



Mental Health Services
Oversight & Accountability Commission

TRANSFORMATIONAL CHANGE REPORT

January – June 2024

Photo: Joshua Tree National Park



STATE OF CALIFORNIA
Gavin Newsom, Governor

LETTER FROM THE COMMISSION | JANUARY - JUNE 2024

What’s in a Name? Opportunity

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California voters recently approved the Behavioral Health Services Act (BHSA), updating and modifying the Mental Health Services Act (MHSA) along the way.

In 2004 the MHSA, through its prevention and early intervention component, established an expansive definition of what California wants to achieve with its mental health investments: supporting housing, reducing criminal justice involvement, helping adults get jobs and young people thrive in school, reducing suicide, preventing prolonged suffering, and more. The MHSA expanded expectations of what we were able to accomplish through mental health strategies and supports.

A core goal of the BHSA is to ensure that substance use disorder needs are elevated in California’s conversations and policies around behavioral health. There is a long history in the mental health field, including the Diagnostic and Statistical Manual, that recognizes addiction disorders as part of mental health. The BHSA explicitly calls for improved integration of traditional substance use disorder (SUD) services with traditional mental health services. It honors the broad and expansive goals of prevention and early intervention, recognizing the negative outcomes that were articulated so clearly and powerfully in the MHSA.

The name change for California from “mental health” to “behavioral health” includes renaming this Commission. Although we’ve worked over the last five years to strengthen our attention on addiction and SUD services, and we recognize that the original makeup of the Commission includes a Commissioner with expertise in SUD, the BHSA reinforces the necessity of ensuring that we’re responsive to the needs of the people we serve through improved integration of addiction services and behavioral health services.

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There is much that remains unclear, including the extent to which a name change from *mental health* to *behavioral health* will impact the structure of our statutes, how funding can be allocated, the attention that is paid to SUD services that don’t involve classic mental health services, and most importantly, where they overlap. We hear concerns that the name change may dilute the focus on serious mental illnesses, or the intention may be misinterpreted as emphasizing behavior modification rather than addressing underlying mental health concerns. There are also legal implications, such as the potential expansion of involuntary commitment or conservatorship laws.

As we navigate the opportunities in implementing the BHSA, we're engaging in thoughtful discussions about the meaning and impact of this name change. We're connecting our new Strategic Plan (see section 2), constructed in partnership with communities, with the goals and priorities set forth by the Governor, the Legislature, and the people of California. And we're ensuring that the language we use accurately reflects these goals and priorities while being mindful of potential misinterpretations or unintended consequences.

In the following report, you'll see how we've laid the foundation for this next phase in our work.

In section 1, "Community Engagement," we showcase the community engagement activities we've supported over the past six months. We encourage you to visit our [interactive events and impact map](#) to see where and how community voices are facilitating policy and practice changes that improve the lives of Californians.

In section 2, "Our Strategic Plan in Action," we feature projects demonstrating how the Commission is implementing our new 2024-2027 Strategic Plan, and how this Strategic Plan is already reflecting the goals of the BHSA.

In section 3, "Commission Progress Report," we share updates and activities associated with our 12 priority initiatives and our foundational work around plan implementation, advocacy grants, communications, data, legislation, and transparency.

In section 4, "Budget," we outline where and how we are using essential public funds.

In section 5, "What's Next," we explore how our priorities align with Proposition 1, and the steps we're taking to support our partners who are charged with implementing this groundbreaking legislation.

As you read about our activities and initiatives, we invite you to join us in considering the question: "What's in a name?" This is a pivotal moment in our ongoing effort to transform behavioral health services in California. Together, we can work towards a shared understanding of the BHSA and our collective role in shaping the future of mental health care in California.

-The Commission



Photo: Joshua Tree National Park

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01 COMMUNITY ENGAGEMENT



Photo: California Orange Grove

Community Engagement

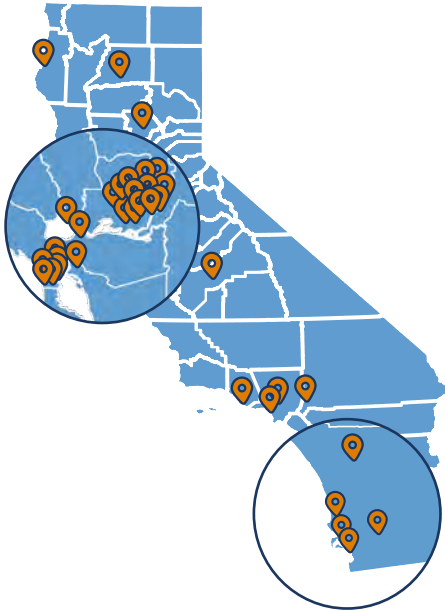
The mental health landscape in California is as diverse as its natural landscape, with religion, language, cultural, and racial backgrounds all in need of unique supports, services, and a system that works to their benefit. The Mental Health Services Act (MHSA) recognizes that government bodies must work in serious and consistent partnership with consumers, family members, and community members; therefore, the Act requires the Commission to seek community input and guidance. More than that, the Commission has enshrined community engagement as a top priority in its [2024-2027 Strategic Plan](#).

