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**State of California**

**MENTAL HEALTH SERVICES  
OVERSIGHT AND ACCOUNTABILITY COMMISSION**

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

Minutes of Teleconference Meeting  
June 25, 2020

MHSOAC  
1325 J Street, Suite 1700  
Sacramento, CA 95814

888-475-4499; Password: 398891

**Members Participating:**

Lynne Ashbeck, Chair  
Mayra Alvarez  
Ken Berrick  
John Boyd, Psy.D.  
Sheriff Bill Brown

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

**Members Absent:**

Reneeta Anthony  
Senator Jim Beall  
Assemblymember Wendy Carrillo

Mara Madrigal-Weiss, Vice Chair  
Tina Wooton

**Staff Present:**

Toby Ewing, Ph.D., Executive Director  
Filomena Yeroshek, Chief Counsel

Norma Pate, Deputy Director, Program,  
Legislation, and Technology  
Brian Sala, Ph.D., Deputy Director,  
Evaluation and Program Operations

**[Note: Agenda Item 1 was taken out of order. These minutes reflect this Agenda Item as taken in chronological order and not as listed on the agenda.]**

## **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 9:06 a.m. and welcomed everyone.

Chair Ashbeck reviewed the meeting protocols.

### Roll Call

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

## **GENERAL PUBLIC COMMENT**

Bianca Gallegos, ACCESS Ambassador, Cal Voices, stated the MHSOAC rejected Cal Voices's protest on June 3<sup>rd</sup> and is upholding the award of the 2020-2023 Client/Consumer Stakeholder Advocacy contract to another agency. The speaker requested that the MHSOAC's Executive Director use his contract authority under Section 2.4 of the Rules of Procedure to enter into a contract in the amount of \$100,000 with Cal Voices to continue the important work of the ACCESS Ambassador Program.

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), stated their understanding that a meeting of the Cultural and Linguistic Competence Committee (CLCC) is being scheduled. The speaker thanked the Commission for restarting this Committee. Prior to the scheduled meeting, REMHDCO and other like-minded organizations plan to submit recommendations regarding the restart and reform of the CLCC.

Stacie Hiramoto stated it is not enough to start up the CLCC meetings as before; the CLCC must be allowed to exert influence and provide expert technical assistance to help the Commission carry out its duties and administer projects in a way that serves all Californians and in a manner that reduces mental health disparities, especially for racial, ethnic, and other underserved communities. This will only be accomplished by Commissioners and staff listening to and genuinely collaborating with knowledgeable individuals from the community and by providing time for the public to review issues and provide comment.

Poshi Walker, LGBTQ Program Director, Cal Voices, and Co-Director, #Out4MentalHealth, thanked Chair Ashbeck for the excellent job she has done in navigating these meetings during these unprecedented times and making these meetings as accessible as possible. The speaker thanked Commissioner Mitchell for restarting the CLCC.

Poshi Walker stated the webinar format for the Zoom meetings does not allow stakeholders to see who is in attendance, unlike in in-person meetings. Speakers are

not seen when making comments. Many individuals have difficulty remembering names or phone numbers and some of the stakeholder comments are missed when their faces are not seen. The speaker gave the example of issues that may have happened at the last meeting and stated they were partly due to the fact that the face of the person speaking could not be seen.

Poshi Walker stated, by disabling the chat feature, there is no way for advocates to speak to each other in real time or to communicate with staff, if needed. If it is a matter of the Bagley-Keene Open Meeting Act, the chat can be saved, downloaded, printed, and included in a public packet.

Poshi Walker stated one of the things missing by not meeting in person is the opportunity to speak with Commissioners. This is a loss on both sides.

Poshi Walker stated submitting public comment after the meeting is not helpful if a vote has already been taken or a decision has already been made. It would only be an effective use of public comment if it is for something that will happen in the future.

Jim Gilmer, a member of REMHDCO, former Co-Coordinator of the African American Strategic Plan Work Group for the California Reducing Disparities Project (CRDP), and Co-Chair of the California Multicultural Mental Health Coalition, thanked Chair Ashbeck and echoed Stacie Hiramoto's comments relative to the CLCC. The speaker stated the hope that the CLCC will dig deep into the racial microaggression issues being faced nationally. The work of cultural, psychological, and social experts show that racial microaggressions and the cumulative impact of racism affect people of color deeply psychologically.

Jim Gilmer suggested establishing real theoretical frameworks to classify the various levels of racial microaggressions and the psychological impact that they have on the various populations of people of color as well as LGBTQ individuals. This is the real work ahead. There are monumental tasks ahead for the CLCC. The speaker asked to be involved in the creation of the CLCC.

Steve McNally, a parent of a child with serious mental illness, stated they asked the Commission to help Commissioner Beall to get Senate Bill (SB) 803, mental health services: peer support, over the line by coming up with a financial case. No one has a problem with peers – they just have a problem with the cost of the program.

Steve McNally asked the Commission to help the elected officials and boards of supervisors of local communities to make decisions by providing statewide reports such as about federal fund participation and administrative funding, which varies dramatically by county.

Steve McNally asked the Commission to look at providers across counties. Telecare does Full-Service Partnerships (FSPs) in six or seven counties and some counties have economies of scale while other counties do not. The speaker stated the need to focus on the outcomes for the mental health population as opposed to focusing on protecting the professional environment.

Steve McNally asked the Commission to reaffirm Assembly Bill (AB) 1352, community mental health services: mental health boards, and support the local mental health

boards and commissions that have mandated responsibilities by law to do things that have been neutered for some time because they are unable to provide support to their community. It is the Commission's job to reaffirm it and support it or to identify who can reaffirm and support it and direct individuals to them.

