Commission for Behavioral Health

Commission Meeting
February 27, 2025
Presentations and Handouts

Agenda Item 9:	•Presentation:	Counting what Counts: School-based Universal Mental Health Screening Legislative Report
Agenda Item 10:	•Presentation:	Report to the Legislature on the Behavioral Health Student Services Act
Agenda Item 13:	•Handout:	Innovation Partnership Fund: Background
	•Handout:	A Vision for Innovation in Behavioral and Brain Health - Summary: California can Lead on Behavioral Health Innovation
Agenda Item 14:	•Presentation:	Behavioral Health Student Services Act Evaluation
Agenda Item 15:	•Presentation:	FSP Legislative Report
Miscellaneous:	•Handout:	Written Miscellaneous Public Comment
	•Handout:	DHCS Status Chart of County RERs Received
	•Handout:	Evaluation Dashboard
	•Handout:	Innovation Dashboard

Counting what Counts

School-based Universal Mental Health Screening Legislative Report

Kali Patterson, *Research Scientist Supervisor*
February 27, 2025

Commission for Behavioral Health

Overview

SUMHS Project

- Background
- Process and timeline

Final Report

- SUMHS definitions and evidence
- Landscape analysis findings
- Recommendations for SUMHS implementation

Background

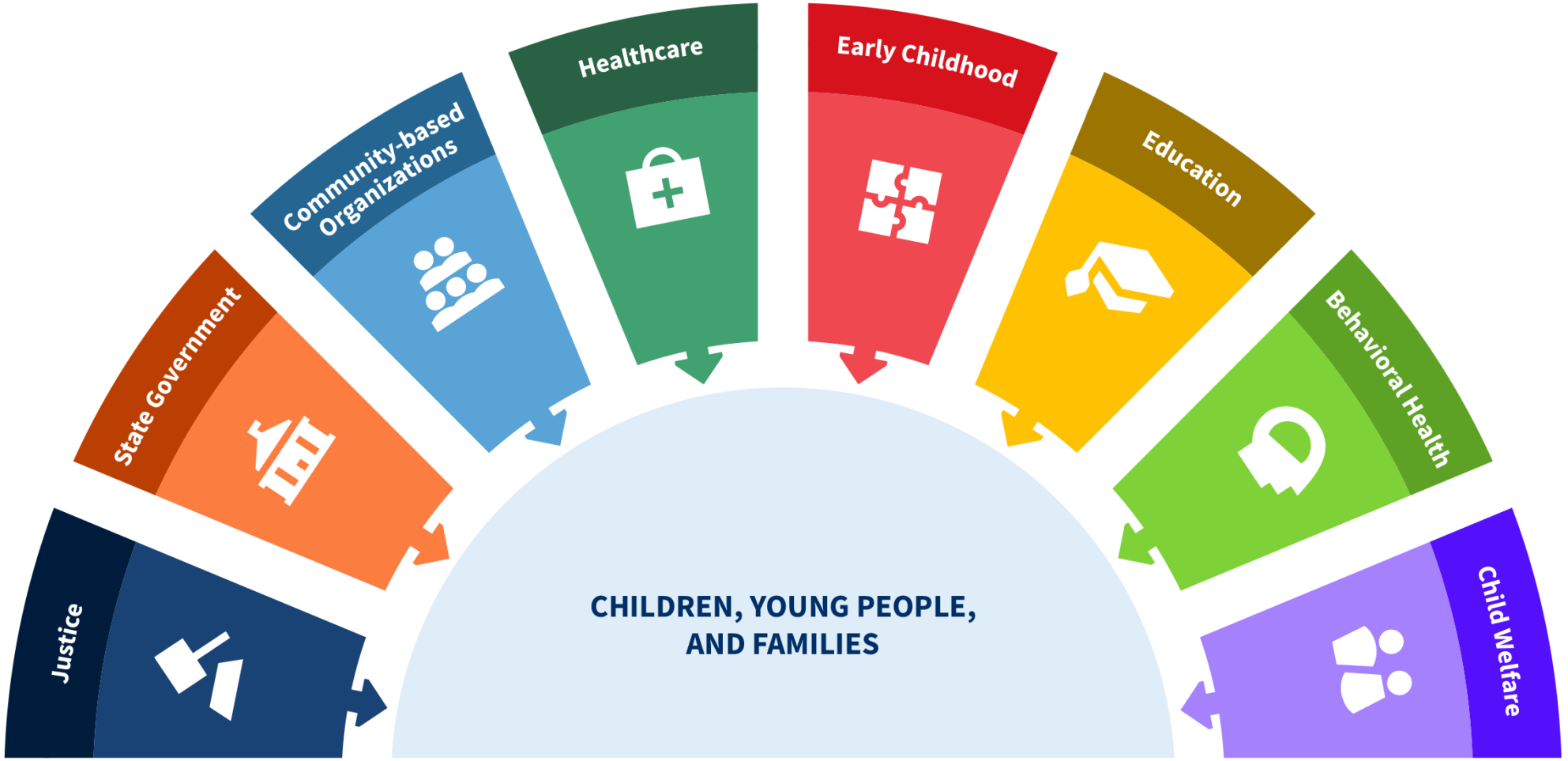
The youth mental health crisis puts a spotlight on schools

Rising mental health challenges
1 million K-12 students in California are at risk for mental health issues, with 42% of 11th graders reporting chronic sadness.

Impact on student outcomes
Unaddressed mental health needs are linked to lower academic performance, chronic absenteeism, and overuse of disciplinary interventions.

Increased demands on educators
Educators face higher demands to address student mental health; 73% report job-related stress from these needs.

Schools are a cornerstone of California's youth behavioral health care ecosystem.



Universal screening promotes prevention, early intervention, and health promotion for all people within a given population.

School-based Universal Mental Health Screening (SUMHS) Project

2023-24 BUDGET ACT

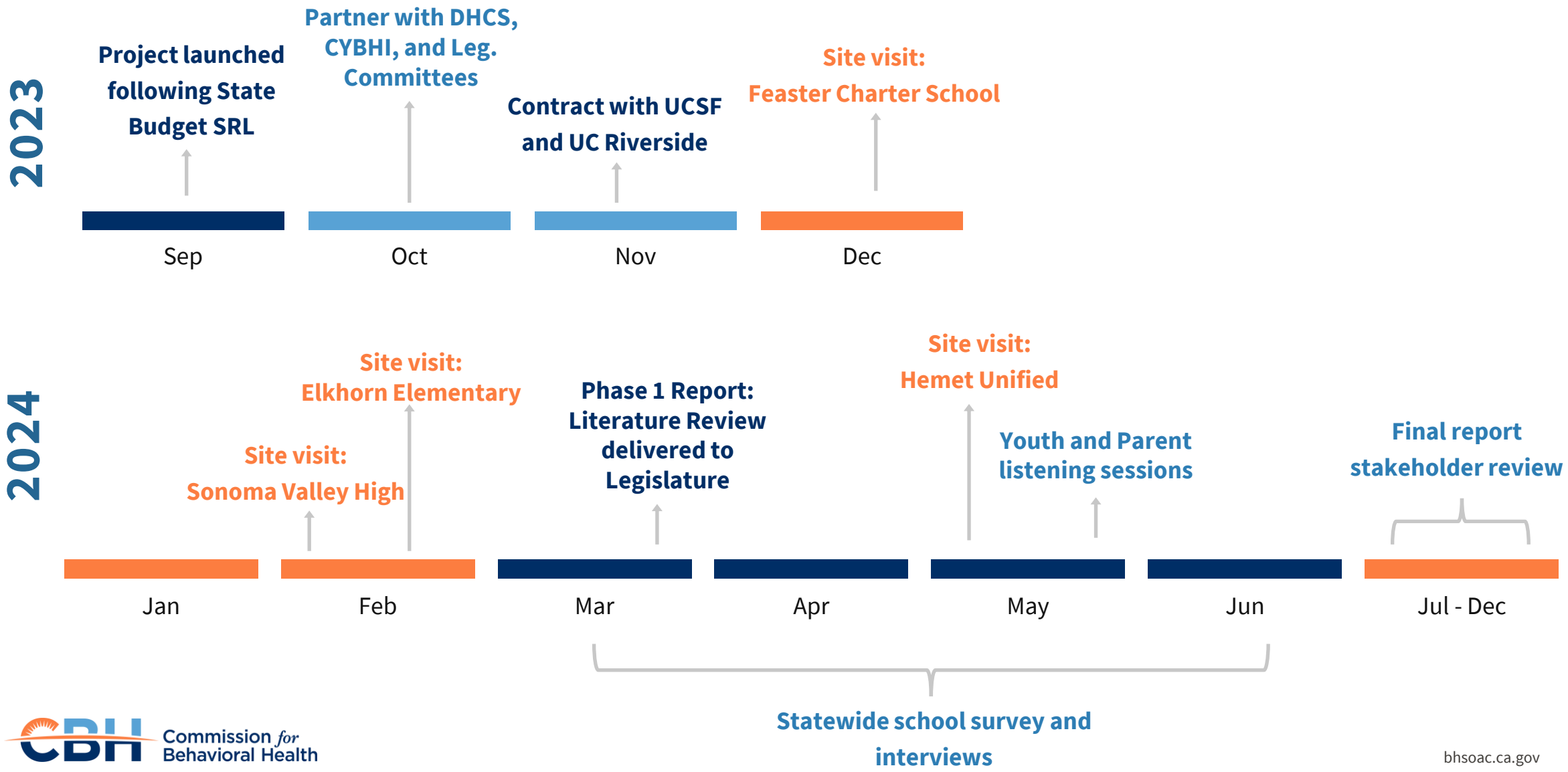
On or before March 1, 2024, the Mental Health Services Oversight and Accountability Commission (the Commission), in consultation with the Department of Health Care Services (DHCS), shall submit a report to the relevant budget and policy committees of the Legislature on universal mental health screenings of children and youth.

Project Aims:

- Establish definitions, concepts, and evidence relevant to SUMHS.
- Summarize findings from a landscape analysis to describe current SUMHS practices, perceptions, barriers, and opportunities in California.
- Present a set of recommendations for implementing SUMHS as part of California's broader youth behavioral health care ecosystem.

Project process and timeline

Project Timeline and Milestones



SUMHS definitions and evidence

School-based Universal Mental Health Screening (SUMHS) Defined

Proactive assessment of all students' mental and behavioral health risks and strengths.

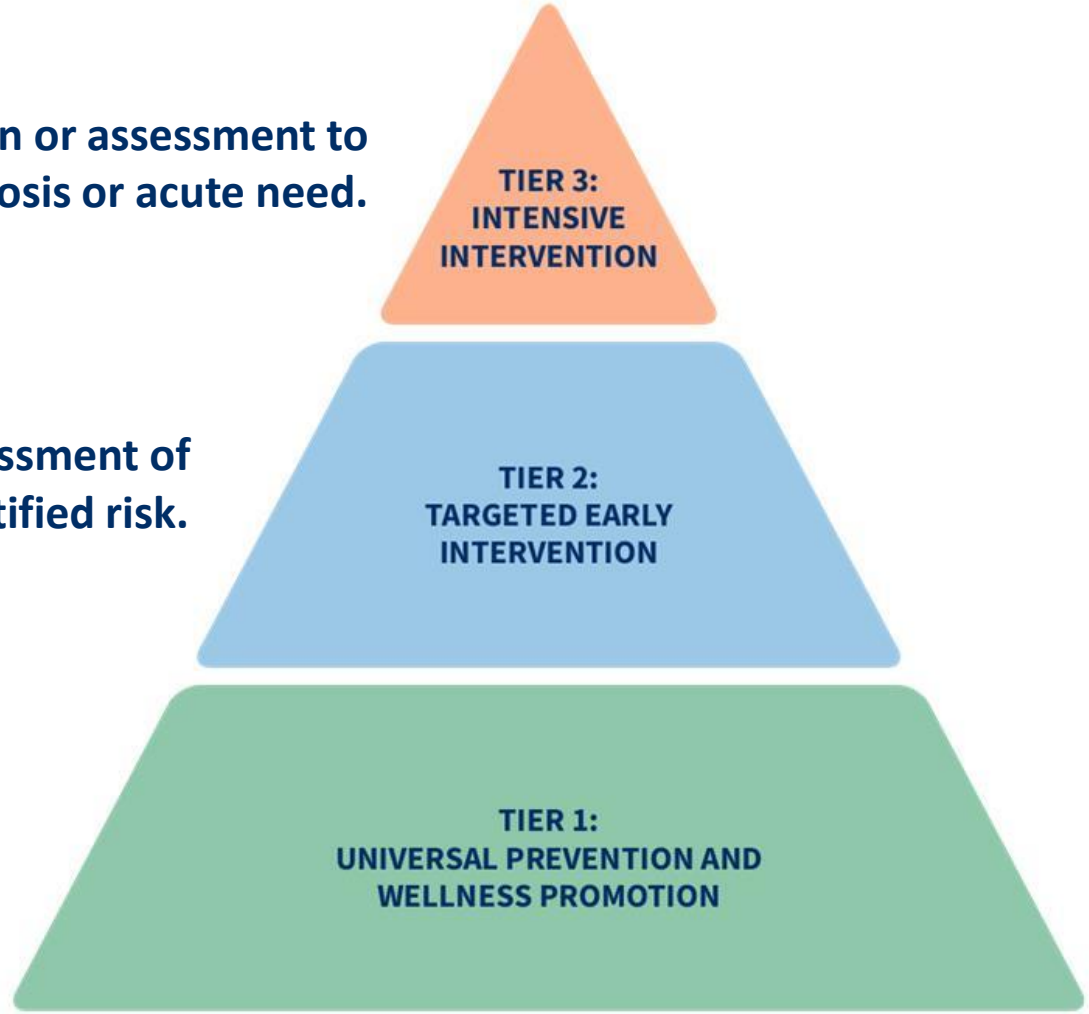
- Administered to all children within a given population: *School, district, classroom, grade, learning cohort.*
- Identifies individual needs AND population trends.
- Part of a continuum of screening and assessments conducted within a school's MTSS.

SUMHS data informs Multi-Tiered Systems of Support

Clinical evaluation or assessment to determine diagnosis or acute need.

Targeted screening or assessment of students with an identified risk.

Universal screening data monitors trends (positive and negative) across the school population.



