



Mental Health Services
Oversight & Accountability Commission

TRANSFORMATIONAL CHANGE REPORT

January – June 2023



STATE OF CALIFORNIA
Gavin Newsom, Governor

LETTER FROM THE COMMISSION | JANUARY - JUNE 2023

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The report you're about to read covers the latest six months of vital work we are doing at the Commission. Our report's theme, Transformational Change, is not a declaration of triumphs achieved. Rather, it represents our continued and steadfast commitment to focus on improvement within the initiatives that hold the greatest potential to transform California's behavioral health.

In Section 1, we outline our continued **Community Engagement**. We acknowledge and value the critical role of mental health peers, families, advocates, and community representatives in our decision-making. This year, we have increased our on-the-ground outreach, organizing multiple site visits involving legislators, community leaders, and those impacted by our work.

Section 2, **Innovation to Transformation**, shares how we foster innovation to improve mental wellbeing in California. Through continued county investment, our Innovation Incubator supports collaborative efforts across the state to build and implement strategies that reduce unnecessary involvement in the criminal justice system.

Section 3 details our progress and next steps on 11 **Strategic Initiatives**, all striving to improve mental health. We go deeper into two strategic initiatives: Full Service Partnership (FSP) programs, aimed to reduce psychiatric hospitalizations, homelessness, and incarceration, and the Early Psychosis Intervention Plus (EPI+) program, designed to assist adolescents and adults experiencing their first psychotic episode.

In Section 4, we share how our **Committee** structure is designed to support our engagement strategy. In our pursuit of excellence, we are redefining the roles and goals of these committees and expanding our approach to reach broader audiences.

Section 5 details how critical our **Foundational Work** is as we steer toward creating transformational change in behavioral health. We are investing in communications, research, grants, and innovation to explore bold new ideas. This includes a renewed focus on our 2024-2027 strategic planning.

Section 6 contains an update on the **MHSA Modernization** plan. This Spring, the governor introduced a proposal that evolves our state's significant investments in behavioral health. We are enthusiastic about many of the changes proposed, which will help keep individuals off the streets, avoid incarceration, and out of expensive hospital care.

The trust you've placed in us has been the key to this transformational change, and we appreciate your interest and participation in Commission activities. As always, we encourage and welcome your feedback. Together, we can continue building pathways to meet the needs of those we serve, leading to a healthier California.

-The Commission



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01 COMMUNITY ENGAGEMENT

Transformational change happens when the public – particularly those who access public services – are invited to shape those services, and local and state governments invest in that process. The Mental Health Services Act exemplifies this commitment to community engagement through the inclusion of mental health peers, families, advocates, and community representatives as members of the Commission and in its deliberations and decision-making.

Background

“Nothing about us without us.” This rallying cry is the motto of those in the peer community, asserting that no behavioral health policy should be decided without the direct participation of the people affected by that policy. We take this precept so seriously that it is the core of the Commission’s approach – we cannot and will not champion legislation without the voice of the community. To that end, the Commission spends a significant amount of time planning for, meeting with, and learning from Californians who are most impacted by the mental health challenges we face.

Only through our various community partners – their expertise and their challenges – can the Commission facilitate policy change to improve the lives of Californians. Our best community engagement reveals who we are engaging, what we are trying to learn from them, and how to set the audience up in a safe space to hear everyone’s best thinking.

In the first half of this year, we increased on-the-ground outreach by organizing multiple site visits, inviting legislators, community leaders, and others who impact and are impacted by the work of the MHSA.

Two series of visits were particularly important for the Commission – one showcasing the impact of the Mental Health Student Services Act (MHSSA) and the other underscoring the enormous value of Full Service Partnerships (FSPs).

Imperial County Convening - (MHSSA)

Imperial County sits at the southeast border of our state and is the least populous county in Southern California. Its residents grapple with high unemployment, immigration issues, economic instability, lower educational attainment levels, and health issues such as obesity and asthma.

We arranged two site visits to see firsthand how Imperial County’s behavioral health departments and school districts are using their MHSSA grant dollars to not only address challenges but also to partner to come up with effective solutions to bring mental health and wellness services to their students.

We convened school leaders, clinicians, community members, students, behavioral health experts, and legislators to discover how mental health programs are benefiting students. We heard presentations directly from enthusiastic students, but we also heard staff concerns about the sustainability of the programs, particularly when grant funding ends. To that end, thanks to legislative presence, the legislature invited three of the students to present in front of the Assembly Budget Committee on how the Mental Health Student Services Act program has impacted them and their peers.

As the grateful youths shared their experiences, what became abundantly clear was how the MHSSA has transformed the school’s culture into a more welcoming space than they’d experienced in the past.

“Students told us that coming to school was worthwhile. That they wanted to attend classes. They felt they could participate in ways they hadn’t before at other schools. They felt safe talking to their teachers about their mental health. They were comfortable going to counselors. For the first time for many, they didn’t feel judged.”

– **Sharmil Shah, Psy.D**
MHSOAC Chief of
Program Operations

The Commission’s visit to Imperial County was not only edifying, but it was also illuminating. We arrived there with a shared purpose: learn from the success of this program, and use it to support and uplift youths in other counties. We learned that we must advance a new plan in which MHSSA grantees like Imperial County become technical assistance providers to others who need help establishing programs like this.

OUTCOME

Thanks to these site visits and feedback from our grantees, we sent out an RFQ to compile a team of MHSSA grantees who will provide technical assistance to the rest of the state. We aim to gather an ongoing statewide, sustainable technical assistance approach that includes our grantees and a statewide coordinator.



We have established the five areas where others will need help:

- Sustainability
- Program implementation
- Workforce development
- Data collection
- Partnership development



One student shared a story that illustrated the positive personal and academic outcomes of the Mental Health Student Services Act program. At home, he avoided conversations about his own mental health concerns, as his parents simply weren’t receptive. At school, he found the support and help he needed, and felt comfortable talking about mental health with peers, counselors, even his teachers. His attendance improved as a result, because school became a safer, welcoming space for him.



Sacramento - FSPs

When we hear partners talk about the life-changing services they receive, it underscores the importance and urgency of this work. At two Sacramento Full Service Partnership (FSP) site visits, we had the opportunity to do just that. We heard impactful – sometimes heartbreaking – stories from several partners, as well as staff and management, about their experiences with FSPs:

PARTNERS

For many partners, the services we fund could be a matter of life or death. One woman told us that she did not think she would be alive today if she had not received services and gotten into the FSP. FSPs can be powerful for individuals struggling with severe and persistent mental illness. This can result in substance use challenges, leading to a cycle through the criminal justice system, the street, and hospitals.

STAFF

Teams of people with a variety of job descriptions shared how hard this work is, how workforce shortages exacerbate it, and how this work requires committed and extraordinary mental health professionals.

MANAGEMENT

Those responsible for ensuring fiscal sustainability shared the challenges around the reimbursement models, the contract, and how contracts are set up. They also shared a hope that the Commission consider additional fiscal recommendations to support programs and counties.

