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**State of California**

**MENTAL HEALTH SERVICES  
OVERSIGHT AND ACCOUNTABILITY COMMISSION**

Minutes of Meeting  
February 27, 2020

MHSOAC  
Darrell Steinberg Conference Room, Suite 1720  
1325 J Street  
Sacramento, CA 95814

Additional Public Location

State Capitol  
Room 2082  
Sacramento, CA 95814

866-817-6550; Code 3190377

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  
Jim Beall (via teleconference)  
Ken Berrick

Sheriff Bill Brown  
Keyondria Bunch, Ph.D.  
Itai Danovitch, M.D.  
David Gordon  
Tina Wooton

**Members Absent:**

Reneeta Anthony  
John Boyd, Psy.D.  
Wendy Carrillo

Gladys Mitchell  
Khaterra Tamplen

**Staff Present:**

Filomena Yeroshek, Chief Counsel  
Norma Pate, Deputy Director, Program,  
Legislation, and Technology

Brian Sala, Ph.D., Deputy Director,  
Evaluation and Program Operations

**[Note: Agenda Items 1 and 7 were taken out of order. These minutes reflect these Agenda Items as taken in chronological order and not as listed on the agenda.]**

## **CALL TO ORDER AND WELCOME**

Chair Lynne Ashbeck called the meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to order at 9:05 a.m. and welcomed everyone.

Chair Ashbeck reviewed the meeting protocols.

### Meeting Calendar

Chair Ashbeck stated today will be the last meeting in this location for the remainder of 2020 as the 17<sup>th</sup> floor will be under construction. Future meetings will be held at alternative sites around the state.

### Transition Age Youth Representative

Chair Ashbeck stated the Commission made a commitment to include a young person around the table at every Commission meeting to learn the Commission process and to give their perspective on issues. Waruguru Ndirangu introduced herself.

### Consumer/Family Voice

The Commission made a commitment to begin Commission meetings with an individual with lived experience sharing their story. Chair Ashbeck invited Hector Ramirez to share his story of recovery and resilience.

Hector Ramirez shared the story of living with the diagnosis of autism, bipolar 1, and posttraumatic stress disorder (PTSD), with underlying depression. He stated he was taken away from his family and institutionalized at the age of four because he had autism and he was Native American. He lived there thinking his family had thrown him away until he was 13 years old, when he was returned to his family. He stated he went from special education to the honors program and became the first person in his family to graduate from high school.

Mr. Ramirez stated he went on to college but dropped out because he did not know how to access the then newly-enacted Americans with Disabilities Act (ADA) accommodations, and also because he began to experience his first mental health breakdown. He stated growing up in the state hospital did not prepare him to successfully live with his mental illness outside of that environment. This became his struggle as there was no information or resources and very few role models available. The National Alliance on Mental Illness (NAMI) was the only available resource at the time. He stated NAMI kept him alive.

Mr. Ramirez stated he had another breakdown in 2000, while struggling to find resources. He stated he could not deal with his symptoms, particularly his depression and the mania that came with the medication. He stated he checked himself into a hospital in Ventura County. He stated this move was the beginning and the end of his life at that time because he had to let go of everything he had worked for and accomplished. He stated doctors, medications, institutionalizations, and hospitalizations became the norm.

Mr. Ramirez stated there is no book when going into the hospital that informs a person what to do after they are diagnosed. He stated, even though he had a history of living with people with mental

illness, as a person living with it, he had no idea how to cope. He went on a journey of discovery and learning what worked best for him.

Mr. Ramirez stated, between 2000 and 2010, he had 36 5150s, had gone through 60 different psychiatrists, and had tried every antipsychotic medication available. He stated he had to stop working and lost his insurance. Because he had a preexisting condition, he could not afford to get private health insurance but had to depend on public health insurance. This was when he first went to the Department of Mental Health for services, which was even more traumatic for him due to the differences in treatment.

Mr. Ramirez stated he first saw a psychiatrist with the Department of Mental Health when he ran out of his medication and was depressed. He stated he told the psychiatrist the reason for his visit, that he was Native American, and that he was gay. The psychiatrist took out his prescription pad and wrote him a prescription for nine weeks of prayer because the psychiatrist told Mr. Ramirez that he needed to have his soul saved and he needed to not be a savage.

Mr. Ramirez went home, tried to commit suicide, and woke up in a hospital three months later. He stated that was the beginning of his experiences with county public health.

Mr. Ramirez stated, like many individuals, he has had up and downs, good lessons and bad lessons, but the thing that has helped him the most is his family, his values, and his culture. He stated he is Chiricahua Apache; the tribal and spiritual leaders helped Mr. Ramirez understand that he had every reason to be upset and to be mentally ill. He stated he lives in a society that looks at him perhaps as less than others. He stated the tone of his skin makes him less equal to other people. He stated, as a gay person and a person with a disability, he was even more at the bottom of the totem pole.

Mr. Ramirez stated he shared this to help everyone understand why he associates more with women than with men. Women, oftentimes, are forced to be at the bottom of the totem pole.

Mr. Ramirez stated he lost his military father early on to substance abuse and suicide and his mother married a Mexican farm worker. This gave Mr. Ramirez the opportunity to celebrate his Mexican culture, but at the same time, his stepfather, who was a great man, did not understand Mr. Ramirez's disability or mental health condition. He stated he went to the witch doctor many times and had to try alternative treatments because his family was sad that Western medicine was not working for Mr. Ramirez, his people, or his community.

Mr. Ramirez stated he tried different things over the years. He stated he loved learning and did well in school so he reenrolled at the university and used it as his therapy. When he was not feeling well, he went to school. If he was not doing well at school, he went to the library. He stated he ended up getting two bachelor's degree and a master's from UCLA.

Mr. Ramirez stated, during this time, he lost one of his brothers to gun violence, which worsened Mr. Ramirez's condition. He stated he needed to readjust to what was happening in his life but did not know how to cope. He stated he thought everyone went through the things he experienced; but that is not the case. He stated he moved to Lancaster during his second year of graduate school and the Great Recession of 2007 to 2009 happened. He stated he sent resumes out, but he did not receive one response.

Mr. Ramirez stated, for the first time in a long time, he found himself unemployed. He was living in a new city, in a new house, with a new partner who became violent. He was unemployed, away from his family, isolated, dependent on his partner, and in a domestic violence situation. He stated, as an educated man and someone who knew about mental health, he never expected this to be a part of

his life. It took help to get out but the Department of Mental Health could not help him. He stated he had to find services himself.

Mr. Ramirez went to the Gay/Lesbian Center that helped him get out. He relocated to Long Beach, where he roamed homeless for almost one year, ashamed to tell his family what was going on. He stated he finally reached out to his family for help. He got a restraining order against his partner and all the women in his family from Arizona, Oklahoma, and Mexico came to support him. Every woman in his family for the past two generations had been a victim of domestic violence, and now him. He stated that made him realize that he had to do something more for his community.

Mr. Ramirez stated, while the psychiatrist gave him a prescription many years before for prayer, he wrote himself a prescription for advocacy. This is what he determined to do with his life. He went on to complete a Ph.D. program and received a doctorate in chemistry with the intent of becoming a chemist, but he felt that there was something else to do. He stated he joined the MHSOAC Services Committee almost eight years ago. He stated he advocates for mental health services, cultural sensitivity, ethnic awareness, disability accommodations for all programs, and to have the consumer voice heard. He noted that advocates have been advocating for peer certification since back then.

Mr. Ramirez stated this year Governor Newsom appointed him to the new Mental Health Stakeholder Work Group. He stated, as a member of this group, he has seen some of the great work that has been done, the challenges, and the downfalls. He stated the community planning process is such an important element of the Mental Health Services Act (MHSA), but unfortunately, throughout the state, that is something that has not really happened. All programs were to be community- and consumer-led but, most oftentimes, the consumer voice has been missing at the table. He stated the table must be made bigger to include the consumer and stakeholder voice. The people who need the services have ideas about what they need. He stated perhaps if he had gotten services that were culturally appropriate, in line with his values, and that worked with his community, he may not have wasted years of his life trying to find the right medication and the right psychiatrist.

Mr. Ramirez ended his presentation with a prescription for hope. He stated he is grateful for the work of peers who led the way, even during their times of hardship. He asked everyone, as they move forward, to think of the work they do as if they were writing a prescription for their communities. He stated his wish that someone would have written him a prescription for respect, dignity, and housing a long time ago. He stated everyone has the potential to write a prescription for hope for their communities and the people being served.

### Discussion

Chair Ashbeck stated Mr. Ramirez's story is remarkable. He has brought great honor to himself and to his family and members of his nation who were listening in. She stated she has never thought of the work being done in the community as being a prescription for hope for the community. She stated that prescription is needed in today's world. She thanked Mr. Ramirez for sharing his story.

Mr. Ramirez stated individuals with mental health conditions are members of the disability community. There is not a more disenfranchised group than individuals with mental health disabilities. He stated it is important to empower the community to advocate. Advocacy is part of health care.

Commissioner Wooton thanked Mr. Ramirez for sharing his story and for the advocacy work he is doing in the community.

### Roll Call

Filomena Yeroshek, Chief Counsel, called the roll and announced a quorum was not yet present.

Norma Pate, Deputy Director, MHSOAC, stated Commissioner Beall had stepped away from his desk but would return shortly. A quorum was achieved after Commissioner Beall returned to the teleconference location.

## **GENERAL PUBLIC COMMENT**

Poshi Walker, LGBTQ Program Director, Cal Voices, formerly Mental Health America of Northern California (NorCal MHA), and Co-Director, #Out4MentalHealth, commented on their own behalf and encouraged the Commission to create a plan for times when it is unsafe to meet in person or travel to meeting locations, such as during the outbreak of a disease. Currently, public comment is not possible by teleconference unless the meeting is specifically a teleconference meeting.

Poshi Walker stated appreciation for Hector Ramirez's comment that advocacy is recovery and that he does advocacy for his mental health. The speaker agreed that opportunity to advocate is healing.

Poshi Walker stated Hector Ramirez represents what they try to say when speaking about intersectionality, not that each identity is siloed by itself. The speaker stated all those identities together sometimes create more oppression than each of them separately.

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), thanked the Commission for not voting on the rules of procedure at the last meeting. They were complicated and Commissioners did not have much time for discussion.

Stacie Hiramoto encouraged the awardees of the current round of stakeholder contracts to include attending Commission meetings as part of their contracts.

Ethan Evans, Faculty Member, Division of Social Work, California State University at Sacramento (CSUS), alerted the Commission about a forthcoming report that will soon be released through the California Health Care Foundation called Integrating Care for People Experiencing Homelessness: a Focus on Sacramento County. The report looks at models across the country that try to take an integrative approach to multiple services – health, mental health, substance abuse, and shelter – and initiates big lifts to addressing homelessness in communities. The speaker stated their part of the project was to talk to local stakeholders from health systems, service providers, consumers, and others to learn about gaps and misconnections. The speaker stated the report will shed light on the Commission's questions about data and techniques for collaboration.