Dispelling myths about SUMHS

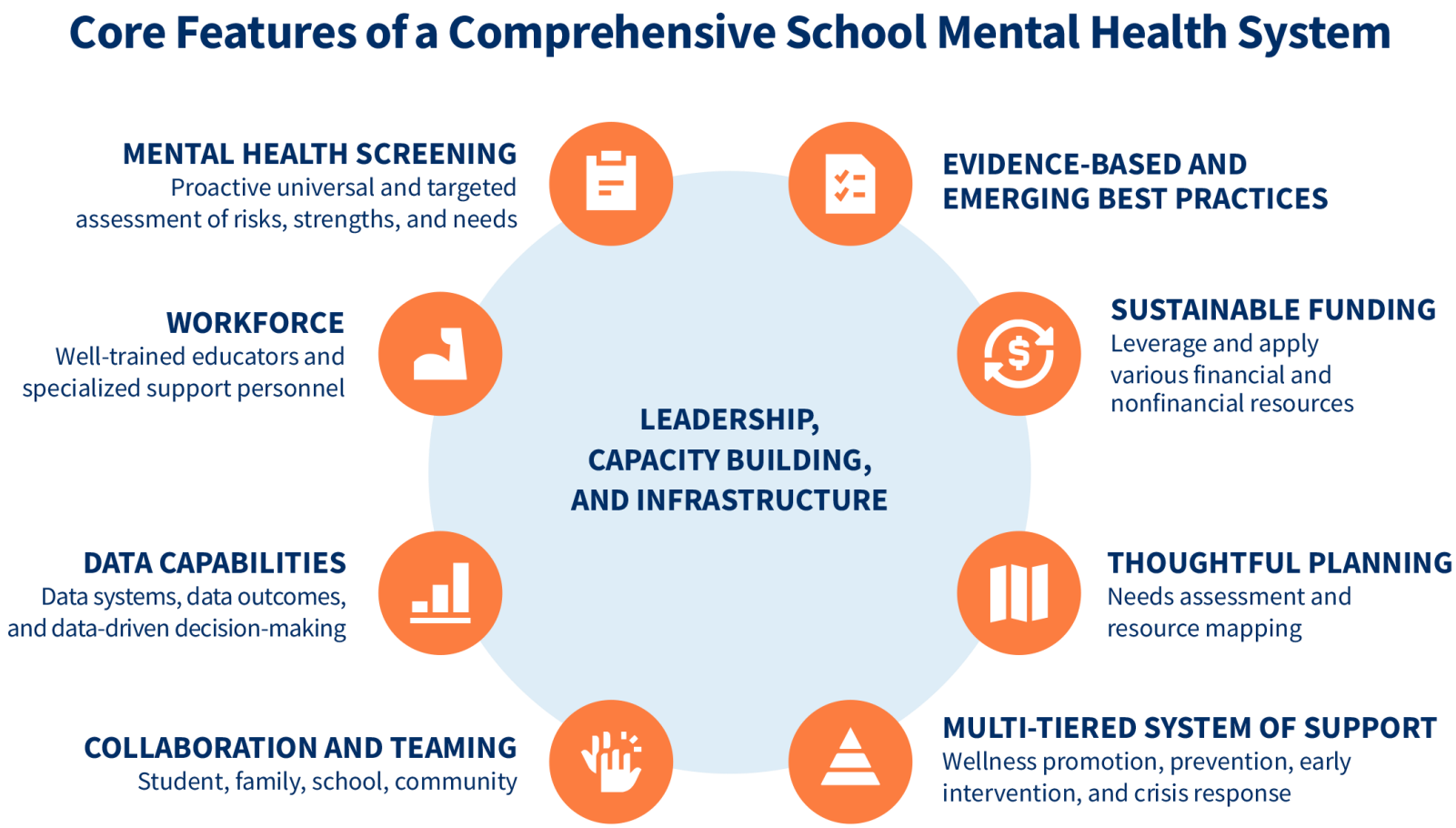
SUMHS IS NOT:

- ✕ Diagnostic
- ✕ Anonymous
- ✕ Redundant
- ✕ Stigmatizing
- ✕ Costly
- ✕ Stand-alone

SUMHS IS:

- ✓ Preventative
- ✓ Versatile
- ✓ Precise
- ✓ Equitable
- ✓ Confidential
- ✓ Cost-effective
- ✓ Integrated

SUMHS is implemented within a comprehensive school mental health system



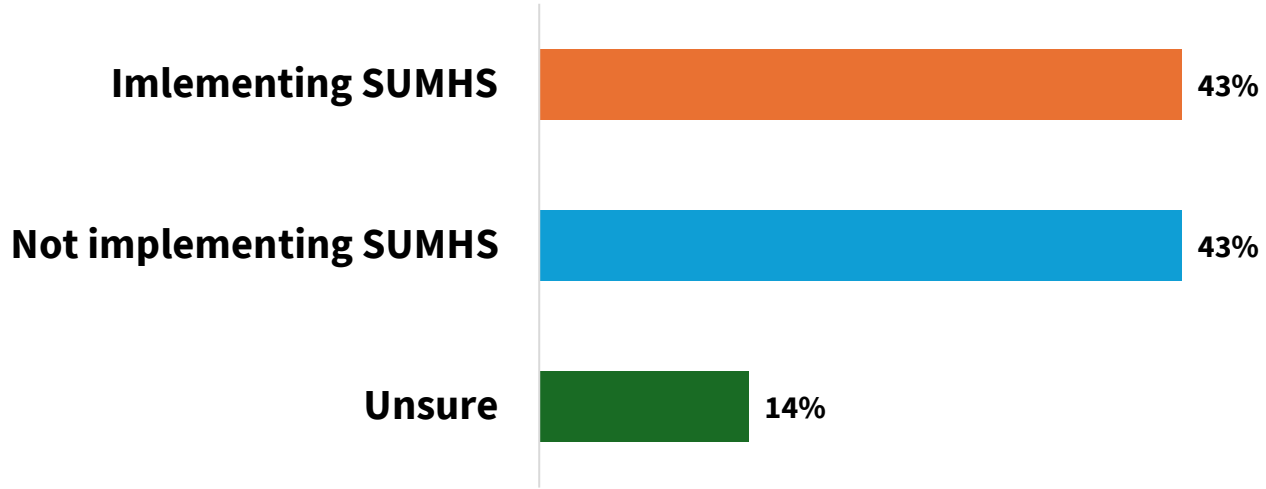
Landscape analysis findings

1. Current Policies and Practices

Evidence supports the use of SUMHS to improve students' wellbeing and ability to learn, yet without leadership, guidance, and standards, implementation varies in California and elsewhere.

California School Survey

443 LEA representatives from **55 counties** described existing SUMHS practices.



2. Awareness, Perceptions, and Buy-in

Myths are driving the narrative around SUMHS, reinforcing stigma, fears, and mistrust that hinder progress for school-based mental health.

92% of survey respondents agree that implementing SUMHS would benefit students, staff, and school communities.

Lack of awareness and buy-in from communities affect a school's ability to implement SUMHS effectively.

Common concerns about SUMHS

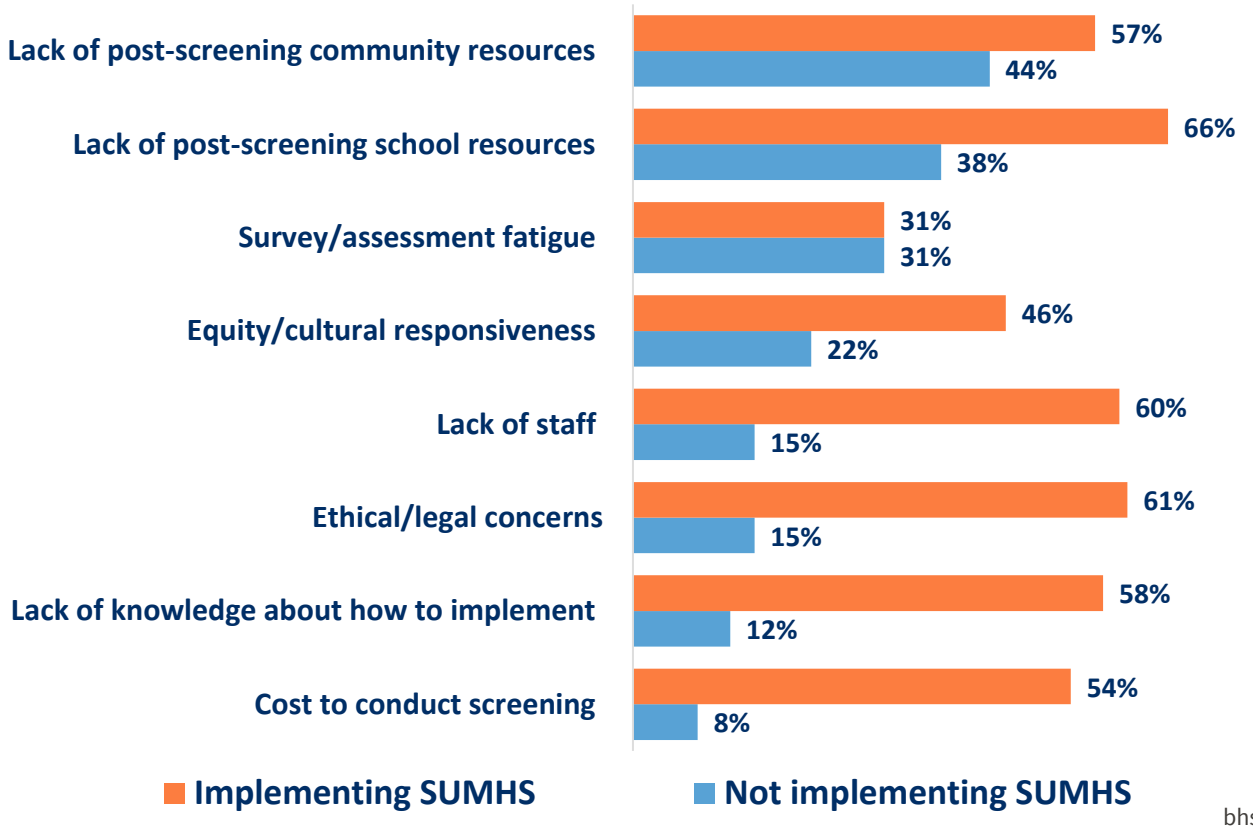
- School liability
- Stigma and labeling
- Privacy and consent
- Trust and transparency

3 . Capacity Barriers and Resource Needs

Capacity barriers are outweighing the benefits of SUMHS. Schools need resources, partnerships, and technical support to use SUMHS effectively and responsively.

California School Survey

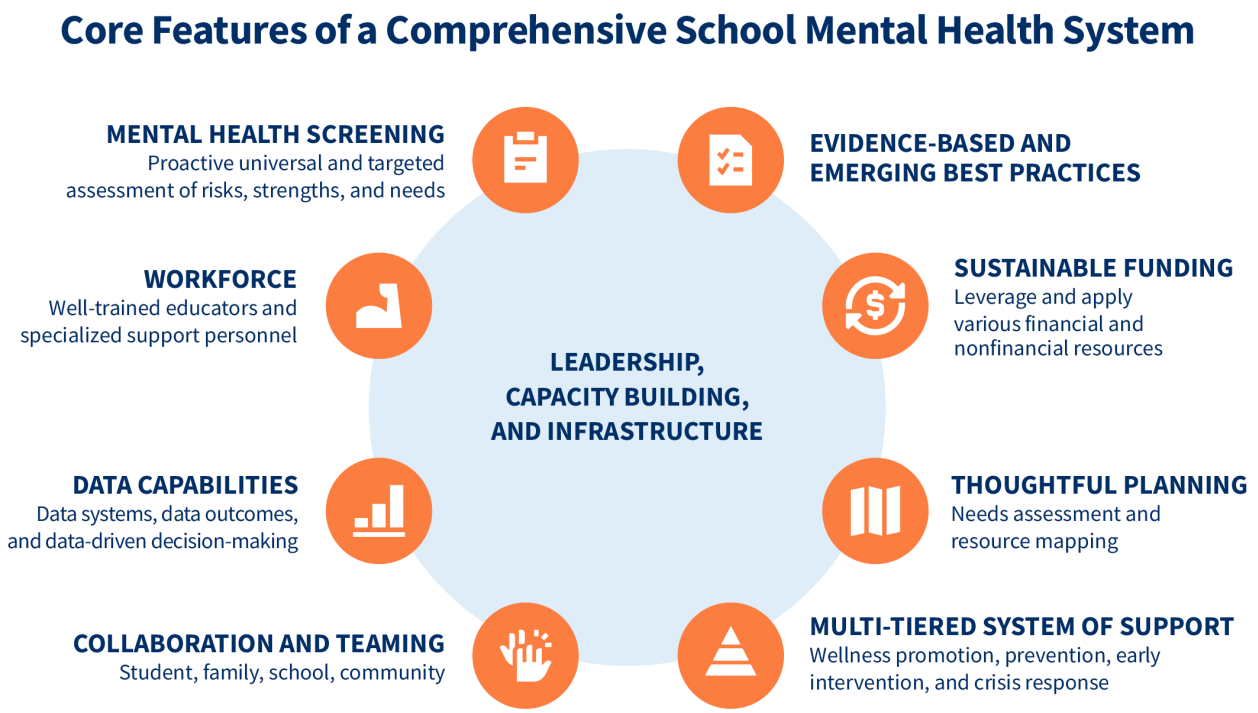
Barriers to implementing SUMHS



4. Opportunities within California's Youth Behavioral Health Ecosystem

California's youth behavioral health investments lay the groundwork for comprehensive school mental health systems, including SUMHS, in K-12 schools.

- **CYBHI**
- **CalAIM**
- **CDE Initiatives**
- **BHSA**



Recommendations for SUMHS implementation

Recommendation 1: Establish leadership and guidance for school-based mental and behavioral health, including SUMHS practices.

- Standards and metrics tied to a broader accountability framework for statewide comprehensive school-based mental health systems.
- Guidance, tools, and technical assistance.
- Strengthen and reinforce education and behavioral health partnerships.

Recommendation 2: Improve awareness, trust, and participation of students, parents, caregivers, and educators.

- Support the mental health and wellbeing of teachers and staff.
- Improve mental health literacy among teachers and staff.
- Strengthen student, family, and community awareness of and participation.

Recommendation 3: Build capacity for implementing SUMHS through incentives, resources, and scaled approaches.

- Incentivize the planning, staffing, and piloting of equity-centered SUMHS practices.
- Implement multi-county learning models to refine and scale SUMHS best practices.
- Invest in data systems that support responsive and responsible data sharing.

Motion

That the Commission approve the School-based Universal Mental Health Screening Legislative Report.

Report to the Legislature on the Behavioral Health Student Services Act

Commission for Behavioral Health

Draft Report

Behavioral Health Student Services Act

- As part of the State's 2019 Budget Act, Senate Bill 75 authorized the Behavioral Health Student Services Act (BHSSA).

- BHSSA provides incentive grants to build and strengthen partnerships between county behavioral health departments and local education agencies (LEAs) to deliver a continuum of school-based mental health services to young people and their families.

Behavioral Health Student Services Act

	2020	2021	2022	2023	2024
PHASE	Phase 1	Phase 2	Phase 3	Additional funding	Targeted grants*
GRANTEES	18 grantees	19 grantees	20 grantees	41 existing grantees	29 grantees
TOTAL FUNDING	$74.8 million	$77.5 million	$54.9 million	$47.6 million	$25.0 million

Total $ Awarded to County/School Partners: $280 million

Preliminary Lessons Learned

1. BHSSA partners have **built and strengthened partnerships** but need additional guidance to support local success.

57
county behavioral health departments

50
county offices of education

440+
school districts

2,100+
schools

229
charter schools

39
community-based organizations

Preliminary Lessons Learned

2. Local MHSSA activities and services are **heterogenous and tailored** to meet local needs and gaps in services.

Infrastructure and capacity building

Universal prevention (Tier 1)

Targeted intervention (Tier 2)

Intensive intervention (Tier 3)

Crisis intervention services

Preliminary Lessons Learned

3. The **need** for school mental health services often **exceeds** local capacity.

4. **School mental health standards** are needed in California to drive quality improvement.

5. **Alignment** of California's school mental health initiatives is important for local success.

Recommendations

THE STATE SHOULD:

1. Establish a leadership structure for youth behavioral health that includes the California Health and Human Services Agency, the California Department of Education, county offices of education to:

- Coordinate and align school mental health initiatives.
- Develop a long-term strategy for building sustainable, comprehensive school mental systems.

Core features of a comprehensive school mental health system

Recommendations

THE STATE SHOULD:

2. Build the necessary capacity and infrastructure for comprehensive school mental health services and make additional investments to fill the gap between implementation and long-term sustainability.

