

STATE OF CALIFORNIA GAVIN NEWSOM Governor

State of California

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

MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION

Minutes of Teleconference Meeting August 27, 2020

> MHSOAC 1325 J Street, Suite 1700 Sacramento, CA 95814

408-638-0968; Code 622314

Members Participating:

Lynne Ashbeck, Chair Mara Madrigal-Weiss, Vice Chair Mayra Alvarez Reneeta Anthony Senator Jim Beall Ken Berrick

John Boyd, Psy.D. Sheriff Bill Brown Itai Danovitch, M.D. David Gordon Khatera Tamplen Tina Wooton

Gladys Mitchell

Members Absent:

Keyondria Bunch, Ph.D. Assemblymember Wendy Carrillo

Staff Present:

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

CALL TO ORDER AND WELCOME

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

Karin Lettau, Director of Training and Employment, California Association of Mental Health Peer-Run Organizations (CAMHPRO), stated appreciation for the recent Committee meetings but stated concern that there are no future Committee meetings scheduled. Committees must meet on a regular, transparent, and posted schedule. The speaker requested that monthly or bimonthly meeting dates be scheduled and posted. Teleconference meetings provide the opportunity to engage more diverse stakeholder and consumer input.

Karin Lettau requested that the Committee Membership Application be posted on the website and that CAMHPRO, the consumer advocacy contract holder, have a reserved seat on all Committees.

Poshi Walker, LGBTQ Program Director, Cal Voices, and Co-Director, #Out4MentalHealth, requested contact information for meeting participants for networking after the meeting.

Poshi Walker stated there does not appear to be meaningful LGBTQ representation on the Committees. The COVID-19 impact on LGBTQ populations has been severe. There are unique and distinct needs due to sexual orientation and gender identity (SOGI) differences from mainstream populations that require meaningful representation in order for those needs to be addressed. The speaker requested that an individual designated to be a LGBTQ representative and subject matter expert be on all Committees.

Hellan Dowden, President and CEO, Teachers for Healthy Kids, stated Teachers for Healthy Kids and the California Association for School Psychologists are asking for some of the COVID-19 funding to train school psychologists and school personnel in telehealth. The speaker stated the hope that the Commission will consider this. School representatives were not part of the disaster funding that was put under the Department of Health Care Services (DHCS) because they do not fall into the same category, but this is a serious need in the schools.

Andrea Crook, Advocacy Director, ACCESS California, a program of Cal Voices, acknowledged Commissioner Danovitch's recent Evaluation Committee meeting where he began the meeting with an overview of the Mental Health Services Act (MHSA). This historically has not been done at the start of new Committees. The speaker suggested

continuing Commissioner Danovitch's model at the start of all new Committees so all Committee members begin with the same foundational knowledge.

Andrea Crook suggested including the community planning process, which is up to 5 percent of MHSA funding annually and applies to the county three-year plans and annual updates. It includes meaningful involvement in the identification of outcomes. The speaker stated they are only aware of one individual within the Committee composition with lived experience. This might be due to the way the recruitment was worded and put out. The speaker suggested being more inclusive in the future.

Andrea Crook stated concern about the heavy clinical model of the Committee makeup and stated the need to ensure that meaningful client-identified recovery outcomes are captured.

ACTION

1: Approve July 23, 2020, MHSOAC Meeting Minutes

Chair Ashbeck stated the Commission will consider approval of the minutes from the July 23, 2020, teleconference meeting.

Commissioner Brown referred to the second paragraph on page 6 and stated he did recuse himself and did not vote or engage in the discussion, but he did not leave the teleconference call. He asked to strike "and left the teleconference call pursuant to Commission policy."

Chair Ashbeck asked for a motion to approve the minutes.

Commissioner Anthony made a motion to approve the July 23, 2020, meeting minutes.

Commissioner Danovitch seconded.

Public Comment

Poshi Walker referred to the last paragraph on page 2. The speaker stated they did ask that the chat feature be opened up so that advocates could communicate with each other in real time as would ordinarily be done during a regular meeting, but the request regarding the contact information be sent to staff who could then disseminate it out to the list of attendees was a separate request. The contact information was so that attendees could network after the meeting.

Karin Lettau stated they gave a comment during General Public Comment, but it is not reflected in the minutes.

Chair Ashbeck asked staff to review the General Public Comment section of the audio file from the July meeting and update the minutes accordingly.

