

Accelerating Transformational Change

California’s future as a prosperous, compassionate and healthy state is increasingly linked with the behavioral health and wellbeing of all of its residents.

This reality motivated the Mental Health Services Oversight and Accountability Commission when it advocated for and launched the Mental Health Student Services Act, worked with pioneering counties to elevate early psychosis intervention, and promoted universal access to youth drop-in centers.

Similarly, the Commission worked with communities to improve Full-Service Partnerships, coordinate crisis response, and developed a state suicide prevention plan – strategies that can reduce incarceration, hospitalization and homelessness.

These initiatives demonstrate the possibilities, the imperative to develop comprehensive systems of care essential to reducing disparities in access to culturally competent services and promoting recovery and wellbeing for all.

This strategic plan sharply focuses the Commission on accelerating the adoption of these individual services and integrating them into complete community-based behavioral health systems that provide early, integrated and tailored services to everyone.

This “North Star Priority” will be pursued by four foundational actions animated in the plan’s goals:

- 1. Champion vision into action** – so policymakers and the public understand and support the development of effective services and supports to reduce personal suffering and the heartbreaking consequences of unmet mental health needs.
- 2. Catalyze best practice networks to ensure access, improve outcomes and reduce disparities** – to close the gap between what can be done and what is being done.
- 3. Inspire innovation and learning** – to close the gap between what can be done and what must be done.
- 4. Relentlessly drive expectations** in ways that reduce stigma, build empathy, and empower the public to drive accountability for outcomes.



A Point of Inflection

The behavioral health service system in California is at a threshold, defined by growing public needs, awareness and empathy; by powerful new knowledge and promising practices; and, by the imperative to better serve those with serious and chronic conditions while striving to prevent and intervene early to preserve and nurture health and wellbeing.

Californians are experiencing a mental health and substance abuse epidemic, made increasingly acute by a global pandemic, a strained workforce, and diminished social safety nets for communities that need them most.

The Governor and Legislature have recognized this imperative in launching initiatives such as the Children and Youth Behavioral Health Initiative and in developing revisions to the Mental Health Services Act (MHSA) that will go before voters for their approval on the March 2024 ballot.

There has never been more funding and momentum to drive transformational change, or such significant opportunities to advance new innovations in behavioral health treatment and delivery models. Still, more work is required to build the vibrant system that the MHSA envisions.

To develop this Strategic Plan, the Commission consulted with numerous communities and multiple partners, reflected on the progress that has been made and identified the right next steps for advancing transformational change.

The priorities and goals defined in this plan build upon the Commission's charge, its demonstrated capacity to drive improvements, and its stewardship of the MHSA's core values of

person-centered and culturally competent care; of prevention, early intervention and innovation, and of collaboration across agencies and communities to reduce inequities and disparities – all of which endure regardless of the March ballot results.

Meaningful Progress

By enacting the MHSA in 2004, voters made a foundational commitment to fund and transform California's mental health system of supports and services. To advance these commitments, the Commission in recent years has partnered with communities, other public agencies, and the private sector to identify critical gaps in the service system and directed technical assistance and resources to encourage a more proactive and comprehensive approach.

To accelerate learning and adaptation, the Commission worked with counties to invest \$800 million in MHSA innovation funds and provided more than \$400 million in incentive grants.

The Commission grew the state's Early Psychosis Intervention Plus programs, rapidly deployed some \$150 million statewide to support mental health wellness programs in schools, developed a state prevention and early intervention framework and voluntary standards for workplace mental health, and empowered the advocacy efforts in eight underserved communities.

The Commission worked with counties to strengthen the wrap-around support of Full-Service Partnerships, improve crisis response, and reduce avoidable incarceration. It developed and began the implementation of a state suicide prevention strategy and re-prioritized \$2.2 million to address disparities and fortify youth suicide prevention efforts.

Through all of these efforts, the Commission worked with its partners to raise awareness and elevate expectations for a maturing mental health system focused on prevention, recovery and resilience in all communities.

Emerging Themes – Challenges and Opportunities

The mental health landscape in California is evolving, and the Commission has a unique ability to rapidly respond to changing circumstances.

The mental health crisis was an epidemic before the COVID-19 pandemic exacerbated negative trends. Challenges such as homelessness, substance use disorders, and youth suicide continue to worsen throughout the state. Marginalized LGBTQIA+ populations and California communities of color face significant obstacles to receiving services. Mental health practitioners and resources have never been under greater strain.

Growing demands for behavioral health services

The COVID-19 pandemic brought significant challenges as more Californians and families experienced mental health challenges and the growing substance abuse epidemic firsthand.

