
State of California

**MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION**

Minutes of Teleconference Meeting
March 25, 2021

MHSOAC
1325 J Street, Suite 1700
Sacramento, CA 95814

966-1901-9742; Code 803828

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

Members Participating:

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

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

Members Absent:

John Boyd, Psy.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 Administration

Brian Sala, Ph.D., Deputy Director,
Research 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 9:04 a.m. and welcomed everyone.

Chair Ashbeck lifted up the Asian/Pacific Islander community and asked everyone to pause in reflection of the current events in Atlanta, Georgia, Boulder, Colorado, and other communities across the nation.

Announcements

Chair Ashbeck provided the announcements:

- The next MHSOAC meeting is scheduled for Thursday, April 22nd. The meeting agenda will be posted on the website on April 12th.
- The Prevention and Early Intervention Subcommittee continues to hold Regional Listening Sessions and forums across the state as part of the Prevention and Early Intervention Project. The next forum will be held on April 5, 2021.
- Since August 16, 2020, staff has been participating in the Capitol Collaborative on Race and Equity's (CCORE) curriculum and contributing to advancing racial equity in several ways including developing a customized Racial Equity Action Plan, which will be presented at a future meeting.
- Antonio Andres has joined the Commission staff since the last Commission meeting. He is assisting with the Allcove Youth Drop-In Center Project in the Grants Division.

Chair Ashbeck asked the Chairs of the Cultural and Linguistic Competence Committee (CLCC) and the Client and Family Leadership Committee (CFLC) to update the Commission on the Committees' work.

CLCC Update

Commissioner Alvarez, Chair of the CLCC, stated the CLCC met for the first time on March 11th. The membership of the Committee includes 16 individuals from across the state who represent different regions, populations, and diverse communities. She stated she and Commissioner Mitchell, Vice Chair of the CLCC, planned the first meeting as an opportunity for members to get to know each other better and to think about the work that the Committee will tackle in this next year.

Commissioner Alvarez stated the Committee began to discuss its plan to address the impacts of the COVID-19 pandemic; heard presentations from the UC Davis Center for Reducing Health Disparities and Solano County on its Innovation project, which addresses health disparities for underserved communities and utilizes the national standards for culturally and linguistically appropriate services to improve cultural proficiency in service delivery; and discussed how the Solano County Project can be expanded to other counties. Due to a lack of time, discussion on the presentations was tabled to the next meeting.

Commissioner Alvarez stated the Committee's goals are to provide input on the Racial Equity Action Plan, discuss how to communicate inequities in mental health systems to inform the work of the Commission and the state, and to identify policy and practice reforms in existing programs that are successful in addressing inequities.

Commissioner Alvarez stated the next CLCC meeting is scheduled for May 13th from 2:00 p.m. to 4:00 p.m., but she noted that Committee members asked to meet more often. As a result, staff are working to schedule a meeting in April.

CFLC Update

Commissioner Tamplen, Chair of the CFLC, stated the CFLC met for the first time on March 18th with perfect attendance. The membership of the Committee includes 15 individuals from across the state with peer, family, and parent representation. Committee members have much experience related to peer certification, which will be the main focus of the Committee's work. She stated she is pleased to work with Commissioner Wooton, Vice Chair of the CFLC.

Commissioner Tamplen stated last week's meeting featured a presentation from Ilana Rub from the Department of Health Care Services (DHCS). Ms. Rub is the lead of the DHCS implementation of Senate Bill (SB) 803 that Senator Jim Beall, former Commissioner, championed for Peer Support Specialist Certification. Ms. Rub provided an update on the DHCS activities underway around peer certification. The Committee hopes to continue to collaborate with the DHCS throughout this term of the CFLC.

Commissioner Tamplen stated the areas of focus for future meetings are to provide input on the peer certification process, the core competencies of peers, ensuring that the work of peers is valued, and giving input on training and continuous education. The next meeting is scheduled for April 15th from 1:00 p.m. to 3:00 p.m., where Committee members will identify strategies to promote peer services through the state. Committee members are interested in how the Commission can champion and continue the work of peers through legislation and funding opportunities.

Roll Call

Filomena Yeroshek, Chief Counsel, called the roll and announced a quorum was not yet present. A quorum was achieved after Commissioners Berrick and Bunch arrived.