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

• The Commission approves the July 23, 2020, Teleconference Meeting Minutes as corrected.

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

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

ACTION

2: <u>Award Early Psychosis Intervention Grants</u> Presenter:

• Tom Orrock, Chief of Commission Grants

Chair Ashbeck stated the Commission will consider awarding grants to the highestscoring applications in response to the Request for Applications (RFA) to support the Early Psychosis Intervention Plus (EPI Plus) Program. She asked staff to present this agenda item.

Tom Orrock, Chief of Commission Grants, provided an overview, with a slide presentation, of the challenge, opportunities, approach, apportionment, and RFA evaluation for the EPI Plus Program grants. He announced the applicants with the highest overall scores as follows:

- Kern County
- Lake County
- San Francisco County
- Santa Barbara County
- Sonoma County

Mr. Orrock stated the Commission anticipated providing eight \$2 million grant awards, but the above five counties were the only applicants for the funding, which leaves \$5,562,000 funds still available to support the EPI Plus efforts. To address the issue of how the remainder of the funds will be distributed, the staff recommendation is to reconvene the EPI Plus Advisory Committee to explore opportunities presented by the available funds and provide recommendations to the Commission on allocation of the undistributed funds.

Commissioner Questions and Discussion

Commissioner Anthony asked why more counties did not apply.

Mr. Orrock stated staff is interested to learn why counties did not apply but could not contact counties until after today when the awards were announced. Staff plans to begin contacting counties soon and will provide that information to Commissioners and the EPI Plus Advisory Committee.

Commissioner Berrick stated his understanding that there was a requirement that the counties had experience in implementing an early psychosis program. He asked if

smaller counties that may not have had the resources or counties that may not have had the opportunity to create start-up grants to begin to implement had been considered.

Mr. Orrock stated this was one of the requirements of Assembly Bill (AB) 1315 for putting out the RFA. He stated there are approximately 30 counties that are currently operating early psychosis programs at different levels. He stated the Commission is hindered from providing start-up funds for counties that do not have programs due to the statutes.

Chair Ashbeck asked for more detail on the five grant awardees and the other counties that are already doing the work.

Mr. Orrock stated the Commission provided Innovation funding to put together a learning health care network of counties that are doing this work. There were additional funds to research what counties were already doing for early psychosis programs across the state. What was found was that there were variations in the types of programs, lengths of treatment, and data collection methods. He stated this makes it difficult to determine which components of the Coordinated Specialty Care Model are working best. He noted that some counties have programs but do not offer supported education of employment, which has been found to be a critical part of early psychosis programs.

Mr. Orrock stated the goal is to bring together a network of counties that are operating programs and collecting data in the same way so that the impact of the program is measurable.

Chair Ashbeck asked for a motion to approve the EPI Plus Grant awards.

Commissioner Berrick moved the staff recommendation.

Commissioner Gordon seconded.

Public Comment

No public comment.

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

- For each of the grants, staff recommends the Commission:
 - Authorizes the Executive Director to issue a "Notice of Intent to Award EPI Plus Grants" to the following applicants receiving the highest overall scores:

Kern County Lake County San Francisco County Santa Barbara County Sonoma County

- Authorizes the Executive Director to execute the contracts for the five successful applicants.
- Asks the EPI Plus Advisory Committee to provide recommendations regarding the \$5,562,000 of undistributed funds.

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

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

Commissioner Brown recused himself from the vote because his county was one of the grant awardees.

ACTION

3: San Mateo County Innovation Plan

Presenter:

• Stephanie Garma Balon, MA, AMFT

Chair Ashbeck stated the Commission will consider approval of \$2,625,000 in Innovation funding for San Mateo County's Cultural Arts and Wellness Social Enterprise café for Filipino/a/x Youth Innovation project. She asked the county representative to present this agenda item.

Stephanie Garma Balon, MA, AMFT, San Mateo County Health, provided an overview, with a slide presentation, of the need, proposed project to address the need, and budget of the proposed Filipino Mental Health Initiative (FMHI). She stated the proposed project is a place for the community to feel rooted in values and where youth can feel a sense of belonging and self-worth, and not feel "less than" as many members of the community have expressed.

Ms. Balon shared her personal story of growing up in Daly City as a second-generation Pliipino American, suffering from depression and feeling that she did not belong. She stated she wants her son to walk into this space feeling a sense of pride and not question his worthiness and fall into the same shame cycle she was stuck in, thinking she was not enough. She stated her son will know through this culturally-affirming space that he matters and that he does not have to suffer in silence, shame, and isolation.