Mental health needs, especially in youth and children, are intensified by isolation and the impact of social media. Mental health is the #1 reason children ages 0-17 are hospitalized and suicide is the #2 cause of death for young people ages 10-24.ⁱ Marginalized and excluded populations, including those who identify as Black and Brown, Native American, Asian American and Pacific Islander; girls and women; the LGBTQIA+ community, and those with disabilities, continue to face heightened challenges. Structural inequities and macro threats, such as racism, the

climate crisis, socioeconomic inequality, housing instability and gun violence, also lead to worse mental health outcomes and an increased need for mental health care and supportive services.

Behavioral health elevated as a shared priority

Through the MHSA, communities are prioritizing prevention, early intervention, community-defined practices, innovation, and engaging people with lived experiences. Young people are publicly discussing mental health, while community groups, schools, and counties are collaborating to deliver needed care. This momentum is elevating mental health as a policy and funding priority. One-time funding through the California Children and Youth Behavioral Health Initiative, Student Behavioral Health Incentive Program and the Mental Health Student Services Act are being reinforced by reforms to existing systems such as CalAIM.

Mental health is attracting the attention of philanthropies and private investors. From 2018 to 2020, over \$9.8 billion was donated to mental health causes.ⁱⁱ Venture capital funding for digital mental health start-ups increased from \$25 million in 2011 to more than \$2.5 billion in 2020.ⁱⁱⁱ

Evolutions in treatment & care delivery

The rise of mobile devices and digital capabilities has revolutionized tele-health services, with the share of tele-behavioral health outpatient visits doubling from 2019 to 2021.^{iv} Recent innovations in diagnostic technology and services are changing the mental healthcare landscape. For example:

- New medicines show promising results for treating chronic depression.

- Emerging interest in psychedelics offers hope for improving options for treating disorders like major depressive disorder and post-traumatic stress disorder.^v
- Future breakthroughs in precision medicine are expected to improve disease classification, shorten treatment duration, and limit suboptimal treatment outcomes.^{vi}

In tandem, care delivery is improving. Integrated community care with a “no wrong door” approach, the shift of mental health care into primary care settings, expanded roles for peer providers, and the adoption of wrap-around services show promising signs for making care more accessible and effective for every Californian. These evolutions increase the need to integrate fragmented funding sources, streamline regulations, and evaluate the efficacy of programs to ensure that the highest quality of service is being delivered to Californians regardless of the delivery model.

Strain on practitioners, resources, and consumers

Pressure on practitioners and financial resources has grown dramatically over the last four years, creating even more challenges for consumers to access care. This includes:

- Nationwide shortage and burnout of behavioral health workers. Some 50% of behavioral health providers have experienced burnout and 30% of providers left their job.^{vii}
- Lack of culturally competent practitioners with lived experience. Barriers include low pay, lack of career pathways, and credentialing and licensing requirements.^{viii}
- Inadequate financial resources. Low reimbursement rates, difficulty billing private insurers for services, and severe

financial strain on hospitals contribute to soaring provider costs.^{ix}

- System fragmentation and capacity constraints are complex for consumers to navigate.
- Nearly 9.4 million Californians live in communities without enough mental health professionals.^x

Accelerating pace of change

More change is likely to come even quicker in the future. The next decade is expected to bring a better understanding of and responses to the impacts of genAI and social media, as well as promising innovations in consumer-centered care.

To succeed in the next decade, California needs a resilient system that can direct and integrate resources to changing needs. Public agencies, including the Commission, will need to adapt priorities and strategies in response to the opportunities and impacts of these trends.

The Imperative for Transformational Change

The next four years have the potential to be a turning point in the history of mental health care in California. Once-in-a-generation investment and public attention have set the stage for transformational change, but it will take ambitious, collective action to integrate and improve California’s underlying mental health system.

The Mental Health Services Act was designed to improve financing, design, and distribution of mental health services through local systems of care. Twenty years later, too many Californians still suffer from the seven negative outcomes the act seeks to reduce:

suicide, incarceration, school failure, unemployment, prolonged suffering, homelessness, and child welfare involvement.

To fulfill the MHSA’s vision for transformational change, additional improvements are required in policies, institutions, agencies and services. Transformational change requires:

- **Evolving the fragmented and siloed services** into an integrated, culturally competent system of care that is accessible regardless of geography or cultural background.
- **Empowering communities** – especially the most vulnerable, high risk and historically disadvantaged residents – so their needs and priorities are understood, they can participate in the design of services, and advocate for continued improvement.
- **Resourcing state and local agencies** and service providers so they have the capacity and workforce to manage toward better outcomes and continuous improvement across communities, services, and providers.

