

State of California

MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION AB 1315 EPI Plus Advisory Committee Meeting

Minutes of Teleconference Meeting
November 9, 2020

MHSOAC
1325 J Street, Suite 1700
Sacramento, CA 95814

946-0666-4497; Code 234954

Members Participating:

Khatera Tamplen, Chair
Gladys Mitchell
Lauren Becker, J.D.
Stuart Buttlair, Ph.D., MBA
Adriana Furuzawa, LMFT, MBA

Kate Hardy, Psy.D.
Yana Jacobs, LMFT
Maggie Merritt
Paula Wadell, M.D.

Members Absent:

Gilmore Chung, M.D.
Itai Danovitch, M.D.
Thomas Insel, M.D.

Karen Larsen, LMFT
Tony Tullys, MPA

Staff Present:

Toby Ewing, Ph.D., Executive Director
Tom Orrock, Chief of Stakeholder
Engagement and Grants

Welcome, Introductions, and Roll Call

Commissioner Gladys Mitchell called the meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) Assembly Bill (AB) 1315 Early Psychosis Intervention Plus (EPI Plus) Advisory Committee to order at approximately 1:00 p.m. and welcomed everyone.

Tom Orrock, Chief of Stakeholder Engagement and Grants, called the roll. A quorum was achieved after Chair Tamplen and Committee Member Wadell arrived.

Commissioner Mitchell reviewed the meeting protocols and provided a brief overview of the meeting agenda.

1: Approval of the October 5, 2020, Meeting Minutes

Action: Committee Member Merritt made a motion, seconded by Committee Member Jacobs, that:

- *The MHSOAC EPI Plus Advisory Committee approves the October 5, 2020, Meeting Minutes.*

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

The following Committee Members voted "Yes": Committee Members Becker, Buttlair, Furuzawa, Hardy, Jacobs, and Merritt.

2: Committee Discussion: Options for the Allocation of Funds

Presenters:

- Toby Ewing, Executive Director
- Tom Orrock, Chief of Stakeholder Engagement and Grants

Commissioner Mitchell stated the Advisory Committee will hear a presentation on options for the allocation of \$5,565,000 of remaining funds available from the Early Psychosis Intervention Plus fund. The Committee will discuss the options presented and consider a recommendation for allocating the funds which will be presented to the Commission for consideration and approval at a future Commission meeting. She asked staff to present this agenda item.

Toby Ewing, Executive Director, reviewed the Allocation Options document, which was included in the meeting packet. The three areas of potential investment identified at the last Committee meeting were:

- Priority 1 - expand access to care
- Priority 2 - workforce training/public education and awareness
- Priority 3 - research and/or clinical research

Executive Director Ewing stated he participated in a strategic planning initiative for early psychosis care for the state of Massachusetts, which resulted in parallel themes that this Committee identified at the last meeting such as the lack of awareness and the need for a workforce that looks like the clientele being served. One of the most powerful statements made during the Massachusetts meeting was about the need for certification or licensure to create the mechanism for commercial insurance billing for these services to build out the financial investment in coordinated specialty care models.

Executive Director Ewing asked Committee Members if they agree with the three areas of potential investment identified at the last Committee meeting and listed in the meeting materials.

Committee Member Questions

Committee Member Hardy referred to Priority 2 and the opportunity for outreach and education and stated one of the unique features of California is the community college system. She suggested focusing outreach into that system. Workforce and ensuring that services reflect the communities being served are huge priorities. A number of initiatives can be considered such as a formal training and mentoring process that allows individuals in the field to be connected with newer members.

Committee Member Jacobs asked if the recommended amount of \$565,000 for Priority 3 is enough to do a research project. She suggested combining Priority 3 with other priorities.

Executive Director Ewing stated the legislation limits clinical research to no more than 10 percent of the original \$19 million funding. Up to \$2 million can be dedicated for research.

Committee Member Becker asked if there is a need for more research on this topic.

Tara Niendam, Ph.D., Executive Director, UC Davis Early Psychosis Programs, stated there are many opportunities for research initiatives that could impact the priority areas. One unique research opportunity is to expand work that Kaiser is doing in collaboration with Rachel Loewy, Ph.D., UCSF Health, to address the commercial insurance question. She agreed that the amount of funding recommended for this research through this funding source is not enough to include as many counties as possible. Another research opportunity is to do early psychosis screenings in schools.

Committee Member Buttlair asked if there is interest in developing new programs or expanding existing programs with these funds.