Ms. Balon stated the community needs a nontraditional therapeutic and intentional space to bridge who and what has been historically divided. The proposed project is a means to break the cycles of intergenerational trauma and bridge the generational gap. It is more than a physical space. It is a symbol of heritage and is something to say the communities' stories and mental wellness matter.

Commissioner Questions

Commissioner Gordon asked about the rates of student performance in high school and the relationship of the school districts.

Ms. Balon stated the county has a strong relationship with the Jefferson Union High School District and Skyline College is one of the main partners in the work currently being done. The county consulted with them to inform the model and they are in support of the proposed project.

Commissioner Alvarez commended the county for the holistic approach to the proposed project and the recognition of the power and opportunity that young people have. She stated one of the important elements of the proposed project is to prevent the onset of mental illness and to heal as a community. She asked how the county plans to expand its reach to ensure a focus on prevention by connecting with young people who are not already a part of the mental health department.

Christi Kumasawa, Co-Chair, FMHI, gave an example of the county relationships that have already been built. The Westmore High School asked FMHI to host a parent night to discuss culturally relevant topics and share resource ideas. The Community Center serves as a hub with a café that is not only a center for the community to come to but also a working café that will include youth as part of the operation and production of the café. The hope is to do outreach with existing partners and take every opportunity during workshops and other events to promote wellness.

Vice Chair Madrigal-Weiss agreed that San Mateo County does a lot of work around wellness and engaging school districts in mental health and wellness. She stated her hope that there is a connection there and that the county is reaching out to all its school districts. She stated she would love to see more direct and intentional planning with the County Office of Education in San Mateo County. That would be an important connection.

Commissioner Brown asked if the county has reached out to the police and probation departments in Daly City. He asked about the connection that is hoped for in trying to solicit referrals directly from law enforcement that might not even get to the probation level.

Ms. Balon stated the county has considered that. It is a work in progress, although there is a strong relationship with the city of Daly City. The county will consider engaging law enforcement to work out referral processes because law enforcement is a crucial part of the work being done.

Commissioner Brown encouraged the county to reach out to law enforcement because the proposed project could be a great diversion opportunity for young people who are not necessarily engaged in serious crime but may come to the attention of the police because of some borderline activity, or potentially are headed toward criminal activity. The proposed project could be a great tool and resource for law enforcement and law enforcement could be a great resource and partner to the county.

Chair Ashbeck asked how the funding is divided between the café and peer support and the physical space of a wellness center.

Ms. Balon stated the county has partnered with the Daly City Health Center and has been consulting with the former director. It is a similar space usage. The county is also open to looking for spaces in North San Mateo County. The location will be established after the RFP process is completed.

Commissioner Alvarez asked staff how the topic of cultural identity and appreciation of culture has come up in conversations, if there are opportunities to talk further with the county about what they are finding with young people in Daly City and with the Filipino community, and if there is relevance to conversations that the Youth Innovation Committee has been having across the state.

Sharmil Shah, Psy.D., Chief of Program Operations, stated there was a recent Youth Innovation Committee Idea Lab with a large emphasis on cultural issues. Other idea labs are planned prior to the end of the year to address those issues.

Commissioner Berrick stated the need to actively share the project's activities with other counties. This type of activity is uneven across the state. The degree that San Mateo County can share their successes and ensure that other counties can see what they are doing to engage youth and community support is important.

Public Comment

Poshi Walker commended the fact that this is an Innovation project for a marginalized population. This is what Innovation was meant to be for – to serve the needs of individuals who are unserved, underserved, and inappropriately served. The speaker suggested that the county look at including adverse childhood experiences (ACEs) screenings. Cal Voices' community survey found that queer and trans people of color experience heterosexism and cissexism within their racial and ethnic communities as well as family rejection for their SOGI and expression. This can greatly increase suicidal behavioral, substance use, HIV, and other STIs.

Poshi Walker brought awareness to the Family Acceptance Project to help address trauma with youth and their families for individuals the county will be serving. The speaker volunteered to provide any resources around ACEs screenings, Family Acceptance Project screenings, etc.

Tiffany Carter, Statewide Advocacy Liaison, ACCESS California, a program of Cal Voices, stated the staff analysis indicates that the county is working with the FMHI but lacks reference to a community program planning process birthing this program. Additionally, under the community program planning process section, the staff analysis references that the plan was posted for public comment for the required 30 days in October of last year but public comment is not the same as the community program planning process.