The Commission will catalyze this change by working through partnerships and strategically deploying its capabilities.

The Strategy to Advance Transformational Change

The Commission has supported system-level change by working closely with policymakers to align funding and authority and with counties to build their capacity to improve their response to escalating needs. With that experience, the Commission refined its core building blocks as a foundation for its future initiatives.

Core Strategic Building Blocks



The Commission’s Vision

All Californians experience wellbeing through a coordinated system that prioritizes prevention, early intervention and recovery-oriented services; builds on the strengths of communities and marginalized groups; and, creates opportunities for individuals to engage in meaningful and purposeful activities and helps them to thrive.

The Commission’s Mission

The Commission works to transform systems by engaging diverse communities and employing relevant data to advance policies, practices, and partnerships that generate understanding and insights, develop effective strategies and services, and grow the resources and capacity to improve positive behavioral health outcomes for every Californian.

Guiding Principles

The Commission’s guiding principles and core values reflect its aspirations for the behavioral health system and guide decisions:

- Authentic collaboration with diverse communities is required to reduce disparities and improve equity.
- Outreach and engagement with individuals impacted by the behavioral health system of care is an essential element of program effectiveness
- Tailored and culturally sensitive and competent services and supports are required for wellness and recovery.
- Accessible, affordable, and high-quality whole-person services and supports are required to improve outcomes.
- Public understanding and partnerships across agencies and communities are essential to aligning resources, improving services, and growing the capacities to serve everyone.
- A diverse, valued and resilient workforce is foundational to high quality services and reducing disparities.
- Innovation and continuous improvement are required to achieve individual and societal wellbeing.

The Commission’s Roles

The Commission, with support from the Governor and the Legislature, has developed the distinct roles required to shape policies and drive practices and system-level improvements. The roles advance the charge in the MHSOAC for the Commission, with its diverse public membership, to champion prevention, early intervention, comprehensive services and innovation as the essential to an effective community mental health system.

Commission’s Roles in Driving System Change



Build understanding of the potential to improve wellbeing and champion a common commitment to support the behavioral health of all Californians.



Accelerate adoption of best practices to facilitate deployment and ensure the effectiveness of best practices proven to reduce the consequences of untreated behavioral health issues.



Catalyze Innovation to develop better practices to advance human-centered iteration, disseminate learnings, support the deployment of new administrative practices, services and supports that address needs inadequately met by existing services.



Provide accountability and oversight of system-level performance to understand and communicate the status of system improvement efforts and to recommend additional reforms to policies and practices.

The Commission’s Capabilities

To successfully advance its mission, the Commission relies on a strategic set of capabilities and tools aligned with the purpose:

- **Driving policy:** Research, public engagement, policy development and advocacy
- **Driving practice:** Financial incentives, technical assistance and evaluation
- **Driving transformational change:** Assessment of system performance and opportunities for improvement

Having refined its roles and its capabilities, the Commission seeks to improve its abilities to precisely assess where interventions can reduce the most harm and produce the most benefit.

Decision-Making Approach

The Commission seeks to strengthen its capacities to select, design and manage initiatives and projects so that they produce enduring system-level improvements. Toward that end, the Commission is developing a decision-making framework to help determine whether and how to pursue projects. Over time, the Commission aspires for the framework to evolve so as to differentiate among opportunities to allocate finite resources. The first generation of the framework is intended to:

- Ensure the Commission’s guiding principles are integrated into all future activities
- Understand with precision individual opportunities to improve systems and services.
- Design and evolve programs to address community priorities and maximize outcomes for recipient communities