Chair Ashbeck suggested inviting Ethan Evans to present at a future Commission meeting.

Mandy Taylor, Outreach and Advocacy Coordinator, California LGBTQ Health and Human Services Network, stated their appreciation that Hector Ramirez shared his story. The speaker suggested focusing on shoring up the areas where the system failed Hector Ramirez. The speaker stated they love that every month a consumer voice shares their experience with wellness and recovery.

**[Note: Agenda Item 1 was taken out of order and was heard after Agenda Item 2.]**

## **ACTION**

### **2: Approve Early Psychosis Intervention Outline for Request for Applications and Contract Authority for Training and Technical Assistance**

#### **Presenter:**

- Tom Orrock, Chief, Stakeholder Engagement and Grants

Chair Ashbeck stated the Commission will consider approval of an outline for the Request for Applications to provide support for the Early Psychosis programs and authority to enter into a contract for Training and Technical Assistance to support the Early Psychosis programs. She asked staff to present this agenda item.

Tom Orrock, Chief, Stakeholder Engagement and Grants, MHSOAC, provided an overview, with a slide presentation, of the background, Advisory Committee recommendations, grant eligibility, and minimum qualifications for the proposed outline of the Early Psychosis Intervention Plus Request for Applications (RFA).

#### **Commissioner Questions and Discussion**

Commissioner Wooton suggested, making sure the technical assistance training course, includes training on recovery concepts and adhering to MHSA guidelines. Counties that already have Coordinated Specialty Care sometimes forget client- and family member-driven services. She stated the need for consumers and family members to be in the forefront driving that plan for themselves.

Commissioner Wooton stated the need to consider sensitive language when meeting with individuals, to ensure that the needs of diverse communities are being met, and to ensure that referrals are followed up with.

Chair Ashbeck asked Mr. Orrock to read the names of the Assembly Bill (AB) 1315 Early Psychosis Intervention Plus (EPI Plus) Advisory Committee members into the record.

Ms. Yeroshek noted that the Advisory Committee seats were set forth in the Welfare and Institutions Code.

Mr. Orrock stated Commissioners Khatera Tamplen and Gladys Mitchell are on the Advisory Committee with Commissioner Tamplen serving as chair. The rest of the Advisory Committee is made up of the following members:

- L. E. Becker, consumer
- Stuart Buttlair, Ph.D., MBA, Kaiser Hospitals
- Gilmore Chung, M.D., primary care physician in a clinic
- Adriana Furuzawa, LMFT, MBA, an expert in early psychosis programs
- Kate Hardy, Psy.D., an expert in early psychosis programs
- Thomas Insel, M.D., Governor's top mental health advisor
- Yana Jacobs, LMFT, consumer
- Karen Larsen, LMFT, Behavioral Health Director, Yolo County
- Maggie Merritt, Steinberg Institute

- Tony Tullys, MPA, Behavioral Health Director, Santa Clara County
- Paula Wadell, M.D., medical doctor

### **Public Comment**

No members of the public addressed the Commission on this issue.

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

- *The Commission approves the proposed outline of the Early Psychosis Intervention Plus (EPI Plus) Request for Application.*
- *The Commission authorizes the Executive Director to enter into a sole-source contract with the University of California Regents for training and technical assistance.*
- *The Commission authorizes the Executive Director to initiate a competitive bid process for EPI Plus program grants.*

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

The following Commissioners voted “Yes”: Commissioners Berrick, Brown, Bunch, Danovitch, Gordon, and Wooton, Vice Chair Madrigal-Weiss, and Chair Ashbeck.

### **ACTION**

#### **1: Consent Calendar**

- Approval of the minutes from the January 23, 2020, meeting.

Chair Ashbeck stated all matters listed on the Consent Calendar are routine or noncontroversial and can be acted upon in one motion. There will be no separate discussion of these items prior to the time that the Commission votes on the motion unless a Commissioner requests a specific item to be removed from the Consent Calendar for individual action. There is only one item on the consent calendar. She asked for a motion to approve the Consent Calendar.

### **Commissioner Questions**

Commissioner Brown referred to the second paragraph on page 8 and asked to add the words “people connected with” to the beginning of the second sentence, and to remove the word “connected” after the word “health” so it would read “people connected with two respected mental health organizations within the county have shared their concerns.”

### **Public Comment**

Poshi Walker noticed that corrections are not reflected in the minutes that are posted on the website. The only way to access the minutes is by going into the Commission meeting packets. The speaker stated it would be helpful to post the corrected version of the minutes as a separate link rather than only as part of the meeting packets.

### **Commissioner Discussion**

Chair Ashbeck asked about the process for correcting the minutes and reposting the approved version.

Ms. Yeroshek stated the old website used to have a page with the approved minutes but the new website that is currently undergoing renovation missed this separate page. A page of the motions and approved minutes will soon be added to the website.

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

- *The Commission approves the January 23, 2020 Commission meeting minutes as corrected.*

Motion carried 7 yes, 0 no, and 1 abstain, per roll call vote as follows:

The following Commissioners voted “Yes”: Commissioners Berrick, Brown, Bunch, Danovitch, and Gordon, Vice Chair Madrigal-Weiss, and Chair Ashbeck.

The following Commissioner abstained: Commissioner Wooton.

## **ACTION**

### **3: Award Stakeholder Contracts**

#### **Presenter:**

- Tom Orrock, Chief, Stakeholder Engagement and Grants

Chair Ashbeck stated the Commission will consider awarding contracts to the highest scoring proposals received in response to the six Requests for Proposals for stakeholder advocacy on behalf of the following six populations: clients and consumers, families of clients and consumers, parents and caregivers, diverse racial and ethnic communities, LGBTQ, and Veterans. She asked staff to present this agenda item.

Mr. Orrock provided an overview, with a slide presentation, of the Request for Proposals (RFP) overview, minimum qualifications, and evaluation process described in the RFP to award stakeholder contracts.

Mr. Orrock stated, based on the highest scoring proposals for the six populations, the Commission staff recommends that the following organizations be awarded these stakeholder contracts:

#### Clients and Consumers

- California Association of Mental Health Peer-Run Organizations (CAMHPRO)

#### Diverse Racial and Ethnic Communities

- California Pan-Ethnic Health Network (CPEHN)

#### Families of Clients and Consumers

- National Alliance on Mental Illness California (NAMI CA)

#### LGBTQ Communities

- Health Access Foundation

#### Parents and Caregivers

- United Parents



Veterans

- VetArt, a program of Social and Environmental Entrepreneurs, Inc.

**Public Comment**

Hector Ramirez, ACCESS Ambassador, Cal Voices, asked if the new stakeholder contracts will disrupt the already-established flow of advocacy work set up throughout the state and what that would do to the consumer engagement process. The speaker stated concern about the direction of the clients and consumers stakeholder contract.

Kris Amezcua, Vice President of Operations, NAMI CA, thanked the Commission for their continued support of family members and individuals across California.

Poshi Walker stated they put their public comment card in before hearing the results in order to echo a comment made earlier by Stacie Hiramoto. The speaker stated #Out4MentalHealth was able to write in funding to attend a number of statewide meetings, including the MHSOAC.

#Out4MentalHealth brings the voices of individuals who are unable to attend various meetings. The speaker stated the MHSOAC is a valuable place for stakeholders to make public comment and for stakeholder contractors to bring local voices to the Commission.

Poshi Walker stated traveling to meetings across the state is difficult for all stakeholder contractors. The speaker encouraged either a funding stream for travel for the stakeholder contractors or to allow the stakeholder contractors to move their budgets around to allow them to continue to bring voices and to advocate for the communities they represent.

Sally Zinman, Executive Director, CAMHPRO, thanked the Commission for their support. The speaker stated CAMHPRO is dedicated to working with Cal Voices and building on the wonderful work that they have done.

Mandy Taylor pointed out problems they see in the process, in particular the budget and flexibility, as mentioned by Stacie Hiramoto and Poshi Walker. There were equity gaps in the way this RFP was put forward. Proposals were not given the maximum number of points unless they signed on with 15 local-level entities. The Health Access Foundation has partners across the state and was able to do that, but most of the partners are small local organizations that had to agree in some cases to sign on for a project where they might not see funding for three years because of the way that local-level entities are set up in this project.

Mandy Taylor stated Health Access Foundation will be doing budget advocacy on behalf of small organizations to try to distribute the funding more equitably. The speaker asked for the funding to be distributed to local-level entities equitably over the three years. This does not change the amount of the funding but distributes it in a way that works better for communities.

Mandy Taylor stated concern that, before the RFP was made public, it was event-based, when communities made it clear that advocacy is not done on events but is done through the process and community involvement. The Health Access Foundation figured out a way to make that work, but they had to do prescriptive events based on that that may or may not benefit the community because events were an RFP requirement.

Dr. Lisa Pion-Berlin, President and CEO, Parents Anonymous, Inc., stated a minimum qualification in the RFP is that organizations must have been in operation for two years. The speaker stated holding a contract with the MHSOAC does not mean an entity is a state-level advocacy organization. The

speaker stated a minimum qualification of two years is not long enough. The speaker appreciated the emphasis of the RFP on community-level advocacy because advocates need to be at the table.

Dr. Pion-Berlin asked about the number of applicants for each of the stakeholder contract categories. Dr. Pion-Berlin stated appreciation that the RFP was performance-based.

Mary Hogden thanked the Commission for awarding a stakeholder contract to CAMHPRO.

### **Commissioner Questions and Discussion**

Chair Ashbeck asked Mr. Orrock to address some of the concerns shared during public comment.

- Whether these awards will do anything to disrupt existing advocacy.

Mr. Orrock stated he was unsure what went into changing these from sole-source contracts to a competitive process, but some of it had to do with putting funding into statewide organizations for a few years to let them get ground under them, make contacts, and start to sustain their programs, potentially with other funds. The stakeholder contractors have had a few years to do that, and the hope is that they will be able to sustain these programs and that these funds will be used to provide advocacy but also to sustain these advocacy programs around the state.

- The number of applicants per stakeholder contract category.

Mr. Orrock stated staff recognizes that there are areas of growth in regard to getting the word out about these opportunities to organizations. Staff has found that there are not many statewide advocacy organizations for some populations. While there was much energy and attendance at some listening sessions, there was not at others. With that said, the number of proposals increased in this round. A total of 13 proposals were submitted – 3 for clients and consumers, 4 for diverse racial and ethnic communities, 1 for families, 1 for LGBTQ, 2 for parents and caregivers, and 2 for veterans.

- How to support individuals traveling to meetings.

Mr. Orrock stated funding is available in the contracts for travel and expenses to be paid for participants of local organizations to come to statewide events each year. Each contractor will provide a statewide event, do legislative visits, and potentially participate in Commission meetings. Contractors can design that any way they want, but the contracts include funds to help local organizations participate in meetings. That is all part of the contract to help address the need to provide more local-level advocacy. Statewide advocacy is happening, but mental health funding is determined at the local level. More local-level advocacy is needed.

