
State of California

**MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION**

Minutes of Teleconference Meeting
September 24, 2020

MHSOAC
1325 J Street, Suite 1700
Sacramento, CA 95814

408-638-0968; Code 658758

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

Members Participating:

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

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

Members Absent:

Senator Jim Beall
Assembly Member Wendy Carrillo

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

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 8:05 a.m. and welcomed everyone. Chair Ashbeck announced that the Commission

would move to Closed Session to discuss personnel matter and would return to open session approximately 9:05am.

CLOSED SESSION

- **Government Code Section 11126(A) related to personnel**

The Commission met in closed session as permitted by law related to personnel.

CLOSED SESSION REPORT OUT

Chair Ashbeck reconvened the meeting and stated the Commission took no reportable action in closed session.

ROLL CALL

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

GENERAL PUBLIC COMMENT

Poshi Walker, LGBTQ Program Director, Cal Voices, and Co-Director, #Out4MentalHealth, stated public comment that was submitted prior to in-person meetings was provided to Commissioners and made available on the back table for meeting participants to read. The speaker stated the need to ensure that public comment sent to staff prior to teleconference meetings is forwarded to Commissioners and made available to the public.

Joel Baum, Senior Director, Gender Spectrum, stated Gender Spectrum was selected as one of 35 organizations as part of the California Reducing Disparities Project (CRDP), which was created to address historical inequities and disparities in health and wellbeing, particularly mental health, for five populations – African American, Latinx, Asian and Pacific Islander, Native American, and LGBTQ communities.

Joel Baum asked the Commission to encourage the Governor and Legislature to take leadership towards addressing historical disparities, which have surfaced more than ever during the COVID-19 pandemic, by investing \$2 million in resources that have been identified and any other additional funding to address the intersecting crises of the COVID-19 pandemic and the legacy of structural racism that exists in the mental health system.

Joel Baum suggested that the \$2 million be used to support a strategy to create systems change to address these larger cultural issues, while, at the same time, addressing disparities and leveraging the incredible work that the CRDP infrastructure and the 35 community-based providers have done on this issue and that are now significantly impacted by COVID-19.

Josefina Alvarado Mena stated the 35 community-based providers funded through the CRDP sent a letter to the Governor on June 24th urging action to leverage the CRDP infrastructure to meet the overwhelming mental health needs emerging from the COVID-19 pandemic and the historical disparities experienced by individuals of color and the LGBTQ community. The speaker stated there has been no response to the letter to date.

Josefina Alvarado Mena stated the CRDP sent a second letter on September 8th to the Commission articulating that, while the data consistently confirms the disproportionate impact of COVID-19 on communities, the public investment of resources fails to match the disturbing upward data trend. State leadership is urgently needed to mitigate the agonizing need and interrupt the widening of mental health disparities among the most vulnerable populations. The speaker urged the Commission to invest the \$2 million in resources identified and any other additional funding to address the currently intersecting crises of COVID-19 and the legacy of structural racism in the mental health system and other public systems to support a strategy to create the long-term system changes that are needed to systemically reduce disparities.

Cynthia Foltz, Program Director, Health Education Council, stated the Health Education Council is one of the CRDP projects focused on serving and reaching the Latinx community and one of the 35 community driven CRDP projects throughout California. The speaker echoed the comments of previous speakers that the CRDP has been serving one of the hardest culturally hit communities, the Latinx community, especially with COVID-19 and the impact it can have within mental health.

Cynthia Foltz echoed what was shared about the CRDP letter specifically urging the Commission to use these funds to continue to support the success of the CRDP community driven projects.

Sonya Young Aadam, CEO, California Black Women's Health Project, echoed the comments of previous speakers. The speaker stated they hear of actions being taken but do not see actions taking place across communities. The speaker implored the state to be intentional and to quickly invest additional resources into the 35 community driven CRDP projects and other community-defined projects.

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), spoke in support of the comments made by the CRDP partners. The speaker asked the Commission to consider, in addition to the \$2 million identified, using the funds left over from the Early Psychosis Intervention Plus (EPI Plus) Program. These funds should be prioritized for the current battle against COVID-19 in underserved communities. The speaker stated there are no more deserving organizations than the CRDP partners.

Lilyane Glamben, ONTRACK Program Resources, stated ONTRACK Program Resources is a member of the CRDP community. The speaker echoed the comments of previous speakers. The speaker stated the hope that the CRDP letter sent to the Commission will be addressed since the content of the letter reflects the comments made during public comment today. The speaker shared concerns about recent social injustices and what it does to emotional, mental, and psychological wellbeing.