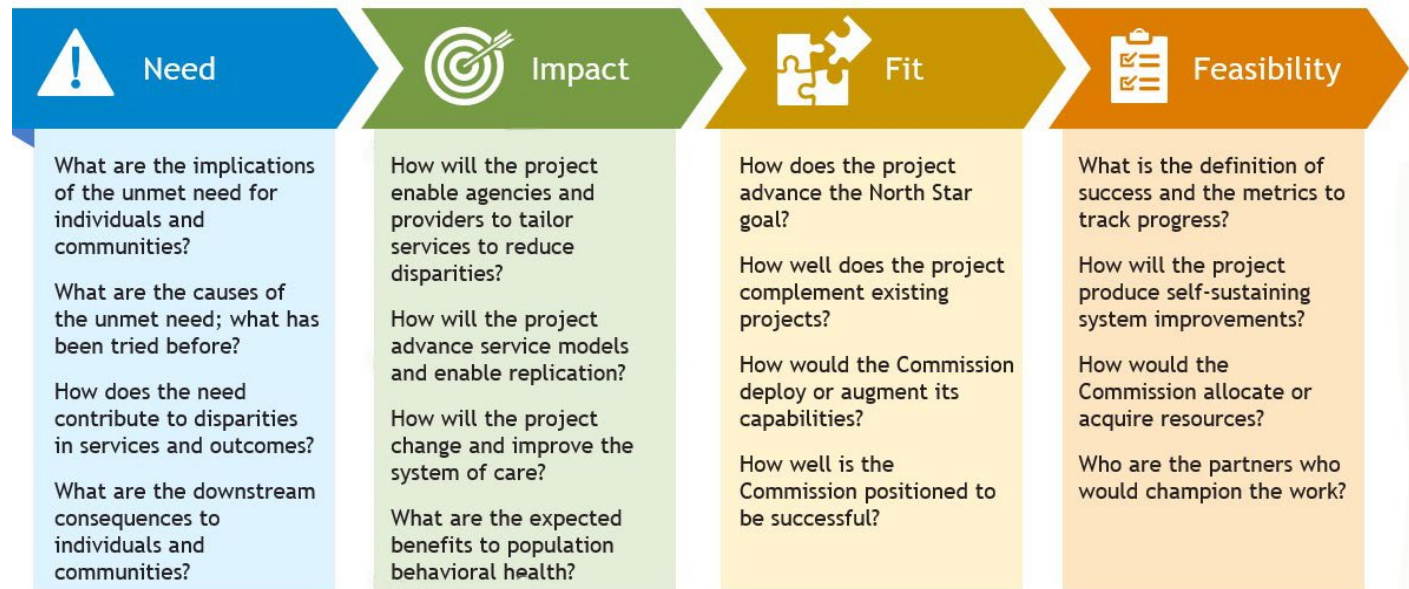
- Standardize and strengthen its approach to collecting and using data to measure the impact of a project
- Define success for each opportunity, identify level of effort and resources required to deliver, and calibrate investments.

The framework will encourage alignment among Commissioners and communicate clearly with public partners. The framework has the potential to improve the impact of the Commission’s portfolio of projects and the success of individual projects. The framework has four key criteria to guide decision-making:

1. **Need:** A precise understanding of the unmet needs, including the causes and consequences of inaction and the implications for individuals, communities, and the state.
2. **Impact:** The potential to benefit individuals and communities, to reduce disparities, to advance a comprehensive system of care, to produce cost-effective outcomes, to be financially sustained over time.
3. **Fit:** The extent to which an opportunity aligns with the Commission’s mission, strategic priorities, and roles and will work synergistically with existing initiatives to advance a comprehensive system of care
4. **Feasibility:** The extent to which the opportunity has a clear definition of success and path to sustainability given the level of effort required and the available resources

The framework will be deployed, assessed, and refined when the Commission has discretion to select new initiatives or investments, or when implementing legislatively directed projects. The framework also will be modified for selecting and designing innovation projects.

The framework will help the Commission identify which opportunities have the greatest potential benefits and design projects with greater precision to ensure sustained improvements in supports and services once the Commission's project is completed.



Strategic Priorities & Initiatives

The Commission's portfolio of initiatives has demonstrated the potential for effective community-based services to prevent and reduce the tragic outcomes of untreated mental health needs.

In the last four fiscal years, the Commission's 10+ initiatives have directed some \$442 million across the continuum of care, including significant investments in the following areas:

- **Early psychosis and suicide prevention** by scaling innovative Early Psychosis Plus programs statewide, guiding the implementation of the state's Striving for Zero Suicide Prevention Strategic Plan, and supporting the Office of Suicide Prevention to coordinate and accelerate efforts.

- **Youth mental health** with more than \$200 million allocated through the Mental Health Student Services Act, allcove™ Youth Drop-In Centers, an anti-bullying campaign, and support for youth and peer empowerment programs.
- **Integrated community treatment** including supporting counties' crisis continuum of care services via the Mental Health Wellness Act and improving Full-Service Partnerships.
- **Criminal justice intervention** by helping 26 counties participating in six learning collaboratives to develop and deploy data-driven and financially sustainable alternatives to law enforcement responses and incarceration.

In demonstrating the potential for transformational change, these initiatives have also elevated the imperative to increase the pace

and scale of efforts to build a comprehensive community-based system, bringing into sharp focus the near-term priority.