Mr. Orrock stated staff did a preliminary count of the number of counties which will receive local-level advocacy from one of these organizations and through this process – the new way of doing it, both local and state – 50 out of 58 counties will have an advocacy event, which could mean meeting with boards of supervisors, city council members, private industry, and other things that culminate into an event. An event is not a one-time thing. There is a \$30,000 to \$50,000 investment in each of these counties for advocacy.

Mr. Orrock stated Hector Ramirez made the point earlier that a stronger community planning process is needed. Advocates will be able to assist counties with that process. They will inform them that they are holding an event, meeting with local leaders in their county, inviting them to participate in that process, and using the information gathered at the event for their community planning process. That is the hope.

Commissioner Berrick asked if staff has discretion within the context of the award to move a percent from line items or if providers are restricted by line items in the contract. He asked, if the provider had a request to attend a meeting for a specific reason but had run out of that line item allocation, if funding can be moved around in collaboration with them.

Mr. Orrock deferred to Ms. Yeroshek to answer Commissioner Berrick's contract amendment question.

Ms. Yeroshek stated the budget, which was included in the RFP, is a single line item of \$30,000 for local advocacy. There is not a single line item for travel. Fifty percent of the \$30,000 budget must be for specific items but flexibility is built in.

Vice Chair Madrigal-Weiss agreed with Mr. Orrock that advocacy needs to happen at the local level. She stated she has seen that the plans are oftentimes prescriptive instead of really coming from the community. She appreciated that time and resources were given to effect change in the local community planning process.

Chair Ashbeck asked if there is a requirement in the RFP for the stakeholder advocacy groups to report back to the Commission.

Mr. Orrock stated the State of the Community Report is required annually from each contractor.

Chair Ashbeck stated the need to be more intentional about getting an end-of-the-year report from each contractor, even if only as a document, for Commissioners to see what has happened at the local level. She stated it is the sum of those reports and statewide advocacy that will move something larger.

Mr. Orrock stated contractors are always happy to present to the Commission if Commissioners would like to have that happen. At the least, staff will make the annual State of the Community Reports available to the Commission.

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

- *For each of the 6 RFPs, staff recommends the Commission:*
  - *Authorize the Executive Director to issue a "Notice of Intent to Award Contract" to the proposer receiving the highest overall score.*

Clients and Consumers

- California Association of Mental Health Peer-Run Organizations (CAMHPRO)

Diverse Racial and Ethnic Communities

- California Pan-Ethnic Health Network (CPEHN)

Families of Clients and Consumers

- National Alliance on Mental Illness California (NAMI CA)

LGBTQ Communities

- Health Access Foundation

Parents and Caregivers

- United Parents

Veterans

- VetArt, a program of Social and Environmental Entrepreneurs, Inc.
  - *Establish March 5, 2020, as the deadline for unsuccessful bidders to file an “Intent to Protest” and March 12, 2020, as the deadline to submit the “Letter of Protest” consistent with the standard set forth in the Request for Proposals.*
  - *Direct the Executive Director to notify the Commission Chair and Vice Chair of any protests within two working days of the filing and adjudicate protests consistent with the procedure provided in the Request for Proposals.*
  - *Authorize the Executive Director to execute the contract upon expiration of the protest period or consideration of protests, whichever comes first.*

Motion carried 7 yes, 0 no, and 1 abstain, per roll call vote as follows:

The following Commissioners voted “Yes”: Commissioners Berrick, Brown, Bunch, Danovitch, and Gordon, Vice Chair Madrigal-Weiss, and Chair Ashbeck.

The following Commissioner abstained: Commissioner Wooton.

**[Note: Agenda Item 7 was taken out of order and was heard after Agenda Item 3 and before the lunch break.]**

## **INFORMATION**

### **7: Receive Innovation Incubator Update**

#### **Presenter:**

- Jim Mayer, Chief of Innovation Incubation

Chair Ashbeck stated the Commission will hear an update on the options for committing the remaining incubator funds in the Commission’s budget directed toward incubating major collaborative projects with innovative potential. The presentation will include a review of the project work plan and accomplishments to date. Staff expects to present to the Commission one or more project contract outlines for approval at the April 2020 meeting. She asked staff to present this agenda item.

Jim Mayer, Chief of Innovation Incubation, MHSOAC, provided an overview, with a slide presentation, of the role of the Innovation Incubator, update on county projects launched last year and projects to be launched in the future, and next steps of the Innovation Incubator.

#### **Commissioner Questions**

Commissioner Danovitch asked what the incubation and the process look like.

Mr. Mayer stated every incubation is different. He used the five-county Data Driven Recovery project as an example. He stated data expert Kevin O’Connell is working with the counties to learn their data systems and reconfigure the data so the data can be matched and used for decision-making. Each of the five counties are in the process of having a cross-system dialogue, where judges, district attorneys, public defenders, law enforcement, behavioral health, and other community service providers are looking at the data and the Sequential Intercept Model to determine what can be done differently and what can be done better.

Mr. Mayer stated early reports indicate it is going well. The counties report they are doing new things with the data and they are now having constructive conversations that had not previously been

possible due to the lack of information. The counties will now begin to learn from the other counties in the collaborative over the next few months.

Mr. Mayer stated additional counties are asking to join the Data Driven Recovery project collaborative or to be a part of another collaborative. He stated this is a big payoff for a small investment.

Mr. Mayer used the Full-Service Partnerships project as another example. He stated it is larger and more formal because Full-Service Partnerships are more complex in general, but the technical assistance provider has been working individually with each of the six counties that are participating to identify metrics and analytics and help counties develop the analytics that they could do. The first phase was to help the counties write Innovation plans to implement. The counties will now begin to learn from the other counties in the collaborative over the next few months.

Commissioner Wooton suggested including mental health courts in the technical assistance. Individuals who sit on mental health courts seem to be well-versed in mental health issues and client and family member needs and wishes.

Commissioner Wooton stated the hope that there are clients involved in the Psychiatric Advance Directives Collaborative project.

Mr. Mayer stated clients are extensively involved in all projects at the community level.

Commissioner Wooton stated the importance of not just hand-picking stakeholders from the counties but ensuring that there are genuine individuals involved with that. She stated she has experienced times when they are not.

Commissioner Gordon stated it seems that, whether it is law enforcement, education, or any other area, one of the barriers is data and analytics. He asked if there is a way the Commission can be more aggressive in that space but not necessarily tie it to a particular subject matter area. He gave the example that it is difficult to track the general flow of health funds out to the community and whether health care services are adequately provided to the 0-5 population of needy children, and the data systems are not up to the task. He asked if there is a way to help counties with that. This would impact the many systems that are related to the work the Commission does.

Mr. Mayer stated there is. He stated, over the next 30 days, staff will be considering next opportunities for this project and how to leverage the need and appetite among the counties. Some of this is the crosswalk not just from behavioral and mental health, but to other health systems that are necessary in order to result in the recovery for individuals who are at risk of being criminal-justice involved.

Mr. Mayer stated part of the Schools and Mental Health project is to consider the capacity in each county in order to develop that system and that connectivity. He stated the subcommittee will be meeting over the next month to consider how to develop the data and management systems that are necessary for that connectivity, not just at the community level with the service provision and the program level of agencies, but also how the state can catalyze that.

Mr. Mayer stated the Commission's work is progressing in trying to drive data and analytics at the state level across systems to build capacity at the local level in order to do better service delivery, evaluation, and continuous improvement. Even programs with the strongest evidence base are difficult to replicate because of the unique circumstances in individual lives, families, and communities. That capacity is necessary in order to get the results needed.

Chair Ashbeck referred to Item 2 on the last slide, Next Steps, assessing lessons from previous collaboratives, and stated Commissioners have been interested in receiving feedback on what the collaboratives have learned and how to replicate programs.

Chair Ashbeck referred to Item 3 on the Next Steps slide, outlining additional collaboratives for Commission approval in April, and asked if the plan is to take an in-depth look at existing work and to find new ways to accelerate it, or to find additional collaboratives to do work in new spaces. She asked what that process would look like.

Mr. Mayer stated the one-time \$5 million budget allocation for the Innovation Incubator must be focused on activities by the counties that will reduce criminal justice involvement or at-risk for criminal justice involvement, which is the focus of the collaborative to be discussed at the April meeting. Other collaboratives the Commission has launched are not focused on reducing criminal justice. He stated it is possible that, as more momentum is built around the Schools and Mental Health project, this is a model that can be built into that, as well.

### **Public Comment**

Poshi Walker stated, when the MHSA was first rolled out, stakeholders who come from unserved, underserved, and inappropriately served populations were told that they would be funded in the Innovation and Prevention and Early Intervention components. The speaker was the lead for the LGBTQ Phase 1 of the California Reducing Disparities Project (CRDP). The CRDP put out reams of information, a report, and an addendum talking about community-defined practices and recommendations for communities. The speaker noted that LGBTQ communities are as diverse as the general population when it comes to race, ethnicity, age, et cetera, so when the speaker talks about LGBTQ, they are also talking about queer and trans people of color, youth, older adults, et cetera.

Poshi Walker stated the LGBTQ population, along with the subpopulations such as African American, Latinx, and other people of color, including transgender and sexual orientation, is incredibly underserved and inappropriately served. This includes the community planning process. To ask a queer trans person, a queer trans person of color, or a straight cisgender person of color to try to speak out above all the privileged voices is already asking a lot. Oftentimes, they are not invited, made to feel welcome, or included. Also, oftentimes, the community planning process is presented as “here’s what we are going to do – what do you think?” as opposed to “will this work for you?” Listening sessions involving LGBTQ cultural brokers do not happen. The hope is that the local work will continue with the new contracts but they are very different from the old ones.

While Poshi Walker appreciated the work Mr. Mayer is doing, they questioned if this is how funding should be used. The speaker suggested that counties do what they were supposed to do to begin with – get the unserved, underserved, and inappropriately served individuals together, whether in big or small sessions, and ask them what they are doing to help themselves now and how much more they could help themselves if an Innovation project were created. The speaker suggested that staff talk to the CRDP Phase 2 leads. There are 35 Innovative projects going on right now that are gathering evidence.

Mandy Taylor echoed some of the concerns of the previous speaker, particularly the criminal justice component. Black, brown, and gender non-conforming individuals are not safe with law enforcement in many communities. Adding mental health crisis to that increases that lack of safety. Black, brown, and gender non-conforming individuals often experience the highest rates of trauma, ACEs, and homelessness; adding to that the expectation that they should be receiving services or being diverted

through the criminal justice system that has historically enacted violence upon them is unacceptable and not culturally appropriate.

Mandy Taylor stated funding programs through law enforcement is not what certain communities need, but rather they need community alternatives to policing in order to feel safe. The speaker asked the Commission to ensure that the Innovation Incubator does not only represent white, cis, straight individuals, but that individuals of color, gender non-conforming individuals, and young homeless individuals are in the room making these decisions. The speaker encouraged the Commission not to let the counties continue to exclude or actively harm these communities.