GENERAL PUBLIC COMMENT

Poshi Walker, LGBTQ Program Director, Cal Voices, and Co-Director, #Out4MentalHealth, thanked the Commission for the Committee updates. The speaker stated Senator Tom Umberg has updated language in SB 106 that would harm LGBTQ and other unserved, underserved, and inappropriately served communities. The bill would allow counties to use their Innovation funding for Full-Service Partnerships (FSPs), even though 80 percent of funds currently received by counties are already allocated for community services and supports, which is what funds FSPs. The bill also takes away the Commission's oversight and approval of county Innovation projects and any innovative FSPs would not be run through the Commission. This would have a huge impact on communities.

Poshi Walker stated the amount of unspent Innovation funds quoted in the SB 106 Fact Sheet put out by Senator Umberg's Office is incorrect. The speaker stated the

MHSOAC has done an excellent job in helping to ensure that most Innovation funds will not go into reversion.

Poshi Walker stated the Commission opposed Senator Umberg's bill last year to use Innovation funding for services within the jails. The speaker urged the Commission to take a close look at SB 106 and recommended opposing it in its current form.

Mary Ann Bernard, retired lawyer, stated they sent a letter to all Commissioners on February 19th reminding them what the Commission must do under the Mental Health Services Act (MHSA). The speaker stated the prevention and early intervention provisions in the MHSA have always required, in the last clause of a section of the Welfare and Institutions Code, that prevention and early intervention funds "shall also include components similar to programs that have been successful in reducing the duration of untreated severe mental illnesses and assisting people in quickly regaining productive lives."

Mary Ann Bernard stated prevention and early intervention is not only for individuals who are not yet sick, it is also for individuals who are desperately sick who need early intervention and/or prevention in relapses. The speaker noted that has been memorialized in regulation.

INFORMATION

1: Public Hearing and Update on the Workplace Mental Health Project

Presenters:

- Carolyn Dewa, M.P.H., Ph.D., Department of Psychiatry and Behavioral Sciences, Department of Public Health Sciences, Chair, Graduate Group in Public Health Sciences, University of California, Davis
- Garen Staglin and Katy Schneider Riddick, Co-Founder and Senior Director, One Mind at Work
- Darcy Gruttadaro, JD, Director, Center for Workplace Mental Health

Chair Ashbeck thanked Vice Chair Madrigal-Weiss and Commissioner Bunch for their leadership role in the Workplace Mental Health Project. She stated the Commission has been working to explore opportunities to develop a framework and a set of standards for workplace mental health. This project was initiated by SB 1113 that was authored by Senator Monning.

Chair Ashbeck provided an overview of the Commission's information-gathering process to date. She stated additional public meetings with mental health providers and diverse communities are planned in the coming months. Detailed information was provided in the handouts included in the meeting packet.

Chair Ashbeck stated the Commission will hear an update on the Commission's Workplace Mental Health Project and a panel presentation on the challenges and opportunities related to workplace mental health. She introduced the members of the panel and asked them to give their presentations.

Carolyn Dewa, M.P.H., Ph.D.

Carolyn Dewa, M.P.H., Ph.D., Department of Psychiatry and Behavioral Sciences, Department of Public Health Sciences, Chair, Graduate Group in Public Health Sciences, University of California, Davis, provided an overview, with a slide presentation, of the work environment's strategic position, occupational well-being, findings about best practices to build resiliency and reduce risk for mental health needs in the workplace, and strategies and models to address challenges around workplace mental health. She used the World Health Organization's (WHO) definition for well-being: a state in which every individual realizes their own potential, can cope with normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community.

Dr. Dewa highlighted three important points:

- Workplace mental health is a strategic environment for prevention and early intervention.
- Resiliency and risk reduction for mental health needs in the workplace must be addressed in the personal, healthcare, policy/insurance, and workplace systems.
- The National Standard of Canada for Psychological Health and Safety in the Workplace offers important lessons in implementing large scale and voluntary workplace standards.

Garen Staglin

Garen Staglin, Co-Founder, One Mind at Work, provided an overview of the background, charter, and current activities of One Mind at Work to better understand the landscape of workplace mental health in California. He stated executives and benefits leaders are beginning to look for new and effective ways to discuss and address mental health in the workplace. He stated many employers are also seeking to bring more authenticity into diversity and inclusion efforts, to understand the impacts of racial trauma and structural racism, and to better understand the well-being of their employees.

Katy Schneider Riddick

Katy Schneider Riddick, Senior Director, One Mind at Work, provided an overview, with a slide presentation, of the role of employers in driving solutions for workplace mental health. She noted that it is impossible to build a successful workforce without prioritizing employee mental health. She stated it is important for employers to understand that, although mental health disorders are costly, there is a significant return on investment to investing in mental health support. Her slide presentation included insights gleaned from conversations with employers over the course of last year about the role of employers in finding solutions to improve workplace mental health.

