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**State of California**

**MENTAL HEALTH SERVICES  
OVERSIGHT AND ACCOUNTABILITY COMMISSION**

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

Minutes of Teleconference Meeting  
October 22, 2020

MHSOAC  
1325 J Street, Suite 1700  
Sacramento, CA 95814

408-638-0968; Code 495495

**Members Participating:**

Lynne Ashbeck, Chair  
Mara Madrigal-Weiss, Vice Chair  
Mayra Alvarez  
Ken Berrick  
Sheriff Bill Brown

Itai Danovitch, M.D.  
David Gordon  
Gladys Mitchell  
Khatera Tamplen

**Members Absent:**

Reneeta Anthony  
Senator Jim Beall  
John Boyd, Psy.D.

Keyondria Bunch, Ph.D.  
Assembly Member Wendy Carrillo  
Tina Wooton

**Staff Present:**

Toby Ewing, Ph.D., Executive Director  
Filomena Yeroshek, Chief Counsel  
Norma Pate, Deputy Director, Program,  
Legislation, and Technology

Brian Sala, Ph.D., Deputy Director,  
Evaluation and Chief Information Officer

**CALL TO ORDER AND WELCOME**

Chair Lynne Ashbeck called the teleconference meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to order at 9:03 a.m. and welcomed everyone. Chair Ashbeck reviewed the meeting protocols.

## **ROLL CALL**

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

## **GENERAL PUBLIC COMMENT**

Lauren Rettagliata, advocate, Contra Costa County, stated the need for the MHSOAC mission statement to clearly state the Mental Health Services Act (MHSA) exists for adults with a serious mental illness and children with a serious emotional disturbance. The new MHSA website, while employing many new sources of information, was difficult to navigate. The speaker urged the Commission to listen to needed improvements proposed by family members of those who are to be helped through MHSA funds.

Linda Mayo, advocate, Stanislaus County, stated California Advocates for the Seriously Mentally Ill sent a letter of opposition regarding proposed changes to the Commission's rules of procedure, which was signed by advocates from that organization. The speaker highlighted their personal concerns that the Commission would consider omitting collaboration with clients, family members, and underserved communities in its mission statement; that the proposed changes to Committee structure and increased authority to the Commission and its Executive Director undermine the participation, collaboration, and transparency given in the current rules of procedure; and that the Commission's website currently displays the proposed mission statement.

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), stated the MHSA Partners Forum agrees with the previous speakers. The speaker stated the MHSA Partners Forum has been inviting Commission staff and the Co-Chairs of the Innovation Subcommittee for the past several months to present general information such as the purpose, goals, and members of the Innovation Subcommittee. The speaker stated concern that the notice for the first meeting of the Innovation Subcommittee was not sent out to the public until after the meeting had begun and, although the notice for the second meeting was sent out, there are no meeting materials posted, such as the minutes from the first meeting.

Stacie Hiramoto stated they wanted the Innovations Subcommittee to understand the importance of the Innovation component of the MHSA to racial, ethnic, and LGBTQ communities and how knowledgeable representatives from most communities do not believe that most counties have used this component to reduce disparities for these communities.

Stacie Hiramoto stated the Innovation Subcommittee should have presentations from counties that have funded programs utilizing community-defined, evidence-based practices that were aimed at racial, ethnic, and LGBTQ communities, as well as presentations by representatives from the California Reducing Disparities Project (CRDP) Phases 1 and 2 who could explain how Innovations could be used for reducing disparities to those communities. The speaker stated the need for the public to learn

more about the Innovation Subcommittee so that the upcoming meeting can be as productive as possible.

Mark Karmatz, consumer and advocate, stated the need for the MHSA Systems Leadership Team meetings in Los Angeles to resume.

Thomas Mahany, Executive Director, Honor for ALL, stated the hope that their letter sent to the Commission was included in the meeting packet. The speaker asked the Commission to formally adopt and submit a Governor's Office Action Request (GOAR) to Governor Newsom requesting him to issue a proclamation designating June 27<sup>th</sup> as Post-Traumatic Stress Injury Awareness Day to reduce stigma and resulting suicides and convince the APA that it is time to take the negativity out of the name. The speaker noted that one tactic that can combat stigma is the use of non-stigmatizing language, as was written on page 15 of the Commission's Striving for Zero: California's Strategic Plan for Suicide Prevention 2020-2025.

## **ACTION**

### **1: Approve September 24, 2020, MHSOAC Meeting Minutes**

Chair Ashbeck stated the Commission will consider approval of the minutes from the September 24, 2020, teleconference meeting. She asked for a motion to approve the minutes.

Commissioner Brown made a motion to approve the September 24, 2020, meeting minutes.

Commissioner Tamplen seconded.

### **Public Comment**

No public comment.