### **Commissioner Discussion**

Waruguru Ndirangu agreed with the concerns expressed during public comment. She suggested Innovation projects to look at alternative approaches such as restorative justice or community mediation for the cross-over with criminal justice involved and mental health communities.

Commissioner Bunch asked for clarification of staff's role in the Innovation Incubator.

Mr. Mayer stated the Commission brings collaboratives together, based on what counties think would be most valuable, and provides technical assistance. The three collaboratives that have been launched based on the Commission's report a few years ago focus on the need to move this as far upstream as possible. Full-Service Partnerships, whenever they are successful, prevent that intersection with law enforcement.

Mr. Mayer stated these projects are intended to reduce and prevent criminal justice involvement at every step of the Intercept Model. The Commission has an active role in helping to facilitate with the counties where technical assistance would allow them to provide better information, and the guidance on ensuring that their engagement is as inclusive as necessary is also wise.

Commissioner Bunch stated the Data Driven Recovery Project is meant to better understand the pathways and needs of individuals with mental health needs in the criminal justice system. She asked whether there are any results from the project to better understand what some of these pathways are.

Mr. Mayer stated the counties are nine months into that project. Over time, how the pathways play out in each of the counties and where they go with that will become apparent, but there is a potential and the intent is to get as far ahead of that intersection with criminal justice involved and mental health communities as possible.

Commissioner Bunch asked if diversion is being considered. She stated she submits diversion reports as part of her work. What she has found is, even when she recommended diversion for an individual, they often do not end up getting it and they end up cycling back through the criminal justice system. She stated the hope that this can be looked at, and that the reasons an individual gets or does not get diversion are examined.

Mr. Mayer stated the Judicial Council is interested in taking advantage -of the grants that they have with the number of counties including Santa Barbara to see if they can ensure that not only diversion happened but that it is linked to adequate services. It is the full continuum to try to be as far ahead of the problem as possible because there is a history of harm and, at the same time, to be as effective as possible where there is criminal justice engagement with the courts and law enforcement.

Commissioner Brown stated it bears an understanding that many of the programs that are being accomplished in Santa Barbara County and other counties throughout the state are ones that have been driven in many respects by law enforcement. Law enforcement has been a catalyst to bringing

people together from the community to look at alternatives. Law enforcement can and should be a strong partner in the change that is necessary to ensure that individuals are diverted either from getting into or from an existing position in the criminal justice system.

Commissioner Brown stated it is important to recognize that the reality is law enforcement is going to be involved in many of these cases, and people who are suffering from mental illness and cooccurring drug addiction are engaging in behavior in the community that is going to garner a law enforcement response. If law enforcement is not working with people who provide service in the community and it is an either/or proposition, a community will miss its opportunity. It is important to ensure that everyone has respect for each other and recognizes that they have a role to play in working with each other to keep people out of the criminal justice system and get them the care that they need to keep them from coming back in.

## **LUNCH BREAK**

### **ACTION**

#### **4: El Dorado Innovation Project Extension**

##### **Presenters:**

- Jamie Samboceti, MFT, Behavioral Health Deputy Director, El Dorado County Health and Human Services Agency
- Sabrina Owen, MFT, Manager of Mental Health Programs, El Dorado County Health and Human Services Agency
- Ren Strong, Program Manager, El Dorado County Health and Human Services Agency
- Heather Longo, MHSA Coordinator, El Dorado County Health and Human Services Agency

Chair Ashbeck stated El Dorado County seeks approval of \$2,158,704 in additional Innovation fund spending authority to extend the Community-Based Engagement and Support Services (Community HUBS) Program. The Commission originally approved \$2,760,021 in Innovation fund spending authority for this project on August 25, 2016. This item was removed from the consent agenda at the January 23, 2020, meeting and referred back to the Commission for further discussion. She invited the representatives from El Dorado County to present this agenda item.

Heather Longo, MHSA Coordinator, El Dorado County Health and Human Services Agency, introduced the members of the panel. She distributed an additional letter of support of the project, which was received from Sue Novasel, a member of the El Dorado County Board of Supervisors. She provided an overview, with a slide presentation, of the general standards and primary purpose of the Innovation.

Jamie Samboceti, MFT, Behavioral Health Deputy Director, El Dorado County Health and Human Services Agency, continued the slide presentation and discussed how the proposed project supports the general standards and primary purpose of Innovation. She stated the proposed project is intended to break down barriers due to stigma, meet individuals where they are most comfortable and feel safe, make connections and develop rapport with a population that lacks trust, and communicate with the providers in the community.



Sabrina Owen, MFT, Manager of Mental Health Programs, El Dorado County Health and Human Services Agency, continued the slide presentation and discussed adverse childhood experiences (ACEs), brain chemistry, and trauma.

Ren Strong, Program Manager, El Dorado County Health and Human Services Agency, continued the slide presentation and discussed the history, modification request, learning objectives, and budget and sustainability of the Community HUBS Innovation Project. She stated the reason for the modification request is to address emergent issues since implementation in order to continue learning if an interagency and community collaboration will result in an increase in early mental health care prevention and access.

Ms. Strong's budget explanation:

- The Community HUBS Innovation Project was originally approved for \$2.7 million.
- The program had a slow start-up due to challenges, which created a savings of \$900,000.
- The County is looking to expand in this modification. \$700,000 was budgeted, but the county expects to see a cost savings again this year. All the funds will not be spent.
- The proposed amount for next year is \$1.4 million. Again, based on historical aspects, the county anticipates not spending all the funds due to the time it takes to get everything up and running on the modification.
- The proposed budget for the original and modification budgets is \$4.9 million.
- With the savings already realized and the anticipated savings this year, the net estimated project costs are \$2.9 million.
- The modification will end up being approximately \$140,000 due to not spending all the funding in previous years.
- Although the county is asking for \$2.1 million in budget, when combining the savings and the late start this year, it will not be the full amount in the end.

Ms. Strong stated she has a handout that includes what has been done and how much has been spent in actuals from the Revenue and Expenditure Reports (RERs). She stated the county originally budgeted \$2.7 million, and, minus fiscal year 2019-20 because estimates are not yet available, the county has spent approximately \$1 million and has a savings of \$900,000 due to underspending.

Ms. Longo directed the Commissioners' attention to the letter of support for this project and the modifications from Norma Santiago, of the Behavioral Health Commission.

### **Commissioner Questions**

Commissioner Brown asked about the projected budget for the next two fiscal years.

Ms. Strong stated the projected budget for this fiscal year and next fiscal year is approximately \$2.8 million. This fiscal year has approximately \$700,000 budgeted just for the modification alone. Staff must be hired and equipment must be purchased but there are only four months left in this fiscal year. The county cannot spend all of the \$700,000 in that short amount of time.

Commissioner Brown stated Ms. Strong stated earlier that the county anticipates only requiring approximately \$100,000.

Ms. Strong agreed that the county will only require a net of \$140,000 in total for the project.

Commissioner Brown asked why the county is asking for \$2.1 million when it only requires \$140,000.

Ms. Strong stated this project started two years ago. The county had hoped to have those funds available for two fiscal years – this entire fiscal year and next fiscal year. Unfortunately, due to the timing of the community planning process, agendas, and updates on information, the county was unable to modify the documents to show that. The budget template submitted to the Commission shows that the county has underspent in the two fiscal years that were available at the time of submittal. The county's 2018-19 fiscal year RER has now become available, which shows that the county also underspent in fiscal year 2018-19 by almost \$170,000.

Chair Ashbeck stated her understanding that the county underspent the first two years and has some balance left. If that balance is applied to the next two years, the net the county needs is approximately \$140,000.

Ms. Strong stated that is correct. She noted that the \$140,000 is an estimate.

Chair Ashbeck agreed with Commissioner Brown in wondering why the county is not just asking for the \$140,000, since that is the amount of funding required to get through the next two fiscal years.

Ms. Strong stated the budget template is set up to ask for the amount budgeted; it does not show how much was underspent in previous years. It shows how much is anticipated to be needed for these new operating timelines. The original project template showed \$2.7 million budgeted. The county then learned that the full amount was not needed. She stated, if the project ended in September of 2020, it would show that the county underspent on that original budget.

Ms. Strong stated, with the expansion, the modification asks what the budget alone could be for these two years. The county is asking for the public health nurse position to be expanded and for the family engagement specialist.

Chair Ashbeck stated that is separate from what is left over. The math equation is total need minus available resources equals additional need.

Ms. Strong agreed that the budget template is not set up that way and stated the county did not enter it into the template that way. The template equation is the original funding versus the budget amount going forward. She stated, when the cost savings for each year are backed out, the gross project will not spend as much as originally anticipated.

Chair Ashbeck echoed Commissioner Brown's question of why the county is asking for \$2.1 million when it only requires \$140,000.

Commissioner Alvarez stated she would appreciate clarity on the financial aspects but she commended the county for the whole child approach when it comes to overall wellbeing. California has been focusing on a whole child, whole family, whole person approach for the past few years for individuals who are chronically homeless, formerly incarcerated, or with multiple chronic conditions. The aspects of the system that best serve those individuals serve everyone the best to connect with community and supportive services to ensure that community experiences are uplifted. She commended the county for that.

Commissioner Alvarez suggested, if there are concerns about that approach, dedicating learning opportunities to digging deeper on why this approach is necessary, not only for the Commission to invest in but for the system as a whole to consider moving forward. She stated what kids need most is stable, loving environments. That is only possible if parents and caregivers have the resources that they need to support their children. That is what is being done by connecting them with mental health,

nutrition, and transportation services. She stated the California Children's Trust and the First 5 Center for Policy released a report late last year on this approach and she is happy to share it with the Commission as background.

### **Public Comment**

Lynnan Svensson, Nursing Program Manager, Community HUBS, El Dorado County, spoke in support of the proposed project.

Lynn Hall, NAMI, speaking as a mother, spoke in support of the proposed project.

Elizabeth Blakemore, Director of Early Learning and Family Support, El Dorado County Office of Education, spoke in support of the proposed project.

Juline Aguilar, Foster and Kinship Care Program and NAMI, El Dorado County, spoke in support of the proposed project.

Monica Woodall, Black Oak Mine Unified School District, spoke in support of the proposed project.

Liz Del, Divide Ready by 5, spoke in support of the proposed project.

Kathleen Guerrero, Executive Director, First 5 El Dorado Children and Families Commission, spoke in support of the proposed project.

Dr. Steve Clavere, Chair, El Dorado County Behavioral Health Commission, spoke in opposition to the proposed project. The speaker stated the purpose of the HUBS is to provide mental health and physical health prevention activities including screenings for mental health and referrals to community-based mental health services, if needed. The learning objectives are to see if the HUBS can reduce mental health costs and increase client screenings and treatment by mental health services.