Richard Gallo, consumer and advocate and mental health worker, asked the Commission to support SB 10, mental health services: peer support specialist certification. The speaker stated last year, this state legislation was vetoed primarily because the Department of Health Care Services (DHCS) did not want to take it on and they used the issue of funding as an excuse when part of the funding could have come from the Mental Health Services Act (MHSA) and from counties that are holding millions of dollars.

Richard Gallo stated the need to pass peer certification and join the federal level that reimburses for peer services. Peer support service programs benefit the mental health community. Santa Cruz County holds \$3 million in reserve, excluding interest. It is unacceptable that the state allows counties to hold that much money when the money needs to be utilized. The DHCS plans to take the same position this year as they did last year – they are playing politics.

Richard Gallo protested the denial of the grant to continue the programs. The Commission needs to be aware of those counties that had oversight by the grand jury regarding the mental health services system in MHSA funding. The reports done by those counties, including Santa Cruz, Los Angeles, and Sacramento Counties, identified a problem with the counties as not getting guidance from the MHSOAC. ACCESS California can help fill that gap and has done so for the past three years in improving the intent of the MHSA.

Tiffany Duvernay-Smith, ACCESS Ambassador, Cal Voices, requested that the MHSOAC's Executive Director use his contract authority under Section 2.4 of the Rules of Procedure to enter into a contract in the amount of \$100,000 with Cal Voices to continue the important work of the ACCESS Ambassador Program. The speaker provided examples of the good work of the ACCESS Ambassador Program.

Nina Moreno, Ph.D., Research and Strategic Partnerships Director, Safe Passages, spoke in support of the request that the MHSOAC CLCC review and discuss the recommendations that were developed by REMHDCO and others.

Linda Tenerowicz, Senior Policy Advocate, California Pan-Ethnic Health Network (CPEHN), stated recent events have brought to light the need to address racism in the mental health system. Community-defined practices are the solution. The California Reducing Disparities Project (CRDP) has many proven and promising solutions to that issue.

Linda Tenerowicz echoed Stacie Hiramoto's comments about creating a robust CLCC to address some of the root causes and provide recommendations to the Commission. The speaker stated they look forward to working together.

Pamela Weston, ACCESS Ambassador, Cal Voices, requested that the MHSOAC's Executive Director use his contract authority under Section 2.4 of the Rules of

Procedure to enter into a contract in the amount of \$100,000 with Cal Voices to continue the important work of the ACCESS Ambassador Program.

Shera Banbury stated they have experience working at the county level and they relate to the consumers about the access to services. The speaker stated it is difficult for members of the public to understand the many outreaches, how they work together, and what they help. The county's 2-1-1 phone number has helped in some ways but there is still a lack of awareness.

Shera Banbury addressed Richard Gallo's comment about Santa Cruz County holding \$3 million in reserve. The speaker stated Nevada County's behavioral health holds back funding so they can spread it over the number of years that the funding is accessible. Because of that, Nevada County is in good shape. Approximately 3 percent of county services were cut back due to the COVID-19 pandemic. It is important to understand how funds are distributed at the local level.

Thomas Mahany, Executive Director, Honor for ALL, asked the Commission to formally adopt and submit a Governor's Office Action Request (GOAR) to Governor Newsom requesting him to issue a proclamation designating June 27<sup>th</sup> as Post-Traumatic Stress Injury Awareness Day.

**[Note: Agenda Item 1 was taken out of order and was heard after Agenda Item 4.]**

## **ACTION**

### **2: Sacramento Innovation Plan**

#### **Presenter for the Forensic Behavioral Health Innovation Project:**

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

Chair Ashbeck stated the Commission will consider approval of \$9,536,739 in Innovation funding to support the Forensic Behavioral Health Multi-System Teams Innovation Project. She asked the county representative to present this agenda item.

Julie Leung, LCSW, Human Services Program Planner, Sacramento County Division of Behavioral Health Services (BHS), introduced the project team. She provided an overview, with a slide presentation, of the need, proposed project to address the need, and budget of the proposed Forensic Behavioral Health Multi-System Teams Innovation Project.

#### **Commissioner Questions**

Commissioner Brown stated the importance of engaging individuals who have mental illness and oftentimes cycle in and out of jail, while they are in jail to provide a warm handoff and engage in discharge planning before they are released into the community. Many times, individuals do not have a proper place to stay, the ability to process, or the ability to make and keep appointments with service providers. The idea of helping them plan their discharge and navigate through the system, planting those seeds, and getting

that done while they are still in custody is a critical element to that. He spoke in support of the proposed Innovation plan.

Commissioner Bunch asked if there are licensed clinicians on the Multi-System Team and, if not, if the mental health therapy starts prior to release.

Ms. Leung stated there are licensed clinicians that provide services prior to release in the form of pre-release and discharge planning. The provider positions are left flexible as to whether they are licensed clinicians to provide therapy. They will have the ability to hire some licensed staff along with peer staff.

Commissioner Bunch stated she would like licensed clinicians to be part of the Multi-System Team.

Kelli Weaver, Adult Mental Health Division Manager, Sacramento County, stated part of the array of services that will be provided will include therapy. The providers selected will have a licensed clinician on staff, which is a critical component of the full-service array.

Chair Ashbeck suggested including “reduced visits to hospital emergency rooms” as one of the outcomes of the proposed project. She suggested defining the “transition to community” outcome and metrics to show what a successful transition looks like.

Commissioner Mitchell asked if the county is working with mental health courts with the proposed project.

Ms. Weaver stated the local mental health court is a critical partner. The systems partners will coordinate with the mental health court.

Ryan Quist, Ph.D., Behavioral Health Director, Sacramento County, added that the public defender and district attorney were part of the public stakeholder process and helped with the design of this program.