On the next page, you'll find a map of the Commission's community engagement events from January through June 2024, including Commission-sponsored independent events and events hosted by others but attended by Commissioners or staff.

Also available on the Commission's website is [a complete map](#), updated weekly, and showing Commission events, independent events attended by Commissioners or staff, and events by organizations funded by the Commission that reduce stigma and strengthen advocacy for behavioral health transformation.

Events

In-person Events in California



Napa County

- Commission Meeting **[Napa]**
- Napa State Hospital Site Visit **[Napa]**

Riverside County

- Hemet Unified School District Site Visit: Whole Person Health Score **[Hemet]**

Sacramento County

- 10th Annual Mental Health America of California (MHAC) Mental Health Matters Day **[Sacramento]**
- 988 Crisis Policy Advisory Group Meeting **[Sacramento]**
- California Senate District Directors Institute April Convening **[Sacramento]**
- Commission Meeting **[Sacramento]**
- EmPATH Unit Site Visit **[Sacramento]**
- MHSA/Prop 1 Webinar **[Sacramento]**
- Mental Health First Aid Training **[Sacramento]**
- “No Deliveries: When Maternity Wards Close, Where Do Patients Go?” Event **[Sacramento]**
- Sacramento Youth Advocacy Initiative Mental Health Event **[Sacramento]**
- “The 50” Movie Premiere **[Sacramento]**
- “The Beautiful Game” Movie Premiere **[Sacramento]**
- University of San Francisco Public Psychiatry Fellowship Class **[Sacramento]**

San Diego County

- “Best Practices in Student Information Sharing” Cross-System Convening **[San Diego]**
- San Diego County MHSSA Site Visits **[Descanso and San Diego]**
- Striving for Zero Learning Collaborative Convening **[Carlsbad]**

San Francisco County

- CalMatters Live Panel **[San Francisco]**
- Center for Aging and Brain Health Innovation Site Visit **[San Francisco]**
- Roadmap to 90-90-90 with the Kennedy Forum **[San Francisco]**
- Voices with Impact Film Festival **[San Francisco]**

San Mateo County

- allcove® Site Visit **[San Mateo]**
- One Mind Accelerator Programming Event **[Menlo Park]**

Santa Barbara County

- Commission Meeting **[Santa Barbara]**

Shasta County

- MHSA Multi-County PADs Innovation Project April Convening **[Redding]**

Sonoma County

- Sonoma Valley High School Site Visit: Post-Disaster Mental Health Screening and Triage **[Sonoma]**

Yolo County

- Multitudes Site Visit **[West Sacramento]**

Alameda County

- UC Berkeley Behavioral Health Innovation Site Visit **[Berkeley]**

Butte County

- Youth Intensive Program (YIP) Site Visit **[Chico]**

Fresno County

- Fresno Youth Advocacy Initiative Mental Health Event **[Fresno]**

Humboldt County

- Humboldt Youth Advocacy Initiative Mental Health Event **[Arcata]**

Los Angeles County

- allcove® Site Visit **[Redondo Beach]**
- Directing Change Film Screening and Award Ceremony **[Los Angeles]**

San Bernardino County

- San Bernardino Youth Advocacy Initiative Mental Health Event **[San Bernardino]**

 **Virtual Events**

- ACES Award for Small State Employer
- ACSED/APSEA Career Development Program Webinar
- “Let’s Talk Mental Health” Webinar
- Mental Health Awareness Month Virtual CDP Workshop



About Our Site Visits

The Commission engages clients, consumers, families, providers, public officials, and others to understand what is working, what is not, and to explore pathways to improvement. Two recent visits showcased two very different points along the continuum of care and the experiences of people with behavioral health needs: a high school and a state hospital.

SONOMA, CA

Universal Mental Health Screening in Schools

The Governor and Legislature have made historic commitments to school mental health. Much of that work is guided by the Commission’s effort to elevate schools as key partners in meeting the behavioral health needs of children, youth, and their families. The Commission laid out these strategies in [Every Young Heart and Mind: Schools As Centers of Wellness report](#). Among a range of opportunities and challenges, the state is working to understand whether and how it should invest in universal behavioral health screening as part of a broader prevention and early intervention strategy. The Commission received funding and direction in the 2023-24 Budget Act to outline potential strategies to support universal screening. Among the issues being explored are what to screen for, which screening tools should be supported, who should take the lead on screening, how the information from a screening should be used, and more.

To support that work, the Commission partnered with the Sonoma County Office of Education to facilitate a site visit to Sonoma Valley High School to learn about their effort to implement Universal Mental Health Screening with their students. Following the 2017 Tubbs Fire, Sonoma

County education leaders worked with national experts to develop a screening and data collection strategy to improve the services and support the district could provide to its students. The district partnered with University of California, Los Angeles faculty to deploy a mobile app to screen for acute trauma exposure or loss, focusing on the experiences of youth during and following the fires that destroyed homes and forced many families to move or live in temporary shelters.

“Mental health is at the kids’ table in emergency response. We need to get at the big table and we need metrics and data to get there.”