Tiffany Carter stated there is also minimal if any reference to peer support and the usage of peers throughout the entirety of this program. The use of individuals with lived experience breaks down stigma and increases peer engagement, safety, and wellness among other benefits.

Andrea Crook echoed the previous speakers. The biggest issue of the MHSA in general is that these plans are being created internally and then being put out to communities

for buy-in, which is backwards. The MHSA calls for projects to be born through a stakeholder process. The speaker stated the budget is not broken down and there is no indication of youth and peers being employed. The speaker asked the Commission to ensure that the county Innovation plan process is switched so plans are created through a robust community process. This will make Innovation plans much richer.

Dr. Hazel Benigno spoke in support of the proposed San Mateo County Innovation Project.

Marilyn Fernando, Community Outreach Coordinator, San Mateo County Pride Center, echoed the comments of Ms. Balon and Dr. Benigno.

Michael Sagum spoke in support of the proposed San Mateo County Innovation Project.

Chair Ashbeck highlighted Michael Sagum's profound and insightful words: "There are barriers I cannot cross alone."

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), spoke in support of the proposed San Mateo County Innovation Project.

Juslyn Manalo, Vice Mayor for the city of Daly City, spoke in support of the proposed San Mateo County Innovation Project.

Deodor Tronco spoke in support of the proposed San Mateo County Innovation Project.

Fernando Montanes spoke in support of the proposed San Mateo County Innovation Project.

Krystle Cansino, LGBTQ Commissioner, San Mateo County, spoke in support of the proposed San Mateo County Innovation Project.

Pat Racela, Community Organizer, spoke in support of the proposed San Mateo County Innovation Project.

Nicole Condez spoke in support of the proposed San Mateo County Innovation Project.

Karin Lettau agreed with Poshi Walker, Tiffany Carter, and Andrea Crook about missing peer support as a key component of this project. The speaker stated the hope that the county will recruit peer support specialists and peer employment specialists from this community who have trained in their specialties and will identify youths with lived experience to become trained as part of this project. As with all projects, peer support seems like a natural fit.

Peter Rojo spoke in support of the proposed San Mateo County Innovation Project.

Christian Guerrero spoke in support of the proposed San Mateo County Innovation Project.

Commissioner Discussion

Chair Ashbeck asked the county to respond to comments and concerns brought up during public comment such as engagement with the county office of education and local law enforcement, peer support, and the community engagement process that created the proposed project.

Ms. Balon stated the county has been gathering stakeholder input since the inception of the FMHI. This project was community-informed even prior to the initiative. A needs assessment was done, a survey was put out, and several focus groups were conducted with Skyline College, Westmore High School, South San Francisco, and with different age groups, including elders. She stated the county is conscious and intentional about engaging the community to ensure that the project is community-informed.

Ms. Balon suggested, regarding peer support, looking at the CommuniTree presentation slide. Peer support is embedded into the ways the project will elevate and amplify youth voices.

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

Commissioner Brown moved the staff recommendation.

Commissioner Wooton seconded.

Commissioner Beall shared the story of his nephew who is Filipino and has depression. He stated he understands the comments made by some of the public commenters because his nephew has experienced the same things over the years. He stated it is important to have that cultural connection. The proposed project matches perfectly to the needs his nephew has shared with him. He thanked everyone for their testimony.

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

The Commission approves San Mateo County's Innovation Plan, as follows.

Name: Cultural Arts and Wellness Social Enterprise Café for Filipino/a/x Youth

Amount: Up to \$2,625,000 in MHSA Innovation funds

Project Length: Five (5) Years

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

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

INFORMATION

4: <u>Research and Evaluation Transparency Suite Demonstration and</u> <u>Evaluation Committee Update</u>

Presenter:

• Dawnte Early, Ph.D., Chief of Research and Evaluation

Chair Ashbeck stated the Commission will hear an update on the Evaluation Committee and see a demonstration of the newly redesigned Transparency Suite. She asked staff to present this agenda item.

Dawnte Early, Ph.D., Chief of Research and Evaluation, provided a summary of the first Evaluation Committee meeting, which met this past Monday. The Committee discussed research and evaluation areas of the strategic plan and how to shift the conversation in California to data and evaluation. She asked Commissioner Danovitch to say a few words.