Commissioner Berrick agreed with Commissioner Bunch’s concerns about including licensed clinicians on the Multi-System Team. He emphasized that the quality of the training for the team facilitator is also important and means everything to the success of the team.

Chair Ashbeck stated Fresno County has a project around the transition out of county jail systems. She stated the proposed project provides an opportunity to share across the state what counties are doing to accelerate the learning.

### **Public Comment**

Poshi Walker asked about LGBTQ populations, especially the transgender community, which is often overrepresented within the jail and prison populations and often go undiagnosed or misdiagnosed. In addition, trauma and other mental health conditions happen while individuals are in jail and in the criminal justice system and there is not always an identified diagnosis. The speaker requested that Commissioners ask if individuals who did not get formally diagnosed in jail are able to voluntarily access the Multi-System Team to have some of their needs met.

Poshi Walker stated the need to ensure that the care is trauma-informed and that there are adverse childhood experiences (ACEs) assessments being done on everyone who is involved in this project.

Chair Ashbeck asked Ms. Leung to respond to Poshi Walker's questions about the transgender population and ACEs assessments after public comment is completed.

Tiffany Carter, Statewide Advocacy Liaison, ACCESS California, a program of Cal Voices, provided comments from ACCESS Ambassadors who were unable to be in attendance today. The speaker stated an ACCESS Ambassador asked about the robustness of the community program planning processes that were conducted. Documentation shows that there were two community program planning sessions conducted but documentation is lacking in essential details such as who participated, how many, when, and if the target population, peers with lived experience with serious mental illness, justice involvement, and complex behavioral health needs, was sought.

Tiffany Carter stated an ACCESS Ambassador asked how the decision to use the Childhood Family Team model emerged from the community program planning process.

Tiffany Carter stated an ACCESS Ambassador asked, with only a few peer positions noted in the salary section, it is unclear at what level of funding these positions will be held. The MHSOAC upholds that peer positions are to be held in high regard, be competitive, and have an opportunity for growth.

Richard Gallo stated their concern regarding the peer positions. The speaker felt strongly that the peer positions need to include a living wage as much as possible so there will not be a high turnover rate. Having continuity of services is critical for this population. The speaker stated they have personal experience helping individuals getting out of jail, securing housing, financial benefits, food security issues, and more. Peer positions are important with this targeted population because they provide role models to show that goals can be met.

Hector Ramirez, , consumer and advocate, asked about the process that was taken to include underserved communities during the planning of this project. Black, Native American, and Latino communities are disproportionately represented in the number of individuals with psychiatric disabilities in jails and on the streets due to systemic racism and the lack of services. The speaker asked how this was taken into consideration.

Hector Ramirez stated the Commission does not have peer representation from the Latino, Native American, or Black communities. The speaker stated concern that, as the Commission does evaluations for this project, it will not take all the people of California into consideration. The speaker asked if restorative processes are being utilized in working with consumers. The speaker stated they read the term "recycled consumers." The speaker stated garbage is recycled, not people. The speaker stated those comments reflect how the planning for this project took place. The speaker stated the need to take a humane approach in how individuals with psychiatric disabilities are related to, starting today.

Sally Zinman, Executive Director, California Association of Mental Health Peer-Run Organizations (CAMHPRO), stated they loved the Multi-System Team approach,

especially the family/community partner. Natural supports are essential to recovery. The speaker was pleased to see peers involved in the project but concerned about the pay scale – not only with this project but in projects across the state. The speaker stated peers are at the bottom of the scale at \$38,000. This is not a living wage, especially in the Bay Area. The pay should be commensurate with the incredible work that they are doing.

Pamela Weston stated the California Board of State and Community Corrections does an effective job of helping California have peers at different commissions, such as the Anti-recidivism Coalition and the Criminal Justice Behavioral Health Commission, which are working on reintegration and health parity. The speaker asked how peers are selected and suggested looking at who has been involved already and what counties they are from to help this project join at a policy level to address the historic bias and discrimination that is underneath the MHSA general standards.

### **Commissioner Discussion**

Chair Ashbeck asked Ms. Leung to comment on how individuals who are traumatized in jail and are not identified as having a mental illness can integrate into this team as they transition out, the community planning process involving peers, and the peer salary range.

Ms. Leung addressed comments and concerns brought up during public comment as follows:

- The county will ensure that the LGBTQ community has access to this program and will internally look at how to bridge that population, who often go undiagnosed or misdiagnosed.
- The community wanted to ensure that this was a trauma-informed program. The county will take Poshi Walker's suggestion about using the ACEs assessment into consideration.
- As part of the community planning process, a 16-member workgroup was convened, which consisted of systems partners, consumers and family members with lived reentry experience, and members of the African American/Black and Latinx communities.
- The county will take the suggestions made today into consideration with regard to the peer position and salary.

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

Commissioner Berrick moved the staff recommendation.

Commissioner Brown seconded.

Commissioner Bunch asked who does the initial assessments and the diagnoses.

Ms. Leung stated the forensic behavioral health provider clinician or staff will do the initial assessments and diagnoses.

Commissioner Mitchell asked where in the process the assessment is done.



Ms. Leung stated clients will be identified by Jail Psychiatric Services and potentially by the Mental Health Court, the mental health coordinator, the public defender, the district attorney, and the intake nurse. Individuals are identified as living with a mental illness and then referred into the program. The behavioral health provider staff will meet with that client as part of the discharge process. A needs assessment will be done at that time to identify services and resources needed upon release so the provider can ensure that those services and resources are in place once the client reenters the community. Clients are most successful when services are in place within 72 hours after release.