OUTCOME

As a result of these visits, we set up a panel presentation at a Commission meeting to discuss increasing FSP capacity, building technical assistance, and improving services so they best serve the individuals who could benefit from them.

Other Forms of Engagement

Different events meet the needs of different audiences and different topics. The Commission is still recovering and rebuilding from solely virtual engagement during the pandemic. In the last six months, we have been able to hold more live community events. Listening sessions, bigger town halls, and focus groups each yield distinct results.

Future Planning

We know community engagement remains vitally important, so we have built even deeper intentionality in the questions we ask, the format of our engagements, the locations, and the conversations we are having. This will help ensure that what we hear in engagements aligns with grant funding and policy recommendations. We aim to engage all Californians about mental health, determining who is not receiving the services they need and what the preventative barriers are.

“We were hearing stories not simply of people surviving, but thriving thanks to FSPs. Many who shared their stories brought up the notion of paying it forward, as their lives are impacted to where they are now functional members of society who can give back.”

– **Sharmil Shah, Psy.D**
MHSOAC Chief of Program Operations

Events Map

The following events map is a way of holding ourselves accountable. We can see where we have made progress, but also where we have opportunities to connect with more communities. It helps inform the regions we must prioritize to ensure we hear from as many people across the state as possible.

IN-PERSON EVENTS

Between January and June, the Commission participated in 27 in-person events and 12 virtual events. As the Commission recommits to in-person engagements, events will expand beyond Sacramento, the Bay Area, and the Southern California coast.



* a major sponsored event from October 2022, neglected to include in previous report



Virtual Events

- IFV Subcommittee Meeting #2
- Lunch and Learn: Mental Health Awareness Month
- MHSSA Collaboration Meeting
- MHSSA Workgroup Meeting
- Mental Health at Work — Workshop for Legislative Staff
- Speak Out! Make Change! Listening Session with CAMHPRO
- Transforming the Crisis Care Experience Panel
- Veteran Workplace Wellness Coalition
- Workplace Mental Health Subcommittee
- 4th Annual Native Youth School and Community Wellness Conference
- UC San Francisco Public Psychiatry Fellowship Didactic
- Institute for Behavioral Healthcare Improvement Board Meeting

02

**INNOVATION TO
TRANSFORMATION**



Innovation Incubator

VISION ACCOMPLISHED

The incubator, created in 2018 with \$5 million in one-time funding authorized by the Legislature, was designed to support county efforts in building and implementing innovative strategies that reduce unnecessary involvement in the criminal justice system.

That year, the Commission consulted with county agencies, community leaders, and subject matter experts to develop frameworks for more effective behavioral health responses for individuals with behavioral health needs to slow the rapid and costly increase in the number of defendants found incompetent to stand trial.

Since then, the Commission has worked with counties throughout the state to improve crisis response, and successfully launched five multi-county learning collaboratives:

The Full Service Partnership

A collaborative helping counties document the effectiveness of their programs and standardize decision-making and practices to improve results and reduce disparities.

Data-Driven Recovery Project

A project helping behavioral health, criminal justice, and criminal courts understand the flow of individuals through their system and identify opportunities to intervene better and earlier.

The Psychiatric Advanced Directives

A collaborative helping counties empower individuals with mental health conditions to inform their treatment during a crisis, which has powerful potential to de-escalate conflicts and improve care.

Crisis Now Academy

A project providing information and coaching to help counties develop alternatives to a criminal justice response to individuals in crisis.

The Fiscal Sustainability Project

A project working with counties to help them analyze the costs and benefits of projects with limited-term funding and determine which ones are sustainable with ongoing funds.

26
counties participate in one or more of these collaboratives

19
innovation projects developed and launched

\$34,921,280
used to fund MHSA innovation initiatives



This model for transformational change through a portfolio of projects demonstrated the potential to link community engagement and policy development, to incentivize funding and technical assistance, and to drive innovation projects that produce outcome-driven programs.

WORKING IN COLLABORATION

As of 2020, the Innovation Incubator funds were exhausted, but the collaboratives birthed from the Innovation Incubator are ongoing. In multiple instances, **the Commission’s seed money generated support that counties needed to utilize their own Innovation funds**, advancing and strengthening the capacities of counties for innovation and continuous improvement.

SCALING INNOVATION INCUBATOR OUTCOMES

Full-Service Partnerships

Twelve years into the launch of the MHSA, California counties have an opportunity to step back and evaluate the way that data is used state-wide to understand the linkage between service delivery and outcomes achievement. This topic is especially relevant for adult FSP Providers, which help California’s most vulnerable individuals avoid hospitalization, homelessness, and incarceration, and ultimately increase their overall wellbeing and independence.

Today, a nine-county collaborative – alongside Third Sector (a nonprofit consulting firm) – is developing a specific vision and a plan to evolve the approach to using adult FSP data, with the goal of giving counties the tools to continuously improve adult FSP outcomes.



Psychiatric Advance Directives

People with mental health needs, at times, may not be able to have a collaborative interaction with service providers or emergency personnel – especially if the person is in crisis. Behavior exhibited by a person in crisis may draw the attention of law enforcement, thereby initiating a path into the criminal justice system.

Practices that establish care directed by the person with mental health needs before a crisis show promise in preventing disruption of community-based services. The use of psychiatric advance directives is one method to explore using innovative funding to expand the tools available to local behavioral health departments.



Crisis Now Multi-County Collaborative

Crisis response systems are critical infrastructure for local agencies serving individuals with serious mental health needs. Effective systems can improve outcomes for individuals while reducing avoidable law enforcement involvement and preventing incarceration. Many counties, however, particularly smaller and more rural counties, are challenged to develop and sustain comprehensive crisis response systems.

The National Action Alliance for Suicide Prevention in 2016 documented a proven strategy to crisis response with four core elements:

1. High-tech crisis Call Centers that coordinate all aspects of an immediate crisis response.
2. Mobile Crisis Outreach Teams that work in the community with those at risk and reduce the need for uniformed officers to provide mental health triage in the streets.
3. Facility-based Crisis Centers that divert away from hospital emergency departments and provide crisis-specific interventions in safe and secure environments; and
4. Commitment to evidenced-based safe care practices, such as Trauma-Informed Care, Zero Suicide in Healthcare principles, and a multidisciplinary approach to crisis resolution.

This “Crisis Now” model enables counties to assess community needs, enhance access to care, and realize overall cost savings. The Crisis Now model is endorsed by the National Association of State Mental Health Program Directors and Crisis Intervention Team International.



Data Driven Recovery Project

TWO COHORTS – Capacity Building and Continuous Quality Improvement

The project’s main impact has been a targeted, long-term technical assistance program to inform practice, data systems, and stories. This helps counties develop a shared set of priorities and understanding of how behavioral health and justice partners could cooperate across systems.

Nine counties across the state were able to merge data about jails, behavioral health, probation, homelessness, and courts to inform some of the biggest challenges and opportunities facing counties — reducing incompetence to stand trial, preparing for CalAIM, and understanding the real-time impacts of COVID-19. These counties also wrote micro-grant plans using their data and system planning to test an idea and assess the impact.