Executive Director Ewing stated a few counties have shown interest in developing a new program. He stated the possibility of funding one more standalone program in addition to fully funding every application that came in during the first round. He stated the greater opportunity is creating a regional expansion building off of existing programs that can extend into other counties that may not have the capacity, bandwidth, or demand to create a standalone program but can leverage available funding to extend the reach of existing programs.

Committee Member Furuzawa stated more funding may be required to expand access to care due to complexities of the application process and the COVID-19 pandemic.

Executive Director Ewing stated county capacity issues may be a barrier even if the funding to expand access to care is increased.

Committee Member Buttlair agreed with the three recommended priorities. He stated the importance of learning about the effectiveness of educational approaches. He stated the need to ensure consideration on expected outcomes and how the educational piece

will be used. Research showing a decrease in the duration of untreated illness in the school system would be a good way to combine the funding for research and education.

Committee Member Hardy agreed that linking research and priorities together would inform this approach and could include drawing upon existing research in the state.

Committee Member Furuzawa suggested adding subsection C to Priority 2 about what the public education campaign will look like, such as a structured social media and media campaign so the work on early psychosis intervention increases public health awareness in the wider community.

Committee Member Furuzawa asked if any bullet points under Priority 3 will duplicate the work that California is already engaging in through other research avenues.

Rachel Loewy, Ph.D., UCSF Health, stated there is no direct overlap in the bullet points listed under Priority 3 and the research work being done in California; however, there is work being done in other states that can be used as examples.

Committee Member Buttlair suggested, in addition to children and youth, focusing on what families need to know about early intervention because that often gets in the way of children and youth getting treatment.

Executive Director Ewing suggested including the individuals in the sphere of influence for children and youth, such as school personnel, primary care doctors, families, and social peers.

Committee Member Hardy stated the need to maintain a comprehensive directory of early psychosis services and how to access them. The challenge is that directories are outdated the minute they are published. She suggested using part of this funding to sustain a comprehensive directory.

Executive Director Ewing stated there are models in other states where the state has funded centers with information portals with up-to-date information on available services.

Dr. Niendam suggested leveraging this funding across systems.

Committee Member Becker stated public education information might work better in one region over another.

Committee Member Hardy suggested a set-aside for rural communities.

Executive Director Ewing stated most smaller rural counties do not have the numbers to justify a standalone investment but those counties could work in a multi-county hub-and-spoke model to build capacity.

Committee Member Buttlair asked if there is research on outcomes of virtual work in this group of patients. Some populations need to be seen in person.

Dr. Niendam stated there are pros and cons to virtual work. An enhanced approach to care and offering flexibility are good but there is not a one-size-fits-all solution.

Committee Member Becker referred to Priority 1(B) and spoke against allowing counties with no services to purchase services without at least minimal services or staff training.

Commissioner Mitchell deferred to Executive Director Ewing to facilitate the rest of the meeting.

Public Comment

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), stated REMHDCO does not object to the staff recommendations but strongly asks that the Commission requires or at least prioritizes in writing communities of color and LGBTQ communities. The testimony of community stakeholders should be considered at the state level also. The staff report states that the funding may be provided to other entities for research, evaluation, technical assistance, and related purposes. The speaker suggested that provisions be added to the Request for Proposals (RFP) that counties contract with community-based organizations for technical assistance or related purposes.

Sonya Young Adam, CEO, California Black Women's Health Project, was troubled that there is extensive conversation about what is taking place in rural populations but not much conversation about what is happening in urban centers where there are large populations of African Americans and other individuals of color who are experiencing increased stress due to the COVID-19 pandemic. The speaker spoke in support of investing in Priority 2, the evaluation of public education and awareness, and advising counties how to spend the funding.

Committee Member Buttlair agreed with investing in Priority 2 and public education, understanding its impact, and learning what works and what is helpful for communities.

Jim Gilmer stated dealing with the COVID-19 pandemic and racial tension in the communities are two of the most important battles facing the mental health community. The research question is how the mental health community and the MHSOAC will manage these issues, particularly with the projected surge and repeated infections relative to associated mental health issues and risk factors such as stress, financial crisis, isolation, depression, and culturally inappropriate health access issues. There are longstanding health inequities in the system.

Jim Gilmer suggested putting together a statewide taskforce of community-based and faith-based organizations, providers, and public health agencies to deal with the impacts of the COVID-19 pandemic and racial tension as it relates to mental health.