Lilyane Glamben stated concern about the funding that was wasted on the Technology Suite Collaborative Innovation (Tech Suite) Project and what could have been done to address the digital divide already in existence. The speaker asked the Commission to address the digital divide with intentional focus especially during the COVID-19 pandemic.

Thomas Mahany, Executive Director, Honor for ALL, stated the hope that their letter sent to the Commission was included in the meeting packet. The speaker asked the Commission to formally adopt and submit a Governor's Office Action Request (GOAR) to Governor Newsom requesting him to issue a proclamation designating June 27th as Post-Traumatic Stress Injury Awareness Day to reduce stigma and resulting suicides. One tactic that can combat stigma is the use of non-stigmatizing language.

ACTION

1: Approve August 27, 2020, MHSOAC Meeting Minutes

Chair Ashbeck stated the Commission will consider approval of the minutes from the August 27, 2020, teleconference meeting. She asked for a motion to approve the minutes.

Commissioner Boyd made a motion to approve the August 27, 2020, meeting minutes.

Commissioner Alvarez seconded.

Public Comment

No public comment.

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

- *The Commission approves the August 27, 2020, Teleconference Meeting Minutes as presented.*

Motion carried 9 yes, 0 no, and 2 abstain, per roll call vote as follows:

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

The following Commissioners abstained: Commissioners Bunch and Mitchell.

ACTION

2: San Mateo County Innovation Plan

Presenter:

- Cynthia Chatterjee, M.D., M.A., FASAM, Deputy Medical Director at San Mateo County Behavioral Health and Recovery Service

Chair Ashbeck stated the Commission will consider approval of \$663,125 in Innovation funding for San Mateo County's Addiction Medicine Fellowship in a County/Community Setting Innovation Project. She asked the county representative to present this agenda item.

Cynthia Chatterjee, M.D., M.A., FASAM, Deputy Medical Director at San Mateo County Behavioral Health and Recovery Service, provided an overview, with a slide presentation, of the need, proposed project to address the need, and budget of the proposed Addiction Medicine Fellowship in a County/Community Setting Innovation Project.

Commissioner Questions

Commissioner Danovitch stated his support for this important initiative but was personally conflicted due to his concern about the fit between this proposal and the funding mechanism. Innovation funding is not the right mechanism. He stated Innovation is designed to try things that have not been tested whereas the proposed strategies are known to work. He stated Workforce, Education, and Training (WET) is the right funding mechanism for the proposed project.

Commissioner Brown asked if participants in the proposed project make a commitment to continue to work in the field.

Dr. Chatterjee stated the fellows are not legally bound to work in any addiction medical field.

Commissioner Brown asked if a physician who is part of this fellowship and gains the funding and the training is committed to stay in San Mateo County.

Dr. Chatterjee stated there is no binding or requirement that they stay within San Mateo County but 50 percent of the psychiatry residency program graduates do stay with the county. She stated the hope that they would stay at least within California. She stated usually doctors who do a fellowship program do it at a reduced salary because they are interested in this subspecialty.

Chair Ashbeck asked how many fellows the proposed project will fund and what percentage of time the fellows provide service versus learning.

Dr. Chatterjee stated the fellows will work full-time for the county. The proposed project will fund one fellow per year for the next three years.

Chair Ashbeck asked Dr. Chatterjee to comment on Commissioner Danovitch's comment about WET funding.

Dr. Chatterjee stated the proposed project is innovative in that there are no other county-sponsored addiction medicine fellowship programs in the country.

Commissioner Danovitch stated county sponsorship is not an innovation. Sponsorship means who pays. An accredited training program is by definition not an Innovation but is a well-established and accredited mechanism to train individuals, which is valuable and needed. Many fellowships do get public sector experience. He stated WET funds are a more appropriate mechanism to support pipeline development and workforce training. Part of the issue is that Innovation funds are meant to fund something over a short period of time to establish whether that works and then, based on that, assumes that the project itself has the ability to be self-sustaining. He asked about the mechanism to support the proposed project.

Chair Ashbeck asked if the county has pursued obtaining WET funding. She stated there is a reference in the staff report that WET funds may not be available for the proposed project.