— Dr. Merritt Schriber
UCLA Medical Center

The screening tool focused on a range of factors that may influence the potency of the recent traumatic event, such as economic challenges and having a history of trauma. The app accumulates data that might point to the different crisis responses needed for different people depending on their level of risk, driving a more precise, strategic, and coordinated emergency mental health response.

The app allowed education leaders to better understand how the fires impacted student mental health across the population, as well as individual needs.

Local education leaders shared that implementing a rapid strategy for behavioral health screening helped them understand student needs and the scale of behavioral health impacts. The county was able to provide support for more than 500 students in 16 Sonoma County school districts.



(left to right) Kendra Zoller, Deputy Director of Legislative Affairs, State Mental Health Commission; Debbie Look, California State Assembly Education Committee; Misty Feusahrens, California State Assembly Speaker’s Office; and Jeff Weiner, Dir. of Public Policy, Jewish Family and Children’s Services, during a tour of the Sonoma Valley High School Wellness Center in February 2024.



Sonoma Valley High School's Camille Garcia, far left, leads a tour of the Wellness Center in February 2024.

The behavioral health impacts of the Tubbs Fire, and the subsequent lessons learned, have the potential to guide statewide strategies for mental health screening.

“I’m telling our story because I want everybody and everyone to be on the ready,” said Diann Kitamura, Deputy Superintendent of Equitable Education Services, Sonoma County Office of Education. “I don’t want another school district to go through what we went through.”

NAPA, CA

Napa State Hospital

California’s MHSa, recently re-cast as the BHSA, calls for prevention, early intervention, and innovation as foundational strategies to improve behavioral health outcomes. In 2017, the Commission called for improved approaches to reduce the justice involvement of behavioral health clients in its report “[Together We Can: Reducing Criminal Justice Involvement for People with Mental Illness](#).” More recently, the Commission has highlighted opportunities to improve the role of Full Service Partnership programs to better serve Californians with complex and persistent mental health needs.

As part of that effort, the Governor and Legislature have directed the Commission to monitor the effectiveness of Full Service Partnerships and recommend strategies to improve the impact of these essential programs. The Commission is required by Senate Bill 465 to periodically report to the Legislature on the state’s progress in

the effective use of Full Service Partnership programs to reduce homelessness, justice involvement, and hospitalizations; the [first report](#) was published in 2023.

From 2006 to 2022, the state saw a 20 percent increase in the number of people committed to a state hospital program as a result of felony criminal charges and a court’s determination that an individual is incompetent to stand trial. Funding for California’s Department of State Hospitals has increased from \$2.6 to \$3.4 billion in the past two years. The state has struggled with a waiting list of 1,700 individuals referred to a state hospital program.

To better understand how California responded to unmet mental health needs, and the impact of justice involvement of behavioral health clients on publicly funded behavioral health programs, the Commission sponsored a day-long visit to Napa State Hospital, which serves some 1,100 behavioral health clients. Napa State Hospital opened in 1875 and is the oldest state-run, inpatient psychiatric facility still in operation.

Eighty-nine percent of the individuals served by Napa State Hospital are criminal justice involved, in a pre-trial, post-trial, or post-sentencing stage. The remaining 11% of clients are there under a non-criminal designation, such as a behavioral health conservatorship.

The Commission, along with state and legislative leaders, Deputy Secretary for Behavioral Health Stephanie Welch, Department of State Hospital leadership, and other



Commission Chair Mara Madrigal-Weiss and Executive Director Toby Ewing at the Napa State Hospital’s patient memorial site during a tour of the facility in February 2024. On the site, eight monuments list the full names of over 8,000 patients who died between 1876 and 1964 and were buried in unmarked graves.

partners, engaged with hospital leaders and staff. Most importantly, site visit attendees were able to sit down to talk with the hospital’s client-led Cooperative Advisory Council. Many clients freely shared their struggles to access behavioral health services, most sharing that their needs began very early in their lives – typically in their early teens. Nearly all shared that they did not have pathways to behavioral health support and often did not understand their behavioral health needs or how to ask for support.