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

- *The Commission approves the September 24, 2020, meeting minutes as presented.*

Motion carried 8 yes, 0 no, and 1 abstain, per roll call vote as follows:

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

The following Commissioner abstained: Commissioner Alvarez.

## **ACTION**

### **2: Schools and Mental Health Project Report**

#### **Presenter:**

- Kai Dawn Stauffer LeMasson, Ph.D., Senior Researcher

Chair Ashbeck stated the Commission will consider adoption of the Schools and Mental Health Project Report. She asked Commissioner Gordon to introduce this agenda item.

Commissioner Gordon stated the Commission has worked hard over the past several years to help bring schools and mental health systems together to collaborate about meeting the mental health needs of young people. The project report documents the work done to date and highlights the amount of work left to do.

Commissioner Gordon stated it is important to remember that children are not born at age five when they enter kindergarten. For their first five years it is important that their basic health needs are met, but more than that it is important that they participate in early childhood programs that will get them ready for school and participation. He stated there is a gap at the level of entry into kindergarten. It is important to begin in the zero-to-five space. He noted that there will be recommendations on that in the future.

Commissioner Gordon thanked Commissioners and staff for their work in this effort. He stated the key is collaboration. Traditional youth supports have been unavailable during the COVID-19 pandemic. Many local community groups are doing their best to fill this gap. He stated young people are more vulnerable than at any time in his memory, but there is cause for optimism and hope as well because county health agencies and school systems are collaborating as never before. Partnering around wellness and prevention will help make young people in communities healthier.

Commissioner Gordon thanked the public and the community for hosting forums and providing comments and suggestions on the first draft of this report. Collaboration is the key to success, along with looking toward prevention and investing in the zero-to-five space. He invited Subcommittee Members to comment.

Commissioners shared their thanks and appreciation for Commissioner Gordon's and Executive Director Ewing's leadership and for the Commission's willingness to commit to work towards mental health in schools, and that the report looks at the mental health of the whole school community.

Commissioner Mitchell stated the importance of dealing with trauma at the earliest level, particularly for children from lower socioeconomic African American communities, and most particularly boys. She thanked the community for attending the forums and the Commission for undertaking this project.

Commissioner Gordon introduced Dr. LeMasson.

Kai Dawn Stauffer LeMasson, Ph.D., Senior Researcher, provided an overview, with a slide presentation, of the student mental health crisis, hope amid the crisis, guiding principles, and recommendations from the Schools and Mental Health Project report *Every Young Health and Mind: Schools as Center of Wellness*.

### **Commissioner Questions**

Commissioner Danovitch stated this type of strategy is called for now more than ever in the context of the COVID-19 pandemic, school closures, and the consequences to families and communities. He asked how to implement this in the context of the coming year during these challenging times.

Commissioner Gordon stated enough can never be done, but as schools reopen, this issue will be top of mind for all school leaders across the state. Many if not most of the schools will be reopening in some fashion in the coming weeks and months. County Offices of Education and school districts have been providing services remotely. For example, Sacramento County has a public health order that the schools provide emergency counseling services where needed or appropriate for mental health issues for young people.

Commissioner Gordon stated what will be seen rolling out when schools open is a redoubled effort to connect with students. He noted that there is an explosion of youth voice and youth engagement in the process. Sacramento County is convening a Youth Mental Health Advisory Board, which is expected to come online shortly after the first of the year. That will meet an incredible need for schools to listen to young people and hear their voice in terms of what their needs are because in many ways they are ahead in thinking through the issues.

Commissioner Alvarez stated her appreciation for Commissioner Gordon's leadership and the Subcommittee Members' work on this important report. It cannot be more timely to have the Commission out front on these important issues. Emphasizing the importance of collaboration is going to be even more critical in the face of a tough budget year. There is an opportunity to leverage collaboration with the First 5 California Commission to ensure that the youngest Californians are prepared to enter school. Being a tough budget year, it will be that collaboration that will allow the best policies, programs, and investment possible for children's wellbeing.

Commissioner Alvarez asked if conversations have begun with agencies and what is their engagement in the process thus far. There is a work group between the California Department of Education (CDE) and the Department of Health Care Services (DHCS) looking at Medicaid billing and how it can be better leveraged to draw down more federal resources for the state. She stated a report will be issued in October of 2021. Alignment with this report is critical. She asked for greater detail on the next steps and how Commissioners might be able to engage and support this important work.

Executive Director Ewing stated one of the next steps is to strengthen the data conversations in California for a better understanding of who is and is not being served and the kinds of programs that are out there and their impacts. Staff currently has a Data Use Agreement with the DHCS and has been working for approximately a year to enter into a Data Use Agreement with the CDE. Staff is working to bring those two departments and the Commission together, along with the public, stakeholders, and subject matter experts, to discuss how to build the necessary data infrastructure to understand what is out there, what is working and not working, and for whom, because the reality is these programs and who they serve will be different in different parts of the state.