Doris Estremera, MHSOAC Coordinator, San Mateo County Behavioral Health and Recovery Service, stated WET funding goes through the same community planning processes and has been allocated. There is no WET funding to fund this project. She stated the legislation defines Innovation as being able to be used across programs such as Prevention and Early Intervention (PEI) and Community Services and Supports (CSS) programs. The intent is to try the proposed project using Innovation funding to build a case to be brought before the stakeholders for WET funding.

Commissioner Alvarez stated she is also conflicted because of the requirements for Innovation, the availability of other funds to support such an initiative, and knowing that these fellowship programs are proven and will make a difference. She stated more broadly that this is a recurring challenge that the Commission is seeing. Many counties are using Innovation funding because there does not seem to be a bucket of resources that allows them to be creative with solutions to meet needs in their communities.

Commissioner Alvarez stated this is not the first time that Commissioners have been conflicted on whether something is innovative enough to meet the definition. There is no flexibility in funds that allows county mental health leaders to be creative. She asked fellow Commissioners if the proposed project should be supported because it is what the county says they need to better meet the needs of their community versus not supported because it does not meet the definition.

Commissioner Berrick stated the county could not use WET funds because those funds are already committed. In response to Commissioner Alvarez's question and Commissioner Danovitch's comments, he stated, if Innovation funds are allowed to go entirely towards unmet needs in counties, then that should be done consciously as either a modification of the MHSOAC or a modification of the Commission's rules and procedures. This has not been the Commission's precedent. He stated this seems like a needed, important, and well-reasoned project but approving it makes the statement that community needs surpass Innovation requirements.

Commissioner Mitchell agreed with fellow Commissioners and stated she is also conflicted. She asked how the participants will be selected for the proposed fellowship program.

Commissioner Alvarez asked if the county has tried to move CSS funds to support this initiative.

Ms. Estremera stated the community selected this project as part of the community stakeholder process. The county can get CSS support once the county can show that the proposed project will work and that it will create a pipeline.

Commissioner Bunch stated there is a difference between need and innovation. She stated the Commission has been inconsistent and has approved other plans that have not been that innovative.

Dr. Chatterjee stated the county has been assured by the accrediting organization that the proposed project is the first addiction medicine program to be sponsored by a county health system. She noted that San Mateo County cannot attract graduates from surrounding academic programs.

Commissioner Berrick stated another issue is there is no clear sustainability strategy. He stated concern that after the pilot period the county will come back to the Commission asking to continue this project because it has been successful. He stated he will support this pilot one time provided, at the end of the pilot, the project demonstrates to other counties that they could use their WET funds to develop a better pipeline and that San Mateo County makes it a priority to move this to funding sources other than Innovation.

Commissioner Gordon reinforced Commissioner Berrick's comment. He stated he did not want to see the proposed project being used as a precedent. He stated he has difficulty finding school psychologists but, if he sponsored a fellowship program to help train school psychologists, that would help get them in the school system. This is not an Innovation; this is a way to create incentives for individuals to agree to work in difficult situations and is therefore more appropriate for WET funding.

Public Comment

Devin Aceret, resident, San Mateo County, spoke in support of the proposed San Mateo County Innovation Project.

Andrea Crook, Advocacy Director, ACCESS California, a program of Cal Voices, stated their two fundamental questions for Innovation projects are if there was a meaningful community planning process and if it meets the requirements. The proposed project is not an innovative plan. Regarding what was written about the community planning process, the speaker stated time, money, and resources are invested when something is valued. The spirit and philosophy of the MHSA does not come through the written materials. Nothing is written about clients and family members. The speaker suggested going back to the basics to look at how the community is driving the decisions and programs.

Tiffany Carter, Statewide Advocacy Liaison, ACCESS California, a program of Cal Voices, stated, while San Mateo County has identified the statutory requirements, the proposed project does not appear to have been birthed by a robust community planning process of consumers, family members, and community members or to include the general standards reflected throughout the planning and development. There are also no details regarding the usage of peers within this plan aside from what is referenced about fellows working in conjunction with peer case managers. The speaker stated there is no funding for peers in the budget. While this plan sounds like it would be beneficial for those with co-occurring disorders, it does not reflect the mission and vision of the MHSA or the intent of Innovation opportunities under the MHSA.

Hector Ramirez, consumer and advocate, commented on the issues of Innovation and precedent. As someone who participates at the state level in selecting some of the WET funding, the speaker stated they have never seen a substance use disorder issue, which makes the proposed project innovative in that respect. The speaker suggested that the Commission provide technical assistance and ask the county to revise their project and come back at the next meeting.