County-level work was amplified by a multi-county community of practice that used monthly meetings to bring partner counties together to hear briefings on emerging issues/challenges and share approaches from other DDRP counties. Lessons learned from the DDRP were incorporated into assessments and planning documents to drive continuous improvement – and shared in presentations to state, county, their community partners, and interested counties on how they can pursue system improvements.



Fiscal Sustainability

Technical Assistance and Capacity Building

This project addressed three core problems: an over-reliance on limited-term or one-time funding, a limited ability to assess in real time the effectiveness of strategies, programs, and services, and a limited ability to identify true costs and benefits while also building capacity and elevated policy options that would support cost-effective and sustainable projects over time.



Fiscal Mapping

Capacity Building

This project is intended to identify, assess, and develop existing revenue streams that counties can be tapping. It also focuses attention on policy options that would lead to more manageable and sustainable funding streams. The goal is to support cost-effective strategies and services for preventing and reducing criminal justice involvement among those with mental health needs.



Systems Analysis Project

Continuous Quality Improvement, TA, capacity building

This project assessed common barriers to developing transformative innovations, and ways the Commission can improve its approval process and support learning from innovation projects.



Dissemination of Learning Projects

This project disseminated to state and county leaders the lessons and key issues identified by the Commission’s multi-county collaboratives, provided detailed and tailored follow up information to counties interested in pursuing improvements, and evaluated the options for an enduring statewide collaborative involving county and state agencies to reduce public costs and improve outcomes for individuals with mental health needs who are at risk of criminal justice involvement.

The secondary project built capacity and catalyzed local system change in critical areas, such as crisis services, Full-Service Partnerships, cross-agency data-sharing, and fiscal sustainability.



BEYOND BETA

Thanks to the learnings from these Innovation Incubator programs, the Commission has now adopted and deployed its transformational change model to other public priorities.

Schools as Centers for Wellness

The Commission's examination of the mental health needs of school children resulted in a comprehensive policy framework and the Legislature's creation and expansion of the Mental Health Student Services Act. The Commission is now facilitating technical assistance and systemwide learning and evaluation to help county-school partnerships improve and sustain their efforts.

Toward mental wellness for all

The Governor and the Legislature in 2022, recognizing the demonstrated value of this approach, revised the Mental Health Wellness Act to authorize the Commission to use those funds in ways that can work with community partners to respond to emerging or urgent needs with best-available practices – from children to elders, from prevention to crisis response.

Striving for Zero

The Legislature directed the Commission to develop a new strategic plan to guide the State's Suicide Prevention efforts. The Legislature responded with grant funding to build capacity within communities and re-establish the Office of Suicide Prevention in the California Department of Public Health.

03

STRATEGIC INITIATIVES

The Commission currently supports 11 strategic initiatives. These multifaceted, interrelated efforts together aim to improve mental wellbeing in California.

Strategic Initiatives

JANUARY - JUNE PROGRESS REPORT

allcove™ Youth Drop-in Centers

Half of all mental health conditions begin by age 14, and 75% develop by the age of 25, making early detection and treatment urgent and critical. Based on a proven model from Australia, allcove™ youth drop-in centers expand early access to integrated mental health care for youth between 12 and 25 years of age. An allcove™ center has opened in Santa Clara, and five more communities have been awarded grants to open new centers. These centers provide a one-stop shop for mental health, physical health, substance use counseling, and educational, vocational, and peer support services, all informed by a youth advisory group.

PROGRESS

- Stanford successfully hosted the first-annual allcove™ statewide conference in April 2023.
- Youth Advisory Groups from each allcove™ center collaborated to create the conference theme, “Moment of Pause; Reflect, Connect, and Inspire.”
- Stanford’s Central Advisory Team (CAT) provided scholarships to allow youth to attend.
- The Children and Youth Behavioral Health Initiative RFA was released in June 2023. (See *Featured Initiative: EPI+* on [page 27](#) for more information.)

WHAT’S NEXT

- There will be two additional public hearings on FSPs this year in August and November.
- We are working on scheduling a site visit to an FSP for children and families.
- We also anticipate conducting community engagement to better understand how FSPs are working, what the barriers are for serving individuals, and what technical assistance needs are identified by providers/county partners.

Criminal Justice Prevention

Following the 2017 adoption of its Together We Can report, the Commission is using an array of tools – research, policy development, financial incentives, and technical assistance – to implement its recommendations to help counties and their community partners build proactive and effective service systems that reduce criminal justice system involvement for those living with unmet mental health needs.

PROGRESS

- The criminal justice work is currently focused on Full Service Partnerships.
- The Commission had a public hearing in April on FSPs, along with a site visit to two FSP programs in Sacramento. (For more information, see *Featured Initiative: Full Service Partnerships* on [page 25](#).)

WHAT’S NEXT

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Early Psychosis Intervention Plus

Nearly 100,000 adolescents and young adults experience their first psychotic episode each year in the U.S. With half of all mental disorders manifesting by the age of 14 and 75 percent by the age of 25, the Commission is expanding the provision of high-quality Coordinated Specialty Care in seven grantee counties, focusing on early detection and intervention to improve the lives of adolescents and young adults, significantly reducing the impact of mental health challenges. This work is supported by the Early Psychosis Intervention Plus Committee.

PROGRESS

- The Commission is collaborating with the Department of Health Care Services to release an RFA to expand the number of Coordinated Specialty Care clinics in California through the Children and Youth Behavioral Health Initiative. (See Featured Initiative: EPI+ on [page 27](#) for more information.)

WHAT'S NEXT

- The Children and Youth Behavioral Health Initiative RFA will be released in July 2023.
- We are holding ongoing learning collaboration meetings among EPI+ and Learning Health Care Network participants.

Impacts of Firearm Violence

More than 3,400 people die from firearm violence in California each year; about half of these are homicides and just under half are suicides. In addition to the detrimental physical health problems that follow firearm violence – including emergency department visits, hospitalizations, and death – firearm violence also can cause trauma and lead to immediate and ongoing mental health challenges for individuals, families, and communities. This initiative explores the mental health impacts of firearm violence and works to develop strategies to prevent firearm violence and respond to those impacts.

PROGRESS

This project advanced from describing the problem of firearm violence to beginning to identify paths forward through the following activities:

- Dozens of interviews with key informants and subject matter experts.
- A second subcommittee meeting on threat assessment and response in schools in January.
- Two site visits — to a gun range in Sacramento and a trauma prevention/violence response program for children in Los Angeles.
- A panel on trauma, mental health, and firearm violence during the May 2023 Commission meeting.
- Engagement with psychologists at the PDSC annual training event in May.
- Attended the Community Violence Intervention Conference from June 26-27, 2023.

WHAT'S NEXT

- We will be continuing interviews with key informants and subject matter experts.
- There will be more in-depth engagement with psychologists at the July 2023 PDSC meeting.
- We are organizing a listening session with families affected by firearm violence, to occur in July or August 2023.
- We are planning for youth engagement at a 4H Shooting Sports Leadership Institute event in August 2023.