Executive Director Ewing discussed the fiscal piece. The Commission is not formally part of the Senate Bill (SB) 75 Work Group but staff has been talking with the DHCS, the CDE, and the Mental Health Task Force about some of this work and is beginning to

receive inquiries from legislative offices as this report was put out in draft form and shared with them.

Executive Director Ewing stated the California Children's Trust has completed their work as directed and funded by the Commission, which looked at the financing strategies and documented ways that existing school partnerships have been financing school mental health. The California Children's Trust has presented their findings and participated in the CDE webinar with over 600 educational and community leaders listening in to better understand the models that are out there.

Commissioner Gordon stated there are four things that need to happen in this landscape to get this work done effectively: collaboration, sustainable funding, youth engagement and youth voice, and a robust plan and resources for the zero-to-five space to ensure that the prevention aspect is dealt with.

Commissioner Berrick stated the strategy is to move the remarkable framework created by the Commission forward into a concrete implementation guide and make funding recommendations that would make it sustainable. The California Alliance of Child and Family Services, the County Behavioral Health Directors Association (CBHDA), and the County Welfare Directors Association of California (CWDA) are in conversation about how to create partnerships with schools in order to implement this strategy at scale. He noted that it will take funding integrated from all of them to sustain it.

Commissioner Berrick stated the CWDA sponsored legislation to pilot a statewide mobile urgent response system for foster youth. The legislation includes a statewide hotline and a creative framework for urgent response, which is another piece to this puzzle. Within two years, a comprehensive system can begin to be seen. He stated this momentum can be used to concretely move implementation strategies forward.

Chair Ashbeck stated one of the principles addressed is the intersection between schools, community, and health. She lifted up hospitals and health systems as partners in this work. She stated emergency departments are the last place a child should go with a mental health crisis. She suggested more actively integrating the health systems, particularly children's hospitals, in the work being done. Strengthening the health element is yet another piece to this puzzle.

### **Public Comment**

Melanee Cottrill, Executive Director, California Association of School Psychologists, stated suggestions for minor changes to the report have been sent to staff. The speaker suggested that the recommendations in the report address the PPS credential shortage. Although the credential shortage is mentioned in the report, it is important that the internal capacity building does not get lost in the effort to collaborate. Collaboration is important but both sides of the coin need to be acknowledged in the recommendations. The speaker thanked the Commission for allowing the Association to be a part of this project.

Gulshan Yusufzai, Executive Director, Muslim American Society (MAS) Social Services Foundation (SSF), requested more time on this report to allow communities to submit more input. The speaker stated the hope to see more consideration for many areas of

need for youth and especially for refugees who have resided in California since the '70s and the high number of refugees who have settled in California since 2014. The speaker stated the Society wants to make suggestions on how to integrate professional, peer, and clinical approaches in school and asks for more information on the CRDP community-defined practices from the 35 agencies that have been doing this work since 2009.

Angela Vazquez, Mental Health Policy Director, Children's Partnership, spoke in support of the proposed Schools and Mental Health Project report.

Andrea Ball, President, Ball/Frost Group, suggested strengthening the explicit recognition of the role of the state's investment through the K-12 system with the Scale-Up Initiative in the report. The Scale-Up Initiative began in 2016 and runs through the state system of support. This is an important piece to this work; to leave it out of the report would be a disservice.

Christina Aguilar, Outreach Coordinator, MAS SSF, stated the draft report is incomplete. The speaker stated MAS SSF only recently learned of this report. The speaker asked for more time to contribute suggestions to make the draft even more powerful.

Stacie Hiramoto agreed with MAS SSF's request for additional time to provide stakeholder comment. The speaker stated, although there has been a long process, there are key stakeholders who would like the opportunity to provide comments.

Laurel Benhamida, Ph.D., REMHDCO, MAS SSF, stated the photos in the report are far too pretty and do not show the environments that real Californian students are living in. The speaker asked to rethink that branding strategy. The speaker agreed with previous speakers about asking for additional time to provide comments.

Basit Choudhary shared about growing up in the public-school system, graduating from Sacramento State University, and being a United States born Pakistani American. The speaker stated they are part of the Muslim Transitional Age Youth (TAY) Advocacy Program under MAS SSF, which is funded by the Commission through the California Youth Empowerment Network (CAYEN). The speaker stated the TAY group hosted its first public virtual town hall meeting a few days ago and advocated for a wellness center in Sacramento, which would be led by TAY and is for youth of all backgrounds. The speaker requested additional time for the TAY group to add suggestions and revisions for the draft report.

Hellan Roth Dowden, President and CEO, Teachers for Healthy Kids, spoke in support of the proposed Schools and Mental Health Project report.