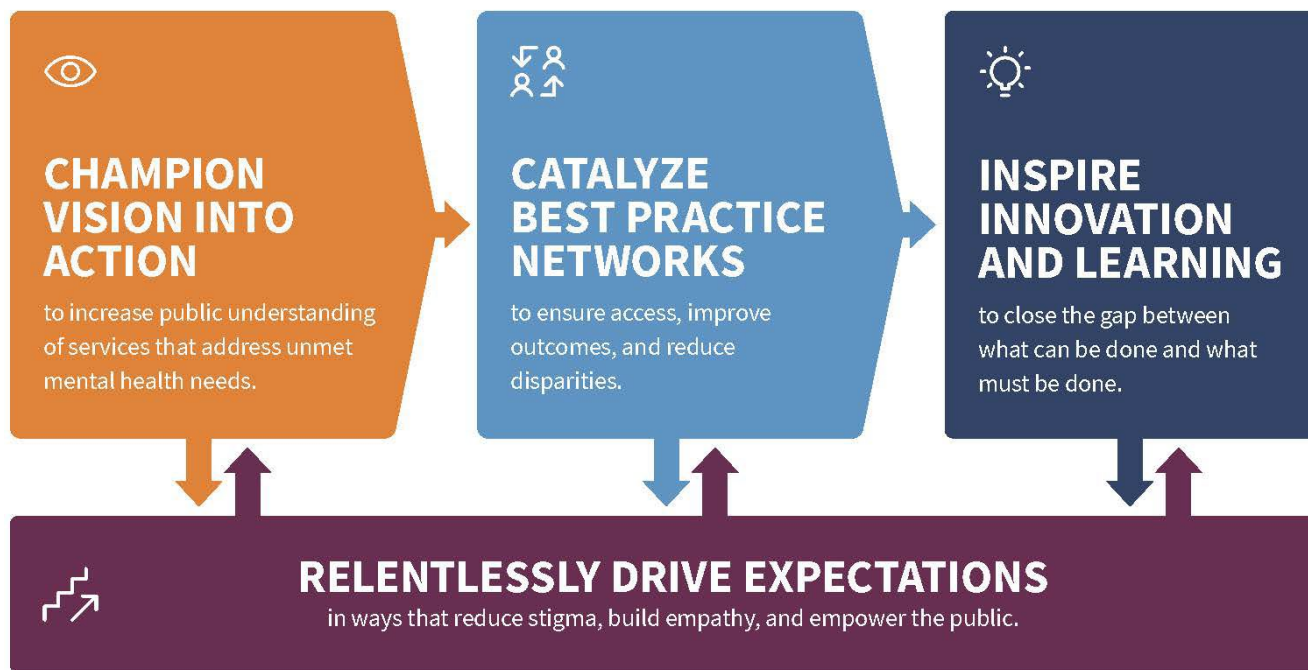
The Commission’s 2024-27 North Star Priority: Accelerate system-level improvements to achieve early, effective, and universally available services.

This priority will guide the evolution and design of the Commission’s initiatives and projects, further informed by three more clearly defined **Operational Priorities**:

- **Build foundational knowledge.** The Commission will more explicitly develop and advocate for data-based and community-derived information to drive decisions regarding

finances and services toward adequacy, sustainability, efficiency, effectiveness and reductions in disparities.

- **Close the gap between what is being done and what can be done.** The Commission will work to accelerate the adoption of effective programs to reduce geographic, demographic, cultural, and socio-economic disparities in services, supports and outcomes.
- **Close the gap between what can be done and what must be done.** The Commission in new ways will drive innovation in the public-private financing, delivery of services and supports, and continuous improvement to accelerate the development of early, effective, integrated and universally available services and supports.



Goals and Objectives for 2024-2027

The Commission will pursue its North Star priority by working with community members, experts, governmental and civic partners to achieve the following goals.

Goal 1: Champion Vision to Action

The Commission will analyze data and engage all partners to advance the evolution of policies necessary to provide an early, effective and universally available system of behavioral health supports and services.

Objective 1: Elevate the perspective of diverse communities. The Commission will partner with local agencies and community organizations to engage all people with lived experience, their families and neighbors to understand the impacts of the current systems; identify opportunities for improving services and reducing disparities; and, elevate concerns and suggestions to public and private system leaders.

Objective 2: Assess and advocate for system improvements. The Commission will assess and publish key opportunities for investments and changes in policies and practices that will move California toward a universally accessible, integrated and effective system of care that prevents and reduces the incidence and consequence of mental health issues at the earliest possible moment.

