled as behavioral health organizations. People of color do not always think of individuals with mental health issues as peers as much as they think of someone from their own community. This does not mean it is right or wrong – what matters is that they can relate for their culture. The fact that they are a person of color is often more of an issue in their life than having a mental health issue.

Commissioner Discussion

Commissioner Danovitch made a general comment to Commissioners about the Innovation mechanism. He stated the Innovation mechanism is one of the mechanisms the Commission has to achieve the goals of transformation that the MHSA espouses. Commissioners are often asked about the impacts, learnings, and sustainability of approved Innovation projects. He stated there are very few previously-approved Innovation plans for which those questions can be answered. Counties need to bring to the Commission the rationale for what is important to their communities. They have done the work with their stakeholders and know what needs to be done.

Commissioner Danovitch stated the role of Commissioners is to determine if something is innovative and if it includes an evaluation plan that will produce learnings that are generalizable so other counties can replicate it or do what has worked. He stated Commissioners often have trouble with the latter piece but approve plans anyway because the need case is strong. This is how funding is allocated to projects that, years later, have nothing to show for impacts. The Commission potentially colludes and undermines this mechanism, which, in the broader arc, can make it difficult to show the effectiveness of the MHSA in these mechanisms.

Commissioner Danovitch stated the other piece is staff interacts with counties to give them feedback about exactly this; yet, often the plans do not address the critiques and concerns that staff has raised. Then, when Commissioners go ahead and approve the plan, they unwittingly undermine staff's ability to give incisive feedback on these plans.

Commissioner Danovitch stated parts of this has come up in different plans. He stated the need to come together to decide how to use this mechanism to be more effective together in implementing.

Chair Ashbeck agreed. The work with Social Finance and some of the discussion on what Innovation is does not have a good answer. She stated the Merced project is needed but is probably not Innovative, except that it may be Innovative in Merced. That is the work of Social Finance and all the interviews they have done. She stated that was Richard Van Horn's point – not everything is the next big idea but how do we transform mental health not just one transaction at a time. She stated Commissioner Danovitch's comments are important and correct.

Chair Ashbeck asked for a motion to approve Merced County's Transformational Equity Restart Project Innovation Project.

Commissioner Bunch moved to approve the proposed project.

Commissioner Carnevale seconded.

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

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

Name: Transformational Equity Restart Program (TERP)

Amount: Up to \$3,624,323.39 in MHSA Innovation funds

Project Length: Five (5) Years

Motion carried 9 yes, 0 no, and 1 abstain, per roll call vote as follows:

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

The following Commissioner abstained: Commissioner Danovitch.

Chair Ashbeck asked Merced County to look for Innovation in their work and to measure it in a way that will move the learning ahead in California. She encouraged them to review the Commission's Criminal Justice and Mental Health Project Report.

ACTION

6: Humboldt County Innovation Plan

Presenter:

- Jack Breazeal, LMFT, Humboldt County Behavioral Health Services

Chair Ashbeck stated the Commission will consider approval of \$1,617,598 in Innovation funding for Humboldt County's Resident Engagement and Support Team (REST) Innovation Project. She asked the county representative to present this agenda item.

Jack Breazeal, LMFT, Humboldt County Behavioral Health Services, introduced Paul Bugnacki, Deputy Director, Raul Torres, Program Manager, Melissa Chilton, Fiscal Services Manager, Cathy Rigby, MHSA Coordinator, and Emi Botzler-Rodgers, Behavioral Health Director, Humboldt County Behavioral Health Services, and stated they would be available to answer questions. He provided an overview, with a slide presentation, of the need, proposed project to address the need, community contribution, learning objectives, evaluation, and budget of the proposed Resident Engagement and Support Team Innovation Project. He stated the goal is to add to the learnings in California and to support other counties in their efforts.

Public Comment

Poshi Walker spoke in opposition to the proposed Innovation project. The speaker stated most if not all of the Learning Questions can be answered by asking the veteran's administration about their U.S. Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH) Program because this is exactly what they do.

Stacie Hiramoto agreed with the previous speaker and stated they do not understand what is Innovative about the proposed project.

Mr. Breazeal stated his small, rural county looks for opportunities to fill gaps. Asking small counties to implement Housing First-type programs and not having the means of seeing it through is a challenge. He stated the proposed project is Innovative for the small county of Humboldt.

Commissioner Questions and Discussion

Chair Ashbeck asked about the handoff between the proposed project and the already-established HOME Program, which uses the Housing First model.