Mary Ann Bernard read a letter from members of California Advocates for the Seriously Mentally Ill, a group of family members, professionals, and consumers who advocate for that population. The letter advocated against the proposed changes in the MHSOAC mission statement and that the new proposed mission statement is posted on the website without Commission approval.

Elia Gallardo, Director of Governmental Affairs, CBHDA, agreed with previous speakers requesting additional time to comment.

Mark Karmatz stated the Governor signed SB 803, Mental Health Services: peer support specialist certification, into law on September 25<sup>th</sup>.

Lilyane Glamben, ONTRACK Program Resources, stated the COVID-19 pandemic has greatly increased disparities. The speaker stated current support services environments are scandalous and special education services have been dropped entirely. Parents are being told they need to “step up” to fill the gaps in services. Gaps that have been accelerated in the COVID-19 environment must be addressed. The speaker thanked the Commission for this report and stated another report is needed to address post-COVID impacts.

Gina Plate, California Alliance of Child and Family Services, spoke in support of the proposed Schools and Mental Health Project report.

Marisol Beas, Youth Committee Member, Youth Innovation Project Planning Committee, and Project Coordinator, CAYEN, agreed with previous speakers requesting additional time for youth to review and give input to ensure that the report reflects the needs, solutions, and suggestions from those it will be serving.

### **Commissioner Discussion**

Commissioner Berrick thanked members of the public for providing concrete, actionable suggestions. He volunteered to work on the implementation guide that needs to follow this work to set the format. He stated a greater level of detail belongs in an implementation guide as a roadmap for best practices and engagement.

Commissioner Mitchell stated she supported the public requests for additional time to provide input.

Chair Ashbeck asked Executive Director Ewing to share the staff perspective of providing additional time for stakeholder input.

Executive Director Ewing stated staff would be happy to work with commenters to support their ability to work in their communities to strengthen the youth voice. He stated comments on the mechanics of the program would be better addressed during the implementation phase.

Executive Director Ewing stated Marisol Beas is part of the Commission's Youth Leadership Project that hosted three Youth Idea Labs. There is discussion about doing an additional Youth Idea Lab. He suggested the lab focus on how to support immigrants and refugees by doing something specific to address the needs of that population recognizing that the earlier Youth Idea Labs may not have been as attentive to those issues.

Executive Director Ewing stated the staff perspective is that adopting the report starts the conversation about implementation. That would be the most meaningful opportunity to ensure robust community engagement.

Commissioner Brown stated he is particularly pleased that this report will join two others that provide a suite of products that give the state and resources within the state some real practice roadmaps for improving mental health in three key areas: criminal justice, suicide prevention, and mental health and wellness in schools.

Vice Chair Madrigal-Weiss stated this is a critical piece to ground conversations and to start to streamline between systems.

Commissioner Gordon thanked Executive Director Ewing and Kai LeMasson for their hard work, vision, and foresight that has gone into not just the report but the overall thoughtful view of the things that were needed to build towards the report. He agreed with Commissioner Berrick. He offered to meet with the local Sacramento stakeholders who provided public comment today to see if their program can be made a model in Sacramento County.

Commissioner Danovitch suggested creating guidance on how the Commission can evaluate progress in school-based mental health as a way to help keep the Commission on track over time to ensure accountability to the strategy. He volunteered to help create that guidance.

Commissioner Danovitch suggested that, every time the Commission generates a report like this, it should automatically include a component of the report that addresses the evaluation piece so it is engrained in the process.

Chair Ashbeck asked for a motion to adopt the Schools and Mental Health Project report.

Commissioner Gordon moved to adopt the Schools and Mental Health Project report.

Commissioner Berrick seconded.

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

- *The Commission adopts the report, "Every Young Heart and Mind: Schools as Centers of Wellness."*

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

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

## **10 MINUTE BREAK**

### **ACTION**

#### **3: Election of the MHSOAC Chair and Vice Chair for 2021**

##### **Facilitator:**

- Filomena Yeroshek, Chief Counsel

Chair Ashbeck stated nominations for Chair and Vice Chair for 2021 will be entertained and the Commission will vote on the nominations and elect the Chair and Vice Chair. She turned the facilitation of this agenda item over to Filomena Yeroshek, Chief Counsel.

Ms. Yeroshek briefly outlined the election process and asked for nominations for Chair of the MHSOAC for 2021.

Vice Chair Madrigal-Weiss moved to reelect Chair Ashbeck as Chair of the Commission for 2021.

There were no other nominations.

### **Public Comment**

Stacie Hiramoto commended Chair Ashbeck for her leadership and spoke in support of her reelection.

Linda Mayo, California Advocates for the Seriously Mentally Ill, suggested a Zoom meeting with the organization to discuss future collaboration.