Darcy Gruttadaro, JD

Darcy Gruttadaro, JD, Director, Center for Workplace Mental Health, American Psychiatric Association Foundation, provided an overview, with a slide presentation, of mental health concerns due to the COVID-19 pandemic, racial injustice and political

tension, and economic downturn, and the Collaborative Care Model. She stated three areas of concern in workplace mental health for employers are raising awareness, educating, and ending stigma; creating a mentally healthy culture; and improving access.

Executive Director Ewing stated employers are foundational partners in meeting the needs of employees. This project is exciting because it opens the door broadly in terms of thinking about how to leverage many opportunities such as stigma reduction, system development, understanding the complexity of systems, workforce issues, and leveraging health benefits.

Executive Director Ewing stated the next phase of the work is to reach out to more diverse employers, work with social workers, and talk to labor organizations to understand their needs and how to address them. He stated the language of the statute is for the Commission to develop a set of standards. Part of this project is to develop those standards for Commissioner consideration and adoption.

Executive Director Ewing stated there are also strategies that the Commission can pursue to support the expansion of access to care through partnerships with employers such as parity. He stated staff is also talking with partners and other state agencies such as the California Public Employees' Retirement System (CalPERS), one of the largest purchasers of health care benefits on behalf of public employees, to learn how to begin to shape the health care marketplace so that the quality of mental health services received through employer-based care is consistent with the quality of care seen on the primary care side.

Executive Director Ewing stated this project is exciting because it is moving the state of California closer to where everyone who needs care receives care in a way that is culturally competent, easily accessible, and affordable. He stated appreciation for the work that the presenters are doing and the guidance they provided today.

Commissioner Questions

Commissioner Danovitch asked if there are innovative approaches that address the structural challenges, challenges in access to care, and the absence of providers, programs, and quality standards.

Ms. Gruttadaro stated what makes the Collaborative Care Model unique is that it includes measurement-based care within it and it has a behavioral health care manager, a psychiatric consultant, and a registry within the primary care setting. The psychiatric consultant is a psychiatrist who is not in the office and does not see the patient, but uses the registry to review the treatment plan that has been developed. This helps with capacity since the psychiatric consultant can work with up to 3,000 patients per year versus seeing 700 patients per year in their practice. This model solves quality and capacity issues.

Ms. Gruttadaro stated there are legacy issues as to why providers do not join networks. This is a big concern for employers. The most common issues in the workplace setting are anxiety, depression, substance use, and trauma. These are conditions that often

can be treated in primary care. Setting up systems where primary care is playing a larger role, with an evidence-based model, is one way to address access.

Commissioner Danovitch asked what the Commission should be looking at to track progress, the measurements to use to verify that it is moving in the right direction, and how to incentivize that.

Ms. Gruttadaro stated there are standard measurements available that are not necessarily incorporated into all-care settings around using standardized symptom-measurement tools like the PHQ-9 and GAD-7. She stated these tools cannot only be used as a screening mechanism but can continue to be used during treatment to help track and report out on outcomes, which is not routinely done in practice.

Commissioner Danovitch stated a lack of access to services, especially specialty services, is being encountered on a regular basis despite insurance coverage and the ability to go out of network. It will take time for parity, improved coverage, and improved training to take effect. He stated he is searching for ideas outside the box that large employers and public/private partnerships can help to implement to accelerate some of that change.

Ms. Gruttadaro agreed that those are big concerns but stated current systems do not have the capacity to meet the need.

Commissioner Alvarez stated thinking of the importance of this work and how it can serve as a model and opportunity for learning for the state demonstrates California's leadership in responding to the COVID-19 pandemic and ensures that opportunities to support mental health and wellbeing are created in areas of need. She asked what that looks like for the Commission and the role of Commissioners to support uplifting this opportunity and discussion.

Commissioner Alvarez asked about conversations the Commission is having with state partners and county leaders to ensure that the Commission is amplifying the importance of mental health in the workplace, given the impacts of the COVID-19 pandemic and what it will be like when individuals return to the workplace and adjust to the uncertainties of the new normal.