Commissioner Danovitch, Chair of the Evaluation Committee, stated there was incredible interest in the participation on the Committee. The Committee members bring a diversity of expertise in policy, health economics, health services, health disparities, and prevention. At least three members of the Committee have self-disclosed as having lived experience as a client or family member.

Commissioner Danovitch stated the two-hour kick-off meeting last Monday began with an overview of the MHSA and the Commission. He stated Dr. Early presented a summary of recent evaluation initiatives and Commissioner Berrick presented a proposed charter. Several points of feedback were received including that a two-hour meeting was not long enough to allow for discussion and public comment, a request to highlight the community planning process more and introduce the importance of the MHSA, and that the MHSA achievements to date be better summarized, specifically the impact of the MHSA, the founding goals it has met and to what extent, and how the MHSA has impacted disenfranchised populations.

Commissioner Danovitch stated the next steps are to complete the development and approval of a Committee charter to guide Committee activities, and to reach out to Committee members individually to hone in on their initial ideas and notions of how to contribute. The Committee will consider adding a communications component to the Committee charter. There are answers to the question about what the MHSA has achieved to date, but a better job needs to be done of clearly articulating them and articulating the challenges with evaluation. He stated these will be essential because framing a problem is a critical step to turning that problem into an opportunity for improvement.

Dr. Early demonstrated and reviewed the updated Transparency Suite, including the dashboards for the Fiscal Reporting Tool, Allocation, and MHSA Programs, and the new Outcomes Dashboards, which include the Client Services Information, Full-Service Partnerships, Demographics, and Criminal Justice Dashboards. She stated two Data forums were held and attended by roughly 160 individuals. Input was gathered and used to revamp the Dashboards, and the new Transparency Suite is expected to be available next month. Counties will have access next week to provide feedback and error correction.

Commissioner Questions and Discussion

Commissioner Alvarez stated data is only as useful as it is to the audience. She asked if individuals can run these numbers and do the analysis and if it is easy to navigate. She asked how to put the power of data into individuals' hands and if staff would consider doing a how-to webinar or recording something to help individuals learn what they can do with this data to strengthen the work.

Dr. Early stated individuals have the ability to download aggregate-level data and can contact staff with questions. Frequent questions and the answers will then be put on a dashboard. She stated recording a webinar should be done to increase utility and accessibility because data can be overwhelming.

Commissioner Gordon stated the K-12 space includes ages 5 to 18, but ages 0 to 5 are foundational to what the K-12 system can or cannot do. Also, schools are engaged in running many preschools, childcare programs, etc. He asked staff to begin a dashboard that would bring together information on health in children ages 0 to 18 as it pertains to schools and other service systems to provide foundational tracking. He stated, even if it is in template form and not populated, it would help everyone to think in terms of outcomes rather than just recommendations.

Commissioner Anthony suggested a dashboard to show the programs within counties to enable individuals to go to counties with more effective rates of success within the communities.

Dr. Early stated that information can be found in the MHSA Programs Dashboard, which is a wealth of information describing programs and their target populations.

Public Comment

Poshi Walker noted that SOGI data is missing from the dashboards. They asked if there is anything the Commission can do to support the effort to get SOGI data to be collected and reported in a way that is usable across the state. The speaker thanked the Commission for including in its PEI and Innovation regulations a requirement for counties to report SOGI data.

Poshi Walker asked to increase transparency by listing the population or area of interest every Committee member is there to represent. The speaker suggested including the same level of opportunity for public comment and interaction in remote Committee meetings as is normally included in in-person meetings.

Theresa Comstock, Executive Director, California Association of Local Behavioral Health Boards and Commissions (CALBHB/C), stated one of CALBHB/C's duties by law is to comment on performance outcome data. The speaker thanked the Commission for the work they are doing. The speaker stated they emailed an Issue Brief to staff that CALBHB/C put together.

Theresa Comstock encouraged the Commission to consider what the law says in terms of reporting requirements to determine what the outcome data points should be and to work with the DHCS and the County Behavioral Health Directors Association (CBHDA) in identifying those points of data. It is important to collaborate and to include the most current data. The speaker noted that 2016 data was still part of the Transparency Suite data.

Theresa Comstock stated CALBHB/C has just completed reviewing every mental health services plan and update and culling the most recent information being reported for criminal justice, children and youth, employment, hospitalization, and housing and homelessness. The speaker noted that all entities report these data points differently.