Mr. Breazeal stated the county has three to four main properties with multiple units that help individuals get housed. He stated clients tend to reach a point of stability after two to three months and the HOME Project needs to then focus on other clients. Then, maybe in month five, the first client has some type of crisis and has not been as engaged or does not have relationships with staff or other programs. He stated it is not that the HOME Project leaves, it is just that they are not as engaged as they once were. The proposed Innovation Project

provides a more formalized mechanism of keeping track of individuals on a daily/weekly basis where the HOME Project would not have the capacity to do that.

Commissioner Bunch stated her understanding that the HOME Project is a higher level of care and the proposed project is stepping individuals down to a lower level of care. She asked if individuals would next step down to a full-service partnership (FSP) or an outpatient-based program that can go into the home.

Mr. Breazeal agreed that FSPs or outpatient-based programs are opportunities for HOME clients that are willing, but the county has found that not everyone is interested in behavioral health services. Also, adult case managers have a time-limited focus and engage only once per week or once every other week for a specific appointment. He stated the REST staff would be responsive and more embedded in the home with the primary focus of augmenting adult outpatient for individuals who are in services.

Chair Ashbeck asked for a motion to approve Humboldt County's Resident Engagement and Support Team Innovation Project.

Commissioner Alvarez moved to approve the proposed project.

Commissioner Boyd seconded the motion with a caveat that the proposed project must do better in this space as discussed above.

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

The Commission approves Humboldt County's Innovation Project, as follows:

Name: Resident Engagement and Support Team (REST)

Amount: Up to \$1,617,598 in MHS Innovation funds

Project Length: Five (5) Years

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

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

The following Commissioners abstained: Commissioners Danovitch and Tamplen.

Chair Ashbeck asked Humboldt County to look for Innovation in their work and to get learnings out of this that is different or complementary to the HOME Program and return and share what was learned.

ACTION

7: Imperial County Innovation Plan

Presenter:

- Brenda Sanchez, MPA, Deputy Director, Imperial County Behavioral Health Services, Youth and Young Adult Services

Chair Ashbeck stated the Commission will consider approval of \$3,455,605 in Innovation funding for Imperial County's Holistic Outreach Prevention and Engagement (HOPE) Innovation Project. She asked the county representative to present this agenda item.

Brenda Sanchez, MPA, Deputy Director, Imperial County Behavioral Health Services, Youth and Young Adult Services, reported, in response to Commissioner Danovitch's question regarding outcomes from previously-approved Innovation Programs, that Imperial County's First Step to Success Program started with 7 classrooms in 3 different schools and is now in 59 classrooms in 20 different schools and has been moved over to the county's prevention and early intervention program.

Ms. Sanchez provided an overview, with a slide presentation, of the need, proposed project to address the need, community contribution, learning objectives, evaluation, and budget of the proposed Holistic Outreach Prevention and Engagement Innovation Project.

Commissioner Questions

Commissioner Alvarez asked about county partners that would send referrals to this project.

Ms. Sanchez provided the example of the Imperial County Crisis Co-Response Team Program, which is behavioral health working with local law enforcement agencies to together respond to psychiatric emergencies. Once situations are stabilized, the individuals are immediately referred to the HOPE Program in an effort to engage the individuals. Referrals will also be generated from outpatient clinics. She stated the plan is to incorporate the proposed project as part of ongoing treatment for active clients.

Leticia Plancarte-Garcia, Director, Imperial County Behavioral Health Services, added that this would also include new clients. Youth come into the system in many ways such as through the crisis desk or the Crisis Co-Response Team Program. She stated youth rarely make it to their first appointment before any treatment is offered. The proposed project will try something different to engage this population to improve that first contact so that they show up for their initial appointment so they can receive services.

Commissioner Bunch asked if the county has peer drop-in centers or a holistic one-stop shop where all services are provided in one place.

Ms. Plancarte-Garcia stated the difference in the proposed project is that the county has a wellness program where adults and adolescents can receive services. The proposed project will be a client-centered approach where clients share what they are interested in or what is lacking in their lives to have a balanced life. The project includes peer support specialists and

a rehabilitation technician that will work with individuals to learn their interests and needs and link them to those resources.

Commissioner Bunch ask how to ensure that the places that are being linked to are appropriately trained to help youth who have mental health issues.

Ms. Sanchez stated activities will be tailored to the individuals' interests. The contracted providers will go through training and have experience working with youth and young adults.

Ms. Plancarte-Garcia added that the county has been successful in doing this with contractors that provide activities for adult populations.

Chair Ashbeck asked about the stream of youth into this program and the number of youths that may be served by the proposed project.