#### **Action: :**

- *The Commission reelects Chair Lynne Ashbeck as Chair of the Mental Health Services Oversight and Accountability Commission for 2021.*

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

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

Ms. Yeroshek asked for nominations for Vice Chair of the MHSOAC for 2021.

Commissioner Tamplen moved to reelect Vice Chair Madrigal-Weiss as Vice Chair of the Commission for 2021.

### **Public Comment**

Craig Durfey, Founder, Parents for the Rights of Developmentally Disabled Children, suggested that the Commission engrain its concepts with youth involvement. Issues may change with input from those impacted.

Mark Gale, California Advocates for the Seriously Mentally Ill, encouraged the dialogue that Linda Mayo suggested in their comments to discuss future collaboration. The speaker stated the need for a conversation about the mission statement, the devaluing of family member input, and the concentration of spending power with little or less stakeholder input. There are many individuals who are upset about this.

#### **Action:**

- *The Commission reelects Vice Chair Mara Madrigal-Weiss as Vice Chair of the Mental Health Services Oversight and Accountability Commission for 2021.*

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

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

## **ACTION**

### **4: Contract Authorization**

#### **Presenter:**

- Brian R. Sala, Deputy Director for Evaluation and Chief Information Officer

Chair Ashbeck stated the Commission will consider authorizing the Executive Director to enter into one or more contracts not to exceed \$125,000 to support the Commission in implementing best practices in Information Technology security including Federal Bureau of Investigation Criminal Justice Information Services security compliant practices. She asked staff to present this agenda item.

Brian Sala, Deputy Director for Evaluation and Chief Information Officer, reviewed the summary and background material provided in the staff report, which was included in the meeting packet.

Chair Ashbeck asked for a motion to approve the staff recommendation.

Commissioner Brown moved to approve the staff recommendation.

Commissioner Danovitch seconded.

#### **Public Comment**

No public comments.

**Action:** Commissioner Brown made a motion, seconded by Commissioner Danovitch, that:

- *The MHSOAC authorizes the Executive Director to enter into one or more contracts, not to exceed \$125,000, to support the Commission in implementing best practices in Information Technology security policy, practices, and policies, including Federal Bureau of Investigation Criminal Justice Information Services security compliant practices.*

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

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

## **ACTION**

### **5: Statewide Virtual and Digital Strategy for Mental Health**

#### **Presenter:**

- Toby Ewing, Executive Director

Chair Ashbeck stated the Commission will consider working with the administration to support a statewide virtual and digital strategy for mental health. She asked staff to present this agenda item.

Executive Director Ewing stated this proposal was meant to recognize that the state has put opportunities in place during COVID-19 for providers to use digital and virtual mental health tools. He stated approximately 80 percent of mental health care has moved towards digital strategies. Outside of its emergency rules, the state has not adopted a strategy to support access to care through digital and virtual strategies including addressing digital divide issues. The question is whether the Commission would like to engage the administration, the Legislature, and communities to think strategically about, outside of the COVID-19 emergency, how a robust digital and virtual mental health strategy would look for California and how the lessons learned from the Technology Suite Collaborative Innovation Project can be beneficial to be more strategic in how to support access to care through those tools when and where they are appropriate.

### **Commissioner Questions**

Commissioner Danovitch agreed with the importance of this topic, particularly the way it disparately impacts certain populations. It has many applications. He stated his feelings are mixed because he is concerned about the type of expertise it would require to implement a strategy and manage the Commission's bandwidth across its different projects. He stated there is an element of this that is crosscutting – every initiative that the Commission undertakes has a component that ties into this.

Commissioner Danovitch suggested thinking about the implications of all projects, similar to his comment about evaluation – in this case, about the implications for access via digital pathways.

Commissioner Danovitch also suggested thinking about how to bring attention to disparities in access and quality of services and, if not the Commission, how to find the right pathway in terms of who will most effectively drive this strategy forward.

Chair Ashbeck agreed. She stated Commissioner Danovitch's comments about building in evaluation and then building in the digital technical piece on these projects is the right template. She suggested adding two questions to the range of questions needing to be explored as part of this work, which were included in the staff report:

- What are the lessons learned from the Commission's previously funded projects relative to technology and access to behavioral health care that can inform the work going forward?
- What are the available payment mechanisms to allow access to telepsychiatry or telehealth?

### **Public Comment**

Craig Durfey stated his organization, Parents for the Rights of Developmentally Disabled Children, have been working on technology and effective mental health on their website for three years. The speaker stated they wished documentation could be incorporated from the Commission's concept of bringing Innovation and mental health. The speaker noted that licensed individuals need to be educated and informed of the limitations in technology.