Executive Director Ewing stated, similar to the Schools and Mental Health Project, where the needs of teachers and allied staff were met first in order to improve the educational system to meet the needs of students, it is important to first support employers who can then better support employees. Staff has been talking with CalPERS about the health care benefits that are purchased on behalf of state employees. He stated Anna Naify, Consulting Psychologist, will soon be giving a training for legislative staff. They are recognizing their own internal burdens as a large employer and as a leadership entity. The training will help them think about ways in which the state can create environments that are responsive to the needs of employees and employers.

Executive Director Ewing stated Commission employees recently did a survey of their mental health needs. The current work in the UK and Canada and some of the research that Dr. Dewa and others have done has helped staff better understand if individuals

feel supported, where their stress is coming from, and how to mitigate that. Staff is using that internal survey to talk with the California Department of Human Resources (CalHR) about how CalHR and the Government Operations Agency can embrace mental health in the workplace through the things that the state of California is doing and how to have conversations with local public sector partners.

Executive Director Ewing stated most of the Commission's tools do not apply to the presenters' comments about how to drive transformational change. The Commission has never looked outside of the public sector to achieve goals. This groundbreaking Workplace Mental Health Project encourages the Commission to evolve and to think more expansively about creating new kinds of partnerships. Staff is working with Commissioner Danovitch on how to identify models and metrics to measure impact and to use that information to drive change.

Commissioner Gordon noted that often needs are not addressed unless there is a crisis; yet, those needs are constant. He stated he was particularly struck during Ms. Riddick's presentation that less of this issue is about availability of services and more about the way managers, leaders, and individuals working in public/private systems are trained. Much of this is related to the caring that the managers and leaders in an organization have for the individuals that work there. He asked if there are examples of individuals in state or local governments or the private sector who do this year in and year out whether or not there is a pandemic or other crisis.

Ms. Riddick stated One Mind at Work has put out a number of publications that are available on the website that highlight individual employer practices. Best practices being seen are a renewed focus on manager training, communication about the prioritization of workplace mental health, and a willingness to accommodate people in their various circumstances. She stated a number of employers are thinking about how work gets done within their organization as a best practice and how workflow can affect mental health. This is a powerful way for employers to impact their employee population.

Commissioner Berrick acknowledged the comments that positive supervision is an aspect of mental health in the workplace and the big impact that simple techniques make. He agreed with Ms. Gruttadaro's comments about the adequacy of network. There are two elements to this problem: the number of individuals in the field and the lack of provider interest in taking Medi-Cal patients. Until this is addressed, access will continue to be difficult. This challenge must be solved.

Vice Chair Madrigal-Weiss stated one of the foremost barriers continues to be stigma but it is not necessarily the first thing that comes to mind. She stated the need to be more intentional about that.

Public Comment

Linda Mayo, NAMI Stanislaus and California Advocates for the Seriously Mentally Ill, suggested that including the data element of diagnosis can be helpful in the future.

Poshi Walker stated ze have facilitated trainings on the psychosocial risk factors for mental health in the workplace and, while ze appreciate the research reported by the

first presenter, zir anecdotal experience training small community-based organizations and county departments is that there are prevention efforts that can easily be implemented once they understand the risk factors and their implications to negative mental health and physical health outcomes.

Poshi Walker stated, although treatment is important, prevention is not only doable but is key to improving workplace mental health. The speaker stated focusing on treatment solutions misses the vital opportunity to improve the workplace so that mental health challenges are prevented from ever occurring or being exacerbated because of the workplace.

Poshi Walker stated much of what has been said about mental health services access is true for both workers and nonworkers. The recommendations for treatment access made today, while very important, do not address the needs of the most vulnerable populations who are overrepresented amongst those who are unemployed and those who are in the public mental health system.

Poshi Walker stated ze wholeheartedly support mental health parity but many individuals on Medi-Cal cannot access the mental health services they need. The speaker suggested that the Commission work on mental health parity within Medi-Cal and the public mental health system to assure that the needs of the most vulnerable populations who have the fewest resources are addressed first.

Julie Snyder, Government Affairs Director, Steinberg Institute, stated the Steinberg Institute is proud to have co-sponsored the legislation that launched the Workplace Mental Health Project with the Commission, which was suggested by Commissioner Boyd. It is important to note that, as many individuals begin the process of reintegrating back into the workplace after such a traumatic year, the information and ideas that have been generated here could have a profound impact.

Julie Snyder stated the Steinberg Institute also co-sponsored SB 855, the Mental Health Parity Act, which was referenced in the presentations. The speaker stated the Steinberg Institute would love to collaborate with the Commission and stakeholders on how to use this new law to drive some of the improvements that have been discussed today.