Objective 3: Connect federally and globally to learn and apply. The Commission will identify and engage in federal and international initiatives seeking to promote the north star goal, assess how California could contribute or benefit from those

initiatives, and convene and share that information with system and community partners in California.

Goal 2: Catalyze Best Practice Networks to ensure access, improve outcomes and reduce disparities.

The Commission will engage public and private partners, including universities and institutes, to catalyze the creation of best practice networks of excellence. These dynamic networks will strive to accelerate the effective implementation of service models that work together to provide universal access to a system of high-quality supports and services. The networks will curate best practices, provide technical assistance, assess and address barriers to implementation, and identify policies and practices for continuous improvement.

The Commission will focus first on networks supporting its seminal efforts in school-based mental health, early psychosis intervention, allcove™ youth drop-in centers, workplace mental health strategies, and full-service partnerships. Specifically, the Commission will advance these elements that are essential to system change:

Objective 1: Support organizational capacity building.

The networks should support the development of organizational partnerships, the collaborative use of data to assess services, the ability to design and implement change projects and manage toward continuous improvement.

Objective 2: Fortify professional development programs and resilient workforce strategies.

The networks should help to align and augment professional development programs to build the needs skills and abilities, develop educational pipelines for future staff that begin in the communities that are being served, and build career ladders that provide for individual growth and robust service systems.

Objective 3: Develop adequate and reliable funding models.

The networks should develop and implement models for integrating funding that provides universal access, high quality services and sustainable operations. The network should explore models that make use of existing resources under existing policies, as well as identifying changes in policies and practices that would result in integrated, adequate and reliable funds.

Objective 4: Support system-level analysis to ensure the tailored care and universal access required to reduce disparities. The networks should ensure efficient and informative research and evaluations inform public storytelling and understanding, improve practices and outcomes, and drive changes in state and federal policies, regulations and program administration.

Goal 3: Inspire Innovation and Learning

The Commission will develop strategies and partnerships to catalyze innovation and accelerate the development and dissemination of new models and practices that further improve behavioral health and wellbeing.

Objective 1: Curate an analytical-based narrative on the potential for innovation to improve behavioral health outcomes.

The narrative will be supported and promoted through convenings and communications that bring together community voices, researchers, practitioners, and system leaders to explore opportunities, learnings, and future applications. These collaborative efforts will analyze opportunities, experimental projects, results and impacts on individual lives, families, and neighborhoods.

Objective 2: Establish an innovation fund to link and leverage public and private investments. The fund will seek investors and partners who can help resource and shape projects to identify high-value learning opportunities with the potential to reduce disparities, improve the quality of life and public outcomes and drive transformational change in behavioral health services and supports.

Objective 3: Accelerate learning and adaptation in public policies and programs. The Commission will initiate and participate in partnerships that elevate community voice and the public interest in innovation projects, as well as the learnings that should inform changes in statutes, budgets, and regulations.

Goal 4: Relentlessly Drive Expectations

The Commission will work with all Californians to increase understanding, empathy, trust and empowerment as a way to bolster public ownership, expectations and accountability for improvement of the public behavioral health system.

Objective 1: Launch a public awareness strategy to reduce stigma, promote access care, and communicate the potential for recovery.

The strategy will be developed and managed with public partners, incorporate the Commission’s major initiatives, and be tailored to racial and geographic communities to inform and empower Californians to improve access to care and make better decisions regarding behavioral health.

Objective 2: Develop a behavioral health index. The index will track and promote key indicators for behavioral health, including the seven negative outcomes, by county with benchmarks for peer counties, as well as peer states and nations to California.

Objective 3: Promote understanding of the progress that is being made and the advocacy that will result in further improvements.

The Commission will work with community voices, especially youth, to build understanding on the potential for additional healing and to inform and empower their advocacy for improvements with service providers and public decision-makers.

From Plan to Action

The Commission is fortifying its internal project management, human resources, community engagement, communications protocols to effectively pursue these goals and objectives.

The Commission expects this plan will evolve with changes in statutes, funding streams, community needs, and opportunities for impact over the coming years.

The Commission also is committed to measuring its impact and using that information for continuous improvement. The potential metrics in the succeeding table are illustrative and will be refined with partners while implementing the objectives.