Sonya Adam, CEO, California Black Women's Health Project, stated the California Black Women's Health Project was developing a digital marketing plan at the invitation of the California Department of Public Health (CDPH), but ultimately the project did not move forward. The speaker stated they wanted to introduce it to Commission staff as they begin thinking about the Commission's work around marketing mental health in the digital space. The speaker stated their digital marketing plan was created to inspire, encourage, support, and train populations to navigate the systems and to do it with a level of trust. The speaker stated the California Black Women's Health Project is ready to support the Commission in anything it does around expanding digital connections to mental health and ensuring that certain populations feel a level of ease.

Sonya Adam encouraged the Commission to ask their contractors about adaptations they are making to support the new environment and the new way of communicating.

Stacie Hiramoto asked what "support community engagement" means in the motion. The speaker stated REMHDCO supports improved virtual and digital strategies and hopes that attention is paid to underserved communities and that the digital divide is a part of this study.

Elia Gallardo stated the most significant barrier that continues to be seen in the telehealth space is the issue of the digital divide and limited access. The speaker encouraged a strong emphasis on who the project focuses on and discussion on improving the digital divide.

Tiffany Carter, Statewide Advocacy Liaison, ACCESS California, a program of Cal Voices, echoed Stacie Hiramoto's comments about community engagement. The speaker asked how information will be gathered on how to deliver the best service from populations with virtual and digital challenges.

Josefina Alvarado Mena, CEO, Safe Passages, and Chair, CRDP Cross-Population Sustainability Steering Committee (CPSSC), stressed the intersection between the disproportionate impact of COVID-19, the historical digital divide for individuals of color, and the urgency and need for a rapid response related to the issue of virtual and telehealth services. The speaker stated all frameworks must provide structural space for community-defined, evidence-based practices. Without this fundamental systems change, the systemic racism embedded in the mental health system cannot be mitigated to reduce disparities that communities continue to experience and that have been exacerbated by the COVID-19 pandemic.

Josefina Alvarado Mena stated it is important to engage the CRDP community, which includes 35 culturally competent and LGBTQ providers that have pivoted to virtual services in the current environment. This kind of infrastructure does not exist anywhere else and this kind of pivot is monumental. The CRDP partners can be used to help guide the development of how to think about this issue across the state.

Hellan Roth Dowden stated Stanford University has fantastic materials that are available for free. The speaker stated schools have been giving laptops to students for use in the schools; these can also be used for service delivery for mental health. The training on the use of telehealth is important particularly in the schools that were not eligible to receive COVID-19 funding. The speaker stated there has been a huge drop in

young person assessments because school districts cannot meet the requirements. Digital tools have not been developed to be used for this. These are issues that need to be addressed.

Hellan Roth Dowden stated, related to the workforce issue, this technology would allow for supervision. The speaker stated one of the problems in rural school districts is the requirement for supervision of interns. Telehealth can be used to do supervision in rural school sites. This can be expanded to allow students to get their required hours for licensure. The speaker stated the hope that these suggestions will be part of the conversation of how to use digital tools to improve services and serve more children and youth.

Sarah Arnquist, Vice President, Beacon Health Options (BHO), stated their organization is approached almost weekly by a new company that is pitching an app or a solution. It is challenging for BHO to keep up with evaluating the value propositions of each of these new companies, let alone figuring out a contracting strategy for them. The speaker stated they could not imagine how a small county could do evaluation and contracting on their own. Creating a resource that could evaluate the new market entrants and create a common framework through which they are evaluated and make recommendations on them along with recommendations on reimbursement strategies would be of significant value to California.

Sarah Arnquist stated there would also be significant value in suggesting how digital strategies could be an adjunctive therapy and not necessarily a replacement for traditional therapies, such as including the Steps Care model of service delivery to which digital strategies are tailored into a larger portfolio of services.

Sarah Arnquist stated another observation BHO has seen in organizations that approach them is that very few of them are targeting Medicaid populations, let alone one as diverse as California's with more than 14 threshold languages. The speaker suggested putting out to these companies that, if they want to get into a huge market such as California, where one in three adults and one in two children are covered by Medicaid, they have to rethink their product and start from the beginning thinking of one that will match the population needs.

Linda Mayo stated the hope that the Commission will continue to focus in COVID-19 mindedness on the individuals who are unable to respond to a digital platform, such as the seriously mentally ill population.

Linda Mimms, advocate from San Diego County and member of the California Advocates Group, elaborated on the previous speaker's comments. The speaker stated the population that these monies are to serve are those with the most serious mental illnesses. Most of them are in a psychotic state in which, even if they had a computer, they might not be able to engage with it. The speaker stated concern about that population and suggested making a plan to figure out how to get services to them.

### **Commissioner Discussion**

Chair Ashbeck asked if staff is looking for direction to begin this conversation with the administration on a virtual and digital strategy.