Ms. Sanchez stated the county expects that the proposed three-year project will serve at least 1,000 youths.

Public Comment

Poshi Walker stated providing peer support specialists is already an evidence-based practice. The speaker stated there are issues with the county with LGBTQ in general and also with LGBTQ youth. Youth have shared the desire for a program that includes their parents rather than serving youths as a silo. The speaker stated one of their concerns is that there is nothing that involves the parent.

Poshi Walker stated the concern that the county provider list lists almost every provider as LGBT under their cultural competence, when this is not possible. County residents have shared that they have had many negative experiences with Imperial County Behavioral Health staff.

Poshi Walker suggested having real criteria, especially for youth who are particularly vulnerable, who are experiencing behavioral health crises because of rejecting behaviors by their family. The speaker suggested including the Imperial Valley LGBTQ Resource Center at the table to ensure real criteria to avoid further damaging this vulnerable population.

Tiffany Carter spoke in support of capturing as many opportunities as possible to get youth more engaged and keep them engaged but stated the proposed project is not innovative. The speaker stated the proposed program seems heavy with the peer support specialist portion, and yet this is not reflected in the budget. The speaker asked if peers will be provided an ongoing living wage with opportunities for advancement.

Ms. Plancarte-Garcia stated they are working with the HR Department to develop the Peer Support Specialist position. It is the county's intent to implement the peer project by next year. The county hires individuals based on their qualifications. She noted that Community Service Worker is listed in the budget because that is where the majority of individuals come in but, if they qualify for a higher position, they are hired for that higher position.

Andrea Crook asked if peers are being put in the Community Service Worker classification because seeing the two lumped together in the budget makes it seem that either peers or Community Service Workers will be hired.

Luz Pinto, National Alliance on Mental Illness (NAMI) San Diego, spoke in support of the proposed project. The speaker suggested including referrals from parents.

Commissioner Discussion

Chair Ashbeck asked for a motion to approve Imperial County's Holistic Outreach Prevention and Engagement Innovation Project.

Commissioner Alvarez moved to approve the proposed project.

Commissioner Boyd seconded.

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

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

Name: Holistic Outreach Prevention and Engagement (HOPE)

Amount: Up to \$3,455,605 in MHSA Innovation funds

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, Boyd, Bunch, Carnevale, Chen, Danovitch, Gordon, and Tamplen, Vice Chair Madrigal-Weiss, and Chair Ashbeck.

ACTION

8: MHSSA Contract Approval

Presenter:

- Tom Orrock, Chief of Stakeholder Engagement and Grants

Vice Chair Madrigal-Weiss and Commissioner Gordon recused themselves from the discussion and decision-making with regard to this agenda item pursuant to Commission policy.

Chair Ashbeck stated the Commission will consider authorizing staff to allocate funding made available through the budget to support the Mental Health Student Service Act (MHSSA). The Commission will consider fully funding MHSSA applications received in response to the MHSSA grant program, to the extent funding is available. 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, anticipated \$55 billion in additional MHSSA funding, and potential to fund the eight remaining applicants. He stated the Governor's proposed budget included \$55 million in additional funding for the MHSSA, which would include \$5 million to

support statewide evaluation and \$50 million to fund twelve additional school-county partnerships.

Public Comment

Cathy Parker, Superintendent of Schools, Tuolumne County, stated concern that only \$20 million was allocated to small counties, which is 20 percent of that new allocation. The speaker stated the \$7.5 million total could have funded all small counties that had asked for funding. This is often small counties' only opportunity to improve and increase mental health services in partnership with mental health partners at behavioral health. The speaker stated concern about the distribution of funding in this round. The speaker requested that small counties, especially rural counties, be looked at with more of an equity lens in the future.

Commissioner Questions and Discussion

Chair Ashbeck asked for a motion to approve the MHSSA grant contracts.

Commissioner Boyd moved to approve the proposed MHSSA grant contracts.

Commissioner Tamplen seconded.

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

- *The Commission authorizes the Executive Director to allocate funding up to \$5 million to support the MHSSA including executing contracts as needed to conduct a statewide program evaluation.*
- *The Commission authorizes the Executive Director to allocate funds as appropriate, and to execute MHSSA grant agreements with all applicants under the 2019 Request for Applications.*

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

The following Commissioners voted "Yes": Commissioners Alvarez, Boyd, Bunch, Carnevale, Chen, Danovitch, and Tamplen, and Chair Ashbeck.

ADJOURNMENT

There being no further business, the meeting was adjourned at 1:16 p.m.