3. Develop an accountability structure including school mental health standards and metrics.

Next Steps

1. New Phase 4 BHSSA grant projects
2. Statewide Technical Assistance
3. BHSSA Evaluation

Thank You

- Commissioners Mara Madrigal-Weiss and Dave Gordon
- BHSSA Grant Partners
- Commission Team
  - Mary Bradberry
  - Kali Patterson
  - Boyang Fan
  - Lester Robancho
  - Rachel Heffley
  - Nai Saechao
  - Riann Kopchak
  - Xing Shen
  - Melissa Martin-Mollard
  - Cheryl Ward
  - Michele Nottingham
  - Sarah Weber
  - Tom Orrock
  - Sara Yeffa
  - Dan Owens
  - Kendra Zoller

Thank you

Innovation Partnership Fund: Background

Overview

The Commission has long overseen county innovation programs under the Mental Health Services Act (MHSA). Starting July 1, 2026, county innovation programs will be eliminated under the Behavioral Health Services Act (BHSA), and the Commission's role in innovation will transition to administering the Innovation Partnership Fund grant program. To support this shift, the Commission has hosted several site visits and has engaged with the University of the Pacific (UOP) to propose a strategic and operational plan for the Fund.

Commission's History with Innovation

County Innovation: As the oversight entity for county innovation programs under the MHSA, which currently constitutes 5% of each county's budget, the Commission has a long history in the innovation space, approving projects worth around $100 million per year. These programs are required to introduce new practices, adapt existing ones for different populations, or apply successful non-mental health practices to mental health. They also require a focus on increasing access for underserved groups, improving service quality and outcomes, promoting collaboration, and expanding service access.

Successes: Because county innovation programs are designed to test new models, services, and processes, a universal success rate is not expected, as that would be unrealistic. However, several county programs, developed and promoted by the Commission, have led to larger statewide efforts:

- The Commission's work on first episode psychosis and coordinated specialty care began through county innovation programs. These programs led to the Commission's Early Psychosis Intervention (EPI) Plus grant program and the EPI Plus Advisory Committee, which focused on expanding Coordinated Specialty Care (CSC). Additionally, the Children and Youth Behavioral Health Initiative (CYBHI) awarded grants to CSC clinics, which were administered by the Commission. The Behavioral Health Services Act (BHSA) requires county early intervention programs to provide access to and linkage with Early Psychosis Intervention (EPI) Plus Programs, Coordinated Specialty Care, or other similar evidence-based practices, as well as

community-defined evidence practices for early psychosis and mood disorder detection and intervention.

- Part of the Commission's multi-county Innovation Incubator included new capacities to assess full-service partnerships and establish performance management approaches to improve outcomes over time. This multi-county collaborative helped inform the Commission's report to the Legislature on full-service partnerships which identified opportunities to improve programs, many of which are reflected in the BHSA.
- allcove® youth drop-in centers also began as a county innovation proposal which led to the Commission's allcove® grant program and technical assistance partnership with Stanford. In addition, CYBHI included grants for allcove® which the Commission helped administer.

Evaluations: Over the years, the Commission has supported several evaluations and analyses to assess and improve innovation projects. For instance, the Innovation Action Plan developed in partnership with Social Finance identified strengths, challenges, and opportunities, providing recommendations to develop transformative projects, improve the review process, and encourage cross-county learning. These efforts, along with others, underscored the importance of setting early evaluation and learning goals, as the data reporting system lacked a structured method for extracting meaningful insights. Adding to the complexity, innovation projects are often tailored to specific county needs and focus on process improvements, making them difficult to replicate in other regions.

Changes Under the BHSA

Innovation Partnership Fund: Under the BHSA and beginning July 1, 2026, county innovation will be eliminated and the Commission will then oversee and administer the Innovation Partnership Fund grant program. This program will be one of the largest competitive grants in the Commission's portfolio and represents the Commission's key responsibility under the BHSA.

Amount:

- $20 million annually Fiscal Year (FY) 26-27 through FY 30-31 ($100 million over 5 years)
    - FY 31-32 and Beyond: the Commission will have to advocate the Legislature for future funding

- The Commission may also combine Mental Health Wellness Act (MHWA) funding, which is $20 million per year, to fund innovative, evidence-based approaches for crisis prevention, early intervention, and response.
    - The intent of the MHWA is to ensure sufficient community-based mental health resources are available to reduce costly emergency room visits and hospitalizations, by providing effective prevention, early intervention, and crisis stabilization services.
        - Note: The Commission has prioritized MHWA funds for other priorities through FY 26-27

Eligible Grantees: private, public, and nonprofit partners may apply

Purpose:

- Improving BHSA programs and practices funded by the counties under BHSA for underserved populations, low-income populations, and communities impacted by disparities.
- Meeting statewide BHSA goals and objectives to expand mental health and substance use disorder services, enhance care for those with serious mental illness and homelessness, build a stronger behavioral health workforce, improve accountability, and increase treatment and housing capacity, especially for vulnerable populations like veterans and youth.

Required Consultation: Primarily CalHHS and DHCS; and CDPH and HCAI, as relevant

Report to the Legislature: Starting in 2030, and every three years thereafter, on the funded practices and how well they have achieved their intended purpose

Progress to Date

Summary: As the business representative on the Commission, Commissioner Carnevale has focused on bridging the gap between the public and private sectors in behavioral health innovation. Over the past couple years, he has engaged with industry experts, attended conferences, and organized site visits to gather insights. With a background in "brain capital," a concept aimed at developing a technology-driven brain health sector, he has also advocated for public-private partnerships to advance this goal. Before Proposition 1 passed in March 2024, the previous chair of the Commission asked Commissioner Carnevale, in his role as business representative, to organize an innovation summit to start the process of bringing together diverse stakeholders to assess and harness new ideas.

After Proposition 1's passage, he is helping shape the Commission's newly acquired Innovation Partnership Fund grant program, leading to a partnership with UOP to propose a strategic and operational plan for the Fund. At the February meeting, Commissioners will receive information on UOP's recent activities and recommendations for the fund and discuss the next steps in the development of its strategic and operational plan.

UOP Contract and Progress:

- In July, the Commission contracted with UOP for $500,000 (through Dec 2026) to develop a strategic plan, an operational plan, and four white papers for the Innovation Partnership Fund.
- Under this contract, UOP will explore models for cross-sector partnerships, governance of public-private investments, alignment of service needs with research and investment strategies, and create an Advisory Group.
- For the strategic plan, UOP was tasked with outlining the Commission's role in driving innovation, fostering partnerships, and building relationships with researchers and entrepreneurs.
- For the operational plan, UOP was directed to address how the Commission will staff the program, identify necessary professional development for success, and explore the internal support systems required.
- For the first white paper, UOP was directed to focus on innovative opportunities in behavioral and brain health, with an emphasis on brain capital, public-private partnerships, leveraging entrepreneurial partners, and examining successful models such as California's Stem Cell Agency (CIRM), the Advanced Research Projects Agency for Health (ARPA-H), and California's Imitative to Advance Precision Medicine (CIAPM).
- UOP submitted the first white paper on October 18, 2024.
- UOP has conducted three community engagement activities which highlighted the need for clear definitions of innovation and emphasized the importance of addressing diverse community needs, particularly for underserved groups. Concerns were raised about the lack of cohesion in past county innovation projects and the fair distribution of funding, especially for rural areas. Participants also expressed discomfort with framing behavioral health in terms of brain health, fearing a shift away from social determinants of health and systemic issues. The $20 million allocated for the Innovation Partnership Fund was seen as limited, requiring careful project selection. The feedback also stressed the need for more intentional learning,

sustainability, and community involvement, particularly grassroots organizations, while ensuring ethical standards in public-private partnerships.

1. September 17, 2024: Framing focus group with Mental Health America of California, United Parents, Level Up NorCal, and Cal Voices that discussed the role of innovation, emerging research regarding brain function, brain health framework, the range of potential innovations, the role of the Commission, community-defined practices, public-private partnerships, and building trust.
2. October 3, 2024: Listening session with the Commission's advocacy contractors to discuss the role of innovation in behavioral health.
3. October 7, 2024: Open attendance community listening session on the role of innovation, what and how is needed, and how to include community voices. There were over sixty participants including representatives from the community and state and local partners.

- UOP has also conducted three key informant interviews. Across all interviews, there was a strong emphasis on building inclusive, transparent, and sustainable innovation models, integrating community voice, and ensuring that funding and projects meet real-world needs.

  1. Harris Eyre, Executive Director of the Brain Capital Alliance, expressed concerns about the difference between behavioral health, neurobehavioral health, and other brain diseases and suggested focusing on scaling best practices rather than on innovation.
  2. Sharmil Shah, Assistant Deputy Director of Behavioral Health at the California Department of Health Care Access and Information, underscored the importance of community engagement to overcome fears of innovation and highlighted workforce shortages as a critical issue. She also stressed the need for collaboration across state agencies to address these challenges.
  3. Gabriel Youtsey, Chief Innovation Officer at the University of California Agriculture and Natural Resources, shared insights on fostering innovation through strategic partnerships and the creation of ecosystems that support technology development and workforce growth. He outlined the importance of assessing projects using metrics tied to sustainability, job creation, and community impact.

Innovation Related Site Visits and Conferences:

- UC Berkeley: Organized by Commissioner Carnevale, the Commission learned about UC Berkeley's innovation research, projects, and financing models, and discussed creating a version of Berkeley's SkyDeck entrepreneurship startup accelerator focused on behavioral health.
- New York: Commissioner Carnevale organized the Commission's sponsorship and attendance to the 2023 and 2024 brain health events in New York to explore brain capital, neuroscience, and global collaborations in science and policymaking.
- London: Commissioner Carnevale organized the Commission's visit to the United Kingdom (UK) where they promoted California's brain capital framework for private investments, explored UK research models, and aimed to build international partnerships.
- University of California, San Francisco (UCSF): Commissioner Carnevale organized the Commission's visit to UCSF where they explored research on mental health and brain capital, focusing on prevention, early intervention, treatment, and neuroscience related to language and social-emotional functioning.
- Brain Capital Innovation Summit: Commissioner Carnevale, Commissioner Chen, and the Executive Director spoke at this gathering of key stakeholders from brain research, edtech, and related industries, focused on exploring the potential and challenges of advancing brain capital innovation to promote human flourishing and define strategies for maximizing brain health.
- Berkeley Innovation Forum: Commissioner Carnevale spoke at this forum focused on how emerging healthcare technologies and business models may transform the future.

A Vision for Innovation in Behavioral and Brain Health

Summary: California can Lead on Behavioral Health Innovation

New strategies and services are desperately needed to address California's growing mental health and substance use challenges. The suffering is severe, and the consequences are expansive and expensive.

The imperative for innovation in behavioral health has never been greater – and thankfully, the potential for innovation is growing fast. While parents, families and communities grapple with the heartbreak, research, development and community experiences reveal a heart-warming path forward.

New understandings of the brain; new technologies and research methods; and new partnerships among public agencies, investors and innovators – if strategically aligned – could significantly improve outcomes and reduce disparities within communities.

To realize this potential, public agencies will need to coordinate and expand upon the elements of the innovation ecosystem – working in partnership with community organizations, policymakers, investors, researchers, private health insurers and services providers – to prioritize social benefits.

The Behavioral Health Services Act (BHSA) – passed by the Legislature, signed by the Governor and approved by voters in March 2024 – enables California to lead this transformational change. The BHSA significantly evolved the innovation component of the Mental Health Services Act (MHSA), shifting the focus from county projects to an Innovation Partnership Fund managed by the Mental Health Services Oversight and Accountability Commission.[1]

Policymakers and the public historically tasked the Commission with facilitating innovation by working with county behavioral health agencies, universities and community groups. More recently, the Commission has consulted with national and international experts on ways to accelerate innovation on behalf of the public interest.

The Commission is now exploring with community members, private and public sector entrepreneurs, researchers and others on the best ways to strengthen the discovery and development ecosystem and catalyze projects to accelerate innovation, improve results and reduce disparities. Some of these actions may have the additional benefits of catalyzing the policy and funding changes required for existing best practices to be implemented in communities with the greatest needs.

To begin, the Commission is developing a shared vision on the State's role in growing the innovation ecosystem that steers private investment toward public priorities, such as prevention and wellbeing efforts that can bolster individual and population health and resiliency. While these functions are not common in government, the Commission and its partners can learn from other innovation-focused public agencies to tailor a strategy to the needs of Californians.

[1] Per Proposition 1, the Commission will be renamed the Behavioral Health Services Oversight and Accountability Commission on January 1, 2025.

New Opportunity: BHSA elevates innovation to a state priority

The MHSA enacted by voters in 2004 broke new ground by dedicating revenue to county-based innovation projects to close the gap between the available services and supports and the growing and complex behavioral health needs of Californians.

The Commission, in its 2024-27 Strategic Plan adopted in January 2024, elevated innovation as essential to closing the gap between what existing policies and services could provide if optimized and the next generation of services and systems required to promote wellbeing for all Californians. The Commission committed to: 1) Curate an analytical-based narrative on the potential for innovation to improve behavioral health outcomes; 2) Establish an innovation fund to link and leverage public and private resources; and 3) accelerate learning and adaptation in public policies and priorities. The Commission's goal and objectives were informed by what had been learned from the first 20 years in MHSA funding and how to improve upon that approach.

The BHSA, approved by voters in March 2024, eliminates the allocation of innovation funding to counties and establishes within the Commission the Innovation Partnership Fund – $20 million a year for five years to reinvigorate the State's approach to innovation, beginning with the 2026-27 fiscal year. The Legislature can decide at the end of the first five years to allocate additional funds. The Commission also can link the $20 million allocated annually for the Mental Health Wellness Act to its innovation strategy. (The Behavioral Health Services Innovation Partnership Fund is defined in Health and Institutions Code 5845.1, which is included in the Appendices.)

The changes in state law come at a dynamic and opportune time.

The voter-endorsed legislation builds upon the need for innovation in community services by expecting and encouraging the State to partner with a wide range of community organizations, researchers, product developers and health care providers to guide and accelerate new knowledge and services.

The Commission's deep understanding of behavioral health conditions in California – and its relationship with researchers, community organizations and service providers – has produced collaborative efforts such as the multi-county initiative to improve access and quality to early psychosis care.

This paper is the first in a series informing the Mental Health Services Oversight and Accountability Commission's strategic plan for the Innovation Partnership Fund. The paper was prepared by the **Transformational Change Partnership** at the University of the Pacific, McGeorge School of Law: Jason Willis, executive director; Jim Mayer, senior fellow; and Jasmin Asher, coordinator. The TCP can be reached at jasher@pacific.edu.

In recent months, the Commission has been exploring the broader ecosystem of research, discovery and innovation in behavioral health and brain health more broadly. This rapidly growing network of public and private research centers, product incubators, investor platforms and policy institutes provide valuable insights as well as potential partners for the State's reimagined role in innovation.

For example, the Advanced Research Projects Agency for Health (ARPA-H) is building upon the success of similar federal agencies for defense, energy and infrastructure. Congress created ARPA-H in 2022 to drive biomedical and medical breakthroughs faster and farther than traditional research and commercial activity. ARPA-H's strategic approach and structure provides an example for how California may want to support breakthrough innovations.

Similarly, the California Institute for Regenerative Medicine (CIRM), created by a citizen initiative in 2004 and granted additional funding through a 2020 initiative, is an example of a state agency that has formed partnerships, invested in research and supported the development of new treatments and technologies into health care services.

(A summary of some of these and other models is included in the Appendices.)

