
State of California

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

Minutes of Meeting
June 14, 2019

MHSOAC
Darrell Steinberg Conference Room
1325 J Street, Suite 1700
Sacramento, CA 95814

866-817-6550; Code 3190377

Khatera Tamplen
Chair
Lynne Ashbeck
Vice Chair
Toby Ewing, Ph.D.
Executive Director

Members Participating:

L.E. Becker, J.D.
Stuart Buttlair, Ph.D., MBA
Gilmore Chung, M.D.
Itai Danovitch, M.D. (via teleconference)
Adriana Furuzawa, LMFT, MBA
Kate Hardy, Psy.D.

Thomas Insel, M.D.
Yana Jacobs, LMFT
Karen Larsen, LMFT
Maggie Merritt
Tony Tullys, MPA
Paula Wadell, M.D. (via teleconference)

Members Absent:

Khatera Tamplen, Chair
Gladys Mitchell

Staff Present:

Toby Ewing, Ph.D., Executive Director
Norma Pate, Deputy Director, Program,
Legislation, and Technology
Tom Orrock, Chief, Commission
Operations and Grants

1: Welcome and Introductions

Presenters:

- Khatera Tamplen, Chair
- L.E. Becker, J.D., Committee Member

Toby Ewing, Ph.D., Executive Director, stated Khatera Tamplen, Commission Chair, would be unable to be in attendance due to illness. He stated he would be facilitating the meeting; 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 (AC) to order at 10:08 a.m.; welcomed everyone; and asked everyone to introduce themselves. Kristal Antonicelli, Health Program Specialist and RFA Lead, called the roll and confirmed the presence of a quorum.

Executive Director Ewing reviewed the meeting protocols.

Consumer/Family Voice

The Commission made a commitment to begin Commission meetings with an individual with lived experience sharing their story. Executive Director Ewing invited L.E. Becker, J.D., Committee Member, to share her story of recovery and resilience.

L.E. Becker, J.D., Committee Member, stated she is an attorney for the ninth largest law firm in the country. She shared her story of living with the diagnosis of Bipolar 1. She stated, in her experience, the 5150 hold is not treatment and is not helpful; it is containment and sometimes even punishment. She stated the need to look at how individuals are treated during 5150 holds and what can be done better. She stated her treatment consists of therapy and medications. She stated she is where she is today in large part because of her parents' help and support.

2: Overview of the AB 1315 (EPI Plus)

Presenter:

- Maggie Merritt, Executive Director, Steinberg Institute; Committee Member

Executive Director Ewing stated the Committee will be provided with an overview of AB 1315 (Mullin), which created the EPI Plus program, fund, and Advisory Committee. He asked Maggie Merritt to present this agenda item.

Maggie Merritt, Executive Director, Steinberg Institute, and Committee Member, provided an overview of the background and content of AB 1315. She stated the Legislature recently approved directing a one-time \$20 million investment to the MHSOAC for early psychosis identification using Proposition 63 funds.

Ms. Merritt stated Assembly Member Mullin has authored AB 713 this year that would allow for General Funds to be deposited into this fund for early psychosis to increase

potential funding that this fund can accept, thereby creating more programs across the state.

Questions and Discussion

Stuart Buttlair, Ph.D., MBA, Committee Member, asked what is available for ongoing funding for this program.

Ms. Merritt stated the one-time funding does not need to be spent in one year. It will be deposited into a fund; this Committee will review proposals by counties and make recommendations to the MHSOAC for approval and funding. She stated, hopefully, everyone will continue as a community to seek more funding to be deposited into the fund. She noted that funding will be matched by county funding.

Dr. Buttlair stated his concern about early funding of programs. He stated counties often must hire additional staff for new programs; it is difficult to keep them if they cannot be assured of ongoing funding.

Tom Insel, M.D., Committee Member, asked if the original intent was that this would be a place for private sector investment.

Ms. Merritt stated it was. She stated public and private sector investors are welcome. It is a community issue. The fund is open to private donations and grants.