Hector Ramirez stated there seems to be a variation in the way deliberation and standards are applied for projects such as the Technology Suite Project, which was approved despite significant stakeholder opposition and concern. The speaker stated, at that time, it was brought up the fact that it was not innovative since apps are not new.

Hector Ramirez stated there is a lack of clarity and confusion in how counties can communicate and bring proposals to the Commission. It is important to see applicable standards that the Commission utilizes when critiquing the necessary components of proposals for clarity. The speaker asked that legal counsel and the executive director work with Commissioners to establish those standards.

Hector Ramirez spoke in support of the proposed San Mateo County Innovative Project. It is significantly needed, especially now when many consumers do not have access to service providers.

Steve Leoni, consumer and advocate, agreed with Commissioner Danovitch's concerns and stated Commissioner Berrick may have found a compromise for this conflict. The idea that the county is doing this themselves versus someone else might be a wafer-thin justification for Innovation status. It is also dangerously close to supplantation since other funds are available for this kind of training.

Steve Leoni stated one of the problems is that the WET component of the MHSA has almost sunsetted. The speaker stated it ran out of funds due to a lack of foresight of those who helped frame the MHSA. Turning to WET funds for this type of training is difficult. The speaker invited the Commission to collaborate with the California Behavioral Health Planning Council (CBHPC) to reinforce and expand the scope of the WET component, which is much smaller than it used to be.

Steve Leoni stated, if the Commission approves the proposed project, he would ask for a friendly amendment to the training protocol, consistent with the standards in the MHSA and WET, that there be materials and voices from diverse clients and family members included in the training on mental health recovery, which is different than

substance use recovery. The speaker stated the MHSA emphasizes a team approach. Having the fellows acquainted with those principles and those voices should help them play as team members.

Stacie Hiramoto stated they were on the original Innovations task force and noted that there has not been clarity from the start. The speaker thanked Commissioner Danovitch for insisting that Innovation projects be innovative. Innovations have not been carried out in a consistent way due to a lack of clarity. The speaker stated the hope that the Innovations Subcommittee will address this.

Steve McNally, a parent of a child with serious mental illness, and a member of the Orange County Mental Health Board, shared the story of a family whose 38-year-old son has spent half his life in hospitals because, as soon as his mental illness clears, he is released and his substance abuse takes over and he is put back in the hospital.

Steve McNally liked the idea of using the proposed project to help the community. The speaker stated it is unfortunate that the trailer bill language for the MHSA did not go through, which would have freed up Innovation funds for individuals to use for direct services. The speaker agreed with Commissioner Alvarez that the Commission can either pass something today that is not a precedent but is recognized as needed during COVID-19, or it can look back at many Innovation plans that have gone through that were not innovative.

Steve McNally stated the Commission could approve something like this and not make it a precedent, but, either way, the Commission should tighten up the MHSA language between the Commission, behavioral health directors, the CBHPC, and the local mental health boards because the only individuals who are being hurt in this are consumers and family members who are left out of the conversation. This is not a surprise.

Steve McNally stated peer certification could be an Innovation plan in California. It would not meet the rules but it cannot be done any other way. The speaker spoke in support of the proposed project because it is needed. The speaker stated it is better to err on the side of supporting a community need and putting in whatever language is necessary to make it not a precedent.

Poshi Walker agreed with Commissioners Danovitch's and Berrick's comments regarding need versus honoring the purpose and spirit of Innovations. The speaker stated psychiatrists have the least touch with consumers. The disparities that San Mateo County talks about in terms of meeting the needs of the most vulnerable populations will not actually be addressed.

Poshi Walker stated psychiatrists are a purely medical model and are medication-focused. While there is a need for psychiatrists, the proposed project is not a community-defined practice as were the CRDP partners the Commission heard from today. Those practices and other practices would address the underlying minority stressors that lead to substance abuse. The proposed project would not do that. Also, this practice is proven and therefore is not innovative.

Poshi Walker stated they disagree with Steve Leoni in terms of WET funding. This should be funded by WET funds. Counties have the option to use WET funds even though the statewide funding has expired.

Poshi Walker suggested requiring that the participants in the proposed project remain in the county for at least two years post-training. A 50/50 chance that they will stay is not good enough.

Commissioner Discussion

Chair Ashbeck asked about the community planning process and how the proposed project emerged from that conversation.