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

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

*Name: Forensic Behavioral Health Multi-System Teams*

*Amount: Up to \$9,536,739 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 Alvarez, Berrick, Brown, Bunch, Danovitch, Gordon, Mitchell, and Tamplen, and Chair Ashbeck.

## **ACTION**

### **3: Ventura Innovation Plan**

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

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

Chair Ashbeck stated the Commission will consider approval of \$2,011,116 in Innovation funding to support the Full-Service Partnership Multi-Platform Data Exchange Innovation Project. She asked the county representative to present this agenda item.

Kiran Sahota, Mental Health Services Act Senior Behavioral Health Manager, Ventura County Behavioral Health, provided an overview, with a slide presentation, of the need, proposed project to address the need, and budget of the proposed Full-Service Partnership Multi-Platform Data Exchange Innovation Project.

#### **Commissioner Questions**

Chair Ashbeck asked for further details on the CareManager System.

Ms. Sahota stated the new Healthcare Information Exchange Systems have a component called a CareManager. A Behavioral Health CareManager is a product of NetSmart and will be integrated into the avatar system. The full-time CareManager will filter the data and immediately get that information to clinicians, crisis teams, or community integrative teams.

Commissioner Mitchell asked how to protect against bias and how to ensure that the receiver of the shared data will benefit the client.

Ms. Sahota agreed that bias based on perception is a valid point. It is not something that the county has looked at to date with this project but it is something that will be integrated going forward. The county will work with the Equity Services Manager to ensure that trainings are appropriate and will have Memorandums of Understanding (MOUs) with the health care agency, law enforcement, and Homeless Management System to ensure that they have sensitivity training, including a training of implicit bias.

Commissioner Bunch stated even the idea of informed consent is important. Many times, clients consent to share their information across multiple databases as part of the intake paperwork. It is important to train clinicians on how to speak to clients about what this means.

Hilary Carson, MHSAs Innovations Program Administrator, Ventura County Behavioral Health, stated this is part of the first steps of the project. Nothing has yet been solidified. The initial process is only to intake information and automate information received from jails and hospitals. The next step will be the informed consent piece. Clients will have control over what information can be shared. Clients will have many conversations with their treatment team and clinician before information sharing will take place.

### **Public Comment**

Poshi Walker acknowledged that the proposed Innovation project is important but questioned why Innovation funds were being used for it. The speaker stated the need for Innovation projects to raise up community-defined practices for unserved and underserved communities. The speaker asked Commissioners to consider for all Innovation projects whether they rose up from community stakeholders as a priority or if it was a county priority that was then presented to the public without asking community members what their priorities were.

Poshi Walker stated the proposed project is FSP-focused and should be funded with community services and supports (CSS) funds rather than Innovation funds.

Poshi Walker agreed with Commissioner Mitchell's comment about implicit bias. Many counties collect demographic data on their electronic health record, including sexual orientation and gender identity data. That is supposed to be given anonymously and confidentially. The speaker asked if clients can select the data to be shared. The speaker gave an example of implicit bias with regard to prohibiting the prescription of pain medications.

### **Commissioner Discussion**

Chair Ashbeck asked the county to respond to comments and concerns brought up during public comment.

Ms. Sahota stated the Behavioral Health Advisory Board has found gathering and reporting on data difficult. She stated being able to truly integrate systems is something that the community has asked for. This came out of eight forums during the community planning process.

Ms. Sahota addressed the specific data parameters. She stated the wonderful thing about data integration is that the parameters of data to be sent can be created. She stated the proposed project is not about sending data at this time. It is strictly about building a process for the county to receive data. Although the goal is to build it bidirectional, it currently is unidirectional – the county can ask the hospital about the medications an individual is on so the psychiatrist can work with the FSP client or the county can ask the jail if an individual has entered into the criminal justice system so the county can reach out to them when they go for a no-show.

Commissioner Boyd asked that the minutes reflect that he has been on since roll call but has had a lot of technology problems and thanked staff for helping him resolve them.

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

Commissioner Mitchell moved the staff recommendation.

Commissioner Gordon seconded.

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

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

*Name: FSP Multi-Platform Data Exchange*

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

*Project Length: Three (3) Years*

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

The following Commissioners voted "Yes": Commissioners Alvarez, Berrick, Boyd, Bunch, Danovitch, Gordon, Mitchell, and Tamplen, and Chair Ashbeck.

Chair Ashbeck dismissed everyone for a 10-minute break. She stated Commissioner Tamplen will facilitate the meeting after the break while she is out on another call.

## **10 MINUTE BREAK**

## **INFORMATION**

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

#### **Presenter:**

- Toby Ewing, Ph.D., Executive Director

Acting Chair Tamplen stated the Commission will consider the implications of COVID-19 and racial equity on current and prospective actions. She stated Commissioners

received a brief memo outlining the various projects the Commission has underway that are relevant to reducing disparities. She asked staff to present this agenda item.

Executive Director Ewing reviewed the Commission Efforts to Reduce Mental Health Disparities memo, which was included in the meeting packet. The memo summarized Commission efforts such as:

- Joining California's Capitol Collaborative on Race and Equity (CCORE)
- Mapping disparities through California's Client and Service Information (CSI) Dataset
- Engaging the Commission's Cultural and Linguistic Competency Committee (CLCC)
- Reducing criminal justice involvement
- Revising Prevention and Early Intervention (PEI) and Innovation data reporting regulations and strengthening demographic reporting
- Supporting youth innovation
- Initiating tribal youth innovation convening
- Implementing the Striving for Zero Suicide Prevention Strategy
- Supporting stakeholder advocacy on reducing disparities and serving immigrants and refugees
- Communicating the imperative to reduce disparities

Executive Director Ewing stated the work outlined in the memo does not mean that the Commission is doing enough. He asked for feedback from Commissioners on the work being done, what else staff should be doing, and how to strengthen the initiative that is underway to inform conversation on race and equity. He asked for guidance and direction on how to move forward.