Executive Director Ewing stated those are relevant concerns that should be brought to the Commission but these funds cannot be allocated for that purpose. These funds are statutorily limited to focus on early psychosis.

Dave Cortright, citizen, product designer, project manager, and trained crisis counselor, spoke in support of Priority 2, especially public education and awareness. The speaker suggested launching a social media campaign, asking individuals with lived experience in the entertainment community to do public service announcements showing that individuals can be successful while struggling with mental health issues, and working with other influencers such as YouTube and Instagram.

Dave Cortright spoke in support of Priority 2, workforce training. The speaker suggested the Stanford Red Folder program as a model. It helps faculty and staff respond to students in distress.

Clint Carney, Survivors of Torture, International, in San Diego, stated many of their clients are individuals of color and the LGBTQ community worldwide and some of these clients experience early psychosis. The speaker agreed with Stacie Hiramoto to keep individuals of color and the LGBTQ population in mind as this funding is allocated, particularly in Priority 2.

Laurel Benhamida, Ph.D., Muslim American Society - Social Services Foundation and REMHDCO Steering Committee, spoke in support of Stacie Hiramoto's comments. The speaker stated the need to realize that, when discussing reaching youth through the community college system, there are large numbers of youth who drop out of high school and do not go to community college. Outreach also needs to include these youth. The speaker suggested that proposals include the screening of refugees when they arrive in the county and a warm handout to appropriate services. The speaker stated the need to collect evidence on the effectiveness of the approaches being funded in diverse communities.

Nina Moreno, Ph.D., Director of Research and Strategic Partnerships, Safe Passages, and local evaluator of the California Reducing Disparities Project (CRDP), urged using a disparities lens and looking to the CRDP, which is already doing the work of responding to individuals and their families and communities who are displaying signs of early psychosis.

Steve Leoni, consumer and advocate, emphasized fixing the system itself, which is often clinically flawed. The speaker spoke in support of Priority 1(C) and stated (A) and (B) could be subsets of (C) depending upon circumstance, opportunity, and need. The speaker referred to Priority 2 and stated the Office of Statewide Health Planning and Development (OSHPD) is in the process of creating trainings with the Mental Health Services Act (MHSA) Workforce, Education, and Training (WET) funds. Their work includes regional partnerships connected with the counties. Awareness of those regional partnerships is needed around the need for the EPI Plus program.

Tiffany Carter, Statewide Advocacy Liaison, ACCESS California, a program of Cal Voices, spoke in support of Jim Gilmer, Stacie Hiramoto, and Steve Leoni's comments. The speaker recommended prioritizing addressing the cultural and linguistic competency to align with the needs of communities that are disproportionately impacted. The speaker suggested investing in community-based organizations that are already doing this work.

Dr. Niendam advocated for combining Priorities 2 and 3 and focusing on diverse communities as it relates to psychosis. The research and outreach and education sections can be combined to learn what does and does not work well in communities and to create pathways to link individuals to care or to help support community-based providers in better understanding who they are serving. She emphasized the need for good, quality, community-based, participatory research to answer these questions.

Bibiana Boverly, Volunteer, Black Women's Health Project, and School Psychologist with the second largest school district in the United States, stated the need for creative, innovative, impactful programs given at the local level to support students as they transition into adulthood.

Mark Karmatz, consumer and advocate, invited everyone to attend the Service Area Leadership Teams meeting this Friday where legislation will be discussed.

Committee Member Discussion

Executive Director Ewing asked the Committee about the priorities to recommend to the Commission for their consideration.

Committee Member Merritt echoed Dr. Niendam's comments about combining research with public education and awareness and also Committee Member Insel's comments at the last meeting about the hub-and-spoke model.

Committee Member Buttlair moved the staff recommendation with the modifications on the hub-and-spoke model and a single standalone program, if there is a strong proposal, and through a diversity lens.

Committee Member Becker seconded with the friendly amendment to add the words "or regional" to Priority 2(B) so it would read "... to disseminate information to a broad, statewide, or regional audience on the signs and symptoms of early psychosis ..."

Committee Member Buttlair accepted the friendly amendment.

Public Comment

Wesley Mukoyama stated the only way to reach diverse populations is through outreach. This may be difficult due to the COVID-19 pandemic but resources need to be pooled together.

Rebecca Gonzales, National Association of Social Workers, California Chapter, spoke in support of comments on using a diversity lens.