Toward a Vision of Recovery and Wellbeing

The Mental Health Services Act established an expansive and compelling vision for reducing hospitalizations, suicide, incarceration and other negative outcomes with comprehensive services for those most in need – and a focus on prevention and early intervention, recovery and wellbeing. In the two decades since voters enacted the law, research has advanced knowledge on many fronts, including brain development and function, the importance of the social determinants of health and the impact of adverse childhood experiences. That knowledge is slowly driving policy and practice, such as whole person care.

The BHSA affirms the need to provide high quality, comprehensive and effective services to individuals with serious mental health needs, including housing and substance abuse services. The BHSA also reaffirms that existing and emerging behavioral health needs cannot be met for individuals or reduced across society without innovation, and policymakers and the public have charged the Commission with developing new partnerships to accelerate the innovation process.

In short, more is required, and more is possible.

An exciting consensus is emerging among public leaders, researchers and care providers that a paradigm shift in behavioral health policies and practices could significantly reduce the incidence and severity of mental health needs – and going much further, can nurture and support healthy development and wellbeing for a vast majority of the population.

The World Health Organization defines brain health as:

> "... the state of brain functioning across cognitive, sensory, social-emotional, behavioral and motor domains, allowing a person to realize their full potential over the life course,

> irrespective of the presence or absence of disorders. Continuous interactions between different determinants and a person's individual context lead to lifelong adaptation of brain structure and functioning. Optimizing brain health improves mental and physical health and also creates positive social and economic impacts, all of which contribute to greater well- being and help advance society."[2]

WHO defines the determinants of brain health as physical health, healthy environments, safety and security, learning and social connection and access to quality services.

This new vision for brain health is considered essential to reducing human suffering and the enormous costs to societies, as well as an imperative to make sure that societies have the human capacity required to respond to changes in the climate, technologies, economies, and geopolitics.

California policymakers have a distinct opportunity to fully incorporate community voice into these system-level change initiatives from design.

Much of the political discourse regarding the brain health framework is intended to drive attention, analysis and investment into proven practices with the ability to improve the social and economic conditions that support child development and family well-being – consistent with the MHSA's long-standing support for prevention and early intervention.

The innovation aspect of the brain health framework seeks to accelerate the adaptation of best practices and develop and apply new knowledge, policies and practices to further bolster individual self-sufficiency and societal capacity. These initiatives are being designed as "transdisciplinary" to connect researchers working on different aspects of brain development, disease progression and trauma recovery. They also are seeking to align the elements of the innovation ecosystem to prioritize societal benefits and are connecting innovations to policymakers and care providers to accelerate the integration of effective innovations into service delivery.

California policymakers have a distinct opportunity to fully incorporate community voice into these system-level change initiatives from design. Human-centered design principles – fortified by growing experience in community empowerment – have the potential to alloy the analysis traditionally used to determine where to pursue innovations and how to determine effectiveness. Moreover, community voice will be essential in deploying innovations to reduce disparities and improve societal outcomes.

The stakes are already high, given the despair of persistent homelessness, the rise in youth anguish and suicide, and the epidemic of drug use and overdose. Those stakes are multiplied by the potential benefits of the brain health paradigm to restore and maintain progress toward a more prosperous, equitable, peaceful and sustainable future.

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[2] Optimizing Brain Health Across the LIfe Course, WHO Position Paper. Geneva: World Health Organization; 2022. License: CC BY-NC-SA 3.0 IGO; https://creativecommons.org/licenses/by-nc-sa/3.0/igo/

While innovation can improve services and outcomes for those with serious mental health conditions, the potential for improvement is limited by the severity of mental health and substance abuse challenges and by the rigidity of existing policies, funding streams, and provider networks. Moreover, growing severity and caseloads could overwhelm even improved service systems.

Alternatively, innovations intensely focused on nurturing healthy development, along with early detection and response to learning difficulties and brain functioning, has the potential over a generation to dramatically reduce the incidence and severity of behavioral health issues and increase productivity, resiliency, and wellbeing. This broader approach spotlights root causes and prioritizes the earliest possible responses to the full ranges of learning, behavioral and psychosocial considerations. This inclusive approach unites interests and resources, knowledge and insights, and public and private sector responders.

This paradigm re-energizes the commitment to prevention and early intervention established in the original MHSA and elevates the State's role in supporting and directing investment, research, and development toward the public good, and adapting administrative and service systems to rapidly deploy those innovations to all communities.

Envisioning a Community-focused Innovation Ecosystem

Traditional innovation ecosystems involve a critical mass of capital and start-up entrepreneurs surrounded by enabling institutions, such as university research centers, and supportive public policies, including grants and tax credits. These networks are fueled by cooperation when mutually beneficial, but ultimately driven by competition to maximize profits.

Increasingly, public agencies, philanthropies and other social-oriented entities have engaged in this ecosystem to accelerate and steer innovations toward the public interest. These experiences inform a baseline vision for growing a community-focused ecosystem to improve behavioral health with the following attributes:

1. Strategically focused on social needs

The purpose of the behavioral health ecosystem should prioritize social needs over private profit. While private investors play a critical role, choices along the entire discovery, development and production chain need to be shaped by the potential return to society.

This requires deep understanding and involvement of community members to understand needs and determine how new responses can be transformative. For example, communities have highlighted the urgency associated with addressing serious mental health issues with tragic consequences – including homelessness, incarceration and premature death, impacting individuals, families and communities. Similarly, communities are expecting public agencies to more proactively improve the social determinants of health, such as access to quality health care and safer neighborhoods.

Human-centered design was incubated by the tech sector to understand how technology could improve the lives of people. Human-centered design is increasingly being used to improve health

care services, and particularly to tailor services to cultural needs. Similarly, the user experience could and should inform behavioral health innovation efforts.

2. Available and effective for all

The intention to serve entire communities – especially those with the greatest needs – should guide decisions throughout the innovation, from research to development and testing, to every aspect of delivery. Traditional profit-motivated ecosystems are oriented toward markets and customers who are willing and able to pay.

Public agencies are the primary payers and/or providers for many services – and health care in particular – and recent efforts by governments to flex that market power have demonstrated the effectiveness of that approach. Innovations in policies and funding models will be required to direct adequate public and private financial resources to serve under-resourced communities.

3. Data-charged learning

Current data systems were not designed to accurately and comprehensively capture which services are being provided, to whom, or the outcomes for those individuals. Public agencies increasingly understand that developing better data and better managing the data they have is key to understanding the problems and providing better services.

Comprehensive data will be essential to assessing the current system, identifying and evaluating opportunities for improvement, and measuring progress – particularly regarding efforts to reduce racial, cultural, economic, and geographic disparities.

Decisions within the ecosystem are informed by the available data, and better decisions will be made by improving and connecting the data. The State can champion opportunities to improve and link existing data, as well as to help California make the most of federal efforts to increase data interoperability and data-sharing.

4. "Public" in every stage

Public agencies – and research universities, in particular – have played an important role in traditional innovation ecosystems on the premise that society and the overall economy benefit from those innovations.

The strategies developed by public innovation catalysts, such as ARPA-H and CIRM – have established some government role in multiple elements of the innovation ecosystem where innovations could prioritize a societal need or where projects valuable to society could be accelerated or improved to serve those communities with the greatest needs.

As a result, these public innovation agencies are seeking to strengthen traditional public investments in the innovation process, such as universities, while partnering with the substantial private investors to shape the products or services that are developed and the markets or communities that will be served.

A productive and responsible behavioral health innovation ecosystem would be fortified by public-private partnerships, which can multiply public investments with private capital to accelerate progress and improve societal results. California already has an advantage in this regard given its historic role in supporting a variety of innovation clusters, including health and biohealth. A cluster focused on brain health could produce substantial benefits for individuals, families and society.

5. Outcome-aligned funding and investments

All innovation ecosystems are fueled by investment seeking rewards. A public innovation strategy could strengthen the societal return on public and private investments in at least three ways:

1) Outcome-based contracting can spur improvement in services and results. While most innovations focus on services directly received by the public, many innovations have improved the efficiency and effectiveness of businesses and governments. Given that public agencies are the primary purchasers of behavioral health services, innovation in the purchasing process could significantly reduce costs and improve outcomes.

2) The government's purchasing power also could drive innovation in integrated care. Contract requirements, program reforms and internal regulations can all incentivize – rather than discourage – holistic, integrated and universal services that growing evidence and experience reveals is required for prevention, healing and recovery.

3) Investment partnerships can increase and direct private-sector funding of behavioral health innovations. Public granting agencies – partnering with philanthropies and social impact investors – can significantly shape and encourage private investments into research and early- stage innovations with potential for significant societal return, as well as monetary return on investment.

The State's Role in a Community-focused Innovation System

To contribute to the innovation ecosystem, the State – and specifically the Commission – will need to fashion new roles and responsibilities. To make these concepts concrete, the Commission will explore how the innovation system works now, how it could be fortified to accelerate benefits, and then how the State and the Commission could structure their roles and responsibilities. The Commission has identified several elements to initiate this exploration.

1. **Strategic Reconnaissance and Coordination.** The innovation ecosystem has many different elements, and a variety of governmental, nonprofit and for-profit enterprises engage in one or more of these elements – from supporting research facilities and learning exchanges to investing in specific high-risk and high-impact research projects. The Commission's early reconnaissance indicates the public benefits of this system could be improved by the State facilitating deliberations on priorities, and reducing gaps between research, development, deployment and other interactions within the system.

2. **Community-Centered Research.** Innovations, like major policies, often are developed "top down" as policymakers strive to respond to their understanding of problems and potential solutions. Human-centered design and a deepening commitment to public involvement and empowerment needs to inform every aspect of innovations, with that information blended with analysis and deliberations from a State and system perspective. While many innovations are "customer-oriented," the State will need to deploy processes and protocols to capture the value of this integration and make sure projects are designed to serve all Californians.

3. **Governance.** A variety of new decisions will need to be made – including the coordination of related budget expenditures, the selection of investment opportunities and the integration of innovation into the operations of government. The State can learn from innovation and investment-focused public agencies that have grappled at times with how to provide a high degree of expertise and avoid conflicts of interest in making these decisions.

4. **Leveraging Private Funds and Ensuring Return on Investment.** Beyond a traditional grant program, many investments have the potential to attract and leverage funding from philanthropy and social-impact investors, as well as profit-oriented venture capitalists. Partnerships involving the State will need to provide transparent accounting of revenue and a fair distribution of the proceeds.

5. **Innovations in Policy and Practice.** Some potential innovations could improve how the government designs, funds and manages services. In other instances, the State will need to evolve how it funds or regulates services to incorporate innovations into existing service systems. Just as innovations need to be efficiently and effectively integrated into services and care, the State will need to explore innovations in the policymaking and regulatory practices.

6. **Ensuring Universal Benefit.** Publicly sponsored innovations should ease rather than exacerbate disparities between publicly and privately funded services. Moreover, the State will need to explore how its partnerships can improve coordination and integration at a system level to improve care for all Californians.

7. **Research Capacity and Connectivity.** Publicly funded and university-based research in California is among the best in the world. Stronger connections and partnerships across research institutes, investment platforms, policymaking and service delivery could inform, accelerate and improve technologies and other innovations. The innovation ecosystem itself generates new educational and career opportunities for individuals and greater business and employment opportunities for communities and regions.

From Vision to Strategy

This vision document is intended as a roadmap for exploring these elements over the next 18 months to inform the Commission's strategy for implementing the Innovation Partnership Fund. The Commission will consult broadly and engage publicly and deeply with communities of interest.

This vision also is the first of several documents that will be produced through the planning process to distill research, experience and public comments with the intention of developing a common understanding of the behavioral health innovation ecosystem that California should build, the appropriate State role in nurturing that ecosystem, and the precise strategy the Commission should deploy to achieve its goals and objectives.

The Commission is partnering with the Transformational Change Partnership at the University of the Pacific's McGeorge School of Law to facilitate this process and provide the documentation and draft plans to support this public process. The process will be completed in early 2026 to enable the effective implementation of the Innovation Partnership Fund beginning July 1, 2026.

APPENDICES

Appendix A: Initial Community Engagement

Appendix B: Public Sector Innovation Models

Appendix C: Sec. 5845.1 - Behavioral Health Services Act Innovation Partnership Fund

Appendix A:
Initial Community Engagement

To initiate this project, three community engagement activities were conducted:

1. **Framing Focus Group.** Drawing from the community advocates under contract with the Commission, a focus group was empaneled to discuss the major themes that will be explored through the planning process. The focus group provided feedback and guidance to the planning team on how to structure public conversations regarding those themes. The guidance informed the first community listening session, this document and will be incorporated into future engagements.

2. **Advocacy Group Listening Session.** The advocacy organizations under contract with Commission are a valuable resource because of the deep connections and understandings they have with the communities in which they work. Representatives from those organizations were convened to explore three initial topics.

   1) Role of Innovation in Behavioral Health

   What lessons have we learned from the previous innovation program?

   2) Where and How Innovation is Needed

   When you think about the availability, quality, or cultural relevance of behavioral services, where do you wish services could be more responsive or effective?

   How could innovation improve services that prevent or intervene early in response to behavioral health challenges?

   How could innovation improve services available for individuals with mild to moderate behavioral health challenges?

   How could innovation improve the services available to address individuals with serious behavioral health challenges?

   3) Including Community Voices

   How can we ensure that community voices are incorporated into decisions about which behavioral health challenges should be the focus of innovation?

   How should community voices be incorporated to help ensure innovative approaches are available in communities where the innovation will deliver the greatest impact?

3. **Community Listening Session.** On October 7, 2024 a virtual community listening session was conducted. The meeting was posted and promoted on the Commission's website. More than 50 individuals registered and participated in the event, including representatives from state and local agencies, nonprofit organizations and community members. The same questions asked at the advocacy group meeting were posed to those

participating in the community listening session. All participants were provided with the time they needed to share ideas and concerns, as well as to raise additional issues not on the agenda.

All of the sessions provided valuable insights that will shape the process and the analysis going forward. The vibrant conversation reflected a keen interest in helping the Commission develop an effective strategy. Participants encouraged the planning team to support a robust public dialogue, and the planning team encouraged the participants to stay engaged in the process to ensure the Commission hears their voice on the different elements of the eventual strategy.

Themes from the initial community engagement discussions

What is innovation?

The importance of defining innovation was a response to the question of what can be learned from the MHSA innovation program. Community members recalled frequent disagreement among community members, counties proposing projects and the Commission on whether a proposed project was innovative. The community members recognized the value of different kinds of innovation, from those piloting new services to those adapting new services to different communities. Overall, the guidance was for the Commission to be clear, particularly in the project development and grant solicitation process.

The Commission, through its continuous improvement efforts, engaged with community stakeholders and county behavioral health agencies in 2019 and 2020 to explore aspects of the innovation program and produced a system analysis.

The Commission's 2024-27 Strategic Plan dedicated one of four goals to innovation, characterizing innovations as changes in policies, practices and services that closed the gap between the current knowledge and what needs to be done to improve results and reduce disparities.

Community members reiterated the value of making sure best practices are effective and accessible in all communities and this scaling often requires innovation in workforce, financing and organizational culture.

Priority setting

Participants representing a variety of groups expressed the urgent needs of their communities, and the shortcomings of the existing system to understand and meet those needs – from aging Californians to veterans to LGBTQ+ to rural communities. The Commission was encouraged to develop an innovation strategy that understands those needs and the potential for innovation to improve outcomes. Across all of these groups, participants recognized the potential to reduce disparities, as explicitly called for the statutory authorization for the Innovation Partnership Fund.

Participants also recognized that the $20 million allocated for the Innovation Partnership Fund is

significantly smaller allocation than previous county-based innovation funding, and the Commission was going to need to be thoughtful in how many projects to fund.

