

**Transformational
Change in Motion**

Input. Collaboration. Action.



Our Mission

Provide vision and leadership in collaboration with clients, their family members and underserved communities.

Ensure Californians understand mental health is essential to overall health. Hold public mental health systems accountable.

Provide oversight to eliminate disparities.

Promote wellness, recovery and resiliency.

Ensure positive outcomes for individuals living with serious mental illness and their families.

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Executive Summary: Two Years of Transformation

As you read this report, approximately 3 million Californians are living with a mental health need. Within this population, perhaps one is a friend you grew up with, a cousin, the man who sleeps in front of your office or even your child. Mental health needs do not discriminate. They affect anyone...at any age...at any time.

Unmet mental health needs directly and indirectly touch all Californians. Without adequate support, many adults lose their ability to work and live independently. Some end up homeless, hospitalized or in jail. Children may become unable to learn or participate in school.

State and county government and the private sector spend billions each year to address costs for people with unmet mental health needs who end up in emergency rooms or courts, unemployed, homeless or in the juvenile and criminal justice systems.

With the passage of the Mental Health Services Act in 2004, the Mental Health Services Oversight and Accountability Commission set out on a groundbreaking course to transform California's community mental health system. Under its mandate, the Commission provides broad oversight, guides implementation of the Act and informs policies to accelerate positive change.

“2018 is another year with great possibilities to move mental health improvements forward. To everyone involved in the mental health system, we hope this report inspires you to join us on our journey to transformation.”

Tina Wooton, Chair, 2017, Vice Chair, 2016

Over the past two years, the Commission focused on several strategic priorities to drive transformation. The Commission launched the state's first fiscal reporting tool to promote accountability and transparency. Through policy projects, the Commission advanced actions to unlock MHSAs funds, fortify crisis services for children and youth and reduce criminal justice involvement for people with mental health needs. Through its Triage Program, the Commission has placed early intervention teams and crisis support staff in schools, jails, hospitals and other community locations.

Innovation programs are underway to accelerate new, promising and community-driven approaches to mental health care. The Commission also made significant progress through data-driven projects that, over time, will provide the necessary data to fully understand the impacts of mental health programs throughout the state. *Transformation in Motion: Input. Collaboration. Action.* shares these milestones, plus much more about our progress to strengthen California's community mental health system.



Reaching New Milestones. Achievement Highlights

2015/16:
\$1.81
 billion

appropriated to 59 local mental health agencies

2016/17:
\$1.83
 billion

appropriated to 59 local mental health agencies

\$220+
 million

unlocked for county mental health programs and services

\$118
 million

approved for 33 innovation projects to advance new mental health care approaches



FIRST
Innovation Summit
 planned and secured for 2018

FIRST
technology suite
 launched to engage individuals with unmet needs, mental health consumers and professionals through technology platforms



FIRST
fellowship program
 approved under AB 1314



FIRST
online fiscal reporting tool
 developed and launched for accountability



\$30 MILLION
school/county pilot project
 launched to support integrated school/mental health strategies to serve children



Incubator project
 proposed in 2018/19 budget to strengthen evaluation and innovation

White House Data Driven Initiative

conducted to inform data strategies to reduce criminal justice involvement of mental health consumers









MORE THAN 90
engagements
 held to inform planning, policies and the Commission's strategic direction

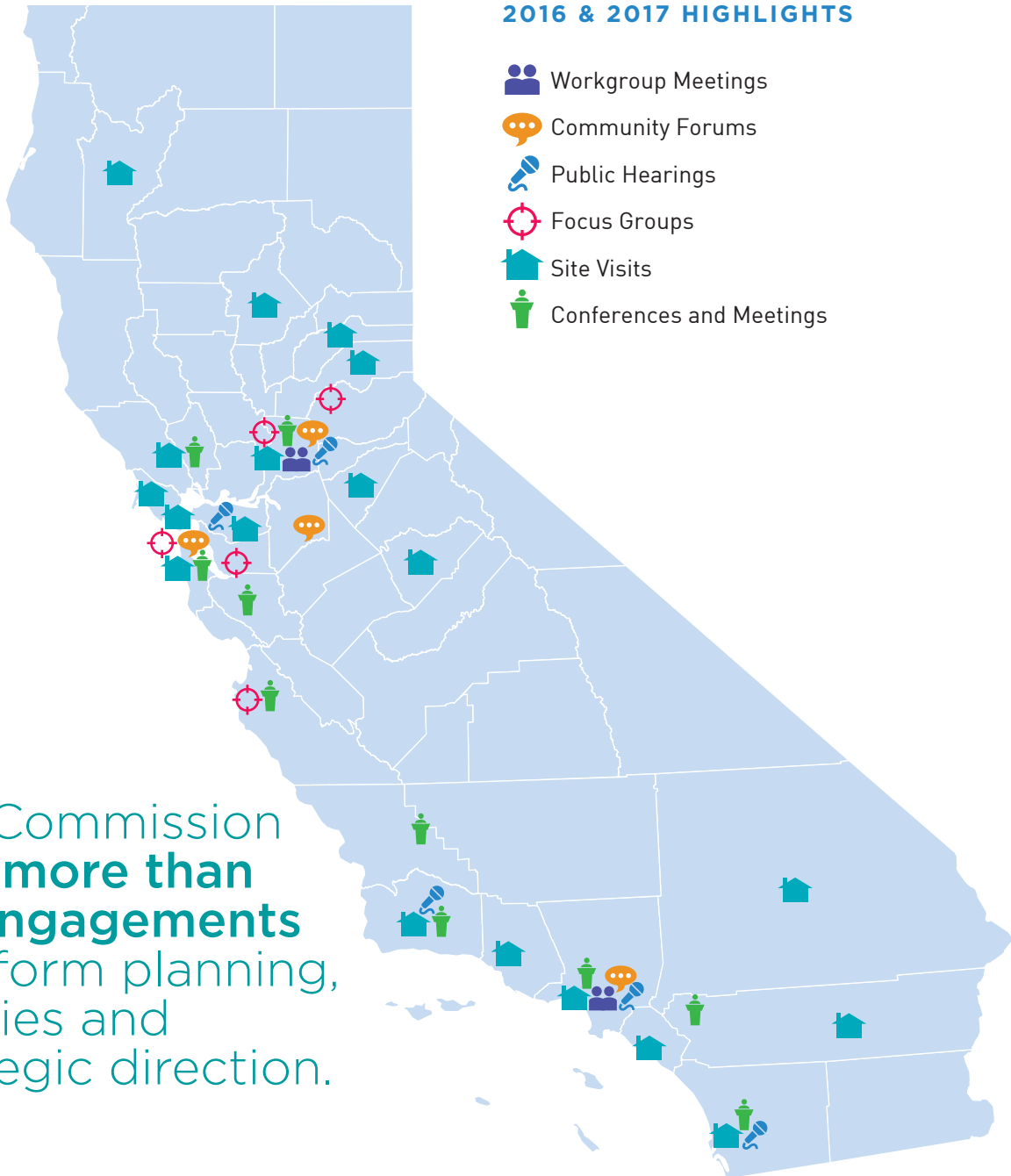
Enabling **Public Engagement** for Collaboration and Action

Public engagement is the cornerstone to the Commission's work. Through engagement at the community level, the Commission ensures the voice of people with lived experience inform policy and program decisions that affect mental health outcomes and decisions. Across the state,

the Commission brings together consumers, family members, providers, advocates and other stakeholders to share experiences, uncover needs and inspire best practices. This engagement approach informs decisions and actions for real transformation.

2016 & 2017 HIGHLIGHTS

-  Workgroup Meetings
-  Community Forums
-  Public Hearings
-  Focus Groups
-  Site Visits
-  Conferences and Meetings



The Commission held **more than 90 engagements** to inform planning, policies and strategic direction.

Promoting Knowledge Exchange to Inform Effective Strategies

In addition to its statewide engagement on mental health, the Commission collaborates with leaders from other disciplines and participates in state, national and international opportunities for knowledge exchange.