### **Commissioner Questions and Discussion**

Commissioner Mitchell stated the hope that the Commission is comfortable with the conversation and shifting its own thinking regarding the programs reviewed and the counties' work, and that it is okay with looking at its work through the lens of parity and equity and not just business as usual. It is important to have discussions from the point of view of how this affects individuals outside of local communities. Changing a way of thinking is difficult. She encouraged the Commission to be comfortable with an uncomfortable discussion that the United States has a hard time talking about. This can no longer be avoided.

Commissioner Bunch asked how to learn about programs that are listed in the memo.

Executive Director Ewing stated staff has given Commissioners information on each of these programs over the last six to twelve months, although it has been brief. He stated 75 percent of the Commission meeting agendas have been for county Innovation plan approval, while Innovation funding is approximately 1 percent of the overall MHSA

funds. Part of the challenge is the limited time staff has to keep the Commission up to date on the many other things that the Commission is doing besides county Innovation plans. A brief overview of those activities are included in the memo.

Executive Director Ewing stated the new programs that Commissioner Bunch is referring to are contracts currently being entered into. He stated these programs came out of the \$5 million the Commission received two years ago to support the Innovation Incubator. Consistent with the chair's direction the Innovation Subcommittee is to think about the tradeoffs between the time that is spent approving Innovation plans and providing feedback on other Commission activities such as proactively designing PEI strategies.

Executive Director Ewing stated Commissioner Gordon announced in a press conference yesterday that Sacramento County is working to put a clinician in every school. This is part of the Commission's mental health student services work, which was built out of the SB 82 triage crisis services work. He stated Commissioner Gordon identified in the press release that part of that strategy is to ensure that opportunities are created to monitor children early on to avoid recreating the disparities currently being dealt with in the adult population and to short-circuit the school-to-prison pipeline early on.

Executive Director Ewing stated it has been challenging to give Commissioners a thorough understanding of all the things the Commission is doing due to meeting time constraints.

Commissioner Berrick stated Dr. Early recently discussed some of the work staff will be presenting nationally.

Executive Director Ewing stated Dr. Early's team submitted four research papers for publication reporting out on the work of the Commission to the American Public Health Association. Three of the four submittals were accepted. This is a tremendous step forward for the Commission and staff. He asked Dr. Early to provide additional details.

Dawnte Early, Ph.D., Chief, Research and Evaluation, summarized the papers to be presented in October at the American Public Health Association National Conference in San Francisco. She stated the titles of the research papers are as follows:

- The Violent Mentally-Ill Person Stereotype and Examination of Arrests and Convictions Among those Deemed Incompetent to Stand Trial
- The Association Between Psychiatric Diagnosis and Trauma and Racial/Ethnic Disparities Among Mental Health Service Clients in California
- The Association Between Trauma Experience and Arrest Outcomes in Participants of Intensive Mental Health Programs in California

Dr. Early stated these abstracts will be distributed to Commissioners and posted on the website.

Commissioner Berrick stated these kinds of research activities, particularly on implicit bias, race, intersection with systems, and how systems end up making problems worse,

provide the opportunity to move forward with that and make it a central focus of the Commission in everything it does so it will have a greater impact going forward.

Dr. Early stated one of the most important things that can be done with research is not only to do the research but to communicate the findings to then be used for advocacy by stakeholders to make public policy decisions. The best way to do that is to post the findings online and to increase exposure by presenting the findings in meetings and attending research conferences to talk with peers about methodology and linking being done to ensure that the highest level of statistical analyses is being maintained. By submitting these research papers and vetting them with peers, staff not only is contributing through its research to policy but also to the research field.

Commissioner Alvarez echoed Commissioner Berrick's comments about being proud to be part of this Commission and the work being done to elevate the data that tells the story of what is really happening in communities. She suggested, when sharing this information, to also release this data in a series of papers from the Commission.

Commissioner Mitchell asked if the outcome data comes from the counties.

Dr. Early stated it comes from several places and can be seen at the state and county levels. There is data coming from the counties through CSI and FSP. The data comes to the Commission through an agreement with the DHCS. Data also comes from the Department of Justice, which is linked with the data from the DHCS to for county outcomes.

Executive Director Ewing stated all of this work is borne out of the work that the Commission did through the Criminal Justice and Mental Health Project under Commissioner Brown. Staff is also looking for dates for the Subcommittee on Schools and Mental Health to meet. As part of that project, there have been similar conversations with the Department of Education and the DHCS to do the same work about how mental health support reduces "educational failure," particularly when seen through a prevention lens. Commissioner Gordon has been leading this groundbreaking work.

Executive Director Ewing stated the question is what stakeholders would like to support to make programming decisions to better understand the best way that mental health services and supports can result in improved educational outcomes, particularly for communities of color. The most progress has been made on the criminal justice work because the Commission has been at it the longest. He stated, because there is more precedence there, the Commission is trying to do parallel work on education to support individuals earlier. Commissioner Berrick is chairing a workgroup for the state on the intersection of mental health and child welfare and the Commission is working with him on accountability measures and is exploring using this same data strategy.

Executive Director Ewing stated the Commission has long highlighted for consumers that employment is opportunity and hope and is a clear sign of recovery. It is important to understand that employment opportunities are not only about someone having a job – it is about self-reliance, opportunity, and being paid a living wage. Staff has been in conversation with the Employment Development Department (EDD) for three years about this work.