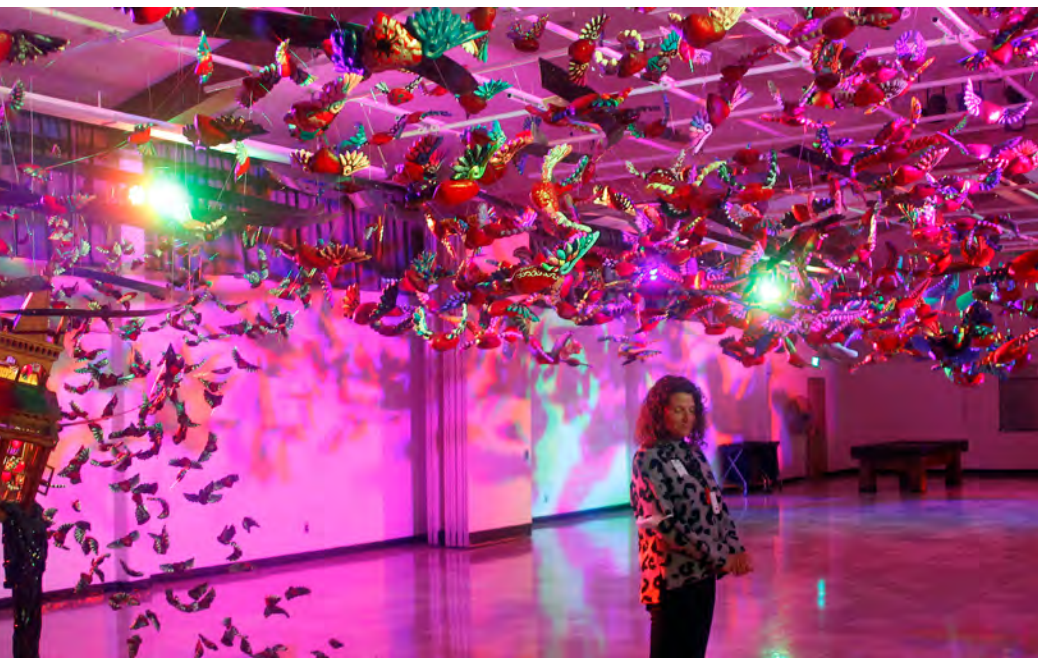
One client shared her experiences in the military and her struggle to access services as she transitioned back into civilian life, which led to her criminal justice involvement. Another shared her story of maternal depression, suicidal behavior, and assault on a peace officer trying to help her as she stood on the edge of a highway overpass in a heightened state of fear and depression.

“It was a privilege to visit the Napa State Hospital program and connect with the staff and leaders who were working hard to meet the needs of their patients. It was also clear that California must do more, as early as kindergarten but throughout our K-12 school systems, to better equip



Napa State Hospital’s patient memorial site features eight monuments listing the full names of over 8,000 patients who died between 1876 and 1964 and were buried in unmarked graves.

children, youth, families, and educators to recognize behavioral health needs, and to develop behavioral health literacy and peer strategies to support young people when their needs first develop,” said Commission Chair Mara Madrigal-Weiss.



Camille Gentry, Chief of Rehabilitation Therapy Services at Department of State Hospitals – Napa, pauses before leading a tour of UNBOUND during a site visit in February 2024. UNBOUND is an 80-ft. sculpture featuring close to 800 papier-mâché hearts, all hand-made by patients, staff, and community volunteers at the hospital over the course of a year.

“What struck me most,” said Tom Orrock, the Commission’s Deputy Director and a licensed behavioral health clinician, “was a deep feeling of frustration that we missed so many opportunities to provide behavioral health care early in the lives of everyone we spoke to, but we didn’t and the consequences of those missed opportunities are devastating.”

The Commission’s visit to Napa was followed by a public hearing on the role of Full Service Partnerships and will guide the Commission’s discussions and guidance to the Governor and Legislature on opportunities to improve prevention and early intervention programs.



One of the hundreds of handmade papier-mâché hearts featured in the UNBOUND sculpture at Napa State Hospital. Over 1,500 patients, staff, and community volunteers took part in the project.

“

In my experience as both a consumer and micro and macro behavioral health practitioner for the last 20 years, the Napa State Hospital visit was a first look for me at a world-class coordinated ecosystem of high-level forensic-behavioral health care, grounded in treatment practices aimed at supporting the person served with intentionally integrating back into the community. The concept, framework, and treatment practice at Napa is client-centered and focused on competency and reintegration. Moreover, the most impressive discovery at Napa is the use of arts, advocacy, and enterprise in treatment practices. From supported employment opportunities and savings accounts, to a structured Client Advocacy group and a massive interactive arts exhibition, clients have all the tools needed to get them ready for community treatment. ”

– **Commissioner Rayshell Chambers**

Committees

The Commission was formed, among other goals, to elevate the voices of behavioral health leaders, including clients and family members, and people who are currently not well-served by California’s behavioral health system. As outlined above, the Commission is committed to community engagement to ensure it is responsive to community needs and able to share community concerns with state and local leaders. In addition to engaging the public across the state, the Commission also hosts two standing committees made up of subject matter experts to bring a critical eye to the Commission’s work. The Client and Family Leadership Committee (CFLC) represents behavioral health clients and family members who draw upon their lived experiences to inform the Commission’s portfolio of projects. The Cultural and Linguistic Competency Committee (CLCC) includes representatives of underserved communities to ensure attention to reducing disparities in access to care and outcomes.

On May 8, 2024, the CFLC and CLCC met jointly to discuss the Commission’s recently adopted Strategic Plan and opportunities to improve the Commission’s approach to strengthening California’s behavioral health system. Beginning in the summer, the committees will meet every other month to inform and monitor the Commission’s progress in meeting its strategic goals.