The Commission engaged in dozens of conferences, forums, meetings and related events to improve its understanding of effective strategies, emerging opportunities and new approaches to deliver services.

The Commission's knowledge exchange activities ranged from meeting with high school students on mental health issues, engaging community partners in Los Angeles and academic leaders in the Bay Area to partnering with the White House and federal agencies. The Commission also participated in international visits to connect with established and emerging leaders working to transform mental health. The highlighted activities below represent a sampling of those efforts.

Washington, D.C.: Data-Driven Justice Initiative Workshop

A project of the White House Office of Science and Technology Policy, Commissioner Bill Brown and staff participated in this workshop to build on knowledge of local data exchanges, diversion and data-driven risk assessment tools to measure outcomes.

Sacramento, CA: Words to Deeds Conference

The Commission sponsored this conference bringing together California counties engaged in the White House Data-Driven Justice Initiative. This conference promoted best practices to end the criminalization of those with mental health needs. It also promoted best practices to improve collaboration among courts, criminal justice agencies, mental health professionals and governmental and nongovernmental agencies.

Guadalajara, MX: World Forum on Statistics, Knowledge and Policy

An invitation-only event, Executive Director Toby Ewing served as a panelist along with others from California, the United Kingdom and Australia. Leaders exchanged knowledge about prevention, evidence-based practices, innovation and use of data and analytics.

San Antonio, TX & Miami, FL: Model Health Program Visits

The National Institute of Corrections and U.S. Department of Justice supported and facilitated the Commission's visits to meet with subject matter experts from San Antonio and Miami. The Commission convened a California delegation from California state and local government, including the California Health and Human Services Agency, Department of Corrections and Rehabilitation, Board of State and Community Corrections and the California State Association of Counties. Together, the delegation explored nationally-recognized approaches to diversion and quality care in mental health custody settings.

Baltimore, MD: Stewards of Change Institute's 11th Annual National Symposium

The Commission participated in this national symposium that brought together representatives who are pioneering information-sharing to improve health outcomes.

Vancouver, British Columbia, CA: Touring the Foundry Integrated Care Strategy for Youth

Commission Vice Chair John Boyd and staff met with leadership of the Foundry to explore and understand efforts in British Columbia to integrated mental health, physical health, substance use treatment, education and social supports into a model that is prevention and early intervention based.

Leonard D. Schaeffer Center for Health Policy & Economics, University of Southern California

The Commission's Executive Director Toby Ewing facilitated a panel presentation on the challenges facing the nation's mental health system. Panelists included industry leaders representing both the public and private sector, health care innovators and mental health consumers.

Accelerating Change Through Legislative Advocacy

Transformation is occurring on the legislative level. In 2017, we saw the largest number of mental health bills presented to the Legislature in recent years. Strong mental health laws are the foundation to a strong mental health system. As part of its legislative agenda, the Commission championed and supported several of these bills. The Commission will act upon these laws to advance its mission on behalf of all Californians.

BILLS SPONSORED



AB 1134 (Gloria): Paves Way for First Paid Policy Fellowship for a Mental Health Consumer

Although fellowships are common in the policy field, as well as in the mental health field, the Commission championed what may be the first paid policy fellowship for a mental health consumer. Authored by Assemblymember Todd Gloria, AB 1134 enhances opportunities to ensure the perspective of persons with lived experience informs policy and program decisions affecting mental health. AB 1134 also authorizes the Commission to host a policy fellow representing a mental health professional. The Commission's two policy fellowships will allow it to benefit from the real-world experiences of a consumer and a professional and, in turn, expose the fellows to the Commission's policy work.



AB 462 (Thurmond): Opens Door for Critical Data Reporting

A core intent of the MHSA is to reduce unemployment among Californians with mental health needs. Until now, California lacked the data strategy to measure the impact of mental health programs and services on employment of those with mental health needs. AB 462 takes the first step to provide the Commission with access to the data needed to measure employment outcomes for consumers.

The legislation authorizes the Director of the Employment Development Department to share employment-related data with the Commission. With this data, the Commission will track employment outcomes for people receiving mental health services. And, as part of its performance monitoring, the Commission will be able to identify gaps, tools and standards to ensure mental health consumers have access to the necessary services to obtain and retain employment—a key aspect of a recovery-oriented mental health system.

BILLS SUPPORTED



AB 1628 (Ting): Supports Housing First Approach

More than one third of the nation's chronically homeless are in California. This bill, known as "No Place Like Home," takes a housing-first approach to help homeless Californians with mental health needs. AB 1628 authorizes approximately \$2 billion in bond funds to provide supportive and permanent housing to tens of thousands of homeless individuals or those at risk of homelessness.



AB 1315 (Mullin): Increases Mental Health Funding with Game-Changing Legislation

AB 1315 creates a first-of-its kind private/public partnership program to generate new funding and resources for mental health. It allows for private sector contributions to expand grants to counties for evidence-based, early psychosis detection and intervention services.

Under this law, the Commission will establish an advisory committee to lead and incentivize additional investment in early adoption and related prevention and early intervention services.

PENDING BILLS SUPPORTED



SB 192 (Beall): Capturing and Reinvesting Unspent Mental Health Funds

This bill would establish the Mental Health Services Reversion Fund to capture unspent mental health funds and reinvest those funds to strengthen opportunities to improve outcomes with increased access to services and support.



AB 254 (Thurmond): Creates Local Educational Agency Behavioral Health Integration Pilot Program

AB 254 would accelerate early detection and intervention opportunities for mental health needs in California's schools. If passed, it will require the Department of Health Care Services, in cooperation with the Department of Education, to establish the Local Educational Agency Behavioral Health Integration Pilot Program. The program will focus on innovative approaches to improve behavioral health outcomes of students.

Providing Leadership Under a Dynamic **Commission**

The Mental Health Services Act created the Mental Health Services Oversight and Accountability Commission to provide broad oversight and leadership statewide to the community mental health system. The Commission consists of 16 dynamic members who bring a holistic approach, diverse experiences and unique insights to advance change. Through the Commission's dedication to all populations with mental health needs, commitment to excellence and a collaborative planning approach, progress is in motion to achieve real transformation.

RESPONSIBILITIES

- Provide statewide advice and policy leadership to improve the community mental health system.
- Ensure mental health consumers, family members and underserved communities are meaningfully involved in every level of the community mental health system.
- Facilitate review, accountability and evaluation of projects and programs supported with MHSA funds.
- Issue regulations for Prevention and Early Intervention and Innovation programs.
- Administer Triage personnel grants under the 2013 Mental Health Wellness Act.
- Provide vision and leadership in the exploration of innovative strategies to transform community mental health services, including oversight and approval of over \$100 million annually in innovation projects.
- Develop strategies to overcome stigma, one of the greatest factors that prevents people from seeking mental health treatment.

STATE REPRESENTATION

- Attorney General or his/her designee
- Superintendent of Public Instruction or his/her designee
- Senate Health and Human Services Committee Chairperson or Senate member selected by the Senate President Pro Tempore
- Assembly Health Committee Chairperson or Assemblymember selected by the Assembly Speaker

GOVERNOR-APPOINTED COMMISSIONERS

- Two persons with a severe mental health need
- Family member of an adult or senior with a severe mental health need
- Family member of a child who has or has had severe mental health needs
- Physician specializing in alcohol and drug treatment
- Mental health professional
- County Sheriff
- School district superintendent
- Labor organization representative
- Representative of an employer with less than 500 employees
- Representative of an employer with more than 500 employees
- Representative of health care services plan or insurer

“The Commission is committed to ensuring the voices and concerns of the people most affected by our community mental health system truly matter in the decisions that affect them. That’s part of the vision under the Mental Health Services Act and one we carry out day in and day out.”

John Boyd, Commission Vice Chair (2017)

Meet the 2017 Commissioners



Chair:
Tina Wooton



Vice Chair:
John Boyd, PsyD.



Reneeta Anthony



Lynne Ashbeck



Khatera
Aslami-Tamplen



Senator Jim Beall



Sheriff Bill Brown



Keyondria
Bunch, Ph.D



Itai Danovitch, M.D.