Executive Director Ewing stated the state's administrative rules allow the Commission to make these funds available for a three-year period. The vision is to also look to the private sector both for traditional donations or grants and for understanding the opportunity and what that means for insurance and the people who are covering this on the private side. The goal is to do this in a sustainable manner, which is both the challenge and the opportunity.

Public Comment

No members of the public addressed the Committee.

3: The Challenge: Where are we Now?

Presenter:

- Brandon Staglin, President, One Mind

Executive Director Ewing stated the Committee will be provided with insight into key challenges and what will be required to increase access to appropriate interventions for individuals with early psychosis. He asked Brandon Staglin to present this agenda item.

Brandon Staglin, President, One Mind, provided an overview, with a slide presentation, of the challenges and opportunities for improving care access for early psychosis.

Questions and Discussion

Dr. Buttlair asked about interventions for early detection in the school system.

Mr. Staglin stated building awareness among school counselors is part of the outreach for many programs but there needs to be more of that. Training counselors to recognize

early warning signs can be a helpful channel to give individuals more access to this care.

Ms. Becker asked about the capacity for a single program or facility.

Mr. Staglin stated it varies but the average is between 20 to 40 clients per year. He deferred to Adriana Furuzawa to provide further details.

Adriana Furuzawa, LMFT, MBA, Committee Member, stated it depends on funding, workforce development, training, and technical assistance. She agreed that programs vary from 20 to 40 clients per year. She noted that some counties serve approximately 110 unduplicated clients per year. She stated it also depends on attention to providing these services in a way that can be measured so the stories of success can be told and data can be created.

Dr. Insel suggested that the Committee review a new initiative through the Meadows Foundation, which will try to come up with a description of a standardized coding and reimbursement structure to coordinated specialty care. The Committee will need to think about funding and, without a coding system and a reimbursement structure, this will be difficult to do.

Kate Hardy, Psy.D., Committee Member, asked about the U.S. Directory and the programs in California. She stated she has been working with Chantel Garrett, Founder, Strong 365, a project of the One Mind Institute, on putting together an early psychosis directory of coordinated specialty care programs across the country. She suggested doing that in California, including rural communities. The inclusion of rural communities will impact capacity and the size of the workforce. She stated the need to think about how to build infrastructure that represents accessibility and what is available at each of these sites that will be instantly easily accessible to providers, families, and individuals wanting to seek care.

Mr. Staglin suggested including a research component to measure the effectiveness of the programs. Discovering ways to make the trainings more cost-effective and efficient will be an important component of improving the workforce, especially in rural communities.

Ms. Furuzawa stated research shows that media campaigns help with access to care. She stressed the importance of a culturally-responsive media campaign targeting certain populations. Research has been done in Southern California combining the duration of untreated psychosis and a media campaign directed to the Latino community. The expected outcomes were not achieved but the study documented the increase in help-seeking behavior in Latino communities. She asked about the plan for culturally-responsive media campaigns.

Mr. Staglin stated, because it is sponsored by a public entity, One Mind can provide no input on the content, but can only suggest and introduce topics for consideration. However, a stakeholder advisory group for the media campaign is currently recruiting young people of many cultures and demographics.

Dr. Insel stated that group is looking for individuals to interview for case studies for the first film, which will focus on youth. He asked Committee Members to submit names of individuals who represent underserved minorities who may consent to be on film.

Public Comment

Steve Leoni, consumer and advocate, stated many individuals have felt abused by their medications. Medications do not work for everyone the same way because everyone is different. Clinics with coordinated specialty care already exist. The speaker stated concern that this is being put forward as “the” solution instead of “a” solution. This is more of the same, where one county does something while another county does something else. They do not talk to each other and are on completely different tracks. It is important to consider solutions that are already in place and to use caution before claiming that this way has the right science, when history is ripe with research that looked good but then there turned out to be insufficient data or the right questions were not asked.

Steve Leoni cautioned against becoming a bag of diagnoses. Part of recovery is not just about getting better, it is about coming back to being a whole human being, and being a human being first and foremost. Anything that does not serve that falls short.