Feasibility and Sustainability

Participants caution that grant funded programs and other improvement projects are often designed with timelines that are too short to build relationships and develop project teams, often not leaving enough time for projects to launch and maturity to a point that meaningful lessons can be learned.

Participants also acknowledged that previous innovation projects – supported by one-time funds – did not have a way to be financially sustained even if they produced promising results.

Shared Learning

Many of the reflections on innovation projects funded by MHSA called out the missed opportunity for more intentional learning – within the projects and across communities. If the broadest definition of innovation is the discovery of the new – new knowledge, new insights, new approaches, new applications – a foundational principal of the Innovation Partnership Fund should be to facilitate learning and encourage the application of those learnings across California.

The Commission was encouraged to make sure innovation projects collect data, including pre-and-post data and data that can be used for continuous quality improvement, and then curate that data to understand implications for communities and the state.

Embedding and building upon

Previous innovation projects were often limited in term and not incorporated into pre-existing or sustained after the projects ended, a frustration expressed by many participants in the sessions.

At the same time, impactful innovations are often ones that change systems and become embedded in core services.

Participants called out opportunities to connect to the community-based organizations, strategies and services pioneered through the California Reducing Disparities Project and their Community Defined Evidence Practices. Those organizations could help inform and partner in the innovation process.

Community Voice

Participants encouraged that a diversity of mechanisms be hardwired into the program to ensure that innovations are client- and community-centric in their design and impact.

Specifically, the Commission was encouraged to support or facilitate in-person meetings within communities. In-person meetings organized with established community organizations are important to building trust, which is required for people to engage in the service system and projects intended to improve those systems.

Given the enormous geographic and demographic size and diversity of the state, the Commission may want to consider how to effectively integrate some of the community engagement desirable for the Innovation Partnership Fund into the new community planning activities required by the Behavioral Health Services Act.

Appendix B:
Public Sector Innovation Models

California Institute for Regenerative Medicine (CIRM)

Summary

CIRM was created by an initiative in 2004. Its early years were focused on encouraging scientists to enter the field, particularly because of federal restrictions on stem cell research. CIRM 2.0 was launched in 2015 to accelerate the development of therapies by collaborating with grantees in the final stages of grant development and working closer with the biotech industry. In 2020, voters approved Prop 14 and a second round of funding ($5.5B) for the agency.

Structure

- The Independent Citizens Oversight Committee has 35 members and all of the authority of a corporate and/or public governing board.
- The board works through six committees and a hybrid meeting structure that audits indicate may be "ineffective." The committees are governance, finance, communications, science, IP & Industry, and application review.
- CIRM also has four "working groups" that include board members and "expert" members: accessibility and affordability, facilities, grants and standards.
- The 2004 initiative established "co-executive" functions between the board chair and the president, which has been criticized by auditors as ineffective.
- A 2012 study by the Institute of Medicine (now known as National Academy of Medicine) found flaws in CIRM's governance, including conflicts of interest, organization of the executive function and the governing board. In 2014, the board instituted rules preventing 13 board positions with potential conflicts from voting on grants.

2014 legislation

- Legislation increased board from 29 to 35
- The measure required CIRM to increase community access to therapies and provide patient support
- The measure also required a performance audit every three years. Among the findings in those reviews:
  - CIRM has been slow to make data from its projects available to other researchers.
  - CIRM should be incorporating change management practices into its operations.

Investment approach

CIRM has regulations for revenue sharing from commercializing entities, but it does not own intellectual property.

Behavioral Health-related investments

CIRM's New "ReMind" program focuses on neuropsychiatric diseases, including substance abuse ($110 million between 2024-28). Researchers are using multi-disciplinary innovative approaches to explore neuro diseases. CIRM will / has given six grants up to $10 million for large collaboratives and 12 grants of $1 million for "high impact" projects.

CIRM's 2022-27 Strategic Plan

- CIRM's historic approach has focused on infrastructure, education, discovery and translational research. It put particular emphasis on the translational stage in which scientific findings are developed into therapies. This approach selected "high-risk, high-reward" projects, relied on a scientific peer review process to "de-risk" projects, and provided expert technical assistance to grantees.
- 2022-27 Strategic Plan has three themes and sets of goals
  1. **Advance world class science** by developing "technology competency hubs" to connect CA's research ecosystem and "knowledge networks" to advance to accelerate discovery translational and clinical research approaches.
  2. **Deliver real world solutions** by optimizing CIRM's clinical trial funding partnership model, overcoming manufacturing hurdles by building public-private manufacturing partnerships, and expanding Alpha clinics and creating community care centers to increase participation by diverse patients.
  3. **Provide opportunity for all** by building a diverse and skilled workforce and delivering a roadmap for access and affordability.

Advanced Research Projects Agency for Health (ARPA H)

Summary

ARPA H was created by Congress in 2022. Its mission is to "make pivotal investments in break-through technologies and broadly applicable platforms, capabilities, resources, and solutions that have the potential to transform important areas of medicine and health for the benefit of all patients and that cannot readily be accomplished through traditional research or commercial activity."

It was modeled after DARPA, the Defense Department innovation unit created in 1958 in response to the Soviet's launch of Sputnik, and joins the ARPAs recently established for infrastructure and energy.

024-26 Strategic Plan

ARPA H's first strategic plan has seven goals and 21 objectives:

1. Expand technical possibilities for the future of health.
   - Catalyze research toward platform technologies
   - Accelerate the development of novel tools to enable a new future of health care

- Lead creation of entirely new paradigms

2. Forge a resilient health ecosystem to ensure optimal well-being for all.
   - Empower patients, providers and communities through transformational innovation.
   - Foster an interconnected health ecosystem.
   - Enhance stability, adaptability and robustness across the health ecosystem,
3. Drive scalable solutions to improve health care access and affordability.
   - Advance affordability through scalable technologies and interventions.
   - Establish collaborative distribution networks
   - Lead the biomanufacturing revolution.
4. Build proactive health capacity to keep people from becoming patients
   - Promote prevention and wellness.
   - Foster interdisciplinary collaboration for holistic health.
   - Incentivize health care transformation toward prevention
5. Foster data-driven innovation across the health ecosystem.
   - Establish collaborative data sharing capabilities
   - identify opportunities to expand representation of underrepresented groups in research data.
   - Harness generative AI for resource-optimized health care R&D.
6. Increase the probability of successful transition
   - Establish and build a health innovation network to ensure ARPA-H capabilities reach all Americans
   - Connect stakeholder insights and partnerships.
   - Support performer teams to bring the most compelling solutions to bear,
7. Build a world class organization.
   - Recruit, retain and develop leading talent across the ARPA-H enterprise.
   - Maintain strong stewardship of financial resources.
   - Promote effective strategy, planning and execution practices

Operational Model

ARPA-H has launched a nationwide health innovation network: ARPANET-H. The network consists of three regional hubs.

1. The Customer Experience hub is based in Dallas, TX and is focused on designing for the American people and their caregivers.
2. The Investor Catalyst hub is based in the greater Boston area and is focused on catalyzing markets and industry to ensure solutions thrive after government funding.
3. The Management hub is in the Washington, D.C. area and is focused on coordinating with federal partners and managing ARPA-H's programs.

Each hub is supported by a consortium with a nationwide network of spokes to bring together the nation's voices, resources, and needs.

ARPA-H has adopted the "DARPA model," which relies on a core leadership team and limited-term project managers, typically scientists from academia or industry, who serve a three-year term, renewable up to six years maximum. The project managers leverage their technical knowledge and professional networks to drive the creation of new programs, bringing teams together to solve challenges.

ARPA-H has flexible contracting authority that allows it to structure partnership relationships and make investments without going through the normal contracting procedures.

ARPA-H's four focus areas are:

1. Health Science Futures. Accelerating advances across research areas and removing limitations that stymie progress towards solutions for broad ranges of disease and conditions.
2. Proactive Health. Creating capabilities to detect and characterize disease risk and promote treatments and behaviors to anticipate threats whether viral, bacterial, chemical, physical, or psychological.
3. Resilient Systems. Addressing systemic challenges across the healthcare and public health landscape by investing in cutting-edge technologies that address long-standing gaps in the quality, efficacy, and consistent availability of care.
4. Scalable Solutions. Addressing challenges including geography, distribution, manufacturing, data and information, and economies of scale to develop impactful, timely, and equitable solutions.

University of California, Agriculture and Natural Resource Division

Summary

The Agricultural and Natural Resources Division has built upon its longstanding mission of connecting research to one of California's foundational industries by catalyzing an innovation ecosystem focused on improving food production and producing new technological solutions to climate change.

While not focused on behavioral health, the Division's innovation strategy demonstrates the potential for a state entity to connect researchers, entrepreneurs, investors, customers and markets. As a public entity, the strategy includes explicit provisions to ensure the public benefits from its investments and that Californians – workers, businesses and customers – are engaged in projects to ensure those projects produce socially valued benefits.

Operational Design

The Office of Innovation was launched in 2017 along with a companion non-profit organization that takes on activities more suited for a non-governmental organization. Over time the office has

developed a portfolio of projects and partnerships advancing food production, health outcomes and sustainability. Among them:

- Strategic Research Partnerships. The office, for example, has partnered with the Lawrence Livermore Labs, other UC units, and the Schmid Science's Virtual Institute on Feedstocks of the Future to convert agricultural and forest waste to fuels and other bioproducts. The office is collecting data on input material and coordinating the involvement of agricultural operations in pilot projects with the aim of supporting "bicircular economy" that replaces fossil fuels with renewable sources.

- Regionals Projects. The office forms partnerships with public, private and philanthropies to develop and deploy local or regional innovations in food production and economic development. The office plays a number of roles, often helping to leverage existing funding to bring in additional investors that help the projects achieve sustainability. All of the projects seek to create jobs, support sustainability and improve health outcomes.

- The Vine Program brings communities and industries together to identify problems and set priorities – and then encourages innovators to solve those problems. The program has developed several to support innovation in the public interest:
    - The program brings university-based researchers, entrepreneurs and others together to think through new solutions to public priorities.
    - Working with public agency partners, the program developed metrics for commercial readiness and potential public benefits – to assess opportunities and design their support to be successful.
    - The program is designed to be nimble to help socially or environmentally valuable projects through the entire innovation process.
    - A variety of legal mechanisms are used to capture the public's share of the financial returns from innovations.
    - The program has an internal science advisory group and an external industry / community advisory group.
    - The office is staffed with individuals with project management, technical, financial and marketing skills, augmented by "entrepreneurs in residence" who coach individual projects.

  The success of the Vine program has resulted in other public agencies – that do not have the capacity or confidence to support innovation – funding projects that address their key priorities.

  The portfolio itself is a product of innovation as the office has tried to be strategically opportunistic and is continuously evaluating its efforts to improve its results.

Appendix C:

Sec. 5845.1 - Behavioral Health Services Act Innovation Partnership Fund

(a)

(1) The Behavioral Health Services Act Innovation Partnership Fund is hereby created in the State Treasury.

(2) The fund shall be administered by the state for the purposes of funding a grant program administered by the Behavioral Health Services Oversight and Accountability Commission pursuant to this section and subdivision (f) of Section 5892.

(b) All of the following may be paid into the fund:

(1) Any private donation or grant.

(2) Any other federal or state grant impacted by other behavioral health disparities.

(3) Any interest that accrues on amounts in the fund and any moneys previously allocated from private donations or grants received by the fund that are subsequently returned to the fund.

(c)

(1) The Behavioral Health Services Oversight and Accountability Commission shall award grants to private, public, and nonprofit partners to promote development of innovative mental health and substance use disorder programs and practices.

(2) The innovative mental health and substance use disorder programs and practices shall be designed for the following purposes:

(A) Improving Behavioral Health Services Act programs and practices funded pursuant to subdivision (a) of Section 5892 for the following groups:

(i) Underserved populations.

(ii) Low-income populations.

(iii) Communities impacted by other behavioral health disparities.

(iv) Other populations, as determined by the Behavioral Health Services Oversight and Accountability Commission.

(B) Meeting statewide Behavioral Health Services Act goals and objectives.

(3) The Behavioral Health Services Oversight and Accountability Commission, in determining the allowable uses of the funds, shall consult with the California Health and Human Services Agency and the State Department of Health Care Services. If the Behavioral Health Services Oversight and Accountability Commission utilizes funding for population-based prevention or workforce innovation grants, the commission shall consult with the State Department of Public Health for

population-based prevention innovations and the Department of Health Care Access and Information for workforce innovations.

(d)

(1) The Behavioral Health Services Oversight and Accountability Commission shall submit a report to the Legislature by January 1, 2030, and every three years thereafter. The report shall cover the three-fiscal-year period immediately preceding the date of submission.

(2) The report shall include the practices funded pursuant to this section and the extent to which they accomplished the purposes specified in paragraphs (1), (2), and (3) of subdivision (b).

(3) A report to be submitted pursuant to paragraph (1) shall be submitted in compliance with Section 9795 of the Government Code.

Ca. Welf. and Inst. Code § 5845.1

Amended by Stats 2024 ch 40 (SB 159),s 42, eff. 6/29/2024.Added by Stats 2023 ch 790 (SB 326),s 59, eff. 4/17/2024, op. Approved in Proposition 1 at the March 5, 2024, election.

Section 5892. (f) (1) (F)

(F) The Behavioral Health Services Act Innovation Partnership Fund as provided for in Section 5845.1. A maximum of twenty million dollars ($20,000,000) shall be deposited into the fund annually, for fiscal years 2026–27 to 2030–31, inclusive. Thereafter funding shall be determined through the annual budget act.

(G) At its discretion, the commission may utilize funding received in support of the Mental Health Wellness Act to support this section, consistent with subparagraph (F) of paragraph (2) of subdivision (g), and subdivision (h), of Section 5848.5.