Innovation & Innovation Incubator

The Mental Health Services Act (MHSA) includes a rare and explicit commitment to fostering innovation in providing services and support. The Commission works to support counties in creating and presenting innovation plans for approval. Additionally, the Commission supports the Innovation Incubator. Created in 2018 with \$5 million in one-time funding, the Innovation Incubator brings together county behavioral health agencies, subject matter experts, and other partners to drive innovations that improve mental health outcomes for individuals and communities.

PROGRESS

Innovation

- The Commission approved 28 Innovation projects (totaling \$122,959,436.86). These projects focus on a statewide enhanced electronic health record system, integrated care, crisis response, peer-led services, and services for underserved populations.
- Commission staff are also working on implementing elements of the Innovation Action Plan (approved by the Commission in November 2022). An Innovation FAQ will be released shortly to help counties develop more transformative innovation projects.

Incubator

- Although the original projects funded from the award of \$5 million in 2018 have concluded, the Commission continues to use the model to advance transformational change. We do so through the development of multi-county collaboratives utilizing the Crisis Now model, Impact Financing strategy for FSPs, and developing and implementing allcove™ centers statewide.
- Three additional innovation projects (totaling \$231,603,472) from three counties were approved on June 15. They are focused on youth, workforce challenges, and housing.

WHAT'S NEXT

- Commission staff will continue to work on the implementation of the remaining elements of the Innovation Action Plan and will finalize the three new multi-county collaboratives mentioned above.



Mental Health Wellness Act

California's Mental Health Wellness Act grant program provides \$20 million each year to improve community response to people facing mental health crises. Grants have supported the ability of crisis responders to connect those having a mental health episode with wellness, resiliency, and recovery-oriented programs that offer the least restrictive settings appropriate for their needs.

PROGRESS

EmPATH

- The Commission approved Mental Health Wellness Act funding on September 22, 2022, for the establishment of EmPATH units. There will be six grants to support the scaling of EmPATH units throughout California with the overall goal of reducing the need for psychiatric hospitalization, justice system involvement, and reducing homelessness.

Older Adults

- The Commission sent out RFA intent to award for older adults in April. We awarded 3 Age Wise programs and 8 PEARLS.
- Finalized and awarded contracts for grantees.

WHAT'S NEXT

EmPATH

- Contracts to establish six new EMPATH units will begin July 1, 2023. Kick-off meetings with all grantees will take place in July 2023.

Prevention & Early Intervention

Everyone should have the opportunity to be well and thrive, yet one in four people worldwide will experience a significant disruption to their mental wellbeing at some point in their lifetime. Guided by the Governor and Senate Bill 1004, the Commission launched a policy research project to explore opportunities for prevention and early intervention in mental health.

PROGRESS

- The Commission formally adopted the Prevention and Early Intervention Report, Well and Thriving, during its March 23 meeting in San Diego.
- During the same meeting, the Commission also approved two additional PEI priority areas which specify funding for all TAY and Community Defined Evidence Practices.
- In April 2023, the Commission issued an information notice to counties that is reflective of the new PEI priority language.

WHAT'S NEXT

- During the next half of the year, staff will engage Commissioners to prioritize and operationalize implementation opportunities for the PEI report, beginning with the Commission's current initiatives.
- The Commission's director and project staff lead will present the PEI report during the 2023 Annual Conference of the National Association of County and City Health Officials, scheduled for July 12 in Denver, Colorado.



School Mental Health

The Schools and Mental Health Project is a multi-year effort to guide funding and policy decisions supporting the provision of mental health services to promote the academic and social success of young people. The Commission has funded school-county partnerships through grants to expand and better integrate mental health services in schools.

PROGRESS

- We collected data from grantees in February 2023, which was the third collection overall.
- WestEd was selected to be the MHSSA external evaluator in January 2023.
- CEG developed and released the Technical Assistance Plan for MHSSA.
- We conducted MHSSA in-person site visits in Calaveras (January 2023) and Imperial County (March 2023).
- We held MHSSA Collaboration meetings in March and June.
- We released an RFQ for Technical Assistance (TA) and Technical Coaching Teams (TCTs). Students presented testimonials on May 1, 2023, at Assembly Budget Subcommittee No. 1 on Health and Human Services.

WHAT'S NEXT

- We will finalize the contract with WestED.
- We will be working with WestEd to develop a comprehensive community engagement plan.
- There will be a review of the MHSSA evaluator project plan.
- We will hold upcoming site visits with locations to be determined.
- MHSSA Collaboration meetings are scheduled for September 6 and December 6.
- We will select TCTs and begin implementing the TA plan.

Suicide Prevention

Suicide in California is a significant public health challenge. Guided by data and community input, the Commission developed a statewide strategic plan for suicide prevention that incorporates the latest information and evidence to guide state and local actions for saving lives. Following the Commission's 2019 adoption of the plan, the Commission is working with governments and community partners to implement recommendations from the report with the goal of reducing the rate and incidence of suicide in California.

PROGRESS

- We expanded Suicide Fatality Review training and technical assistance to five additional counties.
- We continued our support of the Suicide Prevention Learning Collaborative, helping 37 counties advance strategic planning and implementation efforts through ongoing training and technical assistance.
- We linked mental health consumer data and suicide data with hospital data to explore service trends related to suicide risk.

WHAT'S NEXT

- Staff are preparing a summary of the Commission's suicide prevention initiatives to be presented during the September Commission meeting.
- A Suicide Prevention Learning Collaborative Statewide Convening will be held from February 28 through March 1, 2024, in Carlsbad, California.



Workplace Mental Health

Nearly one in five Americans live with a mental health condition, yet there are no well-established and agreed-upon standards in the U.S. to guide public and private employers about how to increase mental health awareness in the workplace, support prevention, and respond to needs with recovery strategies. The Commission has developed a framework of voluntary standards to support mental health in the workplace for all Californians.

PROGRESS

- The Commission adopted the report [Working Well: Supporting Mental Health at Work in California](#) on February 23, 2023.

WHAT'S NEXT

- Staff will work with employers to adopt the Standards.
- The Commission will seek funding and authority to establish the Center of Excellence on Workplace Mental Health.

Youth & Peer Empowerment

The Commission works through advocacy funding, sponsored legislation, sponsored youth participation, and Committees to amplify the voices of youth and peer leaders seeking to create innovative solutions in the pursuit of emotional wellbeing and prevention.

PROGRESS

- The Youth Engagement Toolkit — the final product of the Youth Innovation Project Planning Committee chaired by Commissioner Khatera Tamplen — was completed and will be released soon.
- The anti-bullying initiative [Right Our Story](#) was launched.
- Anti-Bullying Week of Action (May 7-13, 2023) included many live events to support youth.
- We hired the Commission's first Peer and Clinical Fellows.
- The Commission awarded K-12 Advocacy Program grants to twenty grantees in early June 2023.