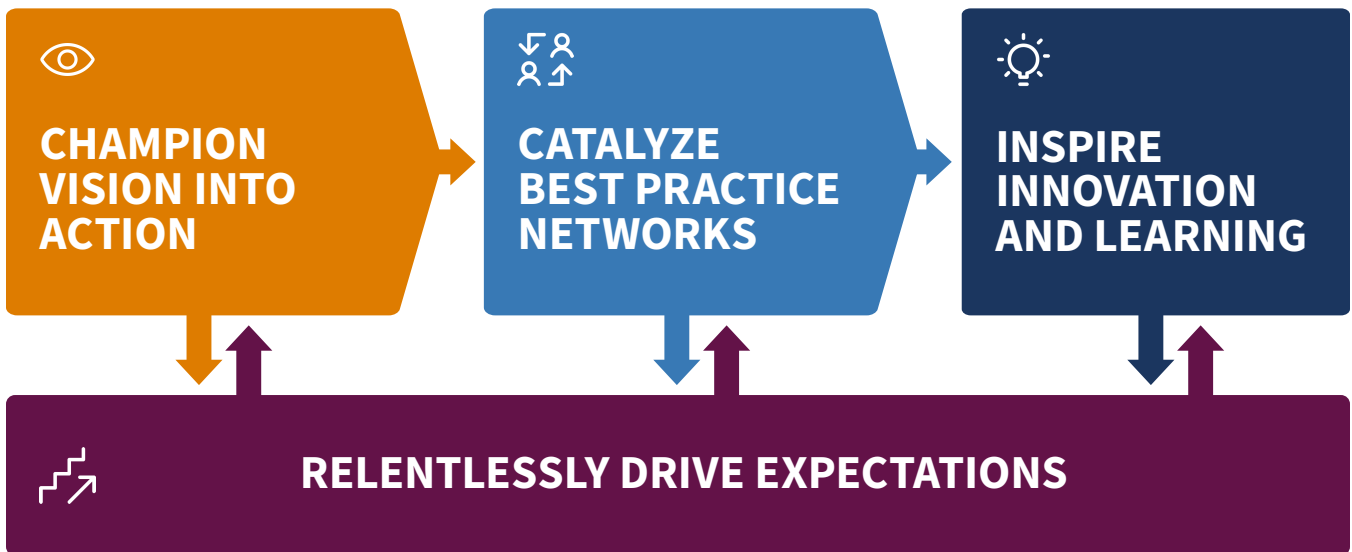
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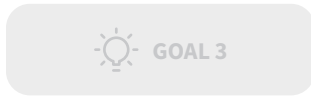
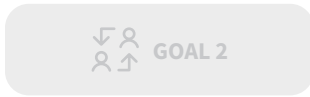
**OUR STRATEGIC
PLAN IN ACTION**

Our Strategic Plan in Action

The Commission’s newly adopted Strategic Plan is a roadmap to accelerate transformational change and is aligned with the public’s passage of Proposition 1 and the behavioral health reforms it requires.

To pursue its mission, the Commission has highlighted four key goals, which are listed below. Please visit <https://mhsoac.ca.gov/> to read the full Strategic Plan.





Champion vision into 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 their 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

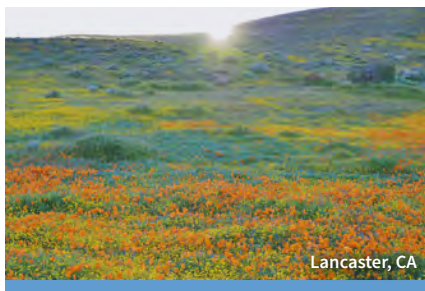
Assess and advocate for system improvements.

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.



Strategic Alignment

The Commission is honored and excited to expand its community engagement opportunities. Partnering with people with lived experience, advocates, local officials, family members, and other community members deepens the Commission’s ability to **champion vision to action**. Elevating the perspectives of diverse communities (Objective 1) requires the Commission to engage people who often feel left out of the conversation in public sector decision-making. Assessing opportunities for investments and changes in policy (Objective 2) requires community input at all levels. Two examples highlight efforts to fulfill this goal.



Darrell Frye, left, field representative to Dr. Corey Jackson, Assembly District 60; and Adelaida Moreno, Behavioral Health Services Supervisor at Riverside University Health System, next to the sound-proof, indoor office Moreno uses for private conversations with students at the Hemet Unified School District’s Wellness and Community Outreach Center.

Example Projects

IMPACTS OF FIREARM VIOLENCE PROJECT

In 2022, the Commission sought ways to support those impacted by firearm violence while lifting their experiences – and the experiences of those creating solutions. The IFV project, with a report due out by the end of 2024, pioneers a transformative approach, reframing firearm violence as a multi-dimensional public health issue rather than a concern of law enforcement or criminal justice alone.

To champion a vision of ending the impacts of firearm violence, the Commission visited a Sacramento gun range and spoke to firearm owners involved in suicide prevention efforts. The Commission visited with Los Angeles’ REACH Team, who are making a difference by connecting with children in South Los Angeles who are exposed to firearm violence.

For more on this project, see updates on [page 24](#).

UNIVERSAL MENTAL HEALTH SCREENING

Though research consistently demonstrates that intervening early when mental health challenges arise leads to the best outcomes, children’s mental health often goes unsupported. The universal screening project is exploring how routine screenings in schools could help detect the risks and strengths of children’s mental health to prevent severe needs, leading to earlier intervention and referral to services. This is similar to routine screenings, such as for hearing or vision, that are already conducted. The project will deliver an analysis of existing practices and recommendations for further implementation in summer 2024.

To elevate the perspective of a community with lived experience, the Commission visited a Chula Vista elementary school deeply impacted by gang violence. To better understand investment opportunities to create change, the Commission visited Sonoma County, where education officials are screening youth for risks and strength following a devastating wildfire.