Executive Director Ewing stated he serves on the Governor's Behavioral Health Task Force. The administration asked the Commission, if it recognizes this opportunity, to bring this to the Behavioral Health Task Force for further discussion. He asked if bringing this issue to the Behavioral Health Task Force is consistent with the Commission's wishes.

Executive Director Ewing stated the motion is meant to agree to start this conversation without necessarily committing that this would be a Commission project. He stated a conversation could be started with the administration embracing the work of Beacon Health Options and the advocates who provided comment today.

Executive Director Ewing stated Stacie Hiramoto asked what community engagement means in the motion. He stated what that means is the Commission would advocate that, wherever this conversation takes place, it takes place with robust community engagement to ensure that strategies are explicit around digital and virtual – if that is the direction the state is going to go – and that explicit strategy includes recognition that this has to work for the individuals the Commission is trying to serve, particularly those who face disparities.

Executive Director Ewing stated the motion is about starting the conversation, recognizing that there is an opportunity here although it is unclear what that opportunity is and where it will be housed.

Chair Ashbeck asked for a motion to approve the staff recommendation.

Commissioner Danovitch moved to approve the staff recommendation.

Commissioner Alvarez seconded.

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

- *The MHSOAC authorizes the Executive Director to work with the Administration and Legislature and support community engagement to explore the potential for a virtual and digital behavioral health strategy to improve access to care, improve outcomes, and address disparities.*

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

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

## **INFORMATION**

### **6: Staff Report**

#### **Presenters:**

- Toby Ewing, Executive Director

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

Executive Director Ewing presented his report as follows:

### Communications Plan

Tremendous progress is being made in the communications plan. Information was sent out about Art with Impact. In early 2021, Clovis Community College will be hosting a Movies for Mental Health engagement for the public, which the Commission will sponsor with Art with Impact.

### Dashboards and Transparency Work

Progress continues to be made on the dashboards and transparency work. The Fiscal Reporting Tool updates have been paused as staff works with the DHCS to better understand the methodology that they are using in coordination with the counties to document funds received, spent, and available.

One of the requests from the counties is that the Commission work with them to explore how to differentiate between funds in the bank account but that are dedicated or encumbered for an explicit purpose versus funds that are newly available. Counties are concerned about the perception that funds are not dedicated if they remain in the bank account. Staff will work with counties and bring back a way that the difference can be articulated between funds in the account that are committed versus not committed. The auditor will be engaged to help with this issue as a subject matter expert.

New dashboards will soon be released, which link Department of Justice (DOJ) data with full-service partnership (FSP) data, and include demographics of individuals served by FSPs and of individuals who are more broadly served through community services and supports.

### Personnel

Anissa Padilla will soon be joining the Commission staff. She will be introduced at the next meeting.

### Rules of Procedure

The Chair and Vice Chair held a community engagement meeting on September 14<sup>th</sup> and a second meeting is currently being planned for the January timeframe to address concerns that have been raised by the public about the Commission's rules of procedure and to discuss a new proposed draft amendment to the Commission's rules of procedure.

### Website Update

The new website will soon be released.

### Strategic Plan Operationalization

The staff report in the meeting packet highlights three emerging opportunities:

- Guiding the development of county Innovation plans.
  - Commissioners have expressed frustration on only approving county Innovation plans and have asked how to leverage the Innovation component of the MHSA to drive transformational change including working more

- upstream with counties to identify areas of concern, bringing counties together to support co-investment, and taking successful Innovations to scale.
- Commissioners have also expressed frustration that, because of the June 30<sup>th</sup> reversion deadline, the Commission often faces the pressure of reviewing a large number of Innovation plans at the end of the fiscal year. To get in front of that, staff has been working to identify counties and funds that will face the fiscal yearend reversion pressure. There is approximately \$45 million over 30 counties of MHSA Innovation funds that will revert at the end of this fiscal year. Staff is working with those 30 counties to encourage them to co-invest.
  - One of the areas to highlight is the Solano County Innovation plan, which starts with training in the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards). Thirty counties have expressed interest in learning about Solano County's process and trying to adapt the lessons learned into their own work. Staff is talking with Solano County and the 30 counties about the possibility of using some of their funds that would otherwise revert at the end of this fiscal year to support a strategy to strengthen attention on serving communities that are facing disparities to ensure the adoption of the National CLAS Standards.
  - The Innovation Subcommittee will discuss the opportunity next Thursday and will consider how to frame Innovation as a pool of investment dollars to keep from having a backlog of Innovation plans at the end of next fiscal year, as well, such as a fund that can be invested through Innovation to address high-priority challenges.
  - This is also the discussion with the second emerging opportunity: helping counties adapt to COVID-19.
  - Helping counties adapt to COVID-19.
    - The Commission may be in a position to use some of the COVID-19 funding to support conversations around how counties can use their Innovation investments to address key challenges.
    - COVID-19 funding may also subsidize smaller counties that may not have the resources to participate in opportunities such as the National CLAS Standards program.
    - Staff will work with the Chair and one or more of the Committee Chairs on the results of the survey to the counties, stakeholder engagement, and other community leaders about how to make the best use of the \$2 million COVID-19 response funding.
  - Allocating the next round of triage grants.
    - Commissioners will discuss priorities at the January or February meeting to allocate the next increment of triage funding that will hopefully be in alignment