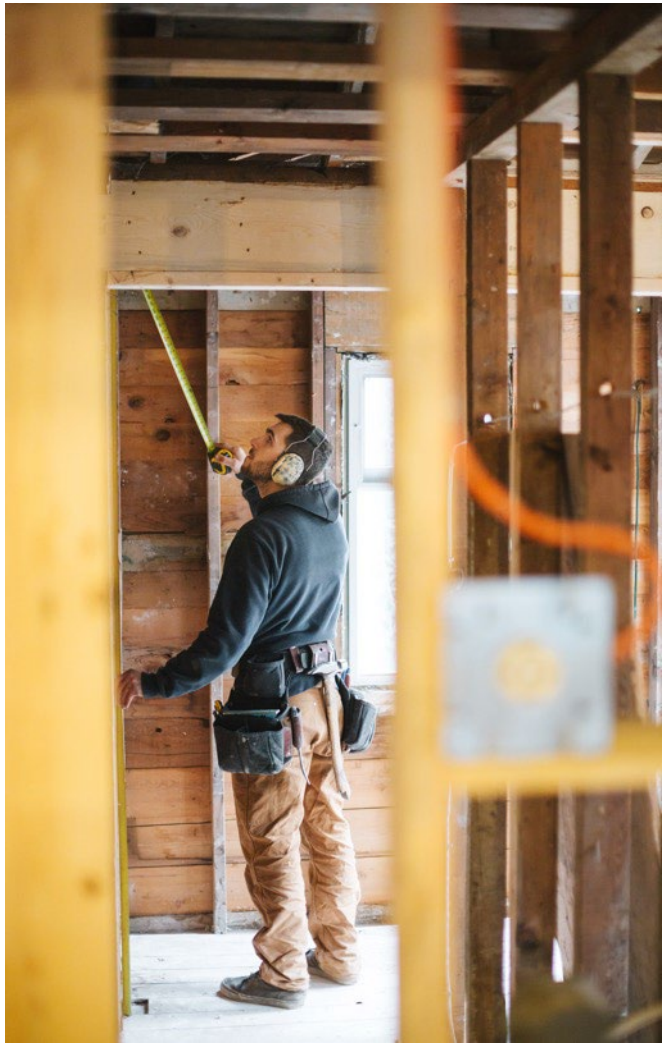
Behavioral Health Student Services Act Evaluation

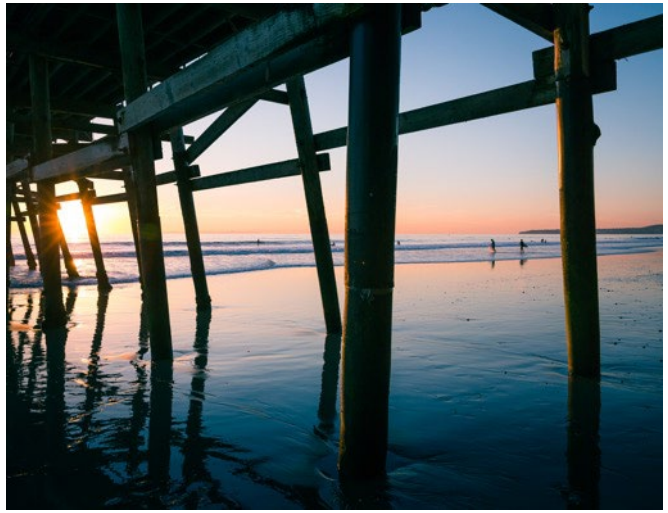
Melissa Martin-Mollard, *Chief of Research and Evaluation*
February 27, 2025

CBH Commission for Behavioral Health

BHSSA Components

- Grants: $280M to foster system change
- Technical Assistance: capacity around key areas, including sustainability
- Evaluation and Learning





Background

WestEd was selected in 2023 to be the Commission's external evaluation partner for all phases of the evaluation.

- Phase 1: Planning and Evaluation Design (completed December 2024)
- Phase 2: Conducting the Evaluation and Disseminating Findings (2025-2027)

Phase 1 Planning Strategy

Community engagement

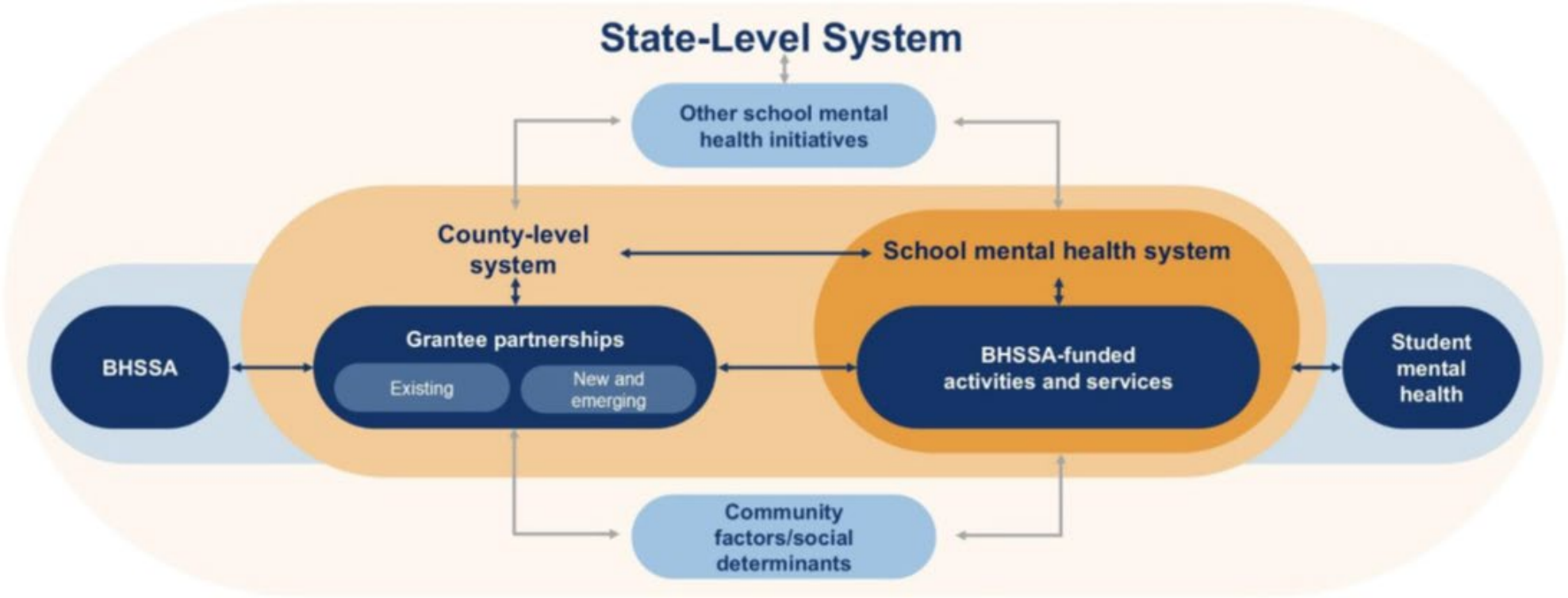
- 26 listening sessions
- 15 feedback sessions
- 6 grantee collaboration meetings
- 2 grantee surveys
- 1 family/caregiver survey
- Youth Advisory Group

Context understanding

- Landscape analysis for other initiatives
- Codesign of evaluation with Commission staff
- Deep dive into progress reports and written materials from grantees

Evaluation design

BHSSA Conceptual Model



Evaluation design

The Evaluation includes ongoing community engagement, strategic communication, and dissemination activities.

1. **Contextual descriptive analysis**
2. **Process and systems change analysis**
3. **Grantee partnership case studies**
4. **Implementation and impact case studies**

Contextual Descriptive Analysis

MEASURING STUDENT MENTAL HEATH AND WELLBEING

Purpose: Describe the current state of mental health and wellbeing of students in California, incorporating school, district, and community characteristics to understand contextual factors at county and school levels.

Data sources:

- California Healthy Kids Survey (CHKS)
- California Longitudinal Pupil Achievement Data System (CALPADS)
- U.S. Census
- California Open Data Portal
- KidsData.org
- California Overdose Surveillance Dashboard
- California Health Interview Survey
- National Center for Health Statistics Mortality Data

Process and Systems Change Analysis

MEASURING PARTNERSHIPS AND SCHOOL MENTAL HEALTH

Purpose: Survey grantees on progress on partnership development and measure current state of school mental health system capacity at county, district, and school levels.

Data sources and domains:

- Survey disseminated to school, district, and county points of contact
- Leadership
- Collaboration
- Practices
- Implementation facilitators and barriers

Grantee Partnership Case Study

EXPLORE PARTNERSHIP DEVELOPMENT AND IMPLEMENTATION

Purpose: To focus on 10 grantees and contextualize how they implemented BHSSA activities to reimagine school mental health systems change.

Exploratory questions:

- What was the impact of the BHSSA on cross-system partnerships?
- How did county- and school-level mental health systems change?
- What were the BHSSA implementation and successes, challenges, and lessons learned?
- What was the relationship between the BHSSA and other school mental health initiatives?
- What are emerging approaches to closing equity gaps impacting BHSSA communities?

Implementation and Impact

EXPLAIN THE IMPACT OF BHSSA-FUNDED ACTIVITIES AND SCHOOL MENTAL HEALTH SYSTEM CHANGES ON SCHOOL AND STUDENT OUTCOMES

Purpose: Gather information from school staff, school mental health professionals, students, and families on impact.

Exploratory questions:

- How did other school mental health initiatives serve as facilitators and/or barriers to sustainable school mental health systems change?
- How did improvements in the school-level mental health system support students' mental health needs, and for whom?

Evaluation Summary

Establish baseline of student mental health

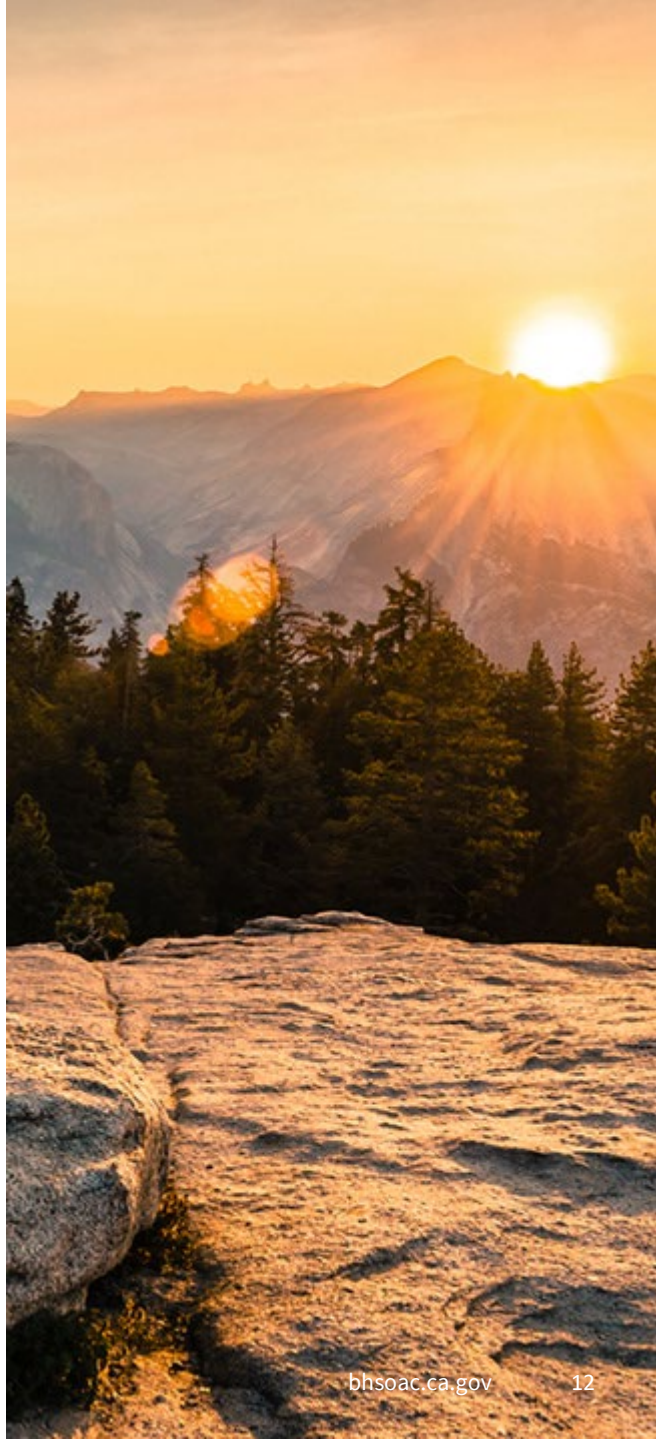
Measure BHSSA partnership development and systems change

Understand broader context of school mental health initiatives

Inform next steps for infrastructure and capacity building to expand and sustain efforts

Proposed motion

That the Commission approve a contract for up to $4 million for WestEd to begin Phase 2 of the BHSSA evaluation.



Commission for Behavioral Health

February 2025

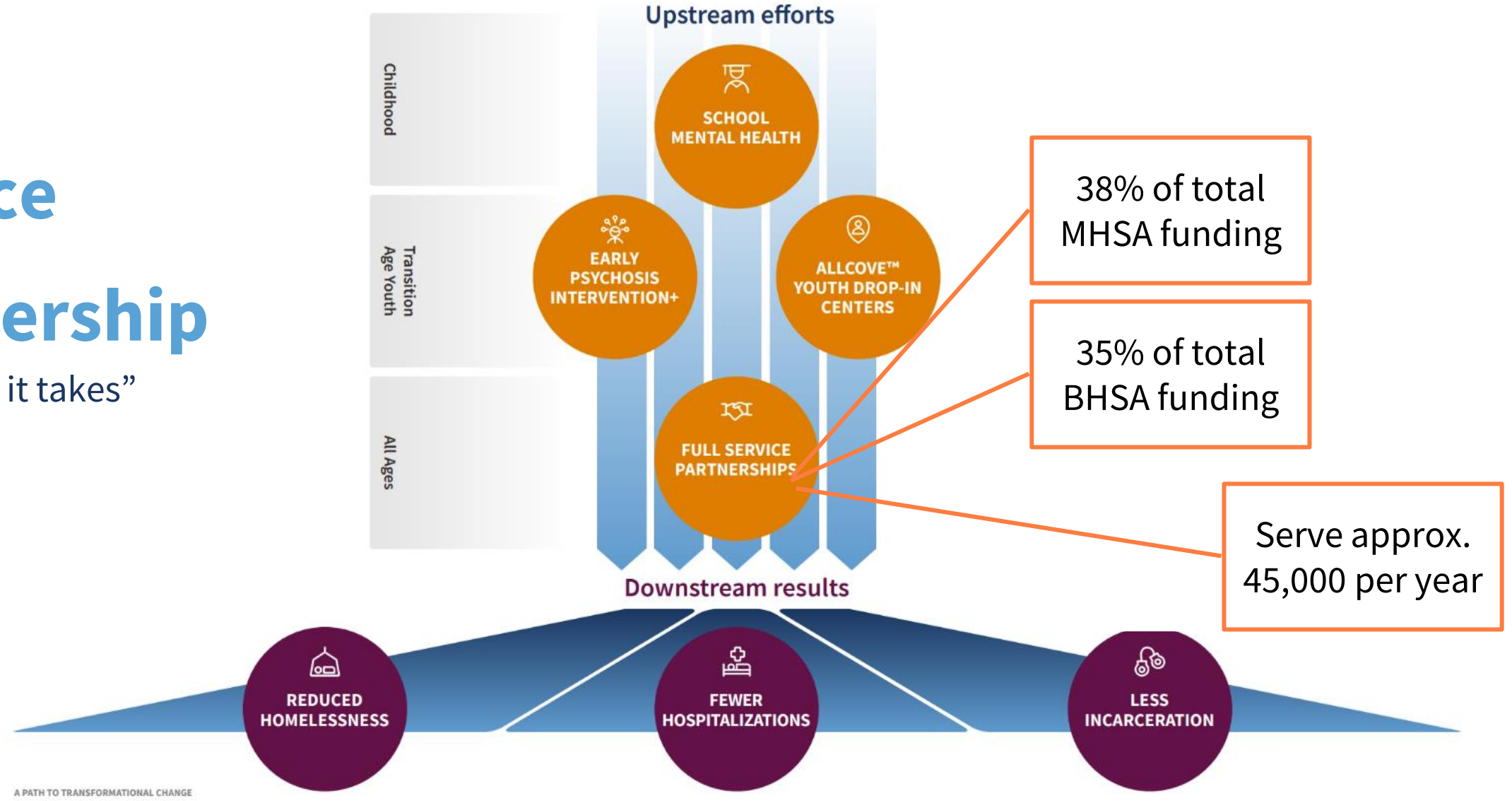
FSP Legislative Report

bhsoac.ca.gov

FSPs: Past and Future

Full Service Partnership

"whatever it takes"



38% of total MHSA funding

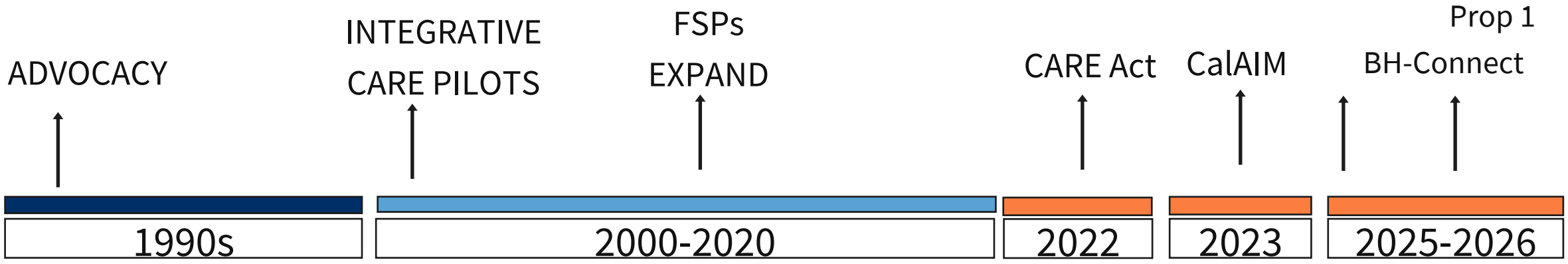
35% of total BHSA funding

Serve approx. 45,000 per year

Prop 1 maintains FSP as essential to the behavioral health continuum of care and expands eligibility for services to those individuals living with substance use disorder diagnoses.