This up-to-date information is on the CALBHB/C website and is linked to the Issue Brief sent to staff.

Stacie Hiramoto stated REMHDCO strongly commends the reconstitution of the Evaluation Committee. Commissioners Danovitch and Berrick and staff did an exemplary job in selecting members for the Committee in terms of research and evaluation experience as well as strong representation from members from diverse racial and ethnic communities. These representatives are not just individuals who happen to be of color but also have experience and commitment to the needs of the community and a willingness to raise issues on behalf of the community.

Stacie Hiramoto asked if there are Committee members who have experience with community-defined evidence programs. The speaker stated they were glad that there are at least three members with lived experience on the Evaluation Committee. The speaker pointed out that the current rules of procedure call for at least two primary consumers and two family members on each Committee.

Stacie Hiramoto stated Community partners are still awaiting word from the Commission on their recommendations and concerns regarding proposed changes to the rules of procedure and hope to hear back soon.

Stacie Hiramoto agreed with Poshi Walker that public comment needs to be incorporated with each item and not just at the end.

Hector Ramirez, consumer and advocate, ACCESS Ambassador, Cal Voices, stated individuals with visual impairments are unable to access necessary MHSA information in order to participate with their counties. He stated the need to ensure that all online data is Americans with Disabilities Act (ADA) compliant.

Hector Ramirez stated concern that the data in the Transparency Suite was not as upto-date as it could be, as noted in Theresa Comstock's comments. Data should be not more than a year old due to the dynamic nature of the issues.

Hector Ramirez agreed with Stacie Hiramoto's comments that, as platforms are developed, individuals who are receiving services should be able to provide comment. He suggested a dashboard where consumers can rate services and programs by number of stars so both counties and consumers can better make decisions. Data is complicated for lay individuals.

Tiffany Carter echoed Stacie Hiramoto's comments and stated appreciation for Commissioner Danovitch's opening presentation at the first Evaluation Committee meeting. The speaker requested that his presentation be given at all initial Committee meetings. It is interesting to hear the work being done in other Committees.

Mandy Taylor, Outreach and Advocacy Coordinator, California LGBTQ Health and Human Services Network, commended Dr. Early and her team for their work. Transparency and availability of data is crucial for advocacy and for counties as they develop things such as Innovation plans.

Mandy Taylor echoed Poshi Walker's comments about SOGI data. The speaker stated AB 959 requires by law that the majority of the California Health and Human Services

Agency (CHHS) collect and report SOGI data. The speaker noted that there is a difference between collecting data and reporting it in a way that individuals can access and understand.

Mandy Taylor stated, although many departments are collecting SOGI data, it is not being reported through any transparency tool. The speaker asked the Commission to lead on this and to have a statewide system for collecting and reporting SOGI data using the same metrics so that the data is usable. The speaker stated, if there is anything that the California LGBTQ Health and Human Services Network can do to support those efforts, to please let them know.

Anna Lubarov suggested adding the following categories to the dashboard data:

- Peer providers working in the system
- How counties support peer-run organizations and programs
- The amount of funding each county is spending on community planning
- White immigrants
- Separate family members from consumers

Anna Lubarov stated that when talking about individuals with lived experience, it is important to separate family members from consumers. Each is valid but the experiences are very different.

Hellan Dowden asked if staff would be willing to do a presentation to school groups on using the data being made available. Commissioner Gordon has done a great job leading the Schools Committee. It would be helpful to use this as a way to combine the schools and counties so the schools can better understand county programs that are already available so they can do referrals and see where there are deficits. The speaker suggested outreaching to the school community. The speaker stated Teachers for Healthy Kids would be happy to get the word out and work with the education coalition groups.

Steve Leoni, consumer and advocate, commended the work that has been done and made suggestions for moving forward. The speaker stated, historically, there were problems at the county and program levels with accuracy and completeness of data. Perhaps this has been resolved but the speaker wanted to call attention to it because bad data gives bad results. The speaker stated they have heard former Commissioner Richard Van Horn say, until people at the local level see a usefulness in the data, they will not buy into data collection. The way to get buy-in at the local level is to demonstrate why the data is useful to them.

Steve Leoni stated there are two answers to the issue of proving that the MHSA is working. Oftentimes, it is said the MHSA is working in the sense of something versus nothing, but the MHSA is not just about giving something. It is about giving something different than what has been typically given. Effectiveness is more difficult to prove at that level.