For more on this project, see updates on [page 29](#).

GOAL 1

GOAL 2

GOAL 3

GOAL 4

Catalyze best practice networks

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.

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 needed 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.

Strategic Alignment

The Commission is actively engaged in overcoming persistent challenges in behavioral health care, including reducing disparities, fortifying the workforce, and securing adequate and reliable funding. Solutions are available, and the Commission is focused on its role to **catalyze best practice networks**, connecting partners of all kinds to advance transformational change. Counties are working to create change, but are overloaded and need help building capacity (Objective 1) and supporting, retaining, and growing their workforces (Objective 2).



Aaron Lyons (far left), Program Manager at Chico Community Counseling Center, and Sam Casale (second from left), Butte County MHSA Coordinator, talk with Commissioner Bill Brown (second from right) and Commission staff during a tour of Butte County’s Youth Intensive Program FSP facilities.

Example Projects

FULL SERVICE PARTNERSHIPS

Designed to serve high-need individuals with “whatever it takes” support, Full Service Partnerships (FSPs) work to reduce incarceration and homelessness and to improve overall quality of life. FSPs will remain a cornerstone of community support as Proposition 1 is implemented, and the Commission is working in multiple areas to assist FSPs, including facilitating a multi-county collaboration around improving FSPs, examining outcomes-based contracting for FSP service providers, creating a capacity-building strategy, and more.

The Commission’s work in creating a capacity-building strategy for FSPs is part of four-year funding from the Mental Health Wellness Act. The Commission is examining strategies to improve outcomes for FSP clients and develop adequate and reliable funding methods through outcomes-based billing.

For more on this project, see [page 23](#).

TRANSFORMATIONAL CHANGE PARTNERSHIP

The Commission launched a comprehensive and novel approach for building capacity within local behavioral health agencies with pilot counties in late 2023. This initiative aims to implement new programs in ways that transform operations, with the potential to improve results meaningfully over time. The program tailors comprehensive content, referred to as the “change building blocks,” along with expert technical assistance to build durable capacity through a learn-by-doing model.

The Commission is supporting organizational capacity building through this partnership. The program is focused on connecting counties with experts and colleagues in other counties to create innovative solutions.

For more on this project, see [page 25](#).

SUBSTANCE USE DISORDER PILOT PROGRAM

In February 2024, the Commission approved the Substance Use Disorder (SUD) Pilot Program to enhance access to medication-assisted treatment (MAT) by training more prescribers, removing regulatory barriers, and adopting a community-centric approach. The pilot targets diverse counties (in population structure, size, and the range of services and supports available and accessible) – Los Angeles, Marin, and Nevada – to tailor strategies that can effectively address specific local needs.

The SUD Pilot Program integrates SUD treatment into existing mental health services, supporting capacity-building efforts while connecting clients to best practices.

For more on this project, see [page 26](#).

GOAL 1

GOAL 2

GOAL 3

GOAL 4

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

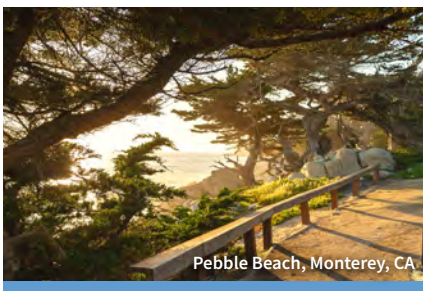
Establish an innovation fund to link and leverage public and private investments.

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 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.



Strategic Alignment

In passing Proposition 63 and establishing the Mental Health Services Act (MHSA), California voters created an explicit priority for **innovation** in mental health. The MHSA asks community behavioral health leaders to tap the creativity and ingenuity that California is known for and apply it to mental health with the intent of driving persistent improvement in the ability of the mental health system to achieve the positive outcomes the MHSA seeks. For years, the Commission has worked in partnership with county behavioral health leaders and state agencies to elevate the voices of community members to direct this innovation tool to reduce disparities and support opportunities to increase the impact of available funding and expand the partners who are part of the behavioral health conversation.

Now, with the passage of Proposition 1 and the implementation of the Behavioral Health Services Act (BHSA), the role the Commission plays in innovation is changing. The work of the Commission is moving from reviewing and approving county innovation spending to direct investments in innovation, including developing opportunities for public-private partnerships. The Commission’s strategic plan describes these investments not just as financial (Objective 2), but also as opportunities to catalyze learnings (Objective 1) and to elevate community voice (Objective 3).

The Commission has begun to engage private sector partners to support its ability to identify new opportunities to address high-priority community mental health needs, including reducing disparities. The Commission has also begun to engage research institutions, centers of excellence, business schools, and others across California – and elsewhere – to help the Commission leverage the expansive capacity of our academic, research, technology, and data partners to guide the best available use of these dollars. The Commission is also working to establish infrastructure – funding, legal authority, organizational design, staffing – around the innovation investment fund in order to develop a strategic approach to delivering on the mandate to invest in new ideas that the voters of California gave to the Commission with the passage of Proposition 1.



GOAL 1

GOAL 2

GOAL 3

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 to 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 of the potential for additional healing and to inform and empower their advocacy for improvements with service providers and public decision-makers.