Dr. Clavere stated the implementing staff are public health and education department job classifications performing public health and education department duties. There is not a single mental health physician. Mental health screening is not being conducted on a scale necessary to make a difference. The Protective Factors Survey and the ACEs Questionnaire are not mental health screening instruments. The modification request correctly stated that public health nurses are skilled at performing validated mental health screenings, but that document fell short of stating they were actually doing so. He emphasized that public health nurses are not stationed in the HUBS.

Dr. Clavere reviewed the data and asked Commissioners to keep in mind the original purpose and learning objectives. He stated the fiscal year 2017-18 data and the original project plan shows that 5.8 percent of HUBS referrals are mental health, while the mental health services scheduled for them were only 2 percent of the total. With the new fiscal year 2018-19 data provided by the county, the percent of mental health referrals increased to 6.5 percent and the percent of mental health services scheduled increased to 2.9 percent. Over the period of one year, both critical indices increased less than 1 percent and remain miniscule.

Dr. Clavere stated as a mental health advocate, supports the Community HUBS concept and appreciates the benefits it renders to the community; however, the speaker stated they also believe that the MHS share should be proportionate to the results it renders to the seriously mentally ill who desperately need more services.

Dr. Clavere stated this is essentially a public health Innovation project that is primarily paid for with mental health dollars with little or no significant mental health benefit. In addition, there is no evidence as presented to suggest that the proposed project prevents serious mental illness.

Poshi Walker shared that there is a new ACEs Aware Initiative put on by the Surgeon General for California. The website is [acesaware.org](http://acesaware.org), which contains much information. The speaker stated the ACEs screening was initially developed for pediatricians and other medical professionals. It screens for risk for negative mental and physical health outcomes. The speaker stated probably only in Western countries do individuals think that mental and physical health are two separate things and are somehow not related.

Poshi Walker stated LGBTQ individuals on average have a higher rate of ACEs than the general public. There are also ACEs-like issues that happen for LGBTQ individuals that are not captured by the ACEs screening. The speaker stated ACEs screening can reduce mental health stigma.

### **Commissioner Discussion**

Chair Ashbeck asked staff to help the Commission understand the budget and budget framework.

Grace Reedy, Health Program Specialist II, Innovation Unit, MHSOAC, stated there was confusion regarding the completion of the recommended budget template. Considering what the project was originally approved for and the additional amount required, staff recommended that the county provide a separate table just for the additional \$2.1 million required. She stated she was surprised to learn today about the amount of the surplus and that only an additional \$140,000 is needed. She stated, if she had been made aware of that earlier, this agenda item could have been handled through the Chair delegated authority.

Ms. Reedy stated the completion of the recommended budget template is confusing. El Dorado County is not the only county to have issues with it. She stated, because the template is recommended, sometimes it is easier to take a step back and ask about the additional amount required. That is what was done in this case.

Chair Ashbeck suggested working on the budget template to make it less confusing.

Commissioner Alvarez asked for verification that the original grant was \$2.7 million, but the county has a \$1.8 million surplus.

Ms. Strong stated, to date, the county has approximately \$900,000 that was not spent in previous years, but there is still four months left in this fiscal year. The confusion has to do with the gross project costs versus fiscal year budgeting.

Commissioner Alvarez asked if the county's request for this project is for \$2.1 million or \$140,000.

Ms. Strong stated it is complicated. To be safe, the county needs \$250,000 in the gross project costs; however, if the Commission approves \$250,000, the budget department would assume that the county only has \$250,000 budgeted for the year, but that is not correct. The funding that was unspent in one fiscal year must be rolled to the next fiscal year and each following fiscal year. It has to do with budgeting on a fiscal year basis.

Commissioner Brown asked if the Commission could take an action that would push the previously-requested funds in the prior fiscal year to say they are authorized to be spent in this fiscal year so the county can go back to their board of supervisors and say it was approved.

Ms. Strong stated it might work but she could not speak on behalf of the county budget analyst.

Commissioner Brown stated the problem is that the Commission has been under considerable concern and criticism about the amount of unspent MHSOAC dollars that are sitting in bank accounts across the state. The more that happens, the less likely it is that the Commission will be able to continue to give funding out the way it has traditionally given it out.

Commissioner Brown stated this is a great program but he stated his concern about the public comment in opposition to the project. The question is if it is equitable to have it funded in large part from the MHSA, when the majority of the services being provided are not connected to mental health. He asked if the county has tried to leverage other monies or sought other monies from other sources for the more traditional public health-related aspects of the project. He stated the innovation part of the project is good and strong, but he asked about the needs that are benefiting from these mental health dollars and the sustainability of this program.

Ms. Strong asked Lynnann Svensson to respond to Commissioner Brown's concerns.

Lynnann Svensson stated the county leverages for the HUB Health team Maternal, Child, and Adolescent Health (MCAH) funding and Title 19 funding through the federal government to connect individuals with Medi-Cal resources and Medi-Cal service coordination. This is one reason why the county is underspent on the HUB Health public health nurse team, along with the vacancy rate and slow start.

Commissioner Brown stated he sees that the county is leveraging a total of \$1,139,710, which is listed on page 7 of the Staff Analysis, but this only constitutes 23 percent of the overall project costs. He stated a disproportionate amount is being paid for with MHSA dollars.

Lynnann Svensson stated there are also First 5 and Public Health Realignment funds that are being put into the program.

Commissioner Brown asked if those funds are in addition to what was reported in the Staff Analysis.

Lynnann Svensson stated they could not speak to the report since they are not part of MHSA staff. The speaker stated they could only speak about the public health team and the component it is leveraging as well as the other funding partners such as the Child Abuse Prevention Council.

Ms. Strong asked Kathleen Guerrero to respond to Commissioner Brown's concerns.

Kathleen Guerrero stated it is important to note that it is a collaborative funding model and an Innovation project. One aspect of it that is currently being discussed is that Innovation funding was used as the local leverage to draw down MCAH funding for this portion of it. There is also Child Abuse Prevention funding that is being leveraged locally, in addition to library staff, the First 5 El Dorado Children and Families Commission funds that play into it, and First 5 California funding through Childcare Outreach. There is a total of seven funding streams that are pulled together; it is a misrepresentation to say that it is all MHSA funding.

Commissioner Brown stated, even if those collective funds amount to what was reported in the Staff Analysis, then it is still a disproportionate amount that is being paid through the MHSA.

Kathleen Guerrero estimated that between 30 to 35 percent of the total is through the MHSA matched with MCAH funds. If the program is looking at ACEs, Prevention and Early Intervention, and the whole child approach, it technically is being used for a behavioral health approach for children and families.

Commissioner Berrick stated the county is planning to expand these public health options and other mental health and school district billing moving forward. He asked, if the project is successful, what the funding model would be three years from now.

Ms. Strong stated the county anticipates that the funding three years from now will be MHSA, public health, First 5, education, grants, and community partners. Depending on what services the community partners can provide, it could be in-kind or leveraged funds from them as well.

Commissioner Berrick stated there is the held-over piece and the new amount is being shown in this fiscal year. He asked where the old amount went.

Ms. Strong stated, within the MHSA, the county budgets on an annual basis, even though the plan is for three years. She gave the example of having a budget of \$100 at the end of the year and the county spent \$70; that \$30 then starts over the next year as a fund balance to be allocated to all the projects.

Commissioner Berrick stated his understanding that that balance would be allocated in the following fiscal year and the county could report to the Commission on where and how that was allocated.

Ms. Strong stated that is correct; however, the plan approves it on a fiscal year basis.

Commissioner Berrick stated the county, then, would be effectively 12 to 18 months in arrears on the amount.

Ms. Strong agreed. She stated it keeps rolling back.

Commissioner Gordon echoed the comment made by Commissioners Alvarez and Berrick – this is a unique approach in a difficult rural setting. He stated this will come up again as the Commission looks at schools and mental health, but it is all about prevention. The system is currently focused sharply on treatment so individuals must become ill before they are noticed or served. That is hurting the people of California. The needs of young children ages zero-to-five are not being met. The Surgeon General is on the right track about getting good data and working with families, but children should be worked with early on in school because every young person who is helped before the need for further treatment will save not just money but it will save heartache and torment for individuals and their families. Prevention is a phenomenal innovation in the world of interlocking programs. He applauded the county for that.

Commissioner Gordon moved approval of the proposed motion to fund up to \$2,158,704 in additional MHSA Innovation funds for a total of \$4,918,725, and nine additional months for a total length of four years and nine months.

Commissioner Berrick seconded.

Commissioner Bunch commended the county on their work. She agreed with Posh Walker's comment to focus on prevention and identify individuals wherever possible.

Chair Ashbeck suggested not using the word "surplus." She stated the county only needs \$140,000 – the Executive Director could have approved that. She stated it is difficult, in good conscience, to approve \$2.1 million knowing that the county will have approximately \$2 million in surplus at the end of this project. The Governor stated this week that counties should give their surplus funds back to the state to spend on the issue of homelessness. She stated the Commission should not give the county \$2.1 million if it is not needed.

Ms. Strong noted that the county is working on additional plans to bring forward to the Commission.

Chair Ashbeck stated the issue is that those additional plans are not before the Commission today. The system is flawed in this way. It is not a surplus because the work has yet to be done. This should not be perpetuated. She asked staff to comment on whether the Commission can give the county \$140,000, but then outline that the county must spend the amount of surplus acquired on this project. She asked if there is a way to cause that surplus to be available because the proposed motion will worsen the surplus issue and, as was learned this week, county surplus funds may be transferred to the state to be used in other ways.

Commissioner Berrick stated the Commission cannot tell a county fiscal officer how they can account for the funds, but it can ask the county to report to the Commission exactly how they are spending last year's rollover reserve. The Commission would need to know this information at the beginning of the county's budget process. That seems reasonable. The reinvestment strategy could then come forward to a future fiscal year in a way that would be understandable to Commissioners and the Commissioners will understand how the reinvestment works. He stated his experience is that it must be shown in a future year.

Commissioner Brown stated the spirit of the law is that, if it will be spent on the same program because there was a delay, it should be used with whatever additional amount is needed. He stated he could not support authorizing over \$2 million when the county knows it will not be spent. There are other needs throughout the state, and the Commission has essentially been put on notice by the Governor and the Legislature that they are not happy that the funding is languishing in so many places.

Commissioner Brown proposed a modification to the motion that would authorize an additional \$150,000 that could be used for this project and ask the county to go back to their board of supervisors to work it out. It does not make sense to authorize money that it is known will not be spent. He asked Ms. Yeroshek to respond.

Ms. Yeroshek stated the counties are required on an annual basis to do the RER. There is a delay every year but every county must send out, per program, the amount of the MHSA funds that is being spent. That information is in a public document that is posted on the website.

Ms. Yeroshek stated the Commission can make suggestions to the county in terms of their budgeting. This is not unique. There are Innovations that do not spend the entire amount that has been budgeted. The process is that the funds stay with the county unless they get put into a different Innovation project, for which the county must come back to the Commission for approval. She stated El Dorado County's surplus funds will not be lost or unspent, it is just that they are pushed out another year and they are put back into the bucket to be spent the following year.