WHAT'S NEXT

- We are working on a plan to release the Youth Engagement Toolkit to the target audience counties.
- The anti-bullying initiative will continue to grow and the Commission will receive impact data in July 2023.
- The Peer and Clinical Fellows will work with their teams to infuse the voice of peers and clinical research into practice at the Commission.
- The Commission seeks to partner with up to five County Offices of Education (COEs) that may potentially provide training and technical assistance to local community-based organizations.
- The Commission will host a K-12 youth convening in January/February 2024 to train youth in advocacy strategies.

FEATURED INITIATIVE

Full Service Partnerships

BACKGROUND

Full Service Partnership (FSP) programs serve people with severe and persistent mental health needs in the community – rather than in locked facilities or hospitals. These programs, which are required under California’s Mental Health Services Act, apply a “whatever it takes” approach to partnering with individuals on their path to wellness and recovery. When they are implemented with fidelity to the model and part of a robust continuum of care, FSPs can reduce costs, improve the quality and consistency of care, enhance outcomes, and, most importantly, save lives.

Today, **more than 70,000 individuals are enrolled in an FSP program across the state.** Full Service Partnerships represent a nearly \$1 billion annual investment in public funds and have tremendous potential to reduce psychiatric hospitalizations, homelessness, incarceration, and prolonged suffering by Californians with severe mental health needs.

THE FSP MODEL

More than 20 years ago, pilot programs established that we could serve people with mental illness in the community as effectively as we could in state hospitals – and serve them more efficiently. In these pilot programs, documented outcomes included clients staying out of hospitals and the criminal justice system, getting housed, making or rekindling social connections, and securing employment.

Today, FSPs still work toward those same outcomes. But many people likely qualify for the program who are not getting seen. This reality becomes evident when we look at the number of people deemed incompetent to stand trial and who are in state hospitals waiting to stabilize enough to proceed.

The ultimate goal is to work upstream – focusing on early intervention and prevention – to help reduce the need for FSP programs in the future. Working upstream will reduce homelessness, incarceration, and hospitalizations, saving time, resources, and lives. To reach this goal, the Commission is focused on prevention, building capacity, and improving services at a local level. This includes determining who is getting the necessary services and who we are not yet reaching so we can begin serving clients earlier in their mental illness.

GOVERNOR’S ESTIMATION



7,000–12,000

individuals will qualify for CARE Court services each year

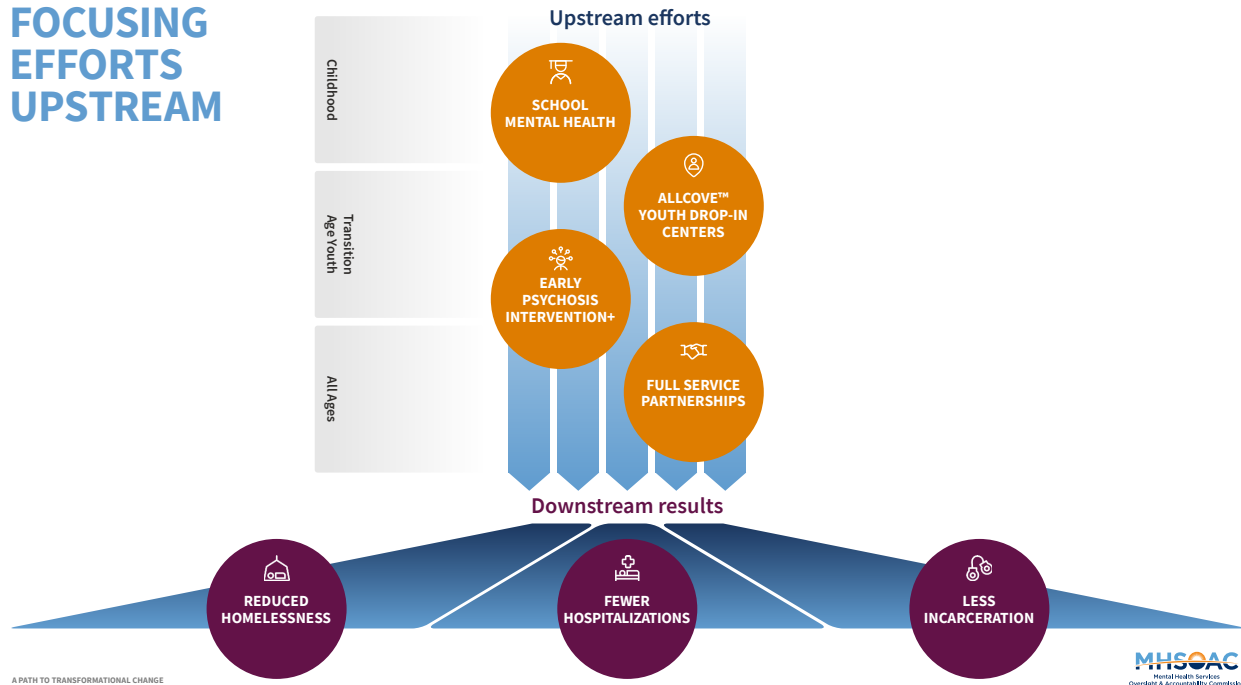


According to HHA workgroup, around

4,000 people

each year have an **Incompetent to Stand Trial (IST)** referral. Demand is outpacing supply and there are currently **more than 1,600 people** on the waitlist to enter state hospitals after an IST referral.

FOCUSING EFFORTS UPSTREAM



Progress: January-June 2023

- We performed site visits to two FSP programs in Sacramento, hearing and learning from participants about their struggles as well as their triumphs in getting services, getting stabilized, and getting into recovery.
- We had our first public hearing on FSPs in April. This panel presentation allowed for a conversation around challenges and opportunities for capacity building, technical assistance, and improving client services and support. Wanting to shine a light on FSPs, we initiated a multi-county collaborative project as part of the Innovation Incubator. The FSP work now builds off of those lessons learned as the collaborative continues, with new counties joining the effort.

Short-Term Impact

In the short term, we aim to better understand FSP efficacy, including what barriers exist to serving individuals and what technical assistance can best support providers and county partners. This knowledge will help inform standards that all providers and community partners can work toward.

Long-Term Impact

The longer-term goal for the statewide evaluation of FSPs is to assess which programs maintain clients in the community, keep individuals from cycling through hospitals and the criminal justice system, and help them live in stable housing environments. The evaluation will help establish best practices and provide implementation guidance to FSPs across the state.

FEATURED INITIATIVE

EPI+

BACKGROUND

Every year in the United States, nearly 100,000 adolescents and young adults experience their first psychotic episode. The Early Psychosis Intervention Plus (EPI+) program was designed to help young Californians with mental health needs before those needs escalate to severe or disabling.



Through a coordinated specialty treatment approach, which includes evidence-based therapies, family support, medication management, and recovery-oriented practices to address psychotic symptoms and promote resilience, EPI+ establishes a framework for supporting collaborative efforts to shift the emphasis in California’s mental health system from reaction to early detection and intervention.

THE EPI+ MODEL

EPI+’s coordinated specialty care clinics put everything in one location for people experiencing psychosis. This includes psychiatrists, peer support, family advocates, group counseling, and supported employment and education. This one-location approach is an effective, evidence-based treatment that people in the first episode of psychosis need to help improve outcomes.