Elia Gallardo, Director of Governmental Affairs, CBHDA, stated the CBHDA strongly supports the work of Dr. Early and her team for transparency purposes and accountability. The speaker stated many times the misinformation derives from a misreading of the data, even data that is reported by the Commission and DHCS because most individuals are not as familiar with the MHSA. The speaker stated the CBHDA encourages a careful look at how the information is presented in order to ensure that most of those kinds of misunderstandings are minimized.

ACTION

5: Suicide Prevention

Presenter:

• Ashley Mills, MS, Research Supervisor

Chair Ashbeck stated the Commission will consider priority areas for the allocation of \$2 million authorized to support suicide prevention efforts 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, proposed action items within the four Strategic Aims, and next steps of the Suicide Prevention Plan.

Commissioner Questions

Vice Chair Madrigal-Weiss referred to the second bullet under Strategic Aim 3, create a standardized training on suicide risk screening and service triage based on risk for schools, and asked for verification that the screening and triage will be in alignment with other state departments such as the California Department of Education and AB 1767, which requires that K-6 districts also have suicide prevention policies to ensure that suicide prevention policies are in place for the K-12 population.

Ms. Mills stated that is correct.

Vice Chair Madrigal-Weiss asked if the standardized training on suicide risk screenings will force a reevaluation of current efforts. She stated it is not about the tools but is about the practice.

Ms. Mills stated that is the idea. Having the standardized training available incentivizes schools and educators to use it. This standardized definition and method of data collection ensures that suicide risk will be measured in a way that is sustainable. There are different ways this captures data around suicidal behavior so it is not just suicidal ideation, which gives some information but not nuanced information that could be used to drive prevention efforts. Using tools such as the Columbia tool as part of the standardized training would allow collection across the state of more standardized data to tell the same story to track outcomes across schools.

Chair Ashbeck encouraged linking with Children's Hospitals because, if something happens to a child, they will end up in a Children Hospital or in a hospital emergency room. Children's Hospitals can play an important role in the data link.

Public Comment

Hector Ramirez, Co-Chair, Latino Underserved Cultural Communities (UsCC) subcommittee, Los Angeles County Department of Mental Health, asked the Commission to help keep youth alive, not only the Latino residents in Los Angeles County but in all of California, especially during the COVID-19 pandemic. The Latino UsCC is seeing not only the technical divide as school starts but the horrible rhetoric that continues to oppress and discriminate against the Latino communities.

Hector Ramirez stated the UsCC supports the Suicide Prevention Plan and requests that the Commission consider having specific populations in mind such as the communities being significantly hit during these difficult times – Black, Native American, and Latino communities. Launching statewide initiatives that are significantly needed is one of the greatest functions of the Commission.

Adrienne Shilton, Senior Policy Advocate, California Alliance of Child and Family Services (CACFS), stated CACFS supports the action items outlined today.

Poshi Walker spoke about the screening component. The speaker stated there is increased risk for suicidal behavior throughout the age spectrum for LGBTQ. The #Out4MentalHealth community survey showed that over 70 percent of youth have considered suicide during their lifetime.

Poshi Walker noted that there are invisible ACEs for LGBTQ youth. LGBTQ youth from high-rejecting homes are eight times more likely to attempt suicide than those from low-rejecting homes. There is a screening for rejecting behaviors and a training to train providers on how to use this that was going to be funded; however, due to the COVID-19 pandemic, that funding has been lost.

Poshi Walker stated the trauma induced by rejecting behaviors is missed in ACEs screenings and in suicide screenings and often is unrecognized as abusive by the parents and providers. This exposure to these rejecting behaviors by family members has only increased due to the shelter-in-place orders, school closures, etc. for youth. The impact of this will last throughout their lifetimes.

Poshi Walker stated there is great risk moving forward for the LGBTQ populations in California. The speaker advocated that funding be set aside to allow the training on this screener and promotion of this screener through California as a way of decreasing and preventing suicide and suicidal behaviors amongst the LGBTQ populations.

Andrea Wagner, Program Manager, CAMHPRO, Stakeholders of Butte County, stated this initiative is a great start but encouraged incorporating adequate resources into this vision to follow up on issues found during the screenings. Rural counties have no resources for youth. Butte County's only non-crisis facility, which has two youth beds, is now closing. Youths at risk of suicide are sent out of the county, away from their family and community. The speaker asked to incorporate this issue in the Suicide Prevention Plan.