Ms. Estremera stated the county takes the community planning process seriously. She agreed that the writeup is one paragraph but noted that there is also a five-page appendix detailing the thorough process. The county takes a collaborative approach for Innovations planning. Ideas on ways to meet a need are gathered and then a committee made up of clients, consumers, commissioners, and community members selects an idea to become an Innovation project. She stated, in this case, the committee selected the proposed project out of 35 ideas gathered from the community stakeholder process. The county then held workshops to refine the details of the proposed project presented today.

Ms. Estremera stated moving direct treatment money into WET funds requires stakeholder support. The way to gain stakeholder support is by building a case. She stated the proposed project will allow the county to build that case and show that it is successful and sustainable in order to gain stakeholder support.

Commissioner Berrick asked if the county would be willing to share the program with small counties so they would have access and if there is a technical assistance component to support other counties to develop regional programs.

Dr. Chatterjee answered yes to both of Commissioner Berrick's questions. She stated one of the most exciting things about the project is that the county can be a model to other counties throughout California.

Chair Ashbeck asked for a motion to approve San Mateo County's County Addiction Medicine Fellowship Innovation Project.

Commissioner Alvarez moved the staff recommendation with note of Commissioner feedback presented today.

Commissioner Bunch seconded.

Commissioner Mitchell offered a friendly amendment to require the fellows to commit to remain in the county for a certain length of time after training.

Commissioner Alvarez agreed with the friendly amendment and suggested a one-year commitment after training, which is consistent with federal and state programs.

Commissioner Bunch agreed with the friendly amendment.

Dr. Chatterjee stated she will verify approval of that requirement from the American Board of Preventive Medicine, which sponsors the addiction medicine fellowships.

Commissioner Danovitch cautioned against well-intentioned remedies when implications are not fully understood. It may hamper the ability to recruit the right candidates. If the Commission votes to support the proposed project, it should rely on the county to do what is right for the program and/or have a more thorough process.

Commissioner Berrick agreed.

Commissioner Alvarez stated it is not necessarily a requirement for the fellows to stay in the county but that they stay in the field of addiction. The fellows would not be tied to a geographic commitment but to serve in a community with these needs.

Dr. Chatterjee agreed and stated the county selects individuals who want to work in public health.

Commissioner Brown stated he also feels conflicted about this project. There is a need and it seems to be a good program, but he stated he shared Commissioner Danovitch's concerns and Commissioner Berrick's concern about precedent. The project does not meet the criteria of Innovation as it stands.

Commissioner Brown stated Commissioner Berrick's way of getting around setting a precedent by only approving this project once also sets a precedent that the Commission will approve projects once. He stated it would be more prudent for the Commission to not approve the proposed project as it stands or offer friendly amendments which perhaps change the nature of it and may not be legally viable. He suggested asking San Mateo County to rework the project and look at ways to bolster the innovative aspect of the program. Although it is a worthy project, it is not appropriate for Innovation funding.

Executive Director Ewing agreed that it would be better to either vote on the recommendation as is or to ask staff to work with the county to address concerns. The county and staff need more clarity on what the Commission's approval is. Another option is to table it, work with the county, and bring it back.

Chair Ashbeck stated the motion on the floor has amendments to support technical assistance to other counties and to require the fellows to commit to serve the community for one year after training.

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

The Commission approves San Mateo County's Innovation Plan, including supporting technical assistance to other counties and requiring the fellows to commit to serve in the public sector for one year after training, as follows:

Name: County Addiction Medicine Fellowship

Amount: Up to \$663,125 in MHSA INN funds

Project Length: Four (4) Years

Motion failed 3 yes, 7 no, and 1 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Alvarez, Berrick, and Bunch.

The following Commissioners voted “No”: Commissioners Anthony, Brown, Danovitch, Gordon, and Mitchell, Vice Chair Madrigal-Weiss, and Chair Ashbeck.

The following Commissioner abstained: Commissioner Tamplen.

Chair Ashbeck asked Commissioner Brown to restate his recommendation.

Commissioner Brown stated the Commission would be happy to see this project again if it was retooled with effort to bolster and emphasize the innovative aspect of it. It is a worthy project but does not fit as submitted in the category of Innovation. There is always more need than resources available in the public sector but this should not stop the county from looking at alternatives to use WET funds or other ways to do this if there is no way to bolster the innovative aspect of the program.

Executive Director Ewing stated staff will work with the county to bring the project back at a future meeting.