Jessica Cruz, CEO, National Alliance on Mental Illness (NAMI) California, stated the need to focus on what is happening in California and where California is with research, and compiling the programs that are working.

Jessica Cruz stated the importance of distinguishing between the terms “early psychosis” and “early intervention.” Early psychosis is not necessarily just for children.

Jessica Cruz stated the vacant Committee seat for family member is for someone who is a parent of a young child. The speaker urged the Committee to expand it to include other family members. Families are important in providing the care and in the coordination of care. The speaker stated the need for the client and family voice to be the driving factor and not just a token stakeholder in the process.

Jan McGourty, Chair, Behavioral Health Advisory Board, Mendocino County; NAMI Mendocino Board, echoed the previous speaker’s comments. The speaker was concerned about taking more money from Proposition 63 since it always impacts counties, especially small counties. The speaker asked how small, rural counties such as Mendocino County can be included.

Jan McGourty also stated concern about the lack of psychiatrists in the state. The speaker asked how individuals will be helped in the early stages and early psychosis when there are no psychiatrists to diagnose and prescribe medications.

Executive Director Ewing noted that some of the questions asked during public comment will be addressed later in the agenda.

4: The Opportunity: Potential Impact on California's Approach to Early Intervention

Presenter:

- Tom Insel, M.D., Committee Member

Executive Director Ewing stated the Committee will be provided information and opportunities to create an early detection and intervention framework for early psychosis and mood disorders. He asked Tom Insel to present this agenda item.

Dr. Insel provided an overview, with a slide presentation, of the history of early intervention and prevention, EPI programs that have scaled, opportunities and vision of the early detection and intervention framework, and EPINet, which will standardize measures, collect data, and adopt and adapt to increase impact.

Questions and Discussion

Commissioner Danovitch stated one other significant modifiable risk factor has to do with substance abuse. There are two issues that represent opportunities – one is a fragmented service delivery system where it is difficult to get services for both substance issues and psychotic disorders. Ways need to be found to deliver both services.

Commissioner Danovitch stated the second issue that represents an opportunity is the massive change in the way individuals use cannabis. There is an indication that cannabis use has a particular specific risk to individuals who have vulnerabilities to psychotic disorders. He stated the low-hanging fruit here is that most individuals do not know about this risk and there is very little digestible information to allow the public to make informed decisions. He asked where these issues fit in with Dr. Insel's scheme of risk factors and opportunities.

Dr. Insel agreed that this is an issue that should be on the Committee's agenda and one that needs to be built into whatever comes out of the Committee's deliberations. These issues present important risk factors for psychosis and complicate the recovery process.

Toni Tullys, MPA, Committee Member, stated this conversation highlights the focus on youth and prevention and early intervention. The media highlights individuals being pulled out of custody, the homeless, and the mentally ill. The counties are spending huge amounts of money on these issues, but when talking about the limited understanding of this, this Committee could have a lot of influence in trying to make that the media focus.

Ms. Tullys stated the need to think about how to carry the story out to educate individuals and communities. It is important to be mindful of the opportunity in addition to planning something statewide, to ensure that there is a communication element with many different elements and with many different communities. The Committee has a wealth of information that could be developed at different levels for different communities to get the word out.

Ms. Furuzawa responded to some of the questions from the public on what makes it relevant and how to make it about California. She stated the coordinated specialty care

pathway has already been opened and there are internal resources through the UCs and current providers. She stated including elements of trauma care in the service is a must and should be put into the blueprint, and also trauma-informed care, which covers how to develop and provide services and how the workforce is prepared. This is a great opportunity for this Committee to inform the science and the service to take it to the next level.

Public Comment

No members of the public addressed the Committee.

5: Psychosocial Model for Early Intervention

Presenter:

- Yana Jacobs, LMFT, Committee Member

Executive Director Ewing stated the Committee will be provided with an overview of psychosocial models in response to early episode psychosis. He asked Yana Jacobs to present this agenda item.