Andrea Crook, Advocacy Director, ACCESS California, a program of Cal Voices, discussed the charge of the Commission and the oversight of prevention and early intervention. The speaker stated prevention and early intervention is meant to focus on individuals who would meet the criteria for serious mental illness if they were to develop a serious mental illness. The speaker stated there seems to be a disconnect between what is being focused on here and the most vulnerable populations within the public mental health system. The voices of the most vulnerable populations need to be incorporated when trying to address these issues. The speaker echoed Poshi Walker's comments on the value of focusing on mental health parity within the Medi-Cal system and to focus on the most vulnerable populations.

Mark Karmatz, consumer and advocate, asked about the peer voice in this conversation.

Ms. Gruttadaro agreed that peer support is extremely important. She stated the Center for Workplace Mental Health works with employers on many fronts. When discussing creating a mentally healthy culture, the recommendation is often made that they create employee research groups, affinity groups, and peer support groups that allow employees who are experiencing mental health conditions to have support among their peers in the workplace. This goes a long way toward employees feeling better and more supported. Peer support makes a positive difference.

10 MINUTE BREAK

ACTION

2: Approve February 17 and 25, 2021, MHSOAC Meeting Minutes

Chair Ashbeck stated the Commission will consider approval of the minutes from the February 17 and February 25, 2021, teleconference meetings.

Chair Ashbeck asked for a motion for approval of the minutes.

Commissioner Danovitch made a motion to approve the February 17 and February 25 minutes.

Commissioner Gordon seconded.

Public Comment

Poshi Walker referred to the last sentence in the speaker's comment on page 3 of the February 17th Meeting Minutes and asked to strike "speak with each other" so the sentence will read "the speaker asked for a way that stakeholders can exchange contact information during Zoom meetings."

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

- *The Commission approves the February 17 and 25, 2021, Teleconference Meeting Minutes as revised.*

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

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

The following Commissioner abstained to the February 17th meeting minutes: Vice Chair Madrigal-Weiss.

Chair Ashbeck asked staff to post the revised and approved minutes on the website.

ACTION

3: San Francisco County Innovation Plan

Presenter:

- Jessica Brown, M.P.H., Director, Mental Health Services Act (MHSA), Behavioral Health Services San Francisco Department of Public Health

Chair Ashbeck stated the Commission will consider approval of \$5,400,000 in Innovation funding for San Francisco County's Culturally Congruent and Innovative Practices for Black/African American Communities Innovation project.

Commissioner Berrick recused himself from the discussion and decision-making with regard to this agenda item pursuant to Commission policy.

Chair Ashbeck asked the county representative to present this agenda item.

Jessica Brown, M.P.H., Director of MHSA, Behavioral Health Services, San Francisco Department of Public Health, provided an overview, with a slide presentation, of the need, proposed project to address the need, and budget of the proposed Culturally Congruent and Innovative Practices for Black/African American Communities Innovation Project. She stated peers will be utilized to gain outreach into communities to engage them in care. As suggested by the California Reducing Disparities Project (CRDP), critical links will be identified to understand the context of Black/African American life in an attempt to acknowledge the African world view and to assist Black/African American communities in addressing challenges being faced.

Commissioner Questions

Commissioner Mitchell asked for more information about the providers.

Ms. Brown stated historically there was only one African American Behavioral Health Specialist, who has now been promoted to clinic director. This Innovation project proposes to expand that position to a Black/African American team for three clinics in the county.

Vice Chair Madrigal-Weiss asked about sustainability.

Ms. Brown stated the Transgender Pilot Program changed the dynamic of how peers are used in the county and was successfully made a core program within the behavioral health system. The county's goal for the proposed project, depending on its success, is to make it a core program within behavioral health services, especially within the county's civil service clinics.

Chair Ashbeck stated she is struggling because this work has already been done in other counties and the county currently has a similar model for its Filipino community.

Commissioner Tamplen noted that the mental health curriculum for the proposed project is very innovative and is not currently available in the peer community. The leadership from San Francisco will be ahead of the curve for the state of California and everyone can learn from the project's key learning questions.

Ms. Brown stated the proposed project is unique for San Francisco County. She asked the Commission to think about what has been happening in this country over the last year and the need for California to have something responsive to Black/African American communities. The county is in a state of emergency with Black/African American communities within San Francisco. Although this was done with the Filipino American Counseling Team, that program showed the county how successful this is. The county wants to ensure that this program is provided for all communities.