The high number of young people experiencing symptoms of psychosis leads to increased homelessness, especially in places with no or limited Full Service Partnership funding. Early prevention can stop this cycle — and that’s where EPI+ comes in.



Progress: January-June 2023

The Department of Healthcare Services asked us to administer rounds four and five of the Children and Youth Behavioral Health Initiative. These grants total approximately \$150 million. Round four is for youth-driven programs, and round five is for prevention and early intervention programs. Requests for applications across the state will allow us to provide grants to more counties and more organizations that will operate specialty care clinics. An increase in the number of specialty care clinics will help us keep up with the number of people who will have their first episode of psychosis each year.

Short-Term Impact

In the short term, we aim to learn as much as possible about successfully treating people in the early stages of psychosis. Our learnings are particularly important in rural areas with limited access to services such as peer support and counseling. This expansion to counties such as Lake and Kern helps us hone EPI+'s "hub and spoke" model for the future.

Long-Term Impact

Our long-term goal is to grow and expand EPI+ to other areas of the state. We will achieve this through the Children and Youth Behavioral Health Initiative and county funding. In addition, we will work to define the strategy for funding workforce expansion, public awareness, and research on access barriers for diverse communities.



04

COMMITTEES

The Mental Health Services Act charges the Commission with engaging the public. Committees allow Commissioners and the public to dive deep into questions and advise the full Commission.

BACKGROUND

The Commission appoints standing committees as a mechanism for community engagement. While committees have offered space for participation for some community members, the Commission has struggled to define the roles and goals of committees.

To this end, the Commission is widening its approach to community engagement to facilitate, design, and transform the mental health system in California. The process of linking Commissioners, staff, consumers, researchers, providers, policymakers, and other community partners now informs our work.

Community engagement goes beyond committees to involve broader audiences, and the Commission seeks to model excellence in community engagement through our projects, including the Prevention and Early Intervention, Early Psychosis, and Workplace Mental Health initiatives.

As the Commission formulates the 2024-2027 strategic plan, it aims to incorporate more community engagement best practices into a framework. The Commission has sponsored similar initiatives

in collaboration with UC Davis in the statewide Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) Learning Collaborative, which aims to address health inequities in access and utilization of quality mental health services.

Now, with committees augmented by a thoughtful and strategic approach to community engagement, the Commission has the opportunity to reach new communities and facilitate pathways for community members to drive transformational change.

05

FOUNDATIONAL WORK

In its effort to create transformational change for wellbeing in California, the Commission uses research, grants, innovation, communications, and more to explore bold new ideas. These tools underpin Commission initiatives to create more robust evidence and exploration. During the first six months of the year our administration has continued to prepare budgets and contracts, support personnel and hiring, and coordinate logistics to enable transformational change at the Commission, with a focus on developing a 2024-27 strategic plan.

BACKGROUND

The 2024-27 strategic plan resets and renews the Commission’s goals for driving transformational change, defines how Commissioners will steward the strategy, and how the staff will improve operations to achieve the goals and objectives.

The plan will recap the progress that was made toward the goals in the 2020-23 strategic plan, what the Commission has learned from its current initiatives, and opportunities to improve its model for transformational change. The plan will synthesize the Commission’s priorities going forward; the goals and objectives defining initiatives and projects; and metrics for tracking progress.

The plan also will include a framework designed to assess system-level opportunities to improve mental health care and services, including methodologies for selecting, designing, and evaluating future initiatives. This framework will provide guidance on how to assess the potential impact of initiatives and combinations of those initiatives.

The Commission has begun a broad and deep community engagement process to help the Commission assess its progress, establish priorities, and refine its strategic approach. This work was initiated in virtual discussion open to the public on June 16, when about 50 people – including peers, family members and advocates – provided feedback on the Commission’s activities, strengths, and opportunities for improvement.

This level of robust analysis and engagement informing the plan is intended to produce a shared understanding among governmental and NGO partners, people with lived experience, family members and community leaders regarding the imperative and opportunities to drive the transformational change required to improve results and reduce disparities. That guidance from this engagement process will be incorporated into a draft 2024-27 strategic plan, which will be reviewed by the Commission in late 2023.

The Commission is receiving analytical support and expert guidance from Boston Consulting Group (BCG), a highly regarded consulting firm with extensive experience supporting public agencies and expertise in health and mental health care.

Foundational Work

JANUARY - JUNE PROGRESS REPORT

Advocacy Grants

In approving the Mental Health Services Act (MHSA) in 2004, California voters mandated the use of transparent and collaborative processes in determining mental health needs, priorities, and services. The Act aims to change the way people access mental health services and participate in policy planning. It also seeks to change public perception and reduce the stigma associated with mental health challenges. Through MHSA funding, the Commission awards grants to local and state-level organizations to provide advocacy, training, education, and outreach on behalf of nine specific populations: clients and consumers, diverse racial and ethnic communities, families, K-12 students, LGBTQ+, parents and caregivers, transition-age youth, veterans, and immigrants and refugees.

PROGRESS

- The Commission's FY 2022-23 budget provided \$670,000 annually to support advocacy focused on the mental health needs of K-12 students.
- In Spring 2023, the Commission released a Funding Proposal for a K-12 Advocacy Program with a response date of April 21, 2023. The Proposal specified an award of up to \$20,000.
- All funds will be dedicated to supporting the mental health and wellness advocacy efforts of K-12 students in their local communities.

WHAT'S NEXT

- Listening sessions will be held in the Fall of 2023 to hear from the public and community-based organizations about the specific mental health needs of veterans, parents and caregivers, LGBTQ communities, consumers, families of consumers, and diverse racial and ethnic communities.

Communication

The Commission leverages communication opportunities to improve public understanding of mental health needs, the potential for recovery, the value of services, and the opportunity for transformational change to significantly improve results. The Commission publishes its own communications in addition to leveraging strategic partnerships, and per the 2020-2023 Strategic Plan, has significantly improved the quality and quantity of communications to increase public understanding of mental health needs, the potential for recovery, the value of services available, and the opportunity for transformational change to significantly improve results.

PROGRESS

- The Commission marked the one-year anniversary in June of the premiere of Hiding In Plain Sight: Youth Mental Illness on PBS. This Commission-supported youth documentary has **reached 98% of American households**. The national conversation resulting from the expansive reach of this film not only supports but elevates California's role in increasing awareness of youth mental health challenges and helping to reduce stigma.
- During Mental Health Awareness Month in May, the Commission's anti-bullying initiative achieved success connecting with youth victims of race-based bullying, as directed by the Legislature. By the end of the month, the youth-designed and driven social media campaign "Right our Story" had received **102 million impressions**, resulting in more than 100,000 social engagements, with more than 8,400 users choosing to

follow the campaign across all social channels, and/or become members of the campaign’s Youth Advisory Committee. In addition, the campaign drove nearly 300,000 unique visitors to its microsite, where more than **340 bullying incidents** and story submissions were collected. The initiative’s success showcases how youth are responding to digital tools. We can see the power of digital initiatives to increase youth engagement around issues impacting their mental health.