Strategic Alignment

Working in partnerships with community members and organizations doesn't just improve the Commission's work. Sharing the vision and the possibility of recovery and wellness (Objectives 1 and 3) allows both the Commission and Californians to **relentlessly drive expectations**; expectations that galvanize the reshaping of mental health services through community-driven policies and practices that are inclusive, effective, sustainable, and accountable.



Example Project

ADVOCACY GRANTS

The Commission allocates targeted advocacy grants to strengthen the voices of Californians who have historically been left out of behavioral health policy-making. These grants are aimed at supporting nine 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. Through the funding, organizations such as the California Pan-Ethnic Health Network (CPEHN) strengthen community engagement and ensure policies include the unique needs of Black, Indigenous, and people of color (BIPOC) communities. Grantees, including CPEHN, help build public awareness and an understanding of the power of advocacy to drive improvements.

The objectives of CPEHN are to:

- **Elevate Community Engagement**
Facilitate in-person and digital forums where community members can connect, understand relevant policies, and collaborate on advocacy efforts.
- **Influence Policy and Legislation**
Use insights gathered from community engagement activities to inform and guide state policymakers, aiming to align state and local policies with the actual needs of diverse racial and ethnic communities.
- **Foster Sustainable Advocacy Networks**
Build and strengthen networks of advocacy partners across the state to ensure a cohesive approach to mental health advocacy, enhancing the impact of outreach and policy influence efforts.
- **Document and Share Impact**
Continuously evaluate the effectiveness of advocacy initiatives, sharing successes and lessons learned with a broader audience to encourage replication and broader systemic change.

The Commission's advocacy grants support strategies such as developing and disseminating resources to elevate the lived experiences and advocacy efforts of BIPOC communities. One example is CPHEN's new podcast "A Right to Heal," a platform for both community organizations and community members to share their lived experiences and insights into what effective advocacy for their specific community looks like.

For more on advocacy grants, see [page 32](#).

03
**COMMISSION
ACTIVITY UPDATES**

Strategic Initiatives Updates

The Commission currently supports 12 strategic initiatives. These multifaceted, interrelated efforts together aim to improve mental wellbeing in California.

ALLCOVE® YOUTH DROP-IN CENTERS

Half of all mental health conditions begin by age 14, and 75 percent develop by the age of 24, making early detection and treatment urgent and critical. The allcove® youth drop-in centers provide a one-stop shop for mental health, physical health, substance use counseling, and educational, vocational, and peer support services, guided by the wisdom that we all just need a moment to reset before we can move forward.

OUR PROGRESS

- The California Youth Behavioral Health Initiative (CYBHI) awarded \$11 million in grant funds that will be used to develop new allcove® youth drop-in centers statewide and to expand existing programs.
 - New allcove® programs will open in partnership with Chinatown Service Center in Los Angeles County, CoastPride in San Mateo County, Pajaro Valley Community Trust in Santa Cruz County, Ruby’s Place in Alameda County, the Yurok Youth Center in Humboldt County, and the Yuba County Office of Education.
 - \$4 million was awarded to the existing four allcove® centers (Beach Cities, San Mateo, Sacramento, and UC Irvine) to expand their services.
- Stanford hosted its virtual Second Annual Statewide allcove® Conference in April 2024.

WHAT’S NEXT

- The Commission will support the planning of allcove® centers in Sacramento and UC Irvine.



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 with mental health needs.

OUR PROGRESS

- Full Service Partnership (FSP) programs are a “whatever it takes” approach to partner with individuals on their path to wellness and recovery. FSP programs are a powerful tool to help keep people from becoming involved in criminal justice – or to support those who have been involved in criminal justice. The Commission is working to improve, support, and expand these programs throughout California. For more on the Commission’s FSP work, see [page 23](#).
- Research and lived experience show that the earlier a person receives care after their first episode of psychosis, the better their life outcome will be, from avoiding criminal justice involvement to living a fulfilling life. But the gold standard of care is not widely available – if care is available at all – and many who are deemed incompetent to stand trial in California’s criminal justice system have experienced psychosis. The Commission’s Early Psychosis Intervention (EPI) program is working to increase access and quality of care through a statewide strategy. For more on the Commission’s EPI work, see [page 22](#).
- At its February 2024 meeting, the Commission heard from a panel on strengthening early intervention to reduce criminal justice involvement; the panel included a parent, state hospital staff, and a child forensic psychiatrist.
- Following its support of “Hiding In Plain Sight: Youth Mental Illness,” a landmark documentary that premiered on PBS primetime, the Commission is supporting the production of “Hiding In Plain Sight: Adult Mental Illness,” which will include topics like criminal justice involvement. The documentary is slated to premiere on PBS in the next three years.
- The Commission conducted a site visit to Napa State Hospital, where 89 percent of individuals served are criminal justice involved, in a pre-trial, post-trial, or post-sentencing stage. For more on this site visit, see [page 6](#).
- California was invited to meet with leaders from Britain’s mental health system to share California’s progress in reducing justice involvement and to share opportunities, including details of how outcomes-based contracting tied to supporting housing and employment are used as an intervention against homelessness, substance use, and criminal justice involvement.
- The Commission is working on data linking, connecting criminal justice data with behavioral health services data to identify opportunities to improve service.