Yana Jacobs, LMFT, Committee Member, provided an overview, with a slide presentation, of the study, treatment, outcomes, and scientific advantages of the Soteria Project. She stated she represents the psychoeducational side. She stated many individuals have been harmed by medications due to the lack of education about side-effects. She stated the need to do a better job of true informed consent. She stated the need to emphasize 24-hour response mobile crisis teams.

Questions and Discussion

Dr. Buttlair stated this Committee should think about how to make it an experience where individuals come out the other side better, including the family.

Ms. Becker stated she appreciates the psychosocial approach. It is important for this Committee to find more programs that fall into that first triage area of getting help that is a more psychosocial approach that will consider what else can be done before resorting to medications.

Executive Director Ewing stated the Be Well and Trieste models try to allow needs to drive service, not funding. The time is good for this work but the challenges are significant. The most difficult part will be developing the workforce because of the many partners that are involved.

Public Comment

Steve Leoni stated it is the relationship that matters. The speaker testified to the healing power of relationships. It is that good heart that is the core of what really works for many individuals. The speaker referred to the open-dialogue model and its current use in Lapland or Finland. Two-thirds of the individuals who come to them do not need long-term medication. Giving medication too soon or when it is not right can complicate things. The speaker cautioned that, with the billing-driven system currently in place in

California, the tendency is to slap a diagnosis and medication on right away, which only creates more problems for both the client and the provider.

LUNCH BREAK

6: Current Efforts: The Early Psychosis Learning Collaborative

Presenters:

- Toby Ewing, Ph.D., Executive Director
- Tara Neindam, Ph.D., Executive Director, U.C. Davis Early Psychosis Programs

Executive Director Ewing stated the Committee will be provided with an overview of the recently-created Early Psychosis Learning Collaborative funded through the Mental Health Services Act and approved by the Commission. He asked Tara Neindam to present this agenda item.

Tara Neindam, Ph.D., Executive Director, U.C. Davis Early Psychosis Programs, provided an overview, with a slide presentation, of the challenges and opportunities, evaluating and improving outcomes, vision, goals, and next steps of the proposed learning healthcare network for California mental health programs.

Questions and Discussion

Dr. Insel asked if the 20 counties serve both first episode psychosis and clinical high risk.

Dr. Neindam stated the majority are serving both, which is unique in the United States. This data program will allow data collection on both first episode psychosis and clinical high risk.

Dr. Buttlair stated it is critical to ensure that individuals are trained in feedback-informed care and that they buy in to the outcome being used. Any variation would impact what is collected. He encouraged spending as much money as possible up front on training and ensuring that not only the providers are trained but that the programs are similar enough to get outcomes that will make a difference. He offered his organization as a thought partner. He stated fidelity is important.

Gilmore Chung, M.D., Committee Member, asked about time constraints and how to ensure that the portal will interface with electronic health records (EHRs).

Dr. Neindam stated this is a huge factor at every point in the care encounter. The idea is to create a core set of outcomes that everyone agrees on. When it comes to use in the encounter, it is more about training to utility and helping the individual provider see that accessing and using this data will save them time. She stated there are many EHRs and some programs still use paper. There should be a decision on the best way to tackle this issue by the end of the five-year project. She stated the first question is what should be included in an EHR.

Ms. Jacobs asked if sample questions are available.

Dr. Neindam stated the questions have yet to be determined. This fall, counties will be presented with draft outcomes and measures, including the questions for each of the measures.

Dr. Insel asked if that will be coordinated with EPINet. It is important not to have too many measures.

Dr. Neindam stated, if selected for EPINet, there will be California and national components. She stated the need to ensure client and family voice and reduced clinician burden in the outcomes.

Executive Director Ewing asked for a sense of the timing and scale of the technical assistance.

Dr. Neindam stated primary needs expressed have been assessment and diagnosis, cognitive behavioral therapy (CBT) and treatment, how to provide high-quality care, and how to best support all the providers in the state including schools.

Dr. Hardy stated that speaks to the baseline skills of the workforce. She suggested, while thinking about a statewide, coordinated effort around training and technical assistance, to also include technological expertise to create online training modules for basic skills to make them more accessible, since the in-person trainings are expensive and that is a barrier to some communities. She suggested that the Committee think about training modules to develop.