Andrea Wagner encouraged that youth peers be empowered within the schools to be a buffer in the community and be trained in evidence-based peer practices.

Commissioner Discussion

Commissioner Anthony stated, based on suicide rates in California, persons over 60 years of age account for 26 percent of suicides. She suggested looking at the numbers based upon the number of individuals who attempt suicide.

Chair Ashbeck asked for a motion to proceed with an implementation plan to direct staff to move on the proposed action items.

Commissioner Gordon moved the staff recommendation.

Vice Chair Madrigal-Weiss seconded.

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

• The Commission approves the proposed action items to begin the implementation of Striving for Zero: California's Strategic Plan for Suicide Prevention, 2020- 2025; and directs staff to bring back to the Commission for approval outlines for contracts in an amount not to exceed \$2 million to implement these action items.

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

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

INFORMATION

6: Staff Report

Presenter:

• Norma Pate, Deputy Director

Chair Ashbeck stated the Commission will hear a report out on projects underway and other matters relating to the ongoing work of the Commission. She asked staff to present this agenda item.

Norma Pate, Deputy Director, provided her report:

<u>Budget</u>

- Last year, the Commission received nearly \$100 million to support county mental health programs and as of today almost all those funds have been awarded through competitive procurement.
- This year, the Commission was authorized to spend approximately \$4 million to support two different efforts: (1) Suicide Prevention Plan activities that you just heard about and (2) to address mental health needs as a result of the COVID-19 pandemic.
 - A summary of the planning and outreach activities for the COVID-19 related needs are included in the meeting packet under Agenda Item 6. Staff is

seeking input from a wide variety of stakeholders, developing a framework to assess the options, and will be developing proposals and projects for the Commission to consider over the next couple of months.

Legislation

- AB 2112 is moving forward. It passed through the Appropriations Committee and is now with the Senate. It should go to the Governor by next week.
- AB 2265, which the Commission supported, was approved through the Appropriations Committee and is moving forward for consideration by the Governor.
- Senate Bill (SB) 803, the peer certification bill, passed through the Appropriations Committee and is moving forward.
- SB 855 is moving forward.
- SB 665 did not make it through the Appropriations Committee and is not moving forward.

Committees

Norma Pate reported that several of the Committees met recently, including, the Schools and Mental Health Subcommittee, Research and Evaluation Committee, Cultural and Linguistic Competence Committee (CLCC), Innovation Subcommittee, and Client and Family Leadership Committee (CFLC). Norma Pate stated that staff is working with the Chair to schedule a meeting of the Rules of Procedure Subcommittee.

Public Comment

Stacie Hiramoto stated, regarding the spending for the programs for the COVID-19 funding, the COVID-19 pandemic has affected communities of color and the LGBTQ community disproportionately. The speaker stated the hope that the Commission will put this item before the CLCC.

Stacie Hiramoto asked to include the date that the prevention and early intervention (PEI) priorities will be voted on the calendar of tentative Commission meeting agenda items. The speaker stated the understanding that those priorities would be finalized by the end of the year.

Stacie Hiramoto stated the need for a robust Committee process that allows ample time for public comment.

Andrea Ball, California Association of School Psychologists (CASP), spoke about the Commission's response to the COVID-19 pandemic. The speaker stated the second imperative for these funds is to engage partners such as schools to develop and scale mental health models to respond to broader mental health needs.

Andrea Ball stated CASP has been working with Teachers for Healthy Kids on training for those working in schools to provide teleservices, specifically mental health teleservices. The speaker asked the Commission to consider supporting this training not only to provide technical training but also to promote best practices for using telehealth

and teleservices during COVID-19. The speaker stated schools are starting now and almost everyone is starting with distance learning. This is an important area that individuals working in schools with students need.

Sally Zinman, Executive Director, CAMHPRO, recommended elevating the support for SB 803, which will soon be on the Governor's desk. The speaker encouraged Commissioners to review the most recent amendments. The essential part of the bill remains – curriculum standardization, code of ethics across the state, standardized trainings, specific billing code, and distinct peer support specialist types and services. The speaker encouraged everyone to write a letter of support to the Governor.

Commissioner Questions and Discussion

Commissioner Wooton asked to resend the Commission's support letter for peer certification to the Governor.

ADJOURN

There being no further business, the meeting was adjourned at 12:58 p.m.