Chair Ashbeck thanked Ms. Brown and Commissioner Tamplen for their feedback. She stated the question about whether a project is innovative if work has been done in other counties or, in this case, with a new part of the community, continually comes up in the Commission discussion on Innovation projects.

Public Comment

Rev. Howard Lindsay, spoke on behalf of the San Francisco Black Jewish Unity Group in support of the proposed San Francisco County Innovation Project.

Tiffany Carter, Statewide Advocacy Liaison, ACCESS California, a program of Cal Voices, spoke in support of the proposed San Francisco County Innovation Project.

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), spoke in support of the proposed San Francisco County Innovation Project. The speaker stated concern about the harsh rebuke by stakeholder groups contracted by the Commission. The speaker stated the comment about using buzzwords feels like micro-aggression. These are the kinds of things that individuals of color have to go through. The speaker stated the need for coaching on how to present concerns.

Stacie Hiramoto stated they understood Chair Ashbeck's concern about whether a project is innovative for the county versus not being done before but asked for consistency in Commission decisions.

Poshi Walker stated there has been a precedent of multiple counties doing the same Innovation project such as the Technology Suite Collaborative Innovation Project. This project having been done with another population does not mean it is no longer innovative with another population. The speaker spoke in support of the proposed San Francisco County Innovation Project.

Mark Karmatz spoke in support of the proposed San Francisco County Innovation Project.

Lizzy Lynch spoke in support of the proposed San Francisco County Innovation Project.

Maya Vasquez, Maternal, Child, and Adolescent Health Division, spoke in support of the proposed San Francisco County Innovation Project.

Ines Betancourt, Program Director, Southeast Child Therapy Center, spoke in support of the proposed San Francisco County Innovation Project.

Due to technical audio difficulties, Amber Gray nodded their head indicating their support of the proposed San Francisco County Innovation Project.

Commissioner Discussion

Chair Ashbeck asked for a motion to approve San Francisco County's Culturally Congruent and Innovative Practices for Black/African American Communities Innovation Project.

Commissioner Bunch moved the staff recommendation.

Commissioner Mitchell seconded.

Commissioner Mitchell agreed with Poshi Walker's and Stacie Hiramoto's comments about some of the comments appearing micro-aggressive. She also agreed with Chair Ashbeck that the Commission continues to grapple with the innovative nature of projects. She stated individuals of color particularly the Black population, need all the help they can get.

Action: Commissioner Bunch made a motion, seconded by Commissioner Mitchell, that:

The MHSOAC approves San Francisco County's Innovation Plan as follows:

Name: Culturally Congruent and Innovative Practices for Black/African American Communities

Amount: \$5,400,000 in MHSA Innovation funds

Project Length: Five (5) Years

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

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

The following Commissioner abstained: Commissioner Danovitch.

Commissioner Berrick rejoined the meeting.

ACTION

4: Legislative Priorities for 2021

Chair Ashbeck stated the Commission will consider legislative and budget priorities related to Commission initiatives, including Assembly Bill (AB) 638 (Quirk-Silva) and (SB) Senate Bill 749 (Glazer) for the current legislative session. She welcomed Assembly Member Sharon Quirk-Silva and Caila Pedrocelli, from Senator Glazer's office, and invited them to discuss these bills.

Assembly Bill 638

Assembly Member Sharon Quirk-Silva provided an overview of her background and why she works in this space and shared information about AB 638: mental health and substance use disorders. She stated this bill would build upon last year's strides in addressing the complex needs and services of those with co-occurring issues by authorizing prevention and early intervention strategies that address mental health

needs, substance use or misuse needs, or needs relating to co-occurring mental health and substance use services under Mental Health Services Act.

Assembly Member Quirk-Silva noted that co-occurring issues do not mean individuals suffering from only mental health and substance use issues but can also include a third issue of physical health. She asked the Commission to support AB 638.

Commissioner Questions

Commissioner Danovitch stated he wholeheartedly endorsed this approach. The separation between physical health, mental health, and substance use is a false separation and nowhere is that clearer than in prevention.

Commissioner Brown stated this is long overdue. He stated law enforcement has seen many times individuals with co-occurring mental illness and substance abuse issues get delayed or not get into a system of care and treatment because of the fact that they happen to be high on drugs or drunk at the time they came into contact with law enforcement and they were refused by mental health authorities to intervene because of that. This bill is solidly needed because those individuals need to be held and sobered up and then examined and not released back into the community to do further harm to themselves or others.