Superintendent
David Gordon



Kathleen Lynch



Mara Madrigal-Weiss



Gladys Mitchell



Larry Poaster, Ph.D.



Assemblymember
Sebastian
Ridley-Thomas



Deanna
Strachan-Wilson



Richard Van Horn

Meet the 2016 Commissioners



Chair:
Victor Carrion, M.D.



Vice Chair:
Tina Wooton



Reneeta Anthony



Lynne Ashbeck



Khatera
Aslami-Tamplen



Senator Jim Beall



John Boyd, PsyD.



Sheriff Bill Brown



John Buck



Itai Danovitch, M.D.



Superintendent
David Gordon



Gladys Mitchell



Larry Poaster, Ph.D.



Assemblymember
Tony Thurmond



Richard Van Horn

Retired Commissioners (Mid-2016)

LeeAnne Mallet
Christopher Miller-Cole

Ensuring Meaningful Planning Through **Commission Committees**

The Commission operates standing committees to ensure meaningful participation of consumers and family members. Committees provide input on activities and decisions in a way that is consumer and family-driven and culturally and linguistically competent. Members are appointed to committees for two-year terms.

Committees are Commissioner-led and include members of the public, mental health consumers, family members, providers, advocates and representatives from public and private sectors. Within each committee, to ensure diverse representation, there are two seats for:

- Consumers
- Family members or caregivers of consumers
- Members of underserved ethnic and cultural communities

In the last two years, the committees assessed the strengths and challenges of their work and identified key priorities related to their purpose. After a review against each committee's goals, the Commission identified areas to align their work across Commission priorities and projects. Through this process, the work of the Services Committee was transitioned to support policy projects on children's crisis services, mental health in schools and criminal justice.



KEY ACCOMPLISHMENTS

Client and Family Leadership Committee:

Prioritized efforts to strengthen client and family engagement.

Cultural and Linguistic Competence Committee:

Provided annual presentations to the Commission about underserved communities. Identified immigrant, refugee and undocumented populations as key areas of focus.

Fiscal Oversight Committee: Identified several key strategies to pursue, including enhanced efforts around oversight. Committee guidance informed the Commission's fiscal transparency tool.

Evaluation Committee: Played a key role in assisting the Commission with the best use of research funds as part of the Commission's Evaluation Master Plan. The Commission has been working to build the capacity to link mental health data with data on criminal justice, out-of-home placements, education, employment and other priorities identified in the Mental Health Services Act as mentioned in the transparency section of this report.

As the work of the committees moves forward, the Commission will continue to align its committees with Commission priorities.

Improving Lives through the Mental Health Services Act

Transformational change is the driving force behind the Mental Health Services Act. The goal of the Act is to transform the community mental health system into one that is client- and family-driven, accessible, culturally competent and recovery-oriented. The Commission is committed to implementing all aspects of the MHSA to achieve this visionary goal.



Darrell Steinberg, Author of Proposition 63 and former California State Senate President Pro Tempore, Commissioner Khatera Aslami-Tamplen, 2017 Commission Chair Tina Wooten and Commissioner John Buck

“Thank you for championing the movement to improve our community mental health system through the Mental Health Services Act. I am writing to you as both a county ethic services manager and as a former foster parent. Within the context of my position, I’m grateful that the use of MHSA funds support, assist and promote the intent and spirit of providing culturally competent services to historically undeserved and inadequately-served populations of our state. I perceive this position as a powerful tool to improve and transform our mental health system to achieve greater equity, while working to reduce disparities and stigma.

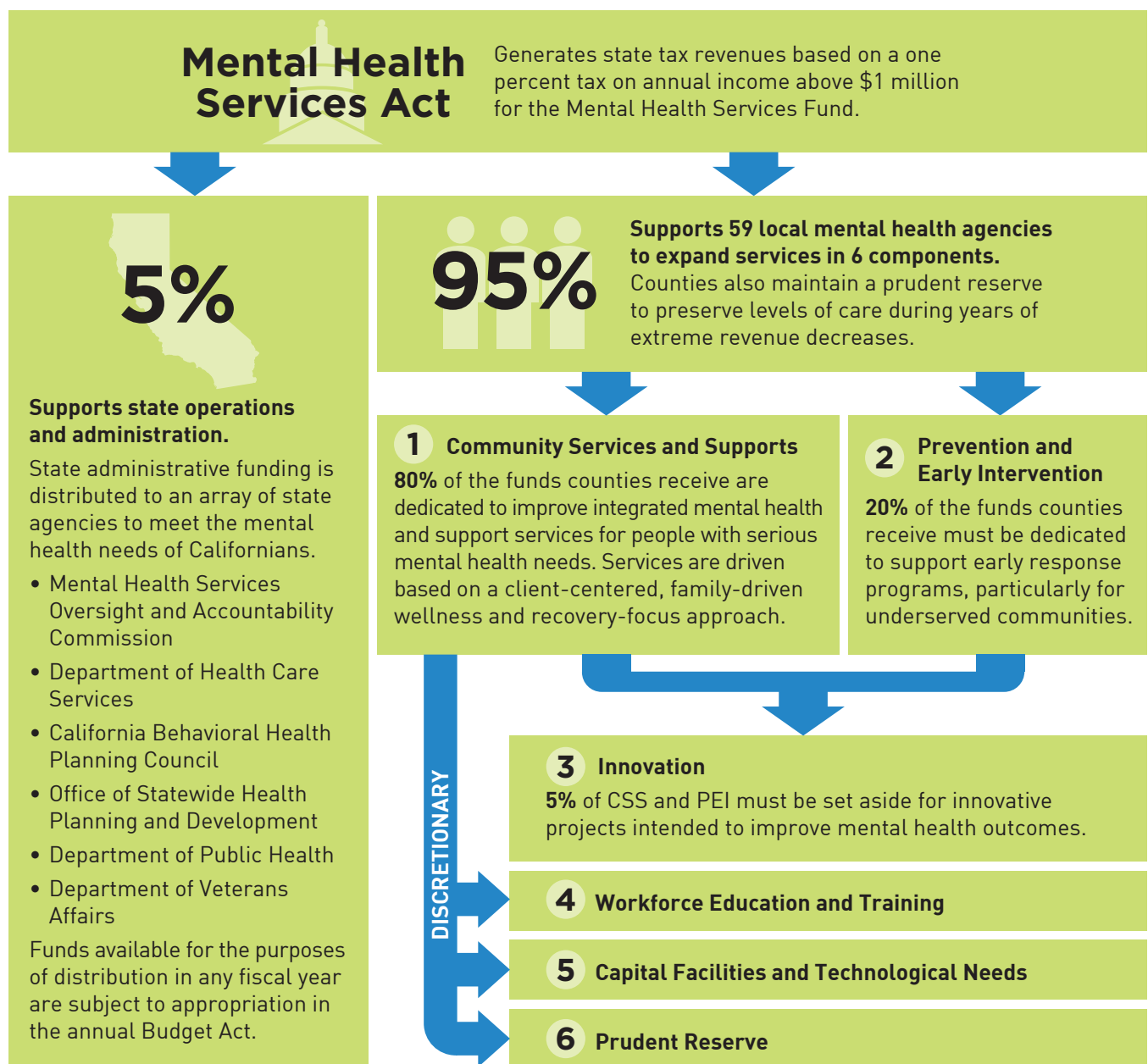
As a former foster parent, it has been a valuable resource to foster children and families in need. Children in my care have benefited immensely as they were able to easily access mental health services and received the excellent support they needed. Again, my sincere gratitude. I hope to see other movements that benefit the greater good.”