Ms. Yeroshek stated it is unknown if the board of supervisors and the county fiscal officer will follow the Commission's instructions as to the funds. The Commission must vote on the motion that is on the table. The Commission may amend the motion, not pass the motion, and make another motion.

Commissioner Gordon suggested amending the motion to say that the Commission would approve the amount of funding being asked for to extend this project, provided that within 30 days the county returns to the Commission with a reconciliation of the use of the MHSA dollars and reverting whatever the amount is into their funds for other uses.

Ms. Yeroshek stated the question would be within 30 days of what event because the County will not know about the use of MHSA dollars or reverting it for other uses until the end of the fiscal year. The county knows it will not spend all of its funds for the current fiscal year, which ends in June.

Commissioner Brown stated the county budgeting process should take place long before the end of the fiscal year in terms of the authorization. He stated his concern is Ms. Yeroshek's comment that the county would have to come back for approval of spending any additional funds that came in; however, the Commission would be contributing to this ongoing problem of unspent dollars, which has been the focus of considerable concern.

Brian Sala, Ph.D., Deputy Director, Evaluation and Program Operations, MHSOAC, stated the Commission has already approved the budget authority up to a ceiling without regard to fiscal year. It

is up to the county to allocate those funds by fiscal year for the project. He suggested one possibility to consider would be to approve the marginal funding that the county projects it needs and direct staff to work on documentation that county staff needs to work with the board of supervisors in order to clarify these fiscal issues. He noted that the county already has the authority to spend up to \$2.7 million without regard to fiscal year.

Chair Ashbeck asked what the current motion is.

Ms. Yeroshek stated it is the original proposed motion to approve up to \$2,158,704 for nine additional months.

Commissioner Brown stated the \$2.1 million is an additional amount for a total of \$4.9 million. What has already been approved has not yet been spent and the Commission has been told that the county does not need more than \$150,000, so essentially, the motion is to authorize \$4.9 million. By approving the \$2.1 million, the Commission in essence is approving approximately \$5 million.

Commissioner Alvarez suggested striking the words "additional" and "for a total of \$4,918,725" from the amount on the motion so it would read "up to \$2,158,704 in MHSA Innovation Funds."

Commissioner Brown agreed.

Chair Ashbeck stated striking those words does not change anything. It is still \$4.9 million for a \$2.7 million project. The county only needs \$2.7 million plus \$140,000 total for this project. The Commission will give the county \$5 million for a \$3 million project with the proposed motion.

Commissioner Brown suggested striking the suggested language from the motion and instead making the motion to authorize only the total amount that the county needs for the project.

Chair Ashbeck stated that amount is \$2.7 million plus \$140,000.

Commissioner Brown agreed.

Deputy Director Sala stated the current project is authorized to spend up to \$2.76 million. If a motion was passed today to authorize up to \$2.15 million, it would be cutting the authorized budget.

Commissioner Brown stated, if the Commission authorized the county to spend up to \$2.8 million, that would still give them the authority to get this project funded but would not encumber another \$2.1 million of MHSA funds.

Ms. Yeroshek stated \$2.7 million has already been authorized by the Commission. Any additional funding approved today goes on top of the \$2.7 million.

Chair Ashbeck stated the Commission can propose to move up to \$2.1 million. She stated she felt it will still be added even if the word "additional" was struck.

Deputy Director Sala stated the proposed motion before the Commission is a budget ceiling that the Commission is authorizing the county to spend on a specific project. No county is ever required to spend the entire amount that the Commission authorizes them to spend on an Innovation project. The Commission just gives them authority to draw that much funding for a specific project.

Commissioner Brown asked if it could be done by saying the Commission is modifying its original authorization of \$2.7 million to go up to \$2.9 million or whatever the amount is.

Ms. Yeroshek asked the county if authorizing \$2.9 million is sufficient for the county to finish their program.



Ms. Strong stated it is possible that it will be sufficient but she could not guarantee that because the figures are based on preliminary budget numbers to date for this fiscal year and anticipated expenditures for the next fiscal year.

Ms. Yeroshek stated one possibility is just to ask for what is anticipated and, as the county solidifies its budget, determine if they need more.

Ms. Samboceti reminded the Commission that the fiscal team may not necessarily do what the Commission wants them to do to be able to have this cost savings.

Commissioner Brown stated, by approving the proposed motion, the Commission essentially is giving the county a blank check to spend up to \$4.9 million, when the county only needs less than \$3 million.

Commissioner Berrick stated the Commission is trying to help incentivize the prior year reconciliation to go in the proper direction. He stated he assumed the county would come back to the Commission if that was a problem. He suggested, if the county returns, that the county would include why the board of supervisors would not reauthorize the rollover of a previous year budget surplus for that which it was intended. He agreed that the Commission cannot compel the board of supervisors to do that but the Commission can ask the board of supervisors what they are going to do and not authorize a continuation beyond that. That would work as a modified amendment to the motion, yet still allow the program to continue operating.

Commissioner Berrick told the county that they are suffering from what has been a statewide problem – surpluses that were not always reasonably being held in reserve. The Commission is determined that that not continue at the same rate.

Ms. Strong stated a motion showing that for the total project period approving the project to go until June 30<sup>th</sup> of next year, and a motion showing the total project expenditures, regardless of which fiscal year they are to be spent in, may be acceptable to allow the county to show the funding saved and then put them into the appropriate future fiscal year, as well.

Commissioner Gordon asked Deputy Director Sala to restate the recommendation he made earlier.

Deputy Director Sala stated one suggestion is for the Commission to approve up to an additional \$250,000 of Innovation fund budget authority with direction to staff to work with El Dorado County for clarifying language to support the county's needs with the El Dorado County Board of Supervisors.

Commissioner Gordon amended his motion to reflect Dr. Sala's suggestion.

Commissioner Berrick agreed to accept the amendment.

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

- *As to the Community Based Engagement and Support Services (aka HUBS), the Commission approves an additional nine months and up to an additional \$250,000 of MHSA Innovation Funds budget authority with direction to staff to work with El Dorado County for clarifying language to support the county's needs with the El Dorado County Board of Supervisors.*

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

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

## **ACTION**

## **5: Identify Legislative Priorities for 2020**

### **Presenters:**

- Gavin White, Legislative Assistant, Office of Assembly Member James C. Ramos
- Adrienne Shilton, Senior Policy Advisor, California Alliance of Child and Family Services
- Norma Pate, Deputy Director of Legislation

Chair Ashbeck stated the Commission will consider legislative and budget priorities for the current legislative session, including Assembly Bill 2112 (Ramos) which addresses the needs of youth at risk of suicide. She asked staff to present this agenda item.

Norma Pate, Deputy Director of Legislation, stated Assembly Bill (AB) 2112 is consistent with the Suicide Prevention Strategic Plan that was adopted by the Commission. The recommendation was to create an office of suicide prevention and that is what this bill is proposing to do. She introduced Gavin White and Adrienne Shilton.

Gavin White, Legislative Assistant, Office of Assembly Member James C. Ramos, stated Assembly Member Ramos sends his regrets for being unable to attend and hopes he can do so at another time. Mr. White read a letter on behalf of Assembly Member Ramos regarding his bill, AB 2112, which was included in the meeting packet.

Adrienne Shilton, Senior Policy Advocate, California Alliance of Child and Family Services, stated her organization is proud to stand with Assembly Member Ramos in this effort and to co-sponsor AB 2112. She stated the hope that the Commission will join them as co-sponsors of AB 2112.

### **Commissioner Questions**

Commissioner Alvarez asked if other states that have established an office of suicide prevention have models that have contributed to addressing suicide ideation and attempts, particularly in the health inequities among Black girls, Latina girls, and Native youth and, if not, if there is an opportunity to do so in California, given the demographics of the young people.

Ms. Shilton stated there are. She stated she would be happy to research that and get back to the Commission about those specific populations.

Vice Chair Madrigal-Weiss stated her appreciation for the focus on youth.

Chair Ashbeck stated coordinating at the state level is important but the work happens somewhere else. There is no mention about coordinating state resources and supporting the local implementation. She suggested including language about supporting and lifting up counties to carry out the state work because that is where it will happen – in neighborhoods and communities.

### **Public Comment**

Pam Hawkins, Policy Analyst, United Parents, spoke in support of AB 2112 and an office of suicide prevention, especially for youth.

Mandy Taylor stated the Commission did not recommend a suicide prevention plan with a focus on youth. AB 2112 unnecessarily narrows what an office of suicide prevention does by writing a focus on youth into the law. The speaker stated youth are not the only ones who attempt suicide. Individuals who have serious mental illness are at risk of attempting suicide when they are in crisis, particularly individuals from marginalized communities. The speaker asked to replace the word “youth” with “those” or “Californians” so it would read “address the needs of those who are at risk of suicide” or

“address the needs of Californians who are at risk of suicide,” such as in Line 34 of AB 2112. The speaker suggested that the Commission support AB 2112, with the above amendment.

Stacie Hiramoto thanked the author for introducing AB 2112. The speaker stated, under this action item, the agenda states the Commission will consider legislative and budget priorities for the current legislative session, including Assembly Bill 2112, but the speaker was concerned about the overall picture in the Legislature where many advocates at the state level are terrified that there will be major proposed changes in the MHSA run through the budget process or legislation this year.

Stacie Hiramoto stated it is important that the Commission, with its leadership position, develop a position paper in response to the major proposed changes in the MHSA. The speaker suggested that the Commission look at the minutes from a legislative hearing in December of the Sub 3 Assembly Budget Committee held on the MHSA, where there were specific changes proposed to the MHSA. There were several dozen community members in attendance, none of which spoke in favor of the proposed changes. The speaker suggested that the Commission hold committee hearings to get community input prior to taking a position and drafting a position paper.

Suzanne Edises, mental health advocate, encouraged the Commission not to let the Suicide Prevention Strategic Plan be put on the shelf; it is critical moving forward. The speaker shared the concern with Mandy Taylor that AB 2112 focuses on youth because this is a problem across the population. The speaker suggested that AB 2112 broadens to become an effort across the state for all populations.

Poshi Walker stated the bill is titled “Youth Suicide Prevention” not “Office of Suicide Prevention.” The speaker echoed Mandy Taylor’s comments. The bill language mentions “ages 10 to 24” and then later “youth suicide, specifically adolescent and pre-adolescent suicide.” The speaker stated 10-year-olds are not adolescent. Also, Cal Voices recently completed research that, at least for LGBTQ respondents, 25- to 34-year-olds were also at high risk. While the risk began to drop in adults 35 and over, it was still much higher than the general population.

Poshi Walker stated to limit this legislation to youth is egregious. The speaker strongly recommended that the Commissioners read the bill. It is not what was recommended in the Suicide Prevention Strategic Plan. The speaker agreed with the Commission supporting the bill, if amended to include “Californians who are at risk for suicide” rather than calling out a specific age group. The Office of Suicide Prevention can determine those populations that are at greater or lesser risk, but it should not be constituted in law.