Vice Chair Madrigal-Weiss thanked Assembly Member Quirk-Silva and stated it is almost like individuals have to pick whether someone has addiction issues or mental health issues. By dividing those issues, precious time is wasted and people are struggling. This is being seen more and more with young people. She stated her appreciation that this bill was brought forward.

Senate Bill 749

Caila Pedrocelli, from Senator Glazer's office, shared information about SB 749: mental health program oversight and county reporting. She stated SB 749 is a transparency measure that will provide insight to policy makers and stakeholders across the state about how counties are using their mental health funds and how those funds are best serving constituents. This bill creates a state framework, a comprehensive tracking program, for collecting information on mental health spending and outcomes through the MHSOAC. She asked the Commission to support SB 749.

Public Comment

Mark Karmatz stated the need to ensure that peer support and patient rights to refuse services are included in these bills.

Mary Ann Bernard stated they forced the Legislature to put the No Place Like Home Act on the ballot because the original act was inconsistent with the MHSA and therefore unconstitutional absent voter approval. The speaker stated they earlier reminded the Commission what it must do in the upcoming prevention and early intervention changes, which was to comply with the mandate in the last clause of a section of the Welfare and Institutions Code for prevention and early intervention programs for individuals who already have existing severe mental illnesses and need intervention in or prevention of relapses into serious mental illness. The speaker stated this is supposed to be part of

prevention and early intervention but has been ignored. The speaker earlier reminded the Commission that they sent a letter to Commissioners in February with additional details.

Mary Ann Bernard reminded the Commission what it must not do under the MHSA because it is inconsistent with the MHSA and therefore is unconstitutional absent voter approval – the Commission should not support AB 638 in its current form. The speaker stated the intentions are noble and appropriate but the drafting is terrible. Dual diagnosis has always been covered by the MHSA because it incorporates Welfare and Institutions Code 5600.3(a)(2) and (b)(2), which both incorporate dual diagnosis.

Mary Ann Bernard stated what is already there defined how far the MHSA goes. The speaker stated concern that AB 638 includes pure substance abuse without any relationship to mental health or mental illness as a separate category and then includes abuse as a separate category, the meaning of which is not clear. The speaker emphasized that there is a drafting issue.

Mary Ann Bernard stated AB 638 talks about mental health needs, which are broader than mental illness. The prevention and early intervention provisions that are part of the original Proposition 63, and which cannot be changed, require a mental health diagnosis. If it goes too far, it is unconstitutional. The speaker offered to help draft language to address these problems.

Linda Mayo spoke in opposition to this bill. The speaker stated they were okay with treating individuals to the point of determining the primary diagnosis, but this bill takes it further to a point where treatment only includes offsets of substance abuse. The speaker stated taxpayers voted for the MHSA, which requires funding to be specifically used for individuals with severe mental illness. This goes against the law. Funding should not be taken away from individuals with serious mental illness.

Paula Aiello agreed with the last two speakers – that this bill is badly written and the provisions would go counter to what voters wanted. The speaker stated Proposition 63 promised to provide that funds raised pursuant to it would work solely toward helping individuals with severe mental illness “as a condition deserving priority attention.” The speaker stated almost nothing in today’s meeting has addressed that condition as deserving priority attention.

Paul Aiello spoke in opposition to AB 638 because it is another attempt to siphon off funds meant for the most seriously mentally ill and to direct those funds to worthy causes but not for programs covered by Proposition 63. To do so would have deadly consequences. The speaker stated the need for seriously mentally ill care facilities is so dire that it is inexcusable to divert any more funds from it to other needs.

Elia Gallardo, Director of Governmental Affairs, County Behavioral Health Directors Association (CBHDA), spoke in strong support of AB 638.

Elia Gallardo stated the CBHDA has shared their concerns about SB 749 with the author’s office, strongly supports the intent of the bill, and is bringing a similar piece of legislation, AB 686, authored by Assembly Member Arambula. The speaker stated the hope that at some point SB 749 and AB 686 can be amended so both bills can move

forward together. The speaker urged the Commission not to support SB 749 in its current form.

Stacie Hiramoto spoke in support of AB 638. Stacie Hiramoto stated REMHDCO has strong concerns about SB 749 and will take an oppose unless amended position. The speaker stated the wording of this bill is “the Commission, in consultation with state and local mental health authorities, shall create ...” and does not include community stakeholders. The MHSA is about collaboration and communication with consumers, family members, and communities and this bill lacks that.

Stacie Hiramoto asked the Commission to put on the agenda for next meeting Senator Umberg’s bill that has to do with the Commission’s authority to approve Innovation and shifts Innovation funds to community services and supports, which would diminish the ability for community-defined practices to be funded.