- In an attempt to **shape public understanding of mental health and wellbeing**, rather than just communicate program outcomes, the Commission has put an increased focus on developing and distributing communications that people will read, understand, and act upon. In the reports, policy papers, meeting summaries, fellowship descriptions, strategic slide presentations, recruitment brochures, posters, and infographics we’ve developed over the past six months, we’ve ensured the use of inclusive and thoughtful language, incorporated clear data charts and visualizations, and sourced community imagery that reflects the diversity of our state. Some of the resulting outputs of these efforts are:
 - Workplace Mental Health Report: “Working Well”
 - Prevention and Early Intervention Report and Implementation Plan
 - Impacts of Firearm Violence Subcommittee Meeting Summary
 - Innovation Incubator Report: “Insights to Action”
 - “Focusing Efforts Upstream” infographic
 - MHSSA Grant Program Update deck and infographics
 - “Lethal Means Safety” website, strivingforzero.org
 - Multiple one-sheets and fliers clearly describing Commission initiatives

WHAT’S NEXT

- The Commission is broadening its communications efforts to reflect increased interest from those who are impacted by our state’s mental health needs. To that end, the Commission is stratifying and growing its contact database, with a goal to expand our audience and serve them with a steady stream of educational and actionable information as well as stories of impact.
- The Commission will implement recommendations of its critical Suicide Prevention work over the upcoming months, which includes transferring the management of the Striving for Zero website and commensurate prevention efforts such as “Lethal Means Safety” to the Office of Suicide Prevention.
- The Commission is developing 2024-2027 Strategic Plan tracking tools to ensure the plan stays on track and all progress is communicated clearly to our audiences. As part of this work, the Communications team will provide input on initiative nomenclature, structure, and ordering. A new communications plan, designed to accompany the forthcoming Strategic Plan, will build on and evolve the goals achieved in the current Strategic Plan.

Legislation

Created and guided by legislation, the Commission tracks legislation that impacts its work. Periodically, consistent with the Commission’s policy projects and publicly adopted priorities, the Commission will sponsor or support legislation.

PROGRESS

- During the 2022-23 budget process, the Legislature and Governor authorized funds to continue supporting the allcove™ Youth Drop-In Centers Program, Early Psychosis Intervention Plus Program, and the Mental Health Wellness Act. Funds were also authorized for the Commission to conduct a study on universal mental health screening of children and youth.
- The Commission supported two bills in the first half of 2023:
 - AB 1282 (Lowenthal) would require the Commission to develop a statewide strategy to understand, communicate, and mitigate mental health risks associated with the use of social media by children and youth as well as the mental health risks associated with artificial intelligence.

- SB 509 (Portantino) would require a local educational agency to certify to the California Department of Education that 75 percent of its classified and certificated employees who have direct contact with pupils at each school have received specified youth behavioral health training.

WHAT’S NEXT

- The Commission will continue to analyze the Governor’s proposal to modernize California’s behavioral health system through SB 326 (Eggman) and AB 531 (Irwin) which significantly amend the Mental Health Services Act and, if passed by the Legislature, will go to the voters for approval on the March 5, 2024 ballot. See MHSO Modernization on [page 40](#) for more details.

Transparency Suite

The MHSO Transparency Suite of dashboards provides high-level statistics showing county and statewide demand for mental health service programs, where money gets spent, programs offered, and associated outcomes.

PROGRESS

- We refreshed CSI and FSP dashboard data — inclusive of two additional years of data (FY 2020-22).
- We refreshed the Highlighting Differences to Understand Disparities Dashboard, which includes updated CSI, FSP, and DOF data.
- We are updating the Fiscal Transparency Tool to include FY 2021-2022 data.
- We are developing a dashboard for homelessness in CA.

WHAT’S NEXT

- We will work with the evaluation committee to prioritize data dashboarding work.
- The Commission will engage consumers, families, and other community partners to determine the dashboards they would like to see and the questions they hope to answer from the data we have.

FEATURED FOUNDATIONAL EFFORT

Older Adults Grant

California demographics are changing. By 2030, Californians 60 and over will comprise one-quarter of our population.

This growing demographic faces an unmet need in terms of mental health care. Less than one-third of older adults in need of mental health services receive appropriate care, and older adults experience disproportionately higher rates of suicide. The prolonged COVID-19 pandemic also exacerbated the harmful impacts of social isolation and physical/cognitive decline on older adults and their family caregivers, all of which add up to an increased need for organized advocacy and support for our most senior population.

We have an opportunity to learn more from and about older adults and their mental health. The Commission partnered with the California Department of Aging (CDA) to identify and act on the emerging needs of California’s fastest-growing population. In our partnership, we are:

- Collecting and analyzing population-level data (Medi-Cal, Medicare, Veterans Affairs, and commercial insurance). This will help to develop a person-centered, data-driven, equity-focused behavioral health system of care for older adults.
- Identifying and developing the voices of older adults with lived experience and subject matter experts who specialize in older adult care to inform policy. This will lead to increased, organized advocacy for California’s fastest-growing demographic.

Using funds from the Mental Health Wellness Act of 2013, we expanded two programs for aging adults, PEARLS and Age Wise.



IMPACT IN ACTION



Programs for Older Adults

PEARLS

The Program to Encourage Active, Rewarding Lives for Seniors (PEARLS) is an evidence-based program that aids older adults with depression and develops coping skills. PEARLS provides home based care, medication management, and case management to older adults with chronic illness to reduce symptoms of depression and anxiety.

Age Wise

After 2+ decades, San Bernardino County's Age Wise program expanded during the COVID-19 pandemic to address the increased needs of older adults. Age Wise includes in-home behavioral health and case management services, counseling, peer and family advocacy, and community support and education.

In less than six months we formed our CDA partnership and wrote an RFP. We recently awarded funding to 11 programs around the state — eight PEARLS and three Age Wise programs. Those programs garnered great interest. We hope other counties increase their capacity with other funds, even if they did not receive a grant. We will finalize the contracts for grantees by June 30 and will continue to plan collaboration meetings for older adult programs throughout the summer.

As mentioned in our EPI+ section, The Department of Health Care Services asked us to administer rounds four and five of the Children and Youth Behavioral Health Initiative, equaling \$150 million in grants. These grants are another example of the Commission working in close partnership with the State Administration.

FEATURED FOUNDATIONAL EFFORT

The Cambodian Family

In the summer of 2022, the Commission partnered with grantee The Cambodian Family (TCF). This Santa Ana non-profit provides services and support to refugee and immigrant families from Cambodia, Vietnam, Laos, Iran, Iraq, Afghanistan, Russia, Ukraine, Bosnia, Ethiopia, and Somalia.

Since the start of its contract with the Commission, TCF has held 11 trainings in and around Orange County. These trainings focused on Cambodian refugee history, mental health issues and disparities, gaps and barriers, and strategies to increase access. TCF also has conducted a multitude of in-person outreach and engagement events in several different communities as part of the contract.