Dr. Early added that quarterly wage data is scheduled to be received from the EDD by November of this year in the same fashion as has been done with the Department of Justice to link to all clients from 2006 and onward. This data will help with the Workplace Mental Health Project work and for looking at what success looks like for consumers.

Commissioner Mitchell stated the hope that this information can drive systems change because the data will show how different groups are affected. She stated, as the Commission funds various programs coming through the counties, some of the programs will address some of the disparate issues because it comes down to equity, access, and fairness to improve the lives of those who are living with mental illness and other issues.

Acting Chair Tamplen acknowledged Dr. Early and the Commission's work on strategies for research data and policy to address racial inequities. She stated one of the things that is important to highlight is that consumers often have to call 9-1-1 for mental health issues and law enforcement being the first responder makes it difficult because of the many complexities being seen across the nation due to those interactions. The Commission has an important role in how counties engage communities for ideas for innovation projects. Asking more about the specific data from that process will ensure that the community voice is heard.

Acting Chair Tamplen stated another area of the mental health system that needs transformation is being transported in police cars in handcuffs during mental health crises. This is traumatizing. She stated African Americans and Latinos are overrepresented in the involuntary system of the mental health system and in being overmedicated. These are areas that are not new but the Commission can continue to provide good resources and services.

Acting Chair Tamplen stated the core of the system around the response to mental health crises is traumatizing and retraumatizing to individuals. As a result, consumers should not be questioned why they refuse treatment or why they want to stay away from it. The Commission should be looking at how the Commission can influence counties and support them in moving away from that kind of interaction to one that is more community focused and community engaged, and that involves peers in the outreach to individuals in crisis, along with clinicians. She stated the need for the Commission to look into how those efforts can be improved.

Chair Ashbeck rejoined the teleconference call. She stated the city of Fresno had an action on Monday to discontinue the police response to 5150 calls and mental health calls. She stated her concern that an alternative plan has not been considered and that this might create a different set of problems. It is important not to leave individuals in crisis with no response. She suggested that the Commission take a leadership role during this defund-the-police movement in considering what can be done to support counties to create a mental health response that is timely and equitable.

Commissioner Berrick stated the points that the Chair and Commissioners are bringing up are important. He agreed that the Commission has this moment in time to speak to African American boys. The outrageous preschool numbers mentioned by Executive

Director Ewing are overwhelmingly African American boys. The Commission can impact this issue by doing three things:

- Help preschoolers get support instead of negative intervention
- Include a better response for mental health issues - police should never be the first responders
- Offer services such as wraparound services to families before teachers call Child Welfare and children are expelled from school. Almost all children who receive intensive wraparound services must be removed from their homes in order to access those services. This is wrong.

Commissioner Berrick stated these three things would have a big impact on disparities.

Commissioner Bunch stated she would love to hear what is happening with Commissioner Alvarez, and First 5. She stated children of color are often seen as aggressive rather than outgoing leaders. There is a need to address implicit bias inside the schools.

Commissioner Alvarez stated there is currently a unique moment with so much important leadership at the state level on early childhood and prioritization of early childhood and an opportunity to operationalize what that means, particularly with the DHCS and with the leadership of the surgeon general and the attention she is bringing to ACEs. She stated children of color have a disproportionately high number of ACEs, many times because of racism and systemic oppression that is part of these systems. She stated the need to think through what can be done in collaboration and with leveraging resources.

Commissioner Alvarez stated the First 5 California Commission has a new strategic plan where child health is a new strategic priority and mental health and addressing trauma is part of that. This is an opportunity. Also, the New Master Plan for Early Learning and Care that the governor requires to be issued by October is an opportunity. Thinking through where mental health fits into the Master Plan so that the next ten years of investments in policy priorities reflect what the collective wants to see done will not happen overnight, but there is a need to ensure that markers are in place to demonstrate progress for California's children.

Commissioner Gordon provided more details about the mental health initiative mentioned by Executive Director Ewing where Sacramento County is working to put a mental health clinician in every school. He stated this has been developed over the last three to four years with a clear theory of action as follows:

- There has never been dependable funding. There are many pilot projects but they come and they go and the focus goes and the priority goes.
- There is never a focus on prevention and wellness, but instead there is a focus on how to bring treatment because of an emergency. Individuals never take advantage of the fact that the school is a caring place. There is a caring community of individuals who are there to look after children. They are mission-driven.



- There is a lack of access to services for the most underserved children because in many cases they cannot get to medical facilities or appointments and school does not have a focus on that.
- There is a lack of trust in the systems that children and families often are referred to.

Commissioner Gordon stated one of the goals of putting a mental health clinician in every school is not just to parachute a treatment person in but to bring in Medi-Cal funded clinicians as employees of the Sacramento County Office of Education (SCOE). SCOE will train them in collaboration with the school people to hopefully create the school as a center of wellness where the goal is prevention and wellness, not just taking care of immediate problems.

Commissioner Gordon stated the SCOE has a great relationship with First 5 Sacramento. One of the big focuses of the mental health initiative is to use the clinicians and the schools in their communities as a gateway or beachhead into the zero-to-five space so that they can help organize, work with, and build up the confidence of parents to join with the schools so hopefully more of the children will receive needed services before they arrive at school at five years old. He reminded Commissions of a presentation a couple of years ago from an individual in San Francisco who stated that much of the trauma encountered by children occurs prior to five years of age.

Commissioner Gordon stated the SCOE has been piloting a telehealth approach. He stated there is much a school can do and a variety of services can be brought in without creating a health clinic. The idea of putting a clinician in every one of the 383 schools in Sacramento County is not a pilot. The initiative will be supported by sustainable funding from Medi-Cal and will be implemented in a phased rollout over the next several years, beginning this fall with 11 schools.