Dr. Neindam stated the need to capitalize on what is already out there, which will take time, money, and effort to understand what is available and how to best roll it out in partnership with the programs and communities being served.

Ms. Furuzawa asked if there is a shortage of trainers and if training the trainers will be built into the program.

Dr. Neindam stated it will. She stated putting a program like this into the communities brings everyone else's service skill up and challenges the communities to reach new levels. Mental health care will be improved across the state.

Public Comment

Steve Leoni stated learning and having better understanding is the basis for everything. There is much emphasis these days on evidence-based practices and fidelity. If Mark Reagans had been restricted to evidence-based practices, he could never have created The Village. There is an inherent tension between an evidence-based practice that is adhered to and learning and evolving. The speaker cautioned against thinking only about the endpoint of this learning collaborative, enshrining it and making it evidence-based, and creating a fidelity scale. There needs to be some way to continue to try new things.

7: Facilitated Discussion on Committee Goals and Vision for 2019-2020

Presenter:

- Toby Ewing, Ph.D., Executive Director

Executive Director Ewing stated he will facilitate a discussion regarding the role of the AB 1315 Advisory Committee and the goals and vision for 2019-2020. He asked the Committee to list items that had not been discussed today that the Committee should think about in terms of the opportunity that this body represents.

Committee Members provided the following feedback:

- Talk more about going upstream and what can be created within the community and within schools, and what is there for families.
- First 5 programs.
- Expand the definition of family representation on the Committee to include not only caring for a young child with a mental illness, but to include caring for someone who experiences early psychosis.

Executive Director Ewing stated the language is from statute.

- Look into the juvenile justice system because there will be an over-representation of mental illness there.
 - There is a project in San Francisco County that is specifically looking at the issue of data and creating a data warehouse that crosses over from criminal justice and juvenile justice health care. This might be a good example.
- Focus on outcomes that really make a difference.
- Consider funding issues, especially given county variation on how immigrant status matters in health delivery and how to deal with individuals who cannot access health care.
- Visualize what is possible if the funding is limited today.

Executive Director Ewing stated part of the charge is to advise on that issue.

Traditionally, the Commission has done an RFP process where the parameters are laid out and counties apply. He stated the need to look at the authorizing legislation, which has not yet been signed.

- How often will this Committee meet?

Executive Director Ewing stated the Committee meeting schedule has yet to be determined.

- Do not spend more time thinking about the questions to ask. The Committee can work with Dr. Neindam on workforce needs, such as the number of individuals needed to teach certain skill sets, when they are needed, and where they need to go. There should be a way to figure out how to do this to make a lot happen in the next six months.

- The governor is already asking about the plan that has been put in place. There is pressure from the administration to proactively move forward on this.
- Doing something that is focused and achievable will build momentum, establish credibility, and open doors to broader issues. The better the Committee does, the more resources will be made available to continue to grow this.

Public Comment

Jan McGourty agreed that the Committee needs representation of a parent or family member and that narrowing the seat to the parent of a child is limiting. The speaker reiterated the disparity in culture between rural and populated California. Emphasis has been put on collecting data through the Internet but the Internet is not available to everyone. Also, small counties may not have a four-year college. Everyone in this Committee has letters after their names but that is not an option for individuals in a rural county.

8: Discussion of Next Steps and Future Meeting Dates

Presenter:

- Khatera Tamplen, Chair

Executive Director Ewing stated staff will work with the Chair to propose future Committee meeting dates. Staff will develop and present a proposed work plan at the next Committee meeting.

Dr. Insel suggested bringing someone in from the education side to help the Committee think more about how to provide services within schools without displacing something that is already there and creating a problem.

Ms. Tullys suggested bringing someone in from First 5 to provide a description of what is happening in that population and how First 5 ties to school services and prevention and early intervention.

9: Public Comment

No members of the public addressed the Committee.

ADJOURN

There being no further business, the meeting was adjourned at 2:53 p.m.