10 MINUTE BREAK

ACTION

3: Suicide Prevention Funding Allocation

Presenter:

- Ashley Mills, Research Supervisor

Chair Ashbeck stated the Commission will consider approving allocation of up to \$2 million to implement suicide prevention action items consistent with Striving for Zero: California’s Strategic Plan for Suicide Prevention, 2020 – 2025. She asked staff to present this agenda item.

Ashley Mills, Research Supervisor, provided an overview, with a slide presentation, of the background, initiatives, and budgets of the suicide prevention funding allocation. She stated the proposed funding allocations are as follows:

- Advance Local Strategic Planning and Implementation – budget not to exceed \$535,000
- Increase Lethal Means Safety – budget not to exceed \$200,000
- Accelerate Standardized Suicide Risk Assessment and Management Training and Technology Support – budget not to exceed \$215,000
- Deliver Standardized Suicide Risk Screening Training – budget not to exceed \$150,000
- Create a Suicidal Behavior Research Agenda and Action Plan and Begin Implementation – budget not to exceed \$500,000

Public Comment

Poshi Walker stated, while they support the suicide prevention work, they urge the Commission to require that any funding that is allotted be done on a competitive basis and not sole-sourced. It is important to fund local entities and to be transparent about the selection process. The speaker stated the Executive Director should not be able to enter into \$2 million of contracts without Commissioner or public response. This precedent needs to change.

Stacie Hiramoto agreed with the previous speaker. The speaker stated there is a rule in the Commission's rules and procedures that does not allow for sole-source contracts in excess of \$99,000. The speaker asked how to know that these allocations will affect or be utilized for individuals who serve underserved communities. In order to reduce disparities for racial and ethnic communities and LGBTQ communities, it must be done with intention.

Stacie Hiramoto stated Native American youth have consistently high rates of suicide – much higher than any other group – yet specific efforts were not directed at this group. At this point, the Latinx population is the largest in California, yet they are the least likely to have access to mental health care. She stated, unless strategies are targeted, these efforts will continue to serve non-Latinx white individuals, leaving the majority of Californians behind. The speaker said there are years of penetration data to confirm this statement.

Sonya Young Aadam stated the hope, as the distribution of funds is determined, that there will be an equity lens and that communities with inordinate impact would be elevated and considered for this funding. The speaker stated they were surprised to see \$500,000 dedicated to the data. Giving 25 percent of the funding to data seems like a missed opportunity to address work that could be done on prevention and early intervention on this issue.

Sonya Young Aadam stated, while the adjusted rate of suicide in the black community is approximately half the overall rate in the United States, this data is not current given the COVID-19 pandemic, which has exacerbated stress, anxiety, and suicide rates. There is a significant disparity in black suicide rates among adolescents and young adults. The suicide rate of black men is more than three times that of black women, and a higher level of black youth have attempted suicide compared to the broader population. The speaker encouraged the Commission to prioritize disparities intervention in the distribution of funding.

Tiffany Carter echoed the comments of the previous speakers urging a competitive process, a focus on reducing disparities, and that California projects fully benefit Californians.

Lilyane Glamben echoed the comments of previous speakers. The speaker asked that whoever gets this contract or contracts be culturally sophisticated in how suicide is understood.

Hector Ramirez noted the new report by the Center for Disease Control (CDC) on frequent mental health distresses. The speaker stated the main finding of the report is

that adults with disabilities reported mental distress 4.6 times as often as adults without disabilities. Prior to COVID-19, the CDC estimated that the rate of disability in the general population was one-in-four. That rate of disability has significantly increased due to the COVID-19 pandemic, particularly for those individuals who are dealing with mental health crises.

Hector Ramirez admired the work of this Commission but emphasized the need to recognize the role that disabilities often play within the mental health community – not only to ensure that services and avenues are Americans with Disabilities Act (ADA) accessible, but also to consider that individuals with disabilities are a population in themselves since they deal with generational issues.

Commissioner Questions and Discussion

Chair Ashbeck asked if the funding can be shifted within the categories to accommodate the work.

Executive Director Ewing stated the \$2 million to be spent over two years is structured with a cap in each of the categories. Amounts above the cap would need to be approved by the Commission. He stated Senator Ramos has a bill on the Governor's desk to establish a formal Office of Suicide Prevention that will then transition the Commission's efforts using the \$2 million over to the California Department of Public Health (CDPH).

Chair Ashbeck asked for a motion to approve the suicide prevention funding allocation.