Executive Director Ewing stated the Commission recently authorized staff to enter into a contract with Innovation Incubator funds to bring in a nationally recognized best practice, the Crisis Now Project. He asked Jim Mayer to give a quick description of the Crisis Now Model, one of six strategies being pursued to address the issue of reducing criminal justice involvement.

Jim Mayer, Chief of Innovation Incubator, stated the Crisis Now Model provides an opportunity to not have law enforcement be the first response to a mental health crisis. The Innovation Incubator completed work last year on data matching between criminal justice systems and behavioral health within counties. There have been cross-system discussions about what more could be done. A number of counties stated they wanted to be at intercept zero, which is when a crisis is responded to prior to the need for a 9-1-1 call. Other counties did not know what an intercept zero would look like but knew they wanted this model, which has been developed nationally under the National Association of State Mental Health Program Directors, and is certified by the Substance Abuse and Mental Health Services Administration (SAMHSA), and is rolling out in a number a states.

Mr. Mayer stated Crisis Now is a planning process where counties' cross-sector teams will go through an eight-month process with experts on the whole continuum of what

they need to do to develop a community-based comprehensive crisis response system. There is a strong component about how needs and resources are assessed to build a sustainable system drawing down as much funding as possible from other sources. He stated some counties that have signed up were SB 82 triage grant recipients that had mobile crisis units for few years until the funding ran out. They saw the potential but not the sustainability.

Mr. Mayer stated this is an opportunity to connect the data work and efforts to get ahead of the criminal health response for mental health crisis and to try to build out the system change in the sense where it truly gets to a point where it is sustainable and no longer dependent on one-time grants. He stated this work will begin in the next month. Eight counties are currently signed up with two more in the process.

Chair Ashbeck asked for a staff report or white paper on the Crisis Now work.

### **Public Comment**

Stacie Hiramoto stated they were grateful that Commissioner Gordon remarked at the last meeting how the issues of equity and diversity are superimposed on the Commission's regular work. The speaker stated Commissioner Gordon suggested setting aside time to think and discuss how these issues should be approached and made other suggestions that were on target. Today's discussion did indeed have these issues superimposed on the work the Commission is already doing.

Stacie Hiramoto referred to the four-page memo listing the Commission's efforts to reduce mental health disparities and noted that it was not posted on the website until late last night. The speaker stated people of color who do the work that REMHDCO does have a name for the kind of presentation that occurred and the kind of report that is posted on the website. The term is "checking the box." The speaker stated they did not hear or read what they were looking for in today's presentation, particularly in the written report.

Stacie Hiramoto asked if the Commission realized that these weeks of protests and marching, heartache and anger around the country might bear any relationship to the Commission's work. The speaker stated they do. The civil unrest is because people are demanding change not only at the individual police departments but other governmental systems. The speaker stated the staff of any police department across the country, including Minneapolis, Nashville, Oakland, or Sacramento could put together a nice list and presentation just like the one given today. The speaker stated what the Commission is doing or what was written is not bad, but this is neither the time nor the format to discuss this.

Stacie Hiramoto used the CLCC as an example. The speaker stated a couple of tasks are already listed for them, but the CLCC had absolutely no role in discussing or choosing them. The Commission's advisors for reducing disparities were not asked what they thought was a most important thing for the CLCC to do. These actions seem to have been decided behind closed doors with no input from public stakeholders and will be presented to the CLCC with the question "how shall we proceed?" This is not working in collaboration. This is not listening to stakeholders and it is not what the MHSA envisions.

Stacie Hiramoto stated they would be happy to talk with the Commission about the Criminal Justice and Mental Health Project and how it did not include all the input from the focus groups of African Americans and individuals from the transgender community. Again, this is not a venue that lends itself to discussion.

Stacie Hiramoto stated what is most important for the Commission to commit to is new actions to improve the relationship with communities of color, to build trust, and to show respect. The speaker asked the Commission to accept REMHDCO's offer to help the Commission to serve communities and improve the work of the Commission.

Chair Ashbeck responded that the Commission started with the work it is doing because the discussion must start somewhere. It was not to say, we've got this don't worry, it was simply to say, given the work the Commission is already doing, can we accelerate or look through a different lens.

Chair Ashbeck also stated today's 45-minute conversation is not the end of the conversation. The Commission hears and respects public input but the work and the discussion must start somewhere. The Commission started with schools and criminal justice. Yes, we can do better and this will be on the agenda again.

Poshi Walker stated appreciation for Chair Ashbeck's comments but the speaker also agreed with and supported Stacie Hiramoto's comments. The speaker stated structural racism and implicit bias create mental illness. Defunding the police is a mental health response and using funds for increased community services including schools is what defunding the police means.

Poshi Walker clarified that defunding the police is not a condemnation for each individual police official, and that defensive comments regarding particular departments like the one that was made at the last meeting ignore the effects of structural racism and implicit bias and are actually part of the problem. The speaker asked the Commission not to allow such comments to derail antiracist conversations.

Poshi Walker stated it is important to understand that, especially for those who have white privilege, it is not enough to say "I am not a racist." It is necessary for individuals to say "I am antiracist" and recognize that they are drenched every day in white supremacy.

Poshi Walker recommended new actions the Commission can take right now to support defunding the police and fixing and reducing racial and ethnic disparities:

- Send a letter noting the Commission's opposition to SB 665, Mental Health Services Fund: county jails.
- Put the CRDP on the Commission meeting agendas to provide an opportunity to uplift Black, Native American, Latino, API, and LGBTQ potential innovation projects that are community-defined practices as innovation projects to counties.