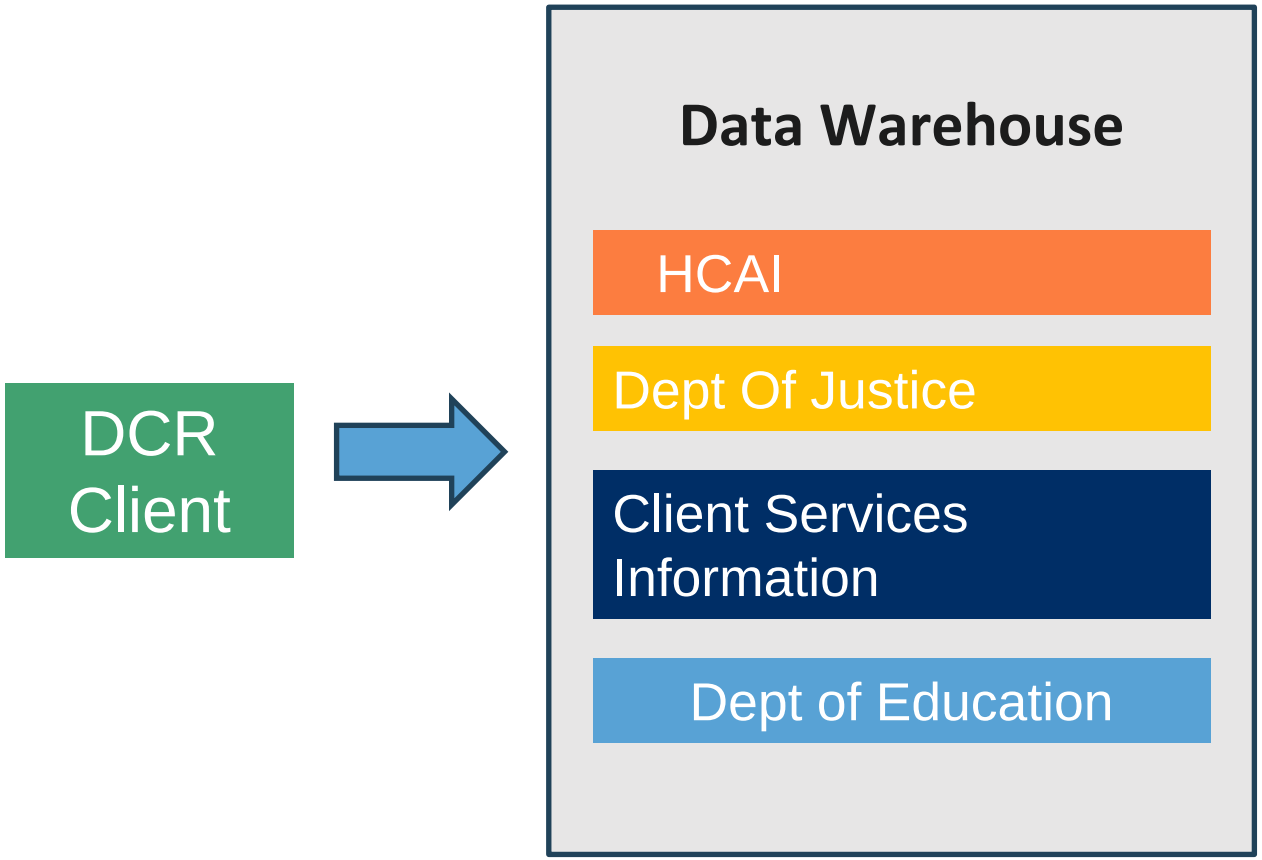
Key Components:

- Standardizing evidence-based practices (EBPs) w a small county exemption
- Substance Use Disorder (SUD) treatment
- Use of community-defined evidence practices (CDEPs)
- Established levels of care, including guidelines for step-down
- Outpatient services for on-going evaluation and stabilization
- Engagement to maintain enrollment



Senate Bill 465 directs the Commission to report on:

Leveraging the Commission's Data Warehouse to Meet the Legislative Task



Public Panels

The Commission hosted two public panels on FSPs including representatives from the Department of Health Care Services, a county behavioral health director, and leading researchers in the field of behavioral health

Solicited Feedback

Shared with Commissioners, staff at Agency, DHCS, Legislative staff, County BH staff, and posted the Executive Summary with a feedback form.

Targeted Outreach

- **87** participants
- **40** organizations
- **22** counties
- **28%** identified as people of color
- **24%** shared they had personal or family experience of behavioral health challenges

Community Forums

- **145** participants
- **76** organizations
- **29** counties
- **43%** identified as people of color
- **44%** shared they had personal or family experience of behavioral health challenges

Statewide Survey

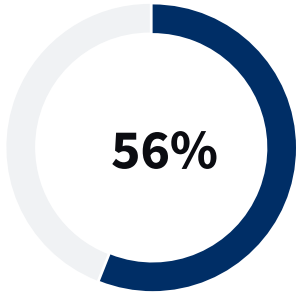
- **228** participants
- **35** counties
- **57%** identified as people of color
- **46%** shared they had personal or family experience of behavioral health challenges
- Average of **10 years** of experience in FSPs

Research

- **3** deep dives on county contract practices.
- **2** case studies on data collection and reporting
- **2** pilot projects on performance management
- **4** site visits (3 adult and 1 child/TAY)

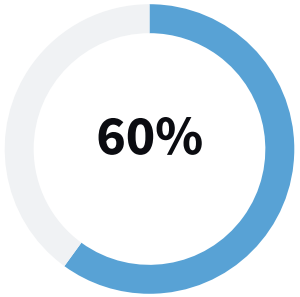
Descriptive Analysis

Client characteristics



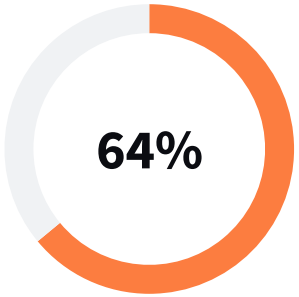
Children / TAYs

Children and TAYs make up 56% of FSP clients. Adults 26-64 are 34% and older adults 65 and over are 6%.



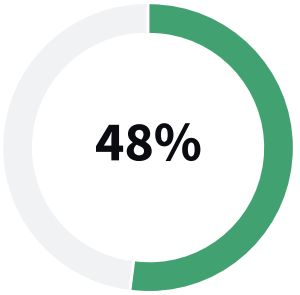
Homelessness

About 60% of adult and 30% of child/TAY clients have reported being homeless.



Length of Stay

18 months after joining an FSP about 64% of child/TAY clients had exited compared to 39% of adult clients.



Met Goals

Child/TAY clints were almost twice as likely to exit their FSP because they met their goals (48% vs 28%)

Descriptive Analysis

Service Usage

In three key areas, FSP clinets showed a reduction in service utilization in the year after joining an FSP compared to the year prior.

Crisis services

-14.6K

Psychiatric admissions

-27K

Hospital in-patient days

250K

Findings and Recommendaions

Data collection and reporting

The existing DCR system has substantial issues that impact the ability to meet the data reporting and transparency requirements under Prop 1.

The Commission recommends overhauling or replacing the DCR to make it efficient, effective, and accurate.

DHCS is currently working on establishing metrics and reporting requirements under BHSA. This report can serve as a valuable resource in those efforts.

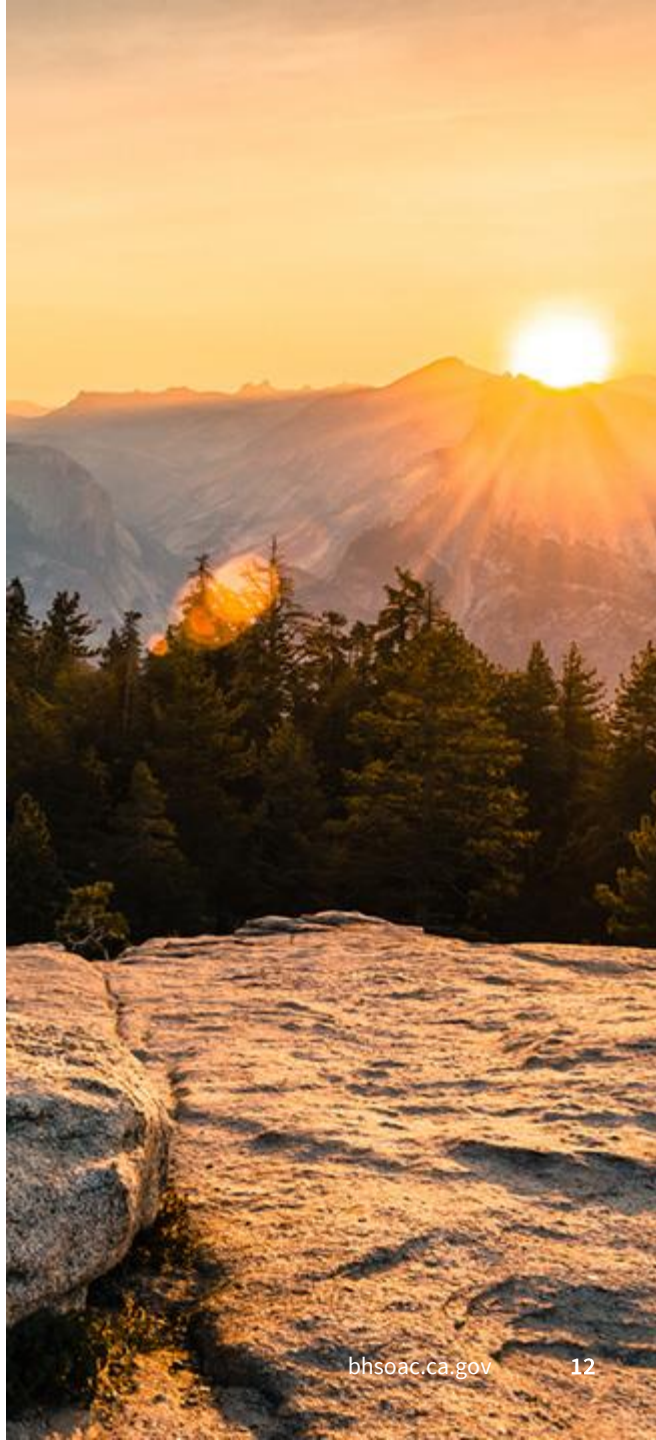
Staffing and workforce

Workforce shortages affects all aspects of FSP programs and impact their ability to run at capacity.

Recommendations

- Widen the pipeline
- Increase incentives/benefits
- Reduce provider stress
- Utilize peers

Our findings and recommendations can support the current peer recruitment and certification efforts through HCAI and DHCS.



Performance Management & Outcomes-based Contracting

- Most providers lack systematic goal setting and tracking
- Insufficient incentives to providers for reaching client goals
- Incorporate performance metrics into contracts with service providers
- Launch of a statewide learning community on performance management
- Comprehensive valuation of the plausible impact and resources needed to create scalable performance management statewide.

DHCS has recently released an RFA to support FSPs around performance management. Our findings can substantially inform and strengthen these efforts.

Technical Assistance

Funding and Service Models

Counties and providers both need support and clarity around BHSA requirements.

Expanding technical assistance and training on the impacts of BHSA.

DHCS and HMA are establishing Centers of Excellence in key areas under BH-Connect. We are working to ensure alignment of these with our efforts specific to FSPs.

Next steps

Pilot projects in Sacramento and Nevada Counties on performance management. Results will be brought to the Commission in Summer 2025.

$20 Million in MHWA Funds to improve FSP outcomes and service delivery.

-$10 million to be released in a technical assistance and capacity building RFP.

FSP Toolkit:

- Peer and paraprofessional supports in the workforce
- Services and treatment for individuals with substance use disorders
- Collaboration with community and cultural partners
- Step-down levels of support
- Outreach and engagement

From: Micki Archuleta <micki@dolphinvoyager.com>
Sent: Saturday, February 15, 2025 5:41 AM
To: BHSOAC <bhsoac@bhsoac.ca.gov>
Subject: Proposition 1 Funding

Dear Community Leaders,

I am writing to advocate for the formal inclusion of community stakeholders in the decision-making processes regarding the allocation and oversight of behavioral health funding in Merced County, especially in light of the recent passage of Proposition 1 in March 2024. This proposition aims to enhance California's behavioral health infrastructure by authorizing $6.38 billion in bonds for mental health treatment facilities and supportive housing. calbudgetcenter.org

The Importance of Community Involvement

Community-based organizations, such as those led by Ms. Katalina Zambrano, Mr. Eli Sachse, and Ms. Micki Archuleta, have been instrumental in addressing the unique mental health challenges within our county. Their firsthand experience and deep-rooted connections provide invaluable insights that can guide effective and culturally competent service delivery. By mandating their involvement in funding decisions, we can ensure that resources are allocated efficiently and equitably, directly addressing the specific needs of our diverse population.

Proposed Framework for Inclusion

Establish a Community Advisory Board (CAB): This board would consist of representatives from local organizations, mental health professionals, and community advocates. The CAB would serve as a consultative body, providing recommendations on funding priorities and program implementations.

Regular Public Forums: Hosting quarterly forums would allow community members to voice their concerns, share experiences, and offer suggestions. This transparency fosters trust and ensures that decision-makers remain attuned to the community's evolving needs.

Collaborative Planning Sessions: Involving community leaders in the planning stages of new initiatives ensures that programs are tailored to local contexts, enhancing their

effectiveness and sustainability.

Conclusion

By integrating community stakeholders into the fabric of behavioral health funding decisions, we not only uphold the principles of transparency and accountability but also harness the collective expertise of those most familiar with the challenges we aim to address. I urge you to consider formalizing this collaborative approach, ensuring that voices like those of Ms. Zambrano, Mr. Sachse, and Ms. Archuleta are integral to our county's mental health strategy.

Thank you for your attention to this matter. I look forward to the positive changes this collaborative effort can bring to our community.

Sincerely,

Micki Archuleta

DHCS Status Chart of County RERs Received
February 27, 2025, Commission Meeting

Below is a Status Report from the Department of Health Care Services regarding County MHSA Annual Revenue and Expenditure Reports received and processed by Department staff, dated February 7, 2025. This Status Report covers FY 2022 -2023 through FY 2023-2024. Two mental health plans (MHP) are outstanding for the FY 2021-2022 RER, Butte and Tehama. All RERs prior to these fiscal years have been submitted by all counties.