Goals, Objectives & Metrics	
Goal & Objectives	Metrics
Goal 1: Champion Vision to Action	
<i>Objective 1: Elevate the perspective of diverse communities.</i>	Community engagement activities mapped by place, demographics and mental health system involvement. The influence of community voice in state and local behavioral health decision-making as assessed by community members and decision-makers, and the resulting changes in policies and procedures. Assessment of the Commission’s community engagement activities against established standards.
<i>Objective 2: Assess and advocate for system improvements.</i>	Assessments of presentations and convenings; feedback received from public partners, public administrators and policymakers; recommendations incorporated into policies and practices.
<i>Objective 3: Connect federally and globally to learn and apply.</i>	Assessments of presentations and convenings; feedback received from the public partners, public administrators and policymakers; recommendations incorporated into policies and practices.
Goal 2: Catalyze Best Practice Networks to ensure access, improve outcomes and reduce disparities	
<i>Objective 1: Support organizational capacity building.</i>	The number of local agencies and providers reached by the network, the number participating in adaptation projects, improvements in programs and services.
<i>Objective 2: Fortify professional development programs and resilient workforce strategies.</i>	The number education and training partners involved, the number of job classifications aligned, the number of community-based training pipelines developed, the number of counties with resilient workforce strategies, the number of unfillable job vacancies, retention, career advancement.

<p><i>Objective 3: Develop adequate and reliable funding models.</i></p>	<p>The number of service-based funding models developed, the number of counties maximizing Medi-Cal and private insurance funding, the percentage of services funded through entitlement programs, the percentage of services funded by private insurance.</p>
<p><i>Objective 4: Support system-level analysis to ensure the tailored care and universal access required to reduce disparities.</i></p>	<p>The percentage of services covered by system-level reviews, the percentage of issues addressed by policymakers, administrators or providers, the percentage of coverage demographically and geographically for essential behavioral health services.</p>
<p>Goal 3: Inspire Innovation and Learning</p>	
<p><i>Objective 1: Curate an analytical-based narrative on the potential for innovation to improve behavioral health outcomes.</i></p>	<p>Number and diversity of outreach activities, the number and diversity of participants embracing the narrative, feedback from participants on the value of the narrative.</p>
<p><i>Objective 2: Establish an innovation fund to link and leverage public and private investments.</i></p>	<p>Amount of funds deployed, the range and diversity of investments, qualitative value of learnings.</p>
<p><i>Objective 3: Accelerate learning and adaptation in public policies and programs.</i></p>	<p>The number and diversity of projects, the learnings derived, the learnings incorporated into policies and practices.</p>
<p>Goal 4: Relentlessly Drive Expectations</p>	
<p><i>Objective 1: Launch a public awareness strategy to reduce stigma, promote access care, and communicate the potential for recovery.</i></p>	<p>Quantity and diversity of outreach efforts, data on readership, responses to queries on the value of content.</p>
<p><i>Objective 2: Develop a behavioral health index.</i></p>	<p>Number and diversity of project partners, number and diversity of those who access the index, feedback from system partners.</p>
<p><i>Objective 3: Promote understanding of the progress that is being made and the advocacy that will result in further improvements.</i></p>	<p>Number and diversity of organizations and individuals involved in activities, feedback from participants on the value of their engagement, feedback from system partners on the value of resulting advocacy.</p>

Summary of Themes from Community Engagement

The Commission engaged the public between May and November 2023 to inform the development of the strategic plan. Multiple methods were employed to reach and engage community partners including 40+ interviews with internal and external partners, six public meetings, two online surveys, and a focus group. Through these strategies a diverse audience representing different interest groups and racial and ethnic backgrounds expressed their needs and concerns.

The Commission received a tremendous amount of input and feedback from community partners through the engagement efforts. To distill what was heard, transcripts and summaries were produced of all engagement events and then analyzed to identify core themes. The table below presents those themes, which informed every aspect of the 2024-2027 Strategic Plan.

Key Themes	Quotes
1. Provide strong leadership, vision, focus and promote awareness	<p><i>The Commission is in the best position to see the statewide perspective on mental health issues and provide some policy continuity while still recognizing unique regional issues and needs.</i></p> <p><i>Increasing awareness about mental illnesses and mental health in general population. Decreasing the stigma around and misunderstanding of mental disorders and illnesses</i></p>
2. Engage community, build trust, and empower	<p><i>Your willingness to reach out to the public and diverse communities of California State. Allowing community to speak about what they need.</i></p> <p><i>Shaping the Mental Health System in California involves power in numbers and a willingness to include all voices and feedback from consumers, families and community partners. "Nothing about us, without us."</i></p>
3. Develop policy, support legislation, and advocate for services	<p><i>Advocate for Housing that Heals! We need supportive housing for clients in their own county of residence. Extra financial help is needed for small, rural counties. Too many of our clients have to be sent out of our County for placement.</i></p>
4. Promote prevention/early intervention and school mental health	<p><i>Promote mental health and well-being for school kids, to drive multi-generational impact in years to come. This can be done by educating the public about mental health, supporting PEI programs, and promoting mental health focused at schools.</i></p>