Dr. Moreno stated they also were an evaluator with the CRDP. The speaker stated there currently is an opportunity to further shift how business is done. The disparity data has been discussed over and over and this data is worsening due to the COVID-19 pandemic as well as state-sanctioned violence against communities of color. The

speaker implored the Commission to further shift time from presenting on this data to what the Commission is going to do about it. The speaker recommended looking at what works with communities of color and leveraging these endeavors by investing in them more.

Dr. Moreno stated one effective endeavor that is really working is the CRDP. The speaker thanked the Commission for including the CRDP letter in the packet of handouts. The speaker stated the CRDP would like to have a follow-up conversation with the Commission about the letter and how to leverage the project, given the particular moment that California is in.

Pamela Weston stated, in 2014 to 2016, Monterey County hosted a collaborative forum with the Department of Justice wherein, the speaker advocated for the work to be district-specific and culturally-specific. The speaker directed the Commission to the 2017 Cultural Competency Action Plan in Monterey County, which came out of those collaborative forums. In dealing with law enforcement, homelessness, and other issues, there is a need to review what has been asked for.

Pamela Weston asked for the creation of a subcommittee. The speaker asked staff to follow up with Monterey County to ask about benchmarks. It is important to be district-specific during research. The speaker asked the Commission to work with culturally-specific, district-specific outlines because heritage is different from race. The speaker stated, instead of looking at color lines, look at culture lines to allow communities to be who they are.

Steve Leoni, consumer and advocate, stated there is an interaction between mental health and the recent racial injustice issues. The speaker stated, while claustrophobia is not usually thought of as a mental illness, it is a mental condition that deserves respect. George Floyd was uncomfortable with getting into the police vehicle and he lost his life for that.

Steve Leoni stated concern that oftentimes young Black men in particular are diagnosed with antisocial personality disorder instead of perhaps paranoid schizophrenia, which can result in non-service.

Steve Leoni stated there was an innovation project approved by the Commission in 2018 in Alameda County about different ways to transport individuals utilizing neither police nor ambulance. The speaker suggested checking on Alameda County's progress.

## **ACTION**

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

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

## **Public Comment**

Poshi Walker referred to their comment at the bottom of page 8 of the May 28<sup>th</sup> minutes and asked to add “communities of color” to the end of their comment so it would read, “The speaker asked the Commission not to approve the proposed Innovation projects unless culturally-specific outreach and treatment is specifically included for communities of color and LGBTQ communities of color.”

### **Commissioner Questions and Discussion**

Commissioner Bunch moved to approve the minutes from the May 28 and June 11, 2020, teleconference meetings as revised.

Commissioner Alvarez seconded.

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

- *The Commission approves the May 28, 2020 meeting minutes as revised and June 11, 2020, meeting minutes as presented.*

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

The following Commissioners voted “Yes”: Commissioners Alvarez, Berrick, Brown, Bunch, and Mitchell, and Chair Ashbeck.

## **INFORMATION**

### **5: Executive Director Report Out**

#### **Presenter:**

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

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

Executive Director Ewing presented his report as follows:

#### **Budget Priorities**

The Commission has submitted language in the budget bill that has been passed by the Legislature but not yet signed by the governor as follows:

- The Commission has asked for flexibility in funds for the coming fiscal year to support suicide prevention activities.
  - If successful, it will allow the Commission to dedicate approximately \$2 million over the next two years for suicide prevention activities.
  - Executive Director Ewing asked Commissioners for guidance on how best to utilize those funds. The COVID-19 pandemic has drastically exacerbated the realities that individuals are living under. He highlighted the concern about disadvantaged communities when some of the housing prescriptions in place today are lifted. Research suggests that suicide

rates will go up and risks will escalate dramatically. It is important to think about how to use the \$2 million to put effective suicide prevention strategies in place.

- The Commission has asked for additional support for the Criminal Justice diversion strategies through the Innovation Incubator in response to the COVID-19 pandemic. The argument was made that the COVID-19 pandemic has changed the nature of needs, the scale of needs, and the reality of how public mental health programs respond to those needs.
  - There are opportunities for the Commission to support rethinking some of these strategies in the wake of COVID-19 and the resulting fundamental and dramatic cuts to programs.
  - There is also an opportunity for the Commission to rethink what is most important and recognize that some long-term systems may not be designed as effectively as they could be. If approved by the governor, the Commission will have approximately \$2 million over two years to consider how to support reprioritizing programs in the context of the COVID-19 pandemic.
- The Commission has asked for additional support to work with partners to reprioritize how existing contract dollars are being used.
  - The Commission has approximately \$100 million in contracts with counties and local providers for services and all of this work was designed in a pre-COVID-19 environment.
  - The Legislature was clear that the new priorities must be consistent with the original intent of the contracts. It is not about changing what is being done or taking funding from one party to give to another, it simply is recognizing that, for contracts that call for work to be done that can no longer be done in the COVID-19 environment because of safety concerns, contractors can be provided flexibility.

If these proposals are signed by the governor, staff will ask Commissioners for guidance on how to move forward in the coming months.

### Committees

The CLCC will tentatively meet on July 15<sup>th</sup>.

The Client and Family Leadership Committee (CFLC) will meet in the near future to discuss SB 803, Mental health services: peer support, to consider how to better support peers and family members in the service delivery system, including peer certification.

The Schools and Mental Health Subcommittee will meet in the near future. There are individual projects that are part of a broader school mental health initiative that have come out of community engagement work over the last couple of years. The Subcommittee will review the draft Schools and Mental Health Report to ensure that work is relevant in the COVID-19 and post-COVID-19 timeframes.

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The Innovation Subcommittee will meet in the near future.

The Rules of Procedure Subcommittee will meet in the near future.

**ADJOURN**

There being no further business, the meeting was adjourned at 12:47 p.m.