Mental health professional and family advocate

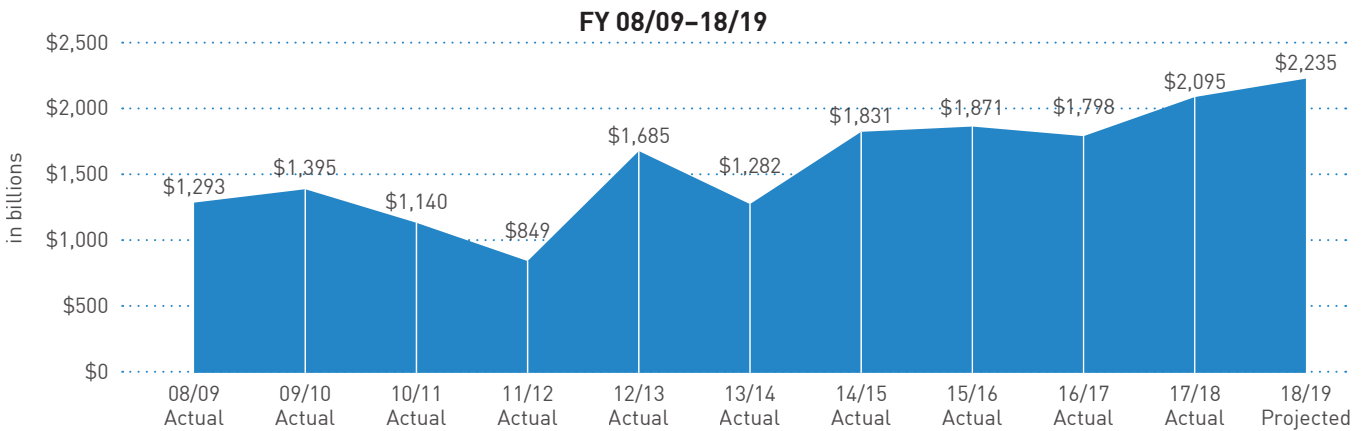
Understanding the Mental Health Services Fund

The MHSFA includes a one percent tax on annual income in excess of \$1 million to fund and expand mental health services at the community level. This year, the MHSFA will generate approximately \$2 billion for California's mental health services system. Ninety-five percent of the fund goes directly to county mental health departments for their community programs. The remaining five percent goes to the state for operations and administration.

The state distributes funds to counties according to a formula largely based on population. Counties receive specific allocations for five components to support community mental health services. In turn, counties submit three-year plans and annual revenue and expense reports to the state to report the use of these funds.



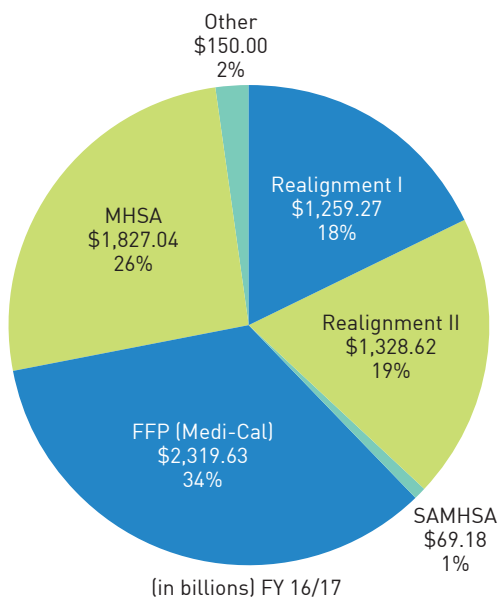
REPORTING OF HISTORICAL REVENUES



This graph indicates actual and estimated total MSHA revenues deposited to the Mental Health Services Fund from FY 2008/09 to 2018/19. MSHA funding is susceptible to economic fluctuations as noted here. Each county is required to maintain a prudent reserve to preserve current levels of services in years with extreme decreases in revenue. Additionally, the state maintains a reserve for economic uncertainties in each special fund. The Governor’s FY 2018/19 January proposed budget includes a projected reserve in the Mental Health Services Fund for FY 2018/19 of \$2.235 billion.

LOCAL MENTAL HEALTH FUNDING

California’s local mental health agencies receive funding from a variety of sources. In FY 2016/17, the Mental Health Services Act represented 26 percent of all major mental health funding in the state.



Realignment I (1991): Reduced state general funds to the counties. Provided the counties with new tax revenues from increased sales tax and vehicle license fees dedicated to counties for their increased financial obligations for health and mental health programs.

Realignment II (2011): Shifted existing state revenues from sales tax and vehicle license fee for various programs, including Early and Periodic Screening, Diagnostic and Testing and mental health managed care. The total funds for the 2011 Realignment includes funds for Substance Use Disorders.

SAMHSA: Substance Abuse and Mental Health Services Administration funding

FFP: Federal Financial Participation funding

MSHA: Mental Health Services Act funding is based on the Governor’s proposed budget. Actual amounts distributed will be based on actual revenues deposited into the fund less the amount reserved and spent on administration.

Informing the Future with **Policy Projects**

Commission's Fiscal Reversion Project Unlocks \$200+ Million

The Mental Health Services Act requires counties to use their allocated funds within specific timeframes or return the funds to the state so they can be redistributed to meet needs in other counties. The Commission embarked on this project after mental health advocates asserted that counties were not spending their full allocation of mental health funding and the state was not requiring funds to be returned.

In early 2016, the Commission's subcommittee consisting of Commissioners John Buck,

John Boyd, Psy. D. and Larry Poaster, Ph.D. initiated this project. The subcommittee engaged representatives from the California Department of Health Care Services, County Behavioral Health Directors Association, a range of county representatives and other stakeholders to:

- Better understand the structure of the state's reversion policies and practices
- Understand, evaluate and learn how well the fiscal reversion policies were working
- Identify recommendations to improve reversion policies and practices



KEY ACCOMPLISHMENTS

Through the *Fiscal Reversion Project* completed in April 2017, the Commission found:

- A sample of counties held in excess of an estimated \$100 million by the end of FY 2015/16.
- Some counties reported the DHCS forms limited their ability to accurately report expenditures and challenged compliance for other auditing reports.
- Despite the statutory reporting requirements, many counties did not submit their reports by the annual deadline.
- Existing law calls for reversion but it is silent on how reverted funds should be redistributed.
- Very small counties reported challenges to spend their funds in the three-year statutory timeframe. Many reported the need to "save-up" their funds until they have the sufficient resources in place to invest in priority projects.



ACTIONS IN MOTION

Within three months of reporting the Commission's findings and recommendations, the Legislature passed and Governor Brown signed AB 114 — unlocking more than \$200 million in unspent mental health revenues and requiring renewed enforcement of mental health fiscal reversion. This action also:

- Restarts the clock for counties to use innovation funds upon Commission approval of innovation projects.
- Requires counties to prepare and submit a plan by July 1, 2018, for the use of unspent funds and those funds must be used by July 1, 2020, or returned to the state.
- Requires DHCS to report to the Legislature on the amounts of MHSAs subject to reversion.
- Requires DHCS to work with counties to notify them about funds subject to reversion and provide a process for counties to appeal reversion decision.
- Authorizes small counties, with a population of less than 200,000 to keep and use their funds for up to five years, instead of the initial three-year timeframe.

Finding Solutions: Helping Counties Comply with Regulations

In 2015, the Commission amended reporting regulations for Prevention and Early Intervention and for Innovation Programs. The new regulations provided a clear framework for counties to execute, evaluate and report on the PEI and Innovation programs they fund and operate.

Following implementation, the Commission received requests from several behavioral health agencies and, specifically the County Behavioral Health Directors Association, to provide guidance around three primary challenges:

- How to report the demographics of people provided mental health services, including their race, ethnicity, sexual orientation and gender identity.
- How to manage the new program and measure requirements for people with a serious mental health need under the Access and Linkage to Treatment, a requirement of the MHSA.
- How to measure the duration of untreated mental health needs, a requirement of the MHSA.

In response to these concerns, the Commission formed a subcommittee of three Commissioners to explore possible solutions to these challenges. In 2016, the subcommittee conducted a series of public meetings and forums throughout the state to gather information on the specific implementation challenges raised by the counties and strategies to address them.



KEY ACCOMPLISHMENTS

Through this project, the Commission found:

- Not all counties are equipped to collect the required demographic information.
- The regulatory requirements challenged counties with populations of 100,000 or less.
- Counties often lack the tools to collect required access and linkage to treatment data, referral information and the duration of untreated mental health needs.