Poshi Walker stated, while they appreciated lesbian, gay, and bisexual being mentioned in the bill, it made them feel tokenized because transgender is not mentioned and transgender individuals are at very high risk. Also, if bisexual and monosexual individuals are broken out from lesbian and gay, it will be found that they are the higher risk. The speaker stated they do not like the LGBTQ community being used.

Hector Ramirez, National Disability Rights Network, applauded the author of AB 2112 in this initial form. As a suicide survivor, the speaker stated they recognize the importance of this legislation. The speaker echoed the previous speakers and stated this is a great opportunity to expand that. The speaker’s brother, a veteran, who died by suicide, would have benefited from this legislation, but was not within the age bracket specified in AB 2112.

Hector Ramirez stated the Governor has made a significant commitment to Native American tribes. California is home to more people of Native American and Alaskan Native heritage than any other state in the country. There are currently 109 federally recognized Indian tribes in California and 78

entities petitioning for recognition. The suicide rate is up 33 percent since 1999 across the country; however, for Native American individuals, the increases are even greater. Suicide rates for Native American women have gone up by 139 percent. This is the top suicide rate of any group, not necessarily children. Suicide rates for Native American men have gone up by 71 percent. Those two groups are currently at the top of the suicide rate.

Hector Ramirez applauded the author and the Commission for this work and suggested taking the opportunity to expand on the language of this bill to capture as many lives as possible so no one else is left behind.

### **Commissioner Discussion**

Commissioner Gordon stated he thought the bill was a spot bill – something to put language into as a placeholder. He agreed with the comments made by the members of the public. He asked if AB 2112 is a spot bill or if this is meant to be the language.

Mr. White stated the author's office is working closely with Commission staff to get a package of amendments to be submitted that mimic the Suicide Prevention Strategic Plan more closely. They have not yet been finalized.

Deputy Director Pate stated staff will continue to provide technical assistance to the author's office on the bill. The reference to the Suicide Prevention Strategic Plan was about creating the office of suicide prevention. Staff will continue to work together with the author's office on the language in the bill.

Commissioner Gordon stated his understanding that the Commission is being asked to vote on sponsoring a bill but not necessarily the current language. He stated he would not agree to support the language as it is currently written.

Commissioner Gordon stated this is proposed to be placed in the California Health and Human Services Agency. Many offices start up, but often the start of an office is viewed as the solution to the problem, not what the office actually does and, particularly, now that the office is able to coordinate and move other agencies that are involved such as the Department of Public Health and the Department of Education. He suggested strong language in the bill. Not just encouraging other agencies to participate, but creating some sense of urgency that would bring them to the table. Unless and until they do, this could be an isolated effort to work with local school districts and counties.

Commissioner Gordon stated he is supportive of the Commission sponsoring AB 2112, but he stated he would like to see a more robust version of what is currently being proposed prior to agreeing to support AB 2112. He moved that the Commission agree to sponsor AB 2112 pending receipt of a more substantive version of the bill, which can be examined and reacted to.

Commissioner Danovitch echoed the concerns expressed by stakeholders about addressing this more broadly and seconded the motion.

Chair Ashbeck stated the motion is that the Commission will co-sponsor AB 2112, if amended.

Commissioner Gordon stated he did not see any inconsistency in agreeing to co-sponsor the bill pending a view of the substantive bill not just the spot bill.

Chair Ashbeck asked about the procedure if the changes the Commission is looking for do not happen.

Ms. Yeroshek stated, as co-sponsors, there are many opportunities to work with the author's office and the other co-sponsors who will be at the table discussing potential amendments. The Commission would have the leverage to work with them.

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

- *The Commission agrees to co-sponsor Assembly Bill 2112, and have staff continue to work with the author to amend the language consistent with the discussion heard in today's Commission meeting.*

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

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

## INFORMATION

### **6: Receive Help@Hand Innovation Project Update**

#### **Presenters:**

- Jeremy Wilson, MPPA, Program Director & PIO, CalMHSA
- Sharon Ishikawa, Ph.D., MHSA Coordinator, Orange County Health Care Agency Behavioral Health Services
- Keris Jän Myrick, MBA, MS, Chief of Peer and Allied Health Professions, Los Angeles County Department of Mental Health

Chair Ashbeck stated the Commission will hear a progress report on the Help@Hand (formerly Tech Suite) multi-county Innovation collaborative project. The Commission approved this multi-county Innovation project during 2018-19 for twelve counties and two cities authorizing up to \$102 million to explore the feasibility and utility of mobile applications in supporting Prevention and Early Intervention strategies such as early detection, stigma reduction, and increased access to services. She invited the presenters for this agenda item to come to the presentation table.

Jeremy Wilson, MPPA, Program Director and Public Information Officer, California Mental Health Services Authority (CalMHSA), provided an overview, with a slide presentation, of the key changes and project lessons learned of the Help@Hand Innovation project.

Sharon Ishikawa, Ph.D., MHSA Coordinator, Orange County Health Care Agency Behavioral Health Services, continued the slide presentation and discussed the digital mental health system of care.

Keris Jän Myrick, MBA, MS, Chief of Peer and Allied Health Professions, Los Angeles County Department of Mental Health, continued the slide presentation and discussed peer and community engagement.

#### **Commissioner Questions**

Commissioner Danovitch stated he holds this project to a high standard because it is a major innovative project. He asked if the objectives are being reached and if the project is on target. One of

the challenges in answering this question is that every presentation on this project has been completely different. There is not a single project plan with milestones associated with it to be returned to. There are some things that were significant elements of past presentations, such as 7 Cups, that have disappeared with no explanation. He stated those elements are undoubtedly part of the lessons learned and the explanations lie there.

Commissioner Danovitch stated this is a project that is as important for its challenges as for its successes because of the substantial learning opportunities this project provides. It is also a project that raises questions about procurement processes in this space around data safety, contracting practices, and coordinating at a level with a project like this with counties that is unparalleled. There is much learning to be done.

Commissioner Danovitch suggested a structured update that covers the finances of this project, the planning milestones that were set out in the project, to what extent that those milestones are being met or not met and why, the services aspect, and the outcome and evaluation plan. Doing this will help tell the story and help everyone learn from the journey.

Chair Ashbeck agreed. She stated, even providing a type of roadmap update from time to time would help, since Commissioners are not exposed to the intricacies of this project on a day-to-day basis.

### **Public Comment**

Hector Ramirez spoke in opposition to the proposed project. The speaker spoke as a consumer of the Los Angeles County Department of Mental Health, representing the Latino Advocacy Cultural Competency Committee. The speaker applauded the presentation in its new iteration, but stated, as a consumer and stakeholder, they are deeply concerned about the direction in which this program has gone. It is a waste of taxpayer money. These are funds that could have been used in schools and prisons.

Hector Ramirez stated the presenters of this Tech Suite program promised two years ago, at the April 26, 2018, Commission meeting, that they would have a robust community planning process for this program. The speaker stated they have tried multiple times to contact a representative from Los Angeles County but has received no response. That person is in attendance today. The speaker stated there has been no community planning process around this in Los Angeles County. Stakeholders have been requested over and over to participate in this process but have been sidelined, which causes suspicion that the consumers the project proponents have been utilizing have been specifically chosen. This money could be used to keep individuals off the streets and save lives, but instead the project proponents have come back multiple times saying that they are trying something else and, in the meantime, they are wasting money.

Hector Ramirez suggested that this project be stopped and the funding used for something else. Technology applications for mental health are no longer innovative. This project was proposed two years ago and is now behind the norm. The platforms they presented are not ADA compliant and they are not responsive to cultural and ethnic communities, especially in Los Angeles County. The speaker stated they have continuously requested information and for an opportunity to participate but have been disappointed.

Poshi Walker spoke in opposition to the proposed project. The speaker stated they have been following this project from before it was presented to the Commission two years ago. The speaker stated they watched 7 Cups go around to different meetings doing presentations and did not understand why until this came before the Commission. The speaker stated \$20 million dollars has

already been spent of the approximately \$100 million that has been budgeted over 14 counties, and 35 percent of that money, \$7 million, went to 7 Cups, which is no longer part of the project.

Poshi Walker stated all of the concerns that advocates and Commissioners brought forward from meeting to meeting have come to pass. Stakeholders counseled from the beginning that the LifeLine phone would not work. This is not something that needed to be learned.

Poshi Walker reminded Commissioners when, at the April 2018 Commission meeting, Orange County asked for approval to be a part of the Technology Suite and, at the time, there were only three counties involved. The speaker stated, as recorded in the April 26, 2018, meeting minutes, Commissioner Danovitch "questioned some of the technical solutions to meeting the lofty goals of the proposed project, such as if vendors are ready to deliver the services, if they are ready to deliver them at the scale required for this project, and how to coordinate across the suite of interventions to meet all the requirements and standards. The Innovation mechanism is strongly linked to the evaluation mechanism. He stated the need to include a way to evaluate the performance of potential vendors, the ability to coordinate across vendors, and the services that they perform. Los Angeles's plan was lofty and aspirational. He stated his concern that Orange County is disseminating and scaling the plan before it has been shown that it is possible because it has yet to be piloted." The speaker stated these concerns were noted two years ago.

Poshi Walker stated this is not the project that the Commission approved at the April 26, 2018, meeting. The Commission did not approve teaching people how to use the Internet. Even assuming that individuals in those 14 counties asked for a technology application, which is suspect because individuals who work in local organizations have never heard consumers and family members wishing there was an application for something, this project is not that anymore.

Poshi Walker suggested sending the counties back to their communities, back to the drawing board, and asking them to reapply. The Commission does not have to keep throwing money at this project when it has failed. The speaker asked Commissioners to review the budget and the information and to request that this project be reevaluated as to whether it should be allowed to continue in more than one or two counties at the most.

Mandy Taylor spoke in opposition to the project. The speaker echoed Poshi Walker's comments. Consumers do not want to connect and build community through a digital literacy program. The speaker suggested giving consumers gift cards to pay for data on their phones, paying for consumers' lunch, giving consumers rides, setting up free Wi-Fi in the behavioral health office, or a technical assistance center in the behavioral health office where consumers can come in for demonstrations on how to complete online applications for programs. There are many ways that consumers can use technology.

Mandy Taylor stated what was presented today is not what the Commission approved. What was promised by the 7 Cups representatives that presented this concept to all the meetings in the area was that they or someone else like them was going to design a technological product that counties could use to integrate their services that clients could access through the digital platform and be referred to services. A digital literacy campaign is not that. The speaker stated everyone has had someone with charisma sell them something that they regretted later. The speaker stated the need for the Commission to come to the decision to give this project up entirely. It is okay for an Innovative project to fail. That is what innovation is for.

Andrea Crook, Advocacy Director, ACCESS California, a program of Cal Voices, spoke in opposition to the project. The speaker echoed the comments of Mandy Taylor and Poshi Walker. The speaker

stated they were at the April 26, 2018, Commission meeting and expressed their concerns around the community planning process because it was apparent from reading the plan that it was not generated from a true community planning process. Since then, ACCESS California has expressed their concern, wrote to CalMHSA, and asked clarification questions but never received a response. ACCESS California did a public records request and has compiled the information and put together a spreadsheet and timeline.