TCF’s work has significantly increased the Cambodian community’s ability to engage in mental health advocacy for themselves. This has manifested in:

- 1 The confidence gained through training
- 2 Improved access to information through the in-language translation of critical MHSa communications

Program benefits became evident in an April 2023 public hearing held by the Orange County Health Care Agency. The hearing focused on the Mental Health Services Act (MHSA) three-year plan, MHSA spending, and the community program planning process. Bory Hok and Leang Seng, two members of the Cambodian-speaking community, took the podium before the Orange County Behavioral Health Advisory Board. They made the case for expanding early intervention and prevention services and data disaggregation during the public comment period. Hok and Seng received overwhelmingly positive feedback from board members and attendees alike.

Hok and Seng were equipped with the training—and confidence—to make these comments thanks to the work of TCF. Their presentation to the board marked progress in uplifting the voice of the Cambodian population in the county. Additionally, the executive summary for the MHSA spending plan was translated into the Cambodian language Khmer prior to the hearing, demonstrating a major step forward in improving access to limited-English speaking communities in the county.

240+
training participants in year one of the Commission contract

2,000+
community members reached in year one of the Commission contract



TCF is one of the eight local advocacy organizations funded through the Immigrant and Refugee Advocacy contracts. The purpose of these three-year projects is to empower local immigrant and refugee communities through **advocacy, training, and outreach activities and initiatives.**

Budget Update

The table below illustrates the budget for Fiscal Year 2023-2024, year-to-date expenses, committed funds, and funds that are potentially available for the Commission to use in the future.

EXPENSE TYPE	ITEM	APPROVED FY 22-23 BUDGET	ADJUSTMENTS	ADJUSTED FY 22-23 BUDGET	YTD EXPENSES	ENCUMBERED	EARMARKED	POTENTIALLY AVAILABLE
Operations	Personnel	\$8,100,000	-\$720,000	\$7,380,000	\$5,565,903		\$1,138,058	\$676,038
	Core Operations	\$1,484,552	\$300,000	\$1,784,552	\$1,092,994	\$338,523	\$767,232	-\$414,197
Commission Priorities	Communications	\$467,448	\$420,000	\$887,448	\$403,198	\$426,220	\$86,925	-\$28,895
	Innovation	\$100,000		\$100,000				\$100,000
	Research	\$1,116,000		\$1,116,000	\$217,691	\$807,625	\$125,008	-\$34,324
Budget Directed	California Behavioral Outcomes Fellowship	\$5,000,000		\$5,000,000		\$5,000,000		
	Evaluation of FSP Outcomes (SB 465)	\$400,000		\$400,000			\$400,000	
	MHSSA Evaluation and Admin (avail over 5 years)	\$16,646,000		\$16,646,000	\$105,499		\$1,500,000	\$15,040,501
Local Assistance	Mental Health Wellness Act	\$20,000,000		\$20,000,000			\$20,000,000	
	MHSSA	\$8,830,000		\$8,830,000	\$320,000	\$8,510,000		
	Community Advocacy	\$6,700,000		\$6,700,000	\$2,895,843	\$3,134,157	\$670,000	
	Children and Youth Behavioral Health Initiative	\$42,900,000		\$42,900,000			\$42,900,000	
Money Held For Reserve								-\$250,000
Total		\$111,744,000		\$111,744,000	\$10,601,128	\$18,216,525	\$67,587,223	\$15,089,123

06 MHSA MODERNIZATION

California's mental health system is among the most comprehensive and outcome-driven in the nation, yet it falls short of public expectations. The challenges of our mental health system drive feelings of hopelessness for the clients and families seeking services and deep frustration among the public who witness its outcomes and the taxpayers who fund public programs.

BACKGROUND

In 2004, California voters passed the Mental Health Services Act (MHSA), bringing hope to millions of Californians and their families who had struggled to address their mental health needs. The MHSA imposed a 1 percent tax on annual incomes over \$1 million and applied new rules and requirements to transform California’s behavioral health system. Today, the MHSA generates more than \$3 billion each year, which makes up about one-third of all public mental health funding in the state.

Yet, despite the scale of this funding and statutory direction to focus on prevention and early intervention, many Californians still face barriers to care. In March of this year, Governor Newsom announced a 2024 ballot initiative to improve how California responds to mental health needs, with a focus on addressing homelessness and strengthening the integration of mental health care and substance use disorder services. In addition to proposing revisions to the MHSA and other statutory and operational changes, the Governor is championing a multi-billion dollar bond measure to support housing and infrastructure to improve behavioral health systems of care.

At its April 2023 meeting, the Commission heard an early description of the proposal from state leaders. In June of 2023, Senator Susan Eggman amended SB 326 to reflect the Governor’s ambitious reform proposal.

The key elements of the proposal, which goes beyond modifications to the MHSA, support a broader rethinking of how California responds to behavioral health needs, including:

- Renaming the MHSA to become the Behavioral Health Services Act (BHSA)
- Making revisions to funding allocations, including a requirement for counties to dedicate 30 percent of BHSA funds to support housing
- Requiring counties to better integrate behavioral health strategies, including mental health and substance use disorder services, and to reflect all sources of local behavioral health funding in those plans

- Establishing minimum standards for Full Service Partnerships and other programs, including new mandates for Medi-Cal billing, tapping into commercial insurance reimbursements where relevant, and partnering with managed care organizations
- Strengthening fiscal, programmatic, and outcome accountability

Many components of the Governor’s behavioral health reform proposal will require voter approval and will be on the planned March 2024 Ballot, with implementation envisioned for 2025 and 2026.

In proposing the reforms, the Administration hopes to:

- **Address California’s homelessness crisis.**
The proposal supports funding “10,000 new clinic beds and homes...” and “will create new, dedicated housing for people experiencing homelessness who have behavioral health needs, with a dedicated investment to serve veterans...”
- **Help those with substance use disorders.**
The proposal includes those with substance use disorders as people who can be served by BHSA funding. This includes “more resources for housing and workforce, and continues community support for prevention, early intervention, and innovative pilot programs – all with new and increased accountability for outcomes and through an equity lens.”

→ **Elevate Full Service Partnerships.**

The proposal focuses funding on Full Service Partnerships and other services for the most seriously ill, with the intent to prioritize community services and supports while including prevention and early intervention. It also includes infrastructure investments for capital and workforce.

→ **Expand population-based prevention initiatives.**

County allocations would include a mandatory percentage for population-based behavioral health and wellness programming.

→ **Address behavioral health workforce needs.**

The proposal recognizes the need to “expand a culturally-competent and well-trained behavioral health workforce to address behavioral health capacity shortages and expand access to services” with a Statewide Workforce Initiative.

The Governor’s proposal has attracted significant support, particularly its potential for addressing California’s homelessness crisis. It also has raised questions from community advocates over how it will result in improved outcomes as the measure is not envisioned to significantly increase behavioral health resources.

WHAT’S NEXT?

On **July 27, 2023**, the Commission organized a panel presentation on the proposal to support opportunities for Commissioners and community members to learn more, share support, and raise concerns.

The Legislature, Senate Health, and Assembly Health committees will hear the proposals in August 2023.



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