ACTIONS IN MOTION

Based on input provided by counties and the public, the Commission adopted the amendments to state regulations in January 2018. If approved by the Office of Administrative Law, the new regulations will go into effect July 1, 2018. The regulations will assist counties in many ways. Highlights include:

- New report due dates that better align with other county reporting mandates.
- New data collection specifications for demographic data and referrals to help counties overcome reporting challenges.
- Authorization for counties to provide the required access and linkage to treatment data through other MHSA-funded programs, such as Prevention and Early Intervention.
- Greater flexibility for very small counties on their access and linkage to programs.
- Very small counties can combine and/or integrate the five required stand-alone programs into one program report.

Clarifying these regulations will help counties comply with the reporting requirements, resulting in more meaningful evaluations of PEI and Innovation programs. This will strengthen our ability to understand and report on the impact of programs and services, make changes, if necessary, or continue to expand best practices for programs with impactful outcomes.

Strengthening Children and Youth in Crisis Services

California is home to more than nine million children. One in five of these children, or 1.8 million, have or have experienced mental health needs.

For many California children and families, accessing crisis services may be their first introduction to the state's community mental health system. Far too often, most families and caregivers call 911 when a mental health crisis hits. This is a critical issue as police officers and ambulatory teams may not specialize in the mental health services the child or youth needs when in crisis. Additionally, to compound the situation, engaging 911 can lead to enormous costs that often fall on the shoulders of the family in need.

The Commission conducted this project to inform recommendations to improve access, service coordination and outcomes for children and youth in crisis. Commissioner John Boyd chaired a subcommittee to guide this project with the help of an advisory work group.

“Families in California have very few places to turn when their children are in crisis. It is time to combine our efforts in order to secure the funding and focus needed to significantly increase the availability of high-quality care that meets the needs of our kids.”

Darrell Steinberg, Founder, Steinberg Institute



KEY ACCOMPLISHMENTS

Through the *Children and Youth in Crisis* project, the Commission found:

- Too many California children and youth do not receive the crisis services they need and often end up in contact with law enforcement, emergency rooms or acute psychiatric facilities.
- Fragmented mental health crisis services undermine care coordination and outcomes for children and families.
- California lacks a statewide system of accountability and quality improvement to ensure all children and youth have access to crisis services when and where they need them.



ACTIONS IN MOTION

Although this work remains underway, the Commission advanced legislative recommendations to establish a one-time grant program to build capacity for the continuum of children's crisis services.

The Commission is working to complete this report and craft an action agenda to fundamentally enhance access to crisis services, expand crisis prevention opportunities and ensure all children have the support they need.

Reducing Criminal Justice Involvement for People with Mental Health Needs

Experts say California jails book more and more people with mental health needs each year. The influx is overwhelming our criminal justice system. When placed in jail, many people with mental health needs experience interruptions in treatment and support. As a result, their symptoms intensify leading to profound suffering. When released, many fail to receive transitional assistance, run afoul of the law again and cycle back into custody. And the costs—to individuals, families and taxpayers—multiply.



KEY ACCOMPLISHMENTS

Through the *Reducing Criminal Justice Involvement for People with Mental Health Needs* project, the Commission found:

- Too many mental health consumers, particularly those from African American, Latino, Native American and LGBTQ communities, end up in jail because of unmet mental health needs and system inequities.
- California's jails are not equipped to serve mental health consumers.
- A large and growing number of people are found incompetent to stand trial because of unmet mental health needs and forced to spend months in jail awaiting services necessary for their cases to proceed.
- California lacks a statewide approach for prevention and diversion to reduce criminal justice involvement for mental health consumers and improve outcomes.
- Data is critical to decision-making and service delivery, but state and local agencies do not effectively harness their data to improve outcomes for those in need.
- Criminal justice and mental health professionals will need new knowledge, skills and abilities to build effective diversion systems and better serve mental health consumers and their communities.

In 2016, the Commission convened a subcommittee on mental health and criminal justice that included Santa Barbara County Sheriff and Commissioner Bill Brown, Commission Chair Tina Wooton (2017) and former Commissioner Richard Van Horn. The subcommittee conducted this project to develop an action agenda to reduce the numbers of mental health consumers involved in the criminal justice system and to improve outcomes.



ACTIONS IN MOTION

The Commission adopted six key recommendations and, moving forward, will advance policies to support them.

- California's mental health agencies, in partnership with law enforcement and others, should have a comprehensive prevention-focused plan to reduce the incarceration of mental health consumers in their communities.
- The Board of State and Community Corrections should facilitate a collaborative effort with counties to identify, develop and deploy services and strategies including universal screening for mental health needs at booking and more training for custody staff.
- California must maximize diversion from the criminal justice system, including expanding options for restoring competency to those incompetent to stand trial.
- The Council on Criminal Justice and Behavioral Health should fortify its efforts to support collaboration among state agencies toward prevention and diversion efforts.
- California's Health and Human Services Agency should reduce any barriers to make data available that would help identify service gaps.
- California, in partnership with counties, should expand technical assistance to increase cultural competence, improve professional training, increase the use of data and evaluation and advance the dissemination of best practices.

Exploring School-Based Mental Health Services for Early Prevention

Across the country and in California, school pushout is a major problem. In the 2014-15 school year, approximately 420,000 California students were suspended. More than 30 percent of these suspensions were for minor disruptive behavior, in some cases known as “willful defiance,” with students of color and those with mental health needs disproportionately affected.

In 2017, the Commission initiated a project on mental health and schools. Sacramento County Superintendent of Schools and Commissioner David Gordon, Commissioner Gladys Mitchell and Commissioner Mara Madrigal-Weiss are leading the effort to bring school and community partners together to improve mental health services and support for children and their families. The project aims to:

- Bring education and mental health partners closer together to provide high-quality and more timely services.
- Encourage innovation in services for children ages 3 to 8 years old with mental health needs.
- Help prevent early learning problems from becoming life-long challenges.
- Break the fail-first paradigm through early detection, intervention and evidence-based strategies to support both mental health and educational outcomes.
- Improve short-and long-term academic, behavioral and socio-emotional functioning of children.



KEY ACCOMPLISHMENTS

Through the *School-Based Mental Health Services for Early Prevention* project, the Commission held a number of public meetings and other public events. The subcommittee heard from youth, parents, teachers, education and mental health experts and others.

In late 2017, consistent with this project, the Commission authorized a \$30 million investment to support an integrated system framework between county mental health programs and schools. The goal is to support stronger school-county partnerships to ensure that children with mental health needs and their families receive the services and support they need to succeed in school.



Rhea Mac, Commissioner Gladys Mitchell and Jacques Alexander planning at local level

Promoting Accountability Through Fiscal Transparency

In May 2016, the Commission embarked on an ambitious goal to promote transparency and accountability in California's spending of MHPA funds. It completed the first stage of this goal in 2017 with the launch of the first phase of a statewide, web-based reporting tool.

Members of the public, policymakers, mental health consumers and their families, counties and mental health advocates can now see how much each county receives in MHPA funds. The tool also displays each county's use of those dollars—spent and remaining—for programs and services in their community.

Currently, the site reflects data by county for fiscal years 2012/13 through 2016/17 based on county revenue and expenditure reports submitted to the Department of Health Care Services. The Commission will continue to update the site and release additional fiscal information as it becomes available. Over time, the Commission intends to add information on all available mental health funding. This strategy is part of the Commission's efforts to support public accountability and the community planning process—an important component of the MHPA.

The Commission's release of online fiscal information is the first stage of a three-phase strategy to support public accountability for mental health outcomes. In addition to creating user-friendly access to fiscal information, the Commission is working to make information accessible on the available mental health programs and services in each county.

The next phase of this effort focuses on documenting statewide progress against the prevention and early intervention goals of the MHPA, including reducing suffering, criminal justice involvement, school failure, suicide, homelessness, out-of-home placements for children and unemployment.