Adrienne Shilton, California Alliance of Child and Family Services, spoke in strong support of AB 638.

Adrienne Shilton echoed Stacie Hiramoto’s request that the Commission agendize SB 106 at the next meeting. The speaker reminded the Commission that it and the California Alliance of Child and Family Services strongly opposed SB 665 last year, which would have authorized MHSA funds to be used in jails. The Innovation component provides California communities with vital opportunities to introduce best practices into the field. The speaker stated SB 106 in no way furthers the intent of the MHSA and further undermines the Commission’s authority.

Commissioner Discussion

Commissioner Berrick stated the concern that individuals have become systemic ping pong balls because of the lack of clarity about which came first in their condition – substance use or mental illness. He stated these conditions are seen concurrently so often in youth that the discussion is terribly destructive and unhelpful. He stated he hoped that the author will take the time to see if there is a way to make AB 638 work.

Commissioner Berrick stated, although he was in favor of SB 749, discussion and reconciliation between SB 749 and AB 686 by Assembly Member Arambula is necessary. Positive engagement in oversight, clarifying how it is done, and clarifying the path is important.

Commissioner Mitchell stated public comments were important and informative and should be taken into consideration. She suggested supporting the bills with a review of how those comments, if relative and doable, can be included in the bills.

Executive Director Ewing stated that SB 749 is consistent with what the Commission is doing and is what the State Auditor recommended the Commission do. AB 686 is an extension of the prior bill that the Commission supported.

Vote on AB 638

Chair Ashbeck asked for a motion to support, to support and to continue to work with the author, or to oppose AB 638.

Vice Chair Madrigal-Weiss moved to support AB 638 and to continue to work with the author's office on concerns brought up in today's meeting.

Commissioner Brown seconded.

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

- *The MHSOAC supports AB 638 and asks staff to continue to work with the author's office on concerns brought up in today's meeting.*

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

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

The following Commissioner abstained: Commissioner Tamplen.

Vote on SB 749

Chair Ashbeck asked for a motion to support, to support and to continue to work with the author, or to oppose SB 749.

Commissioner Berrick moved to support SB 749 and to continue to work with the author's office, the CBHDA, and other interested parties to ensure that the bill is consistent with Commission and state policies.

Vice Chair Madrigal-Weiss seconded.

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

- *The MHSOAC supports SB 749 and asks staff to continue to work with the author's office, the CBHDA, and other interested parties to ensure that the bill is consistent with Commission and state policies.*

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

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

Commissioner Berrick stated his deep concern about what will happen as youth begin coming back to school after a year of isolation and the number of youths that have been lost and disconnected, combined with the current availability of state and federal funding to try to mitigate those losses. He stated the hope that the Commission will take up discussions of current models including some of the school-based models the Commission has adopted and other models seen around the state like, Life Learning Academy that are keeping youth from homeless and mental health crisis. He stated concern that there are youth that are so disengaged that there is a danger of never getting them back, and a doubling or tripling of youth in suicidal crisis is being seen.

Commissioner Berrick stated he would like to see the Commission engaged in this discussion and suggested including time on the next agenda to discuss how to collaborate and support colleagues in schools and alternative support systems.

Commissioner Berrick spoke about mobile response. The state created an urgent response system designed for foster youth. He stated the need for an urgent response system for youth in crisis in schools that is effective and can be brought to bear. He stated the need to discuss this issue before the crisis that is on its way is out of control.

Commissioner Gordon agreed. He stated he is working with colleagues in other counties with the hope that there will be state-level support on this issue.

Vice Chair Madrigal-Weiss agreed that time should be dedicated for this issue at the next meeting. She stated the need to discuss how to reach the lost and disengaged and how to reengage these youth who need to be part of a system that will be supportive and offer solutions.

Commissioner Berrick stated the hope that before the next meeting staff will be engaged with the state, particularly with the budget process, to see that these priorities become urgent.

Chair Ashbeck agreed and stated hospitals are ill-equipped to help these youths.

ADJOURNMENT

Commissioner Brown asked to close the meeting in memory of the eight victims in Atlanta, Gorgia, and the ten victims in Boulder, Colorado, and to focus on the continuing problem of mental illness and individuals being involved in these mass murder incidents that hopefully have been prevented as a result of some of the work that has been done in this state. Let this be a reminder to everyone of why they are involved in this work.

There being no further business, the meeting was adjourned at 1:23 p.m.