The Department provides BHSOAC staff with weekly status updates of County RERs received, processed, and forwarded to the BHSOAC. Counties also are required to submit RERs directly to the BHSOAC. The Commission provides access to these for Reporting Years FY 2012-13 through FY 2023-2024 on the data reporting page at: https://bhsoac.ca.gov/county-plans/

The Department also publishes County RERs on its website. Individual County RERs for reporting years FY 2006-07 through FY 2015-16 can be accessed at: http://www.dhcs.ca.gov/services/MH/Pages/Annual-Revenue-and-Expenditure-Reports-by-County.aspx. Additionally, County RERs for reporting years FY 2016-17 through FY 2023-24 can be accessed at the following webpage: http://www.dhcs.ca.gov/services/MH/Pages/Annual_MHSA_Revenue_and_Expenditure_Reports_by_County_FY_16-17.aspx.

DHCS also publishes yearly reports detailing funds subject to reversion to satisfy Welfare and Institutions Code (W&I), Section 5892.1 (b). These reports can be found at: https://www.dhcs.ca.gov/services/MH/Pages/MHSA-Fiscal-Oversight.aspx.

DCHS MHSA Annual Revenue and Expenditure Report Status Update

County	FY 22-23 Electronic Copy Submission	FY 22-23 Return to County	FY 22-23 Final Review Completion	FY 23-24 Electronic Copy Submission	FY 23-24 Return to County	FY 23-24 Final Review Completion
Alameda	1/30/2024	1/31/2024	2/14/2024	1/29/2025	2/5/2025	
Alpine	7/30/2024	8/6/2024	8/8/2024			
Amador	2/8/2024	2/14/24	2/16/2024	1/23/2025	1/24/2025	
Berkeley City	1/31/2024	2/2/2023	2/6/2024	1/29/2025	2/4/2025	2/6/2025
Butte						
Calaveras	1/31/2024	2/2/2024	2/5/2024			
Colusa	3/15/2024	3/20/2024	4/2/2024	1/29/2025	2/5/2025	
Contra Costa	2/13/2024	2/14/2024	2/15/2024	1/30/2025	2/6/2025	
Del Norte	1/30/2024	2/1/24	2/5/2024	1/30/2025	2/5/2025	
El Dorado	1/30/2024	1/30/2024	1/30/2024	1/31/2025		
Fresno	1/29/2024	1/30/2024	2/1/2024	1/29/2025	2/5/2025	
Glenn						
Humboldt	1/30/2024	1/31/2024	2/2/2024	1/31/2025	2/7/2025	
Imperial	1/19/2024	1/30/24	2/7/2024			
Inyo	5/28/2024	5/29/2024	9/4/2024			
Kern	2/2/2024	2/9/2024	2/23/2024	1/31/2025		
Kings	2/8/2024	2/14/2024	2/16/2024	1/31/2025	2/7/2025	
Lake	5/8/2024	5/8/2024	5/9/2024			
Lassen	2/29/2024	2/29/2024	3/5/2024			
Los Angeles	2/5/2024	2/6/2024	2/16/2024	1/30/2025	2/6/2025	
Madera	3/22/2024		3/29/2024			
Marin	1/31/2024	2/2/2024	2/5/2024	1/31/2025	2/7/2025	

DHCS Status Chart of County RERs Received
February 27, 2025, Commission Meeting

County	FY 22-23 Electronic Copy Submission	FY 22-23 Return to County	FY 22-23 Final Review Completion	FY 23-24 Electronic Copy Submission	FY 23-24 Return to County	FY 23-24 Final Review Completion
Mariposa	2/7/2024	2/15/2024	2/15/2024	1/31/2025	2/7/2025	
Mendocino	1/31/2024	2/5/2024	2/15/2024	1/31/2025	2/6/2025	
Merced	1/18/2024	1/19/2024	1/23/2024	1/10/2025	1/14/2025	1/15/2025
Modoc	5/6/2024	5/8/2024	5/13/2024	1/31/2025	2/6/2025	
Mono	1/31/2024	2/5/2024	2/16/2024	1/31/2025	2/7/2025	
Monterey	1/31/2024	2/1/2024	2/20/2024	1/30/2025	2/6/2025	
Napa	2/6/2024	2/20/2024	3/11/2024	1/31/2025	2/3/2025	
Nevada	1/31/2024	2/9/2024	2/14/2024	1/30/2025	2/3/2025	2/3/2025
Orange	1/31/2024	2/7/2024	2/15/2024	1/31/2025	2/3/2025	2/5/2025
Placer	1/31/2024	n/a	2/7/2024	1/31/2025	2/4/2025	2/4/2025
Plumas	2/9/2024	2/9/2024	2/15/2024	2/4/2025	2/4/2025	
Riverside	2/1/2024	2/15/2024	2/21/2024	1/31/2025	2/3/2025	
Sacramento	1/31/2024	2/22/2024	2/23/2024	1/28/2025	1/28/2025	
San Benito	3/18/2024	3/18/2024	3/22/2024			
San Bernardino	1/31/2024	2/21/2024	2/21/2024	1/31/2025	2/4/2025	
San Diego	1/30/2024	2/5/2024	2/14/2024	1/31/2025	2/4/2025	2/6/2025
San Francisco	1/31/2024	3/18/2024	3/22/2024			
San Joaquin	2/22/2024	3/7/2024	3/27/2024			
San Luis Obispo	1/25/2025	2/8/2024	2/14/2024	1/31/2025	2/3/2025	
San Mateo	2/16/2024	4/9/2024	4/9/2024	1/31/2025	2/3/2025	2/5/2025
Santa Barbara	1/30/2024	2/9/2024	2/12/2024	2/3/2025	2/3/2025	
Santa Clara	2/1/2024	2/15/2024	2/22/2024	1/31/2025	2/3/2025	
Santa Cruz	8/16/2024	8/21/2024	10/11/2024			
Shasta	1/30/2023	2/15/2024	2/21/2024	1/30/2025	2/3/2025	2/4/2025
Sierra	12/18/2023	12/27/2023	1/15/2024	1/29/2025	1/29/2025	
Siskiyou	2/2/2024	2/15/2024	2/15/2024			

DHCS Status Chart of County RERs Received
February 27, 2025, Commission Meeting

County	FY 22-23 Electronic Copy Submission	FY 22-23 Return to County	FY 22-23 Final Review Completion	FY 23-24 Electronic Copy Submission	FY 23-24 Return to County	FY 23-24 Final Review Completion
Solano	1/31/2024	2/15/2024	2/20/2024	1/29/2025	2/3/2025	2/4/2025
Sonoma	1/31/2024	2/7/2024	2/14/2024	1/31/2025	2/3/2025	
Stanislaus	1/31/2024	2/6/2024	2/9/2024	1/31/2025	2/3/2025	2/3/2025
Sutter-Yuba	3/29/2024		4/2/2024	1/28/2025	1/28/2025	2/3/2025
Tehama						
Tri-City	1/31/2024	2/6/2024	2/9/2024	1/31/2025		2/3/2025
Trinity	5/21/2024	5/29/2024	6/10/2024	1/29/2025	1/30/2025	2/3/2025
Tulare	1/30/2024	2/20/2024	5/1/2024	1/31/2025	2/3/2025	
Tuolumne	3/1/2024	3/4/2024	3/7/2024			
Ventura	1/31/2024	2/15/2024	2/15/2024	1/31/2025	2/3/2025	
Yolo	4/4/2024	4/5/2024	4/19/2024	1/30/2025	2/3/2025	2/3/2025
Total	**56**	**53**	**56**	**43**	**40**	**14**

Commission *for* Behavioral Health

Summary of Updates

Contracts

New Contracts: 0

Total Contracts: 3

Funds Spent Since the November 2024 Commission Meeting

Contract Number	Amount
21MHSOAC023	$ 0.00
22MHSOAC025	$ 300,000.00
23MHSOAC057	$ 0.00
TOTAL	**$ 300,000.00**

Commission *for* Behavioral Health

The Regents of the University of California, San Francisco: Partnering to Build Success in Mental Health Research and Policy (21MHSOAC023)

BHSOAC Staff: Melissa Martin-Mallard
Active Dates: 07/01/21 - 06/30/27
Total Contract Amount: $7,544,350.00
Total Spent: $4,244,350

UCSF is providing onsite staff and technical assistance to the MHSOAC to support project planning, data linkages, and policy analysis.

Deliverable	Status	Due Date	Change
Quarterly Progress Reports	Complete	09/30/21	No
Quarterly Progress Reports	Complete	12/31/21	No
Quarterly Progress Reports	Complete	03/31/2022	No
Quarterly Progress Reports	Complete	06/30/2022	No
Quarterly Progress Reports	Complete	09/30/2022	No
Quarterly Progress Reports	Complete	12/31/2022	No
Quarterly Progress Reports	Complete	03/31/2023	No
Quarterly Progress Reports	Complete	06/30/2023	No
Quarterly Progress Reports	Complete	09/30/2023	No
Quarterly Progress Reports	Complete	12/31/2023	No
Quarterly Progress Reports	Complete	03/31/2024	No
Quarterly Progress Reports	Complete	06/1/2024	No
Quarterly Progress Reports	Complete	9/30/2024	No
Quarterly Progress Reports	Complete	12/31/2024	No
Quarterly Progress Reports	In Progress	3/21/2025	No
Quarterly Progress Reports	Not Started	6/30/2025	No

Quarterly Progress Reports	Not Started	9/30/205	No
Quarterly Progress Reports	Not Started	12/31/2025	No
Quarterly Progress Reports	Not Started	3/31/2026	No
Quarterly Progress Reports	Not Started	6/30/2026	No
Quarterly Progress Reports	Not Started	9/20/2026	No
Quarterly Progress Reports	Not Started	12/31/2026	No
Quarterly Progress Reports	Not Started	3/31/2027	No
Quarterly Progress Reports	Not Started	6/1/2027	No

Commission *for* Behavioral Health

WestEd: MHSSA Evaluation Planning (22MHSOAC025)

BHSOAC Staff: Kai LeMasson
Active Dates: 06/26/23 - 12/31/24
Total Contract Amount: $1,500,000.00
Total Spent: $1,400,000.00

This project will result in a plan for evaluating the Mental Health Student Services Act (MHSSA) partnerships, activities and services, and student outcomes. The MHSSA Evaluation Plan will be informed by community engagement and include an evaluation framework, research questions, viable school mental health metrics, and an analytic and methodological approach to evaluating the MHSSA.

Deliverable	Status	Due Date	Change
Project Management Plan	Complete	August 1, 2023	No
Community Engagement Plan	Complete	September 1, 2023	No
Community Engagement Plan Implementation (a, b and c)	Complete Complete Complete	December 15, 2023 January 15, 2024 October 30, 2024	No
Evaluation Framework and Research Questions	Complete	December 15, 2023	No
School Mental Health Metrics	Complete	June 15, 2024	No
Evaluation Plan (draft and final)	Complete Complete	September 1, 2024 January 15, 2025	Yes
Consultation on Report to the California Legislature	Complete	March 1, 2024	No
Progress Reports (a, b, and c)	Complete Complete Complete	September 15, 2023 January 15, 2024 June 15, 2024	No

Third Sector Capital Partners: FSP Toolkit (23MHSOAC057)

BHSOAC Staff: Kallie Clark
Active Dates: 06/05/42 - 06/30/25
Total Contract Amount: $250,000
Total Spent: 60,000

Third Sector will engage with MHP Full Service Partnerships (FSP), providers, state entities, and other subject matter experts to develop a best-practice toolkit for FSP programs across CA.

Deliverable	Status	Due Date	Change
Draft Plan for FSP Toolkit Working Group	Complete	August 31, 2024	No
Final Plan for FSP Toolkit Working Group	Complete	September 30, 2024	No
FSP Toolkit Working Group	In Progress	April 30,2025	No
Draft FSP Working Group Toolkit	In Progress	April 30, 2025	No
Final FSP Working Group Toolkit	Complete	May 30, 2025	No

INNOVATION DASHBOARD

February 2025

UNDER REVIEW	Final Proposals Received	Draft Proposals Received	TOTALS
Number of Projects	5	5	**9**
Participating Counties (unduplicated)	5	5	**9**
Dollars Requested	$11,407,377	$7,300,000	**$18,707,377**

PREVIOUS PROJECTS	Reviewed	Approved	Total INN Dollars Approved	Participating Counties
FY 2018-2019	54	54	$303,143,420	32 (54%)
FY 2019-2020	28	28	$62,258,683	19 (32%)
FY 2020-2021	35	33	$84,935,894	22 (37%)
FY 2021-2022	21	21	$50,997,068	19 (32%)
FY 2022-2023	31	31	$354,562,909	26 (44%)
FY 2023-2024	15	15	$197,481,034	13 (22%)

TO DATE	Reviewed	Approved	Total INN Dollars Approved	Participating Counties
2024-2025	8	8	$48,776,359	6

INNOVATION PROJECT DETAILS

FINAL PROPOSALS						
Status	County	Project Name	Funding Amount Requested	Project Duration	Draft Proposal Submitted to OAC	Final Project Submitted to OAC
Under Final Review	San Mateo	Peer Support for Peer Workers	$580,000	4 Years	10/1/2024	11/18/2024
Under Final Review	San Mateo	Progressive Improvements for Valued Outpatient Treatment (PIVOT) – Medi-Cal Billing	$5,650,000	5 Years	10/1/2024	11/18/2024
Under Final Review	San Mateo	Animal Care for Housing Stability & Wellness	$990,000	4 Years	10/1/2024	11/18/2024
Under Final Review	San Mateo	Allcove Half Moon Bay	$1,600,000	3.5 Years	10/1/2024	11/27/2024
Under Final Review	Ventura	Veteran Mentor Project	$2,587,377	3 Years	11/19/2024	12/20/2024

DRAFT PROPOSALS						
Status	County	Project Name	Funding Amount Requested	Project Duration	Draft Proposal Submitted to OAC	Final Project Submitted to OAC
Under Review	Monterey	Psychiatric Advance Directive (PADs) Phase 2 Multi County Collaborative	$2,500,000	4 Years	Pending	Pending
Under Review	Contra Costa	Psychiatric Advance Directive (PADs) Phase 2 Multi County Collaborative	Pending	Pending	Pending	Pending
Under Review	Mariposa	Psychiatric Advance Directive (PADs) Phase 2 Multi County Collaborative	Pending	Pending	Pending	Pending
Under Review	Fresno	The Lodge 2	$4,200,000	3 Years	1/13/2025	Pending
Under Review	San Luis Obispo	Medi-Cal Maximizing & Training Initiative (MMTI)	$600,000	3 Years	1/19/2025	Pending

APPROVED PROJECTS (FY 24-25)			
County		Funding Amount	Approval Date
Sierra	Semi-Statewide Enterprise Health Record Multi County Collaborative	$910,906	7/25/2024
Orange	Community Program Planning – Extension Request	$1,000,000	8/22/2024
Orange	Psychiatric Advance Directive (PADs) Phase 2 Multi County Collaborative	$4,980,470	8/22/2024
Shasta	Level Up Norcal: Supporting Community Driver Practices for Health Equity	$999,978	11/21/2024
Alameda	Psychiatric Advance Directive (PADs) Phase 2 Multi County Collaborative	$3,070,005	11/21/2024
Tri-City	Psychiatric Advance Directive (PADs) Phase 2 Multi County Collaborative	$1,500,000	11/21/2024
Nevada	BHSA Implementation Planning	$1,365,000	11/21/2024
Orange	Program Improvements for Valued Outpatient Treatment (PIVOT) Multi-County Collaborative	$34,950,000	11/21/2024