Over time, this tool will help all Californians understand the impact of MHPA programs and services statewide and in their communities. Eventually, the tool will serve as a significant resource to understand best practices and gaps in mental health programs and services. Ultimately, it will support the transformational change needed to ensure that all Californians who need mental health services receive the care and support they need in a way tailored to their individual needs.

mhsoac.ca.gov/fiscal-reporting

Fiscal Reporting

1. Select a County MHP
Statewide

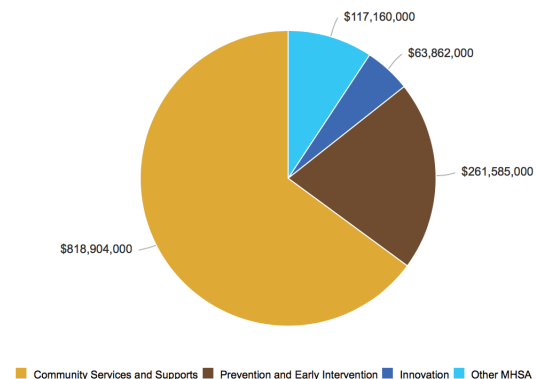
2. Select a Fiscal Year (FY)
2014-2015

3. Select a Fiscal Type
 Estimated MHPA Revenue
 Estimated MHPA Expenditure
 Estimated MHPA Closing Balance

Two City MHPs:
City of Berkeley
Tri-City

Report Available Report Not Available

Estimated MHPA Expenditure, Statewide (54 Counties), From Current and Prior Allocations, FY 2014-2015: \$1,261,511,000
The graph below shows by component the total MHPA expenditure in the fiscal year by County MHPs.



Partnering for Quality Research and Evaluation

In addition to policy projects, the Commission contracts with research institutions and subject matter experts to evaluate the effectiveness of programs and services, strengthen data reporting and inform best practices. Over the past two years, the Commission entered into several partnerships to support research and evaluation.

HIGHLIGHTS OF PROJECTS UNDERWAY

Assessment of System of Services for Older Adults: Regents of the University of California, UCLA

Completed in January 2018, this assessment uncovered challenges and barriers to meet the unique mental health needs of older adults. It will inform strategies to overcome those challenges and improve services and supports. This assessment also will result in performance indicators to strengthen future data and performance monitoring.

Recovery Orientation of Programs Evaluation: Regents of the University of California, UC San Diego

This project evaluated the Community Services and Supports component of the MHSA and its focus on recovery. The Commission intends to use the data and share results gathered to develop recommendations to strengthen the recovery-orientation of community mental health programs in California.

Early Psychosis Evaluation: Regents of the University of California, UC Davis

Using data from Sacramento County's Early Diagnosis and Preventative Treatment of Psychosis Illness program, this evaluation develops a pilot strategy to calculate program costs, outcomes and costs associated with those outcomes. The evaluation will also develop and implement a method to identify and describe all early psychosis programs throughout the state.

Department of Justice Criminal Data Linkage and Analysis: Mental Health Data Alliance

This analysis aims to identify the level of criminal justice involvement among people served in public mental health programs. It will also evaluate longitudinal changes in criminal justice involvement for populations served by public mental health systems.

Data Management and Data Visualization Tools: iFish Group, Inc.

This project fortifies the Commission's ability to access and use information by supporting the acquisition, configuration and implementation of a data management system. This work also supports the Commission's ability to receive, analyze and display data visualizations by using data reported by the counties and other sources. These planning tools support the next developmental phases of the Commission's website for transparency and accountability.



New data management and visualization tools will strengthen the Commission's ability to report county data in a transparent manner.

Strengthening California's Triage Personnel Program

State law authorizes the Commission to make available \$32 million per year to support crisis services in California. Known as the Triage program, these funds are made available to counties to increase the number of personnel who are available to support people experiencing a mental health crisis. Triage personnel, and the services they provide, are intended to reduce the likelihood that people experiencing a mental health crisis end up in jail, a hospital emergency room ill-equipped to deal with a crisis situation or psychiatric hospitalization. California's Triage program was established under SB 82, the Mental Health Wellness Act of 2013.

In 2014, the Commission awarded \$128 million to 24 counties to support their community crisis-oriented Triage services over a four-year period. As part of a competitive grant process, all grantees were required to submit a comprehensive outcome evaluation on the effectiveness of increased Triage personnel and their improved crisis response systems. Through the awarded grants, the legislation anticipated the integration of an additional 600 Triage personnel into the community mental health system.

To support program implementation, the Commission held quarterly meetings with county Triage program staff, conducted site visits throughout the state and met periodically with county and program workers. Through this process, the Commission identified several strengths and challenges associated with the Triage program.

TRIAGE PROGRAM STRENGTHS

Through the grants awarded in 2014, the Triage program helped counties:

- Expand peer-driven outreach and community programs to support early intervention and prevent the need for hospitalization, the use of involuntary services and the escalation of needs.
- Establish collaborative programs to reduce costs and the impact on local law enforcement and local and regional hospital and health systems.
- Support pilot programs to direct cost-effective mental health services through homeless

outreach, jail in-reach and peer navigator programs in jails and hospitals.

- Add 480 new personnel including 122 peer providers throughout the state.

TRIAGE PROGRAM CHALLENGES

- Counties experienced delays in establishing operational partner agreements necessary to fully implement their programs.
- Many counties reported hiring delays, citing statewide workforce shortages, wage competition and need for higher cost professionals in select counties.
- Program implementation delays impacted the ability for some counties to fully access and use their authorized Triage funds within the grant timeframe.
- Variation across counties, in how data was collected and reported for evaluation purposes, revealed the need to establish a unified data collection and evaluation approach.



ACTIONS IN MOTION

Based on lessons learned during this first round of Triage grants, the Commission is working to strengthen the program moving forward, including:

- Modifying the application process to require letters of intent with potential partners to help expedite program implementation.
- Releasing a second round of unspent funds totaling approximately \$48 million, along with three years of on-going Triage revenues, through three separate competitive grants each with a unique focus:
 - Adults and transition age youth
 - Children
 - School-mental health partnerships
- Entering into a contract with a statewide evaluation partner to standardize data collection, reporting and analysis across the state for each of the three project types supported with Triage funds.

Elevating Promising Practices Through **Innovation**

Innovation is perhaps the most groundbreaking component of the MHSA. The innovation component of the Act requires counties to invest in innovations that have the potential to fundamentally transform mental health services and the outcomes achieved. Innovation funding allows counties to test new, unproven approaches to service delivery or to adapt existing strategies with the potential to become tomorrow's best practices to improve mental health services.

The Commission reviews and approves funding for innovation programs for county mental health programs. Additionally, the Commission provides technical assistance to help counties in their planning process.

In 2016, 19 counties presented 34 innovation projects to the Commission. Nine of these proposals were requests to extend their timeframe to use their funds. In 2017, 20 counties presented 24 innovation projects to the Commission. Two were requests for program time extensions and additional funding.



KEY ACCOMPLISHMENTS

Authorized more than \$159 million in funding to support innovation programs statewide.

The Commission also secured its plan to host its first innovation summit in February 2018. The Summit was designed to bring stakeholders, mental health care professionals, policy makers and others more together to share and accelerate innovative approaches for transformation.

Innovation planning at the community and stakeholder level

PROPOSED INNOVATION INCUBATOR TO IMPROVE & STRENGTHEN INNOVATION

As described earlier in this report, the Commission learned through knowledge exchange forums and policy projects about effective, emerging practices to reduce criminal justice involvement for people with mental health needs. The Commission also found that the MHSA innovation component could be enhanced through the support and technical assistance of external innovators and subject matter experts, as well as strategies to encourage cross county collaboration.

In 2017, in consultation with the Health and Human Services Agency, the Commission proposed the establishment of an Innovation Incubator. In January 2018, the Governor included in his 2018-19 budget proposal an allocation of \$5 million to enhance innovation strategies to reduce the numbers of those deemed incompetent to stand trial in the criminal justice system.



INNOVATION IN ACTION: PROJECT HIGHLIGHTS

Kern and Los Angeles Counties: First Technology Suite for Mental Health Solutions

The Commission approved a \$35 million innovation project for Los Angeles and Kern counties. This project is the first of its kind in any public mental health system. The technology suite project will reach an estimated one-in-five individuals with mental health needs in the counties who do not seek treatment.