	<i>The Commission's key opportunity is to fill a significant gap in both funding and partnership in supporting mental health in our school (LEA) eco-system.</i>
5. Allocate resources strategically, provide technical assistance and support best practice models.	<i>The Commission's highest impact role is its approval and awarding of funding for impactful county projects, community programs, and advocacy initiatives.” Commission staff has good experience administering contracts in order to decrease disparities, increase community engagement, and implement pilot projects.</i>
6. Address disparities and ensure services are culturally competent and sensitive	<i>Most important in my community are mental health disparities, particularly for the African American population, gang-involved/affected. African Americans are overrepresented in criminal justice, foster care, etc., and they need to be treated and receive specialized services.</i>
7. Foster innovative practices/treatment and service integration	<i>Providing pathways for innovative programs to serve their communities and ensuring the counties are supporting the state initiatives. Encouraging and developing innovative approaches to Mental Health. Helping to create and support state-wide initiatives.</i>
8. Leverage data to inform the public and improve services; standardize performance outcomes	<i>Have data collection for everything we’re doing all across the board through all community organizations, and when people find what works, we need to put that out there & say this has been great for us or has helped me, but we need a strong data collection and have that open & available to everyone who uses the system. The Commission can drive accountability for the system overall. For example, by requiring a standard of care for services purchased with MHSA dollars. Also, by gathering reliable and consistent data on access and performance, the Commission can demonstrate the value of data-driven policy and practice.</i>
9. Build diverse workforce and support peer services	<i>One thing missing is peer support/peer services needed to support the mental health community through CA, with ALL communities, especially SMI/unhoused communities. Using peers is an essential part of the process; I would like to add that maybe we can develop relationships with peers and use peers to help with/follow through for people with/ SMI. An inclusive and compassionate workforce towards all employees is more likely to be engaged, motivated, and have higher levels of well-being.</i>

Recent Commission Projects

These Commission projects reveal the value of engaging community perspectives, experts, public agencies and services providers in efforts to improve services and outcomes – and the imperative to accelerate progress toward comprehensive community-based systems of care.

Criminal Justice Project. The Commission’s report [Together We Can: Reducing Criminal Justice Involvement for People with Mental Illness](#) recommended ways to prevent people with mental health challenges from becoming involved with criminal justice systems. The Legislature authorized \$5 million to the Commission to develop the Innovation Incubator that worked with counties to implement the recommendations.

Suicide Prevention Project. Assembly Bill 114 directed the Commission to develop a statewide strategic suicide prevention plan, which resulted in the Commission adopting [Striving for Zero: California’s Strategic Plan for Suicide Prevention, 2020-2025](#).

School Mental Health Project. The Commission’s report [Every Young Heart and Mind: Schools as Centers for Wellness](#) recommended ways to increase mental health services through partnerships between county behavioral health departments and local education agencies.

Prevention and Early Intervention Project. In 2018, Senate Bill 1004 directed the Commission to strengthen prevention and early intervention in California’s public mental health system. The Commission’s report [Wellness and Thriving: Advancing Prevention and Early Intervention in Mental Health](#) provides a vision and framework to guide prevention and early intervention in mental health across California.

Workplace Mental Health Project. In 2018, Senate Bill 1113 directed the Commission to establish a framework for promoting mental health in the workplace. The Commission developed [five voluntary standards](#) that employers may adopt to support the mental health of employees.

Racial Equity Plan. The Commission’s Racial Equity Action Plan build on the Commission’s understanding of the problem and fortifies Commission staff using diversity, equity and inclusion best practices (not on Commission’s website – will need to look for it).

Sources

ⁱ [The 2020 California Children’s Report Card](#)

ⁱⁱ [Candid](#) (2021)

ⁱⁱⁱ [Rock Health](#) (2021)

^{iv} [Kaiser Family Foundation](#) (2022)

^v [World Economic Forum](#) (2021)

^{vi} [American Physiological Society](#) (2023)

^{vii} [Substance Abuse and Mental Health Services Administration](#) (2022)

^{viii} [Healthforce Center at UCSF](#) (2018)

^{ix} [Association of American Medical Colleges](#) (2022)

^x [NAMI California](#) (2021)