Commissioner Anthony moved the staff recommendation as presented.

Commissioner Danovitch seconded.

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

- *The MHSOAC allocates funding and authorizes the Executive Director to enter into contracts to support the five (5) initiatives with the key activities presented in aggregate not to exceed \$2,000,000.*

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

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

ACTION

4: Statewide Virtual and Digital Strategy for Mental Health

Presenter:

- Toby Ewing, Ph.D., Executive Director

Chair Ashbeck asked Executive Director Ewing to introduce this item in the staff report and tabled the presentation and discussion of this item to the next meeting.

INFORMATION

5: Staff Report

Presenters:

- Toby Ewing, Ph.D., Executive Director, MHSOAC
- Dr. Dawnté Early, Chief of Research and Evaluation
- Ashley Mills, Research Supervisor

Chair Ashbeck stated staff will report out on projects underway, county Innovation plans approved through delegated authority, and other matters relating to the ongoing work of the Commission. She asked staff to present this agenda item.

Executive Director Ewing presented his report as follows:

ADA Compliance

The remediated logo has been aligned with ADA color contrast compatibility and the gradient element was replaced with a non-gradient sun detail to ensure future usability of the logo across all applications.

The website revision for ADA accessibility continues with guidance from consultants and stakeholders.

Commissioners and Personnel

Vice Chair Madrigal-Weiss was reappointed to the Commission by the Superintendent of Public Instruction for a new three-year term.

Kayla Landry has been promoted to Health Program Specialist and will be working on a number of grant projects.

Sarah Turner has joined the staff and will be working on the Youth Drop-In grants work.

Committees

Scheduling challenges have postponed the next Client and Family Leadership Committee (CFLC) meeting.

County Innovation Plans

Staff is working with counties to determine an estimate of Innovation dollars that will revert in order for the Commission to have an opportunity to review them all by the end of the fiscal year.

Staff is following up on an Innovation that the Commission approved years ago in Solano County that focused on strengthening the community engagement process and tailoring resources for different demographic groups in those counties. Solano County focused on the Latino, Filipino, and LGBTQ communities. The county has outreached to 30 counties that are interested in exploring opportunities to replicate that work consistent with the Commission's comments that individual Innovations have the opportunity to go to scale.

COVID-19 Response

There were two anomalies this fiscal year: The Commission's ability to use \$2 million to support suicide prevention and \$2 million to support a response to the COVID-19 pandemic. Staff is sending out a survey to counties, providers, and stakeholders on opportunities to take best advantage of the funding. Staff is interviewing partners, including stakeholder grantees, for guidance on how to best use the funding with the intent to give the Commission opportunities to explore at the October meeting.

Data Briefs and Videos

The Commission is working with community partners to develop videos to be posted on the website about prevention issues.

A series of briefs will be developed on current issues following conversations the Commission has had over the past year about the value of that work. He asked Dr. Early to give the update on the brief series.

Dr. Dawnté Early, Chief of Research and Evaluation, stated staff has heard from Commissioners and stakeholders during data forums and when she presented the revised data dashboards to the County Behavioral Health Directors Association of California (CBHDA) and to the Cultural and Linguistic Competence Committee (CLCC), that, in addition to these dashboards, there is a need for context about what the Commission is learning and what the data means.

Dr. Early stated, in response to feedback, the Commission will be doing a series of data briefs on current issues. The data briefs are expected to come out in the coming months. They will include interpretations and understanding of what is being learned, which will help stakeholders and advocates to access and use this data. She added that data briefs and dashboards will also be created about what is being learned in regards to the Commission's policy work.

Outreach

Executive Director mentioned that staff supported and participated in a Native American Youth Mental Health Conference, the Breaking Barriers Conference, and the Human Service Interoperability webinar with community partners.

Project Updates

Workplace Mental Health

A community engagement opportunity was held on the Workplace Mental Health Project. Executive Director Ewing thanked Vice Chair Madrigal-Weiss and Commissioner Bunch for their efforts.

The Executive Director and the consulting psychologist met with an employment and training subcommittee established by the Department of Rehabilitation (DOR) involving DOR stakeholders.

Rules of Procedure

Executive Director Ewing stated, on September 14th, the Chair and Vice-Chair held a public meeting with stakeholders on the Commission's rules of procedure. Amendments to the rules of procedure, based on stakeholder input, will be presented at a future meeting.