Jim Gilmer suggested a CRDP/diversity lens in the form of a statewide task force in any of the priority areas. The system's understanding of early psychosis does not necessarily mean it is congruent with the CRDP definition of early psychosis. That is why further discussion is necessary to better improve the public health system to be more effective in early psychosis diagnosis and treatment.

Sonya Young Aadam stated Priorities 2 and 3 could have a disparities lens but there is still an imbalance in terms of access and treatment and potentially recommending the \$4 million to that area unless Priority 1 will be addressed with a lens of diversity and equity as well. The state has already made a significant investment in the CRDP. There are opportunities to bridge that existing investment with ongoing work around treatment, particularly with early psychosis, that impacts diverse communities so greatly.

Dr. Niendam emphasized combining Priorities 2 and 3 to allow research on workforce training and education with a large emphasis on diversity. The speaker suggested broadening the scope, which will give more applications to choose from. Counties need to apply strongly in partnership.

Mel Mason, Executive Director, The Village Project, and a member of the Board, REMHDCO, stated the need when discussing lenses to come to grips with community-defined practices. Unless and until organizations that represent the communities are fully involved in this process, mistakes will be made.

Carlene Davis, Director of Strategy and Evaluation, California Black Women's Health Project, and member of the CRDP, suggested an article that was published in 2018 in Psychiatry Online titled "Racial Disparities in First-Episode Psychosis Treatment Outcomes" from the RAISE-ETP Study. The speaker requested including this document in the record as part of the justification for focusing on the issue of disparity.

Steve McNally stated his son has psychosis but does not fit into the categories being discussed. Individuals are not clearly diagnosed regardless of their background. One of the biggest things is his son already had psychosis by the time they learned there was an early psychosis program. The speaker suggested a message that goes through community engagement that captures the statewide view on a spreadsheet to be shared. The speaker stated the Committee seems to be losing sight of psychosis and research and should instead figure out that part of it and staying focused on that.

Tami Young, MSW student, stated they have been awarded the opportunity to intern at The Village Project and observe this Committee. The speaker asked the Committee to include reducing disparities to underserved populations, individuals of color, and the LGBTQ communities. The speaker stated the need to define where the funding will be allocated and what it will be used for.

Committee Member Discussion, continued

Executive Director Ewing stated the motion is the staff recommendation with the modifications on the hub-and-spoke model and a single standalone program, if there is a strong proposal, through a diversity lens, and that information is to be disseminated to a broad, statewide, or regional audience.

Committee Member Hardy suggested adding the combination of research to the outreach and education to leverage the funding so they are not considered separately.

Committee Member Furuzawa stated one of the public comments was about the difficulties for counties to respond and the issue of access to care. She asked if there is room to include Priority 2(A) and (B) along with the hub-and-spoke model in (C).

Committee Member Buttlair agreed with the friendly amendment for the education to include research. He stated he does not agree with combining research and public education but to include the impact of public education as part of the research to assess how education is effective.

Committee Member Becker agreed.

Committee Member Jacobs stated there is not enough funding to do all of the staff recommendations. She suggested narrowing the options to the training and research that Dr. Niendam suggested and eliminating adding another county at this time.

Executive Director Ewing suggested writing in that funds that are not utilized in Priority 1 will roll into Priorities 2 and 3.

Committee Member Merritt suggested that the Committee discuss how unused funding should be used rather than rolling the funds over.

Committee Member Buttlair agreed.

Action: Committee Member Buttlair made a motion, seconded by Committee Member Becker, that:

- *The MHSOAC EPI Plus Advisory Committee moves the staff recommendation with the modifications on the hub-and-spoke model and a single standalone program, if there is a strong proposal, through a diversity lens, and that information is to be disseminated to a broad, statewide, or regional audience.*

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

The following Committee Members voted "Yes": Committee Members Becker, Buttlair, Furuzawa, Hardy, Jacobs, and Merritt.

GENERAL PUBLIC COMMENT

Lilyane Glamben, ONTRACK Program Resources, stated the hope that one thing that will come from this targeted conversation on early psychosis is an increased conversation on the effects of the COVID-19 pandemic. The speaker agreed with Jim Gilmer's suggestion of a task force and suggested that it focus on the African American community.

Stacie Hiramoto thanked the Committee for being open and gracious during this process.

Mark Karmatz asked if certified peer specialists will be involved in this work.

Executive Director Ewing stated they will.

ADJOURN

There being no further business, the meeting was adjourned at approximately 4:00 p.m.