This project involves the coordination of a web-based network of trained, on-call peers available 24/7 to talk with people experiencing mental health needs. Outreach will occur through virtual peer chatting, smart phones, computers and other forms of technology.

The California Mental Health Services Authority, a Joint Powers Authority, will act as the fiscal agent for this project. A number of other counties have signaled interest in joining Los Angeles and Kern counties in deploying this approach to improve access to care.

Riverside County: Commercially Sexually Exploited Children Mobile Response Project

The Commission approved \$6.2 million to Riverside County to create four multidisciplinary mobile teams to provide rapid services to commercially sexually exploited children.

The teams include youth or young adults with similar life experiences. The mobile teams will provide well-supported best practice services and trauma therapy for these children and their families or caregivers.

The project includes a continuum of services with ongoing therapy, medication services, peer support and case management for recovery and wellbeing.

Amador County: Circle of Wellness

The Commission approved \$918,920 over five years to bring together specialty mental health services and local health clinic resources for American Indian and Alaskan Natives in a rural county where one quarter of all children ages zero to five live in poverty.

Through its Circle of Wellness, the county will provide prevention and early intervention mental health services to pregnant and post-partum women. The program also includes yearly mental health wellness visits for every identified child and supports parenting groups to improve family outcomes.

Ventura County: Children's Accelerated Access to Treatment and Services

The Commission approved \$1,471,668 over three years to Ventura County to provide more timely access to services for children in the child welfare system.

This project integrates the use of a new trauma-informed assessment to streamline the process for accessing treatment once a child is placed into a foster home. The county also will provide education to foster parents to support the mental health needs of the children they serve.

Fortifying Planning for Prevention and Early Intervention

The Mental Health Services Act requires county mental health agencies to integrate Prevention and Early Intervention programs into their community mental health systems. Current law requires counties to conduct a local community planning process to receive input and guidance from the public with regard to priorities for the use of PEI funds.

PEI programs must emphasize strategies to reduce the seven negative outcomes that may result from unmet mental health needs including:

- Suicide
- Incarceration
- School failure
- Unemployment
- Prolonged suffering
- Homelessness
- Removal of children from their homes

The Commission provides oversight of county mental health systems, including county prevention and early intervention strategies. Additionally, as described earlier in the report, the Commission issues, monitors implementation, and provides technical assistance for PEI regulations.

In 2015, the Commission embarked on a project to review and provide recommendations, where warranted, to strengthen the PEI planning processes at the community level. The Commission convened a task force that included representatives from each of the Commission's standing advisory committees as well as other stakeholders.

Through a series of meetings, participants reported some counties have robust processes in place that can be studied and replicated. These processes involved extensive efforts to strengthen stakeholder capacity, trust with community residents and support for public participation in planning for PEI programs. The Commission also learned about several challenges counties may encounter including:

- Local Mental Health Boards/Commissions are not sufficiently reviewing local plans.
- Locally convened advisory bodies are not reflective of diverse communities or interests.
- Local residents face difficulties knowing what is working and what is not working in their communities and thus have a hard time assessing the quality of local plans.
- Inadequate checks and balances within the local mental health system undermine public confidence in the local process.
- The goals and criteria included in local plans are often unclear and thus difficult for members of the public to assess.
- Priorities included in local plans often do not reflect the community priorities.
- Some local plans are not consistent with the law.
- There is significant variation in the quality of the local plans.
- Advocates who receive county funding or services can face retaliation if they speak up against priorities offered by county agencies.
- Local Issue Resolution Processes are not always effective.
- There are low levels of trust between mental health stakeholders and county mental health officials in some counties.



ACTIONS IN MOTION

In response to these concerns, the Commission prioritized the following initiatives to strengthen planning processes for county mental health Prevention and Early Intervention plans:

- Partnering with the California Association of Local Behavioral Health Boards to explore strategies to fortify their review of local plans.
- Administered a competitive stakeholder advocacy contract process, including a requirement for mental health advocacy at the county level, to bolster the participation of consumers, family members and other mental health stakeholders in the local planning processes.
- Requested and received approval to hire three new staff members to provide technical assistance and planning support for PEI programs.

Project Spotlight: Building a Suicide Prevention Plan to Support Prevention and Early Intervention

Suicide is a leading cause of death in California for both youth and adults. More than 4,000 Californians take their lives each year and thousands more harm themselves in suicide attempts. Suicide deaths and attempts affect every part of California, from north to south, both in human costs and economic loss.

Assembly Bill 114 (Chapter 38, Statutes of 2017) directs the Commission to develop a statewide strategic plan for suicide prevention.

Planning for this project began in late 2017. The Commission will develop a statewide suicide prevention plan with the goal to reduce suicide deaths, attempts and self-harm. This project will include strategies for prevention, early intervention and response.

The Commission will work with survivors of suicide attempts, mental health consumers and family members, state agencies, counties, providers, community leaders and others to develop the plan. Once complete, it will outline an action agenda for the State of California, counties, the mental health community and other partners to reduce suicide deaths, attempts, suicidal thoughts and related harm to individuals, families, loved ones and communities.

Bolstering Stakeholder Advocacy at the State and Community Level

The Commission provides funding to support stakeholder advocacy for improved mental health services and the associated outcomes. Initially, the state provided some \$1.9 million in funding for stakeholder advocacy through the Department of Mental Health. Originally awarded on a sole source basis, funding for these contracts was transferred to the Commission after the dissolution of the Department of Mental Health in 2011.

Across two fiscal years, the Legislature increased the Commission's budget for stakeholder advocacy from \$1.9 million to \$4.6 million to include funds for advocacy on behalf of diverse communities and veterans. The Legislature also increased the level of funding for individual contracts, up to \$670,000 each, and required those contracts to be awarded on a competitive basis, all in an effort to enhance the effectiveness of these funds.

To prepare for the transition from sole source awards to competitive bids, the Commission staff designed a process to gather feedback and explore lessons

learned. This included interviews with current contractors, public group meetings and facilitated discussions and activities. As a result of these discussions, the Commission structured the RFP process to focus on three priority areas:

- Education and Training
- Outreach and Communication
- Advocacy

Consistent with those reforms, the Commission now provides stakeholder advocacy funds for the following populations:

- Clients/consumers
- Diverse racial and ethnic communities
- Families of adult client/consumers
- LGBTQ community
- Parents/caregivers of children and youth (under 18 years)
- Transition age youth (ages 16-25 years)
- Veterans



Commission staff member Kayla Landry joins stakeholders to engage diverse populations at the community level.

Raising Mental Health Awareness Through **Communications**

Social stigma attached to mental health needs is one of the greatest factors that prevent people from seeking mental health services and support. As a catalyst to change, the Commission funds communications and outreach projects to break through these barriers, while raising awareness about the importance of mental health.

PROJECT HIGHLIGHTS

PBS Documentary: Raising Awareness about Veterans and Mental Health Challenges

Camouflaged among us, dressed in civilian clothing, are nearly 22 million veterans trying to acclimate to civilian life. The Commission produced *Stand and Salute: Our Veterans*, which appeared on PBS more than 100 times and continues to air on stations throughout the United States. The documentary aims to raise awareness about veterans and their mental health needs. It also showcases smart solutions addressing veterans' needs on a variety of fronts, including efforts to address homelessness and to prevent incarceration while rebuilding lives.



This Commission-produced documentary raises awareness about veterans and their mental health needs.

Art With Impact: Reaching High School and College Campuses

Art With Impact is a nonprofit organization that works with high school and college students using the emotional power of short films to reduce stigma and discrimination attached to mental health needs. It also gives educators who are committed to stigma reduction an early intervention tool to reach out to students. The Commission sponsors Art With Impact to bring informative, engaging workshops to high school and college campuses throughout California.

During the workshops, students watch and discuss short films on a variety of mental health topics. They also connect young people to on-campus and county resources through a panel of local experts, one of whom is a student talking about his/her lived experience. In 2016, the Commission sponsored activities at 13 high schools and 7 colleges. In 2017, the Commission sponsored activities at 8 high schools and 14 colleges.