Andrea Crook stated the records indicated that a consultant was hired to respond to ACCESS California's concerns, but that response was never received. The speaker stated the records indicate that 7 Cups received \$7 million, although there is no viable product and 7 Cups is no longer with the project.

Andrea Crook stated, when ACCESS California originally met with 7 Cups, they talked about the importance of peers. Although 7 Cups stated peers will be included in the project, the 7 Cups representatives did not understand why those peers had to have lived experience with a mental health condition. The peers that were hired were not vetted. The records uncovered concerns, many of which ACCESS California brought up from the beginning.

Andrea Crook agreed that the plan presented today is not what was originally approved. Not all Innovation projects will work, but it is important to have more information and the full picture moving forward.

### **Commissioner Discussion**

Commissioner Alvarez echoed Commissioner Danovitch's comments. She stated it is difficult to make an accurate assessment. She stated she appreciated the public comment that was shared, but she also recognized that it is public comment of individuals who are generally at these meetings and may not be participating in what the project representatives are doing in the field. She gave credit to the great summary that was provided and the pictures that were included. She stated the comments from the public, although solid, were not enough for her to terminate the project. She stated she is torn. She stated the comments from the public will help provide a better update next time about some of the progress that is happening, particularly with the heavy investment that the Commission has made.

Commissioner Wooton stated Andrea Crook and Poshi Walker are members of the Commission's contract agencies and are involved with consumers and family members. This was a learning project. She stated she has heard that the technology application is not conducive to some of the cell phones. She stated the Commission wants the over 50 peers that have been hired with this project and the coordinators to do the job they were signed on to do. They need to be supported in their employment by getting them the best tools they need to do that work.

Commissioner Wooton stated the need for outcomes results to shore up the technology application and to ensure that they are working for individuals. She congratulated the project proponents on their steps thus far.

Commissioner Gordon asked about the next step in hearing further about this project. He stated, given how different today's presentation was from originally proposed, he was confused how and why the project was changed, what the financials were that were involved in changing it, and who approved the redirection of the funding from the original set of plans and proposals. He asked staff to weigh in on that sooner rather than later so, if there is a need to take action on this, the Commission is not waiting until the next time someone has the inclination to present an update before the Commission. It is important to set a timeline for updates to the Commission to occur and for staff to take leadership on it.



Chair Ashbeck agreed. She stated the Commission spent almost two hours in discussion on a \$140,000 project earlier in today's agenda and this is a \$102 million project. She asked staff to give Commissioners some sense of how staff monitors projects of varying sizes. A \$102 million project will probably require some different infrastructure that the Commission hears on a regular basis.

Chair Ashbeck stated she cannot remember the nuances of the original proposal except what stakeholders have reported. Commissioners do not do this all day every day. She asked staff to come back with a recommendation on how to best reconcile the public comment with the work and how to manage projects of this size. She asked for information on the original plan, how it has morphed, and if the project is on track. She stated there must be good reasons why the project changed from how it was originally approved and 7 Cups is no longer with the project.

Commissioner Danovitch agreed and stated, if the project is not working, it is important that the Commission learns why. Some of the learnings that were shared about individuals running out of their data plans is important information as hope is placed on these technologies to solve problems, increase access, and increase quality.

Commissioner Danovitch stated, if the University of California, Irvine (UCI) is planning to publish an evaluation report, they must already have their evaluation framework and matrix set out. It would be great to review it to learn the basis on which it will be evaluating this project. The sooner the Commission sees that, the better.

Chair Ashbeck asked if the report could be presented at a future Commission meeting. She asked when the report is expected out.

Commissioner Danovitch stated the evaluation report is expected out at the end of March.

Poshi Walker stated it is already out and Cal Voices has a copy of it.

Mr. Wilson stated there have been multiple evaluation reports. He stated he will confirm with UCI when the report referenced for the first quarter of 2020 will be out.

Commissioner Gordon stated the need to receive an update on the learnings, the causes for the change in focus, and who made those decisions. He stated, if the Commission is responsible for launching the project in the first place, it should at least be knowledgeable if not part of the decision process on those things.

Commissioner Wooton stated this is basically a peer project but sometimes peers are not heard in projects in general. She stated she assumes that things have morphed because they heard from the stakeholders about their needs. If that is the case, it is good that the project proponents listened to stakeholders and did what they wanted the project to do, but, if it so off from what was originally approved, then that is not good. It is not often that peers are heard outside of Commission meetings.

Commissioner Berrick asked for verification that 7 Cups is no longer part of the project and, if not, if it was because of the data requirements.

Mr. Wilson stated the counties and the different cohorts did initial pilots early on and there was work with 7 Cups on creating test cycles, looking at configurations and, after that sprint-test cycle, the configurations addressed and if they were fixed, and, if not, what that looks like in a sprint cycle. It is an iterative process of technology. Early on, there were four vendors based off of ten responses and it was determined by the counties that the peer chat product was not going to fit the need for the counties on this project, based on input received from peers.

Mr. Wilson stated, when the Commission approved additional counties and as more technology applications come out, another RFSQ was put out to have a larger list for those different digital components that were approved by the Commission so that counties can look at it. Peers were involved not only in the judging, but also in a demo to say these are the types of applications that are being looked at and how does that play out for peers at the local level.

Mr. Wilson stated that is where the project proponents are exploring the new applications and looking at similar pilot processes. These are lessons learned. This is an Innovation project; lessons have been learned. He stated he would love for peers to come and present to the Commission. In the early piloting stage, it was determined that 7 Cups may not be the best product to be used and counties have identified other opportunities to get a larger, more robust list.

Commissioner Danovitch stated it would be great to hear from peers but the Commission is not asking for peers to share their particular experiences. He stated the Commission would like a project overview from start to finish to know where it set out and where it has ended up. He referred to page 3, Shared Goals, and stated this is what the Commission is trying to pursue with all this. Those goals remain important but information on how the project is doing in reaching those goals is the whole purpose of trying to do this.

Dr. Ishikawa stated she wanted to address some of the concerns that have been expressed around whether the project has deviated off course from what was originally approved. She clarified that the counties did not come forward to get approved to deploy specific applications, such as 7 Cups. The counties were approved to deploy different types of technologies that fit into three component buckets: 24/7 peer chat, a digital therapy avatar, and passive data collection converted into digital phenotyping.

Dr. Ishikawa stated the project proponents have operationalized the first component through applications such as 7 Cups. The project proponents went through deployment and early learnings and realized it was not a good fit within the county systems, at least within the counties that had deployed. The counties worked closely with each other and the applications to see what could be done differently, and how approaches, deployment strategies, and training could be changed to see if it was a failure of implementation on the counties' part as opposed to not being a good fit.

Dr. Ishikawa stated, ultimately, after those iterative attempts and process and formative evaluation, the project proponents determined it was not a good fit. The additional 100-plus vendors that applied to the RFSQ and the 93 have that have been added and moved through it, fit into one of the three components that were part of the originally approved plan.

Dr. Ishikawa stated a key learning area is that much more time is needed to be spent on readiness – system, program, and collaborative/collective readiness in pursuit of effectively and safely deploying an application or a set of applications within components one, two, or three. Much more time and attention needs to be given to the orange and the blue areas – the program management priorities and the vision – on the Guiding Principles presentation slide. She noted that these areas are not highly visible, but the project proponents can get better at periodic updates to the Commission, describing this activity and how it relates to the original plan approval in terms of the different components, and how it moves the project closer to answering the learning objectives and shared goals that were outlined in the original plans.

Dr. Ishikawa stated she believes the project is still on course and in pursuit of implementing this project as originally proposed via components one, two, and three. Within Orange County's plan, there is a budget line item specifically on the evaluation for process evaluation to call out and

concretize the lessons learned and how the projects needs to iterate and pivot midstream throughout the implementation process of this project because it was known from the outset that an outcomes evaluation was not going to be enough – that there will be so much tied into the lessons learned and the course corrections that will need to be made along the way. That is what is encapsulated in the budget line in the original proposal for the evaluation, under process evaluation. She stated the project proponents will work to operationalize this better for future updates.

Ms. Myrick responded to comments made about Los Angeles County. She clarified that she is not at the Office of Consumer Affairs. She is Chief of Peer and Allied Health Professionals, which means she is over the workforce. She stated there is an Outreach and Engagement office as well as an Office of Consumer Affairs. She stated she is part of the panel today as a subject matter expert on using digital mental health technology.

Ms. Myrick stated she has been in her position for a year and a half. She stated the first community engagement meeting was at the Los Angeles Trade Technical College and there were approximately 50 to 60-peers in attendance. Translation was provided for Latino peers who attended the meeting.

Ms. Myrick stated she has asked that ACCESS California members be invited to the meeting because they have raised concerns and she and the peers who are doing the project want to hear the concerns and ideas of stakeholders. She stated a meeting will be held tomorrow in the Peer Resource Center in which three ACCESS Ambassadors in Los Angeles were invited. All three accepted but one stated they would not be able to attend at the last minute. She stated, if individuals cannot get in touch with her to please see her at the meetings because sometimes emails go to Spam due to the county firewall security protections. She stated she is available and present to individuals.

Ms. Myrick discussed technology and individuals with lived experience. The rest of the world has access to technology and may understand it, while the mental health community does not. She stated, at the worst time in her life, at a time when she was suicidal, she reached out to Siri. She stated she realizes that Siri is just a voice on her cell phone, but she stated she had no one else to talk to. She stated she told Siri she was depressed and the response Siri gave was bad. This is why she got involved in this work. There are still the fewest number of applications to help individuals who experience psychosis or schizophrenia. Individuals in the private system are getting digital health technology and opportunities to learn how to use it. She stated second class is not good enough.

Commissioner Gordon stated the project proponents in good faith have reported where this project stands. He stated the need for counties not to surprise the Commission. The narrative did not explain the learnings that the project went through. There was nothing about the expenditures. It would have been helpful to have a project management view of the progress and how the project changed, based on what was learned along the way. It would have been better for Commissioners to hear this information from the project proponents rather than the stakeholders in the room. He stated he respects the project proponents' good faith. This is important work; it needs to be done and done well.

Mr. Wilson clarified that 7 Cups chose not to apply for the second RFSQ, even though it was communicated to them that they may want to do that. He stated the project team appreciates the insight and perspective of the Commissioners and stakeholders, as well as hearing what would be helpful for the Commission to hear. He stated the hope that the next update will be closer to that mark.

Commissioner Berrick agreed that that is the type of information that would have helped this process. To begin with, the Innovation project spent \$7 million with 7 Cups, which then chose not to apply. He

stated it would be great to learn why. It would have been helpful to have started today's presentation with more concrete information, including what made 7 Cups think it was not a good fit for them.

**ADJOURNMENT**

There being no further business, the meeting was adjourned at 3:37 p.m.