- with how counties are investing their Innovation funding and how the Commission is investing the COVID-19 response funding.
- One of the lenses the Commission should look through in discussing the Innovation, triage, or COVID-19 funding is how funding can be linked to better position community partners to implement changes that are cost-effective, solution-focused, and sustainable over the long term.

Executive Director Ewing stated staff will work with the Chair to present this information through one or more of the Committees and will present recommendations at a future meeting so the Commission can be in a strategic position to think about how to influence change and incentivize these opportunities across the state.

### **Commissioner Questions and Discussion**

Commissioner Alvarez asked if the survey to the counties will be made public.

Executive Director Ewing stated the survey results along with the gathered stakeholder and community leader input will be shared through the Committee structure for additional public engagement.

Commissioner Alvarez asked about the triage Request for Proposals (RFP) and if additional requirements or expectations can be included in it.

Executive Director Ewing stated SB 82 is written in a way that allows the Commission to have the flexibility to direct some or all of the funding towards priorities within the parameters of the law that requires half of the triage grant funding be directed to children and half to adults; a focus on issues related to mental health crises; and support for the capacity of counties to hire additional staff.

### **Public Comment**

Sonya Adam stated, given the three emerging opportunities, it would be critical, especially when thinking of COVID-19 and triage, that there be an emphasis on anti-Black racism and a recognition that the Black community is grossly underserved, particularly in the mental health arena. There is currently an opportunity to look at community-defined practices. That is where to invest in triage.

Sonya Adam stated the need to collaborate with the 35 population groups of the CRDP and to support them for the long term.

Elissa Feld, Senior Policy Analyst, CBHDA, thanked Dr. Early and her team for their work in putting the Transparency Suite together and thanked Executive Director Ewing for identifying the encumbered funds.

Stacie Hiramoto stated Innovation is ideal for serving underserved racial, ethnic, LGBTQ, and other communities. The speaker implored the Commission to dialogue not only with counties but also with community stakeholders, particularly those from underserved communities, because they are the ones who can share what they think is innovative. Communities may have more urgent needs than the National CLAS Standards particularly because of the COVID-19 pandemic and racial reckoning.

Stacie Hiramoto asked about the input from racial, ethnic, and LGBTQ communities in the COVID-19 framework. The speaker suggested running the COVID-19 framework through the Committees before bringing it to the Commission.

Stacie Hiramoto stated the triage grants could be written to emphasize serving racial, ethnic, and LGBTQ communities. There was little mention in the first two rounds of triage grants of reducing disparities or about how, in crisis situations, communities often do not get served.

Josefina Alvarado Mena thanked Commissioner Alvarez for mentioning the national attention to systemic racism. The speaker stated, given state demographics, California must lead in this space.

Josefina Alvarado Mena stated, with regard to Executive Director Ewing's report, there must be an explicit response to the racial and ethnic disparities exacerbated by the COVID-19 pandemic. The data continues to demonstrate the disproportionate impact on communities.

Josefina Alvarado Mena stated the 35 community driven CRDP projects are overwhelmed with meeting critical mental health needs that continue to emerge at all levels of the state and cannot wait until February or March without a strategic response.

Josefina Alvarado Mena urged the strategic leveraging of the CRDP infrastructure rather than building new infrastructure, which creates inefficiencies within a system. Long-term sustainability and systems change only happens with consistent and strong investment. Building new infrastructure over and over is contrary to the logic of sustainability. The CRDP should be engaged in the stakeholder communications and the discussions around the National CLAS Standards but also the systems change that is needed to address mental health disparities.

Linda Mayo commented on the presentation points of sharing county information, Innovation projects that work, and how the Commission can share information. The speaker attended the Care Technical Assistance Center kickoff meeting. Much of what was described in the presentation has already been paid for with the \$5 million three-year contract for this resource center and technical assistance to basically do exactly what Executive Director Ewing talked about – help counties learn what other counties are using and build a resource base. Some of what the Commission is planning to implement has already been approved.

Lauren Rettagliata emphasized that so many loved ones are in the community but this community is in homeless encampments or cycling in and out of jails and psychiatric emergency rooms. They do not engage in crisis services now offered. Their very illness prevents them from doing this. The speaker emphasized this population that has not been sufficiently addressed. This is why the MHSA was started.

## **ADJOURNMENT**

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