Art with Impact delivers impactful events that show real life examples of mental health needs.




 **PSAs: Reaching Asian American Communities**

Providing mental health services to underserved communities is one of the most important aspects of the Mental Health Services Act. Reaching those communities can be challenging because of the differences in language and culture, particularly when stigma often prevents someone from seeking services. Crossings TV reaches a segment of this population by providing information to Asian American communities through locally-oriented, produced and marketed television programming. The core viewership of Crossings TV are Chinese (Mandarin, Cantonese), Filipino (Tagalog), Hmong, South Asian (Hindi, Punjabi), Russian and Vietnamese populations.

The MHSA funds Public Service Announcements that air on Crossings TV in each of those languages. The PSAs received more than 1.5 million impressions from viewers every month.

NFL star Herschel Walker, now a mental health advocate, shared his experience of living with a mental health diagnosis before, during and after his years in the NFL.



 **State Event: Mental Health Matters Day**

Mental Health Matters Day is part of a nationwide effort in the month of May to reduce the stigma and discrimination surrounding mental health challenges and increase awareness of tools, support, and resources. Each year, advocates from all over California come together to raise awareness and create a better understanding of mental health challenges and how they affect us all. The event is hosted annually by comedian Paul Gilmartin, the host of the “The Mental Illness Happy Hour” podcast. The event includes speakers, musical and spoken word performances, art exhibits, vendor booths, and legislative advocacy activities. In 2016, former NFL star Herschel Walker was the keynote speaker. In 2017, actor Richard Dreyfuss provided the keynote.



Actor Richard Dreyfuss shared his story about his long-term acting career and how he refused to let his diagnosis of bipolar disorder define him.

Strengthening Management and Internal Accountability

Over the past two years, the Commission has worked to strengthen its management and internal accountability. The Commission is made up of appointed Commissioners who generally meet monthly to set direction, review and approve funding, make policy and programmatic decisions and to authorize the work of the Commission's professional staff. Commissioners appoint an Executive Director who leads the Commission staff. In order to ensure accountability to the appointed Commissioners and to monitor progress against the priorities established by the Commission, staff are developing the following management and reporting practices.

FORTIFYING FISCAL ACCOUNTABILITY

The Commission is working to establish fiscal accounting practices to ensure appropriate use of the limited public funds it receives. In this timeframe, the state has put in place an array of fiscal tools through the state's FISCAL program, an accounting and fiscal management system. That system, which links individual departments with the State Controller's Office and the state's fiscal administration system, allows the Commission to monitor its spending and establish cost accounting tools. Although not fully deployed across the state, the Commission is making progress in utilizing the FISCAL system to monitor its spending.

The FISCAL system allows Commission staff to monitor monthly spending against annual budget allocations. In addition to following state required administrative procedures and financial controls, the Commission has established Rules of Procedure to ensure that funding is allocated only for those expenditures expressly authorized in statute, or through a vote of the Commission, with limited exceptions.

To support that strategy, Commission staff in July 2017 presented the Commission with an annual budget proposal that is reflective of the legislatively authorized annual budget allocation. Staff also presents a follow-up budget report to the Commission, approximately half-way through the fiscal year. The presentation of an annual budget, with a mid-point report on spending, allows the Commission to monitor and adjust spending throughout the year.

Over time, as the state fully develops the functionality of the FISCAL system, the Commission will work to establish an Activity Based Cost strategy to allow the Commission to more closely monitor its spending and to attribute costs to its program activities.

Fiscal Year Budget 2017-18

- MHSOAC budget: \$67,179,000
- MHSOAC staffing: 36 positions
- \$54 million reserved for the SB 82 Triage grant program including \$22 million in Medi-Cal reimbursement to counties
- \$4.7 million reserved for statewide stakeholder advocacy contracts
- Balance of \$8.5 million fund supports Commission operations, evaluations and technical assistance
- Assembly Bill 114, Chapter 38, Statutes of 2017: appropriates \$100,000 from the MHSA fund to the Commission to develop a statewide suicide prevention strategic plan

Fiscal Year Budget 2016-17

- MHSOAC budget: \$69,615,000
- MHSOAC staffing: 33 positions
- \$54 million reserved for the SB 82 Triage grant program including \$22 million in Medi-Cal reimbursement to counties
- \$4.7 million reserved for statewide stakeholder advocacy contracts
- Balance of \$11 million fund supports Commission operations, evaluations and technical assistance
- Senate Bill 833 expanded the Mental Health Wellness Act to specifically address a continuum of crisis services for children and youth: appropriates \$3,000,000 for children's crisis services
- \$300,000 earmarked for a strategic plan for the Commission

STRENGTHENING PERSONNEL PRACTICES

The Commission employs staff, along with student assistants, retired annuitants and consultants to support its operations. With the exception of the Executive Director, who is an exempt appointee of the Commission, Commission staff participate in the state's civil service system. Employment with the Commission complies with the state's civil service rules.

Over the past two years, recognizing challenges in filling high-value positions, the Commission has worked to fortify its recruitment, training, professional development and retention strategies. The Commission has struggled to fill positions for a consulting psychologist and for a research lead. A range of challenges create barriers to filling these positions, including limits on compensation, competition for qualified and licensed personnel, and lack of upward mobility opportunities because the Commission is a small employer. In response, the Commission has expanded its recruitment from drawing primarily from within the state civil service system, to statewide and national recruitment. We also have expanded opportunities for training to support upward mobility among all Commission staff. Training and professional development activities have included traditional course offerings, as well as establishing opportunities for professional engagement in conferences, policy and research forums, and other opportunities for experiential learning.

Through these efforts, the Commission has reduced the number of long-term vacancies it has carried, although growth in the Commission staff has created new openings. The Commission is an employer of choice because of the dynamic nature of its work, its emphasis on policy and its small and cohesive work environment.

BOLSTERING MANAGEMENT STRATEGIES

During the past two years, the Commission put in place a range of reforms and employee and management support tools to improve communications and focus our work on the priorities established by the Commission.

- Innovation staff developed an analytic and tracking tool to monitor county innovation proposals, from development, review and approval, through to evaluation and local agency decisions regarding sustainability. This tool allows innovation staff to better understand the number of innovation plans that are in development, to anticipate the likelihood that innovation funds would be subject to reversion to the state because of inactivity and to identify patterns in innovation proposals.
- The Commission has worked with a number of private consultants to assess its needs and identify a grants management tool to support the monitoring and accountability for Triage, stakeholder contracts, research and other grants. The tool allows Commission staff to better monitor the array of contracts in place at any given time to improve communication, anticipate conflicts in the timing of contract deliverables and enhance overall grant management and accountability.

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- In support of the Commission’s transparency work, staff have engaged a range of consultants and subject matter experts to develop, test and build a web-based tool to publicly share information on mental health funding, services and outcomes. To support those public-facing data visualization tools, the Commission has built and populated a number of databases and IT systems to allow the automatic uploading of information into secure data portals for transition into public-facing visualizations.
 - In 2016, the Commission redesigned its website and in 2017 added the capacity for Livestories, a platform for data sharing and the creation of narratives to better understand the public value of this data.
 - Administrative and fiscal staff have worked with PeopleSoft and staff from the California Department of General Services to enhance utilization of fiscal tools to monitor budgeting, spending, accounting and account monitoring. These efforts are intended to improve fiscal year planning and budgeting, improve reporting to the Commission on the organization’s fiscal condition and to enhance accountability to the Commission and the public for the use of public funds.

MOVING FORWARD

Despite these efforts, the Commission continues to address staff vacancies and enhance the training and professional development opportunities afforded to Commission staff.

We are currently exploring tools to support project management as the Commission takes on increasingly complicated projects that involve policy and data research, community and public engagement processes, communications and policy proposal development.

We are constantly assessing our technology needs, data security and our ability to integrate our work to reduce costs, improve effectiveness and deliver public outcomes around oversight and accountability.



**Mental Health Services
Oversight & Accountability Commission**

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