Statewide Virtual and Digital Strategy for Mental Health

This proposal, which was tabled to the next meeting, was meant to recognize that the state has put opportunities in place during COVID-19 for providers to use digital and virtual mental health tools. Approximately 80 percent of mental health care has moved towards digital strategies. Outside of its emergency rules, the state has not adopted a strategy to support access to care through digital and virtual strategies including addressing digital divide issues.

The Commission would like to engage the administration, the Legislature, and communities to think strategically about, outside of the COVID-19 emergency, how a robust digital and virtual mental health strategy would look for California and how the lessons learned from the Technology Suite Project can be beneficial to be more strategic in how to support access to care through those tools when and where they are appropriate. This item will be put on the October meeting agenda for an in-depth discussion.

Public Comment

Hellan Roth Dowden, President and CEO, Teachers for Healthy Kids, stated, regarding the virtual and digital strategy, Teachers for Healthy Kids and the California Association of School Psychologists are requesting that, as part of the COVID-19 response funding, the Commission set aside funding for training school-based psychologists and mental health workers, who were not included in the Department of Health Care Services (DHCS) possibility of training grants since the county does not consider them to be providers.

Hellan Roth Dowden stated school psychologists have direct access to children who need mental health support. One of the big issues is a lack of hardware, but schools have given computers to children so there is a safe and effective way of providing the service. What is required now is additional training for these mental health workers at the school.

Stacie Hiramoto asked that materials be provided to the community prior to the engagement about the virtual and digital strategy. It is difficult for stakeholders to give meaningful public comment without the necessary information.

Stacie Hiramoto asked if the letter sent to the Commission from the CRDP partners is being handled by staff or is being sent to the CLCC. The speaker asked for confirmation that the Commission is taking the letter seriously.

Sally Zinman, Executive Director, California Association of Mental Health Peer-Run Organizations (CAMHPRO), suggested that, regarding the virtual and digital strategy, more than 50 percent of the plan should address the inability and lack of accessibility of

individuals in the public mental health system to communicate in this environment of virtual meetings. The speaker stated the disparity is glaringly exposed in this digital and virtual environment.

Sally Zinman stated many individuals in the public mental health system have huge barriers and challenges in communicating because of the virtual vehicles of communication. Also, training will be required for individuals who are new to this technology. The speaker noted that it is difficult to read agendas and meeting documents on a cell phone.

Chair Ashbeck asked Executive Director Ewing to comment on the Commission's response to the letter from the CRDP partners.

Executive Director Ewing stated staff has drafted a response to the letter that lays out some of the things that the Commission is doing and is working with the chair to finalize it. There is an issue in the letter about the Commission adding its voice to elevate the issues that are raised around disparities.

Executive Director Ewing stated his appreciation that the CRDP letter referenced the letter the Commission wrote to the Governor earlier this year highlighting some of those challenges. Staff has presented to the CLCC information on the broad array of strategies the Commission is deploying in order to address issues raised by not just disparities but the COVID-plus-disparities challenges and how the COVID-19 pandemic has made these challenges more difficult particularly in the context of racial justice and white supremacy.

Executive Director Ewing stated, as part of the \$2 million COVID-19 response funding, the Commission is surveying the counties who are core partners in this and working with contract holders to better understand the best opportunities to leverage that funding.

Executive Director Ewing stated staff is doing additional work trying to understand the potential funding that is available in Innovation, for example, to avoid the crunch in terms of the workload at the end of the fiscal year, but also to talk about helping to shape the opportunities that counties see in terms of how they use Innovation dollars.

Executive Director Ewing stated part of the delay in providing a response to the letter from the CRDP partners is so much of that work is underway and the discussion was to send a response to the letter while the work is being done or to wait to report the outcomes of that work. The bottom line is that there is a draft letter that staff is working with the chair to finalize. He stated a response to the letter will be sent out as soon as possible.

Executive Director Ewing stated it is not just about sending a response letter. It is also about how the Commission, as evidenced by some of the earlier conversation today, has engaged a nationally-recognized consultant on racial equity to work with staff to look at the Commission's internal and external practices. Staff is still assessing, with the leadership of Commissioner Mitchell through the CLCC, where the Commission is part of the problem, how that can be addressed, and how the Commission can be a better part of the solution. A response letter plus all of the other strategies that can be brought

to bear to address the dual issues of COVID and disparities will soon be provided to the CRDP partners.

ADJOURNMENT

There being no further business, the meeting was adjourned at 12:26 p.m.