WHAT’S NEXT

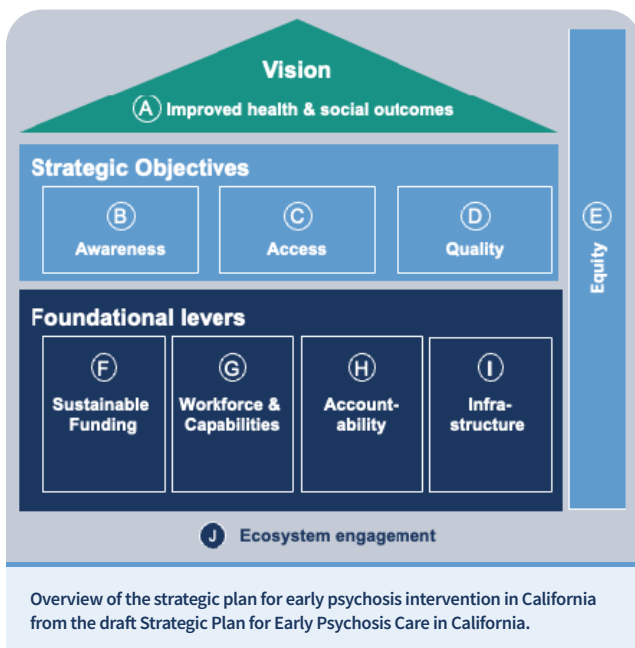
- The Words to Deeds convening on criminal justice and behavioral health metrics will be held in September 2024. The convening will focus this year on accountability and developing criminal justice and behavioral health metrics.
- The Commission will explore how outcomes-based contracting can be used to improve FSP outcomes, which will in turn reduce criminal justice involvement.
- The Behavioral Health Services Act (BHSA) changes how state and county governments spend on population-based prevention and early intervention services. The Commission looks forward to engaging with our state, county, and local partners to leverage new opportunities in prevention and early intervention.

- The Commission looks forward to working with state, county, and local partners to make use of opportunities for investment created by the BHSA in innovation projects that reduce criminal justice involvement.
- The Commission is engaging state and local leaders on opportunities to uplift accountability strategies created by the BHSA.

- The Commission looks forward to working with state and community leaders to address behavioral health workforce shortages with new tools established under the BHSA.

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 health challenges manifesting by the age of 14 and 75 percent by the age of 24, California is expanding the provision of high-quality Coordinated Specialty Care (CSC), focusing on early detection and intervention to improve the lives of adolescents and young adults, significantly reducing the impact of mental health challenges.



- In addition, four programs received funds to expand their existing CSC clinics: Aldea SOAR, the County of Riverside, the Felton Institute, and Stanford Health Care.
- The Commission partnered with Kaiser Permanente to compare costs and outcomes of best practice care versus typical care for clients early in their psychosis diagnosis. Findings indicate that best-practice care improves outcomes and reduces costs.
- In partnership with state and national leaders, the Commission coauthored in [Psychiatry Online a brief](#) on the importance of improving access to CSC.
- The Commission supported Assembly Bill 2161 (Arambula) which would require the Commission to work with the Department of Health Care Services (DHCS) to develop a strategic plan to improve California’s response to early psychosis, and for DHCS to partner with the University of California to plan for a Center for Practice Innovations to promote the widespread availability of evidence-based practices, including early psychosis intervention, to improve behavioral health services.
- At its July 2024 meeting, the Commission discussed [a draft of a strategic plan on early psychosis intervention](#). The plan explores the impacts of scaling EPI, key solutions, strategic objectives, foundational levers, and next steps.

OUR PROGRESS

- The Commission administered Round 5 of the California Youth Behavioral Health Initiative (CYBHI) in support of programs that operate early intervention services. It awarded funds to four new Coordinated Specialty Care clinics to launch programs that will address the needs of individuals experiencing their first episode of psychosis: the Hanna Center, Integral Community Solutions, Lucidity Behavioral Health, and South Coast Children’s Society.

WHAT'S NEXT

- The Commission is developing a community engagement strategy to receive feedback on the early psychosis intervention strategic plan.
- The Commission will partner with national behavioral health boards to expand access to CSC.
- The Commission will speak at EPI-CAL Conference, a national early psychosis intervention conference, in September 2024.
- The Commission will also support expanded training and technical assistance for providers.
- The Commission will continue to explore partnerships with the private sector to enhance access to care.
- In approving Proposition 1, California voters set aside a percentage of funding explicitly to address the state's well-documented behavioral health workforce shortage. The Commission recognizes and is eager to pursue opportunities to partner with California's Department of Health Care Access and Information to target specific challenges like early psychosis intervention by growing and supporting a workforce that is reflective of the communities it serves, with an emphasis on correcting disparities.

FULL SERVICE PARTNERSHIPS

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

OUR PROGRESS

- In 2021, Senate Bill 465 required the Commission to report to the Legislature on the state of FSPs biennially. The [first report](#) was delivered in 2023.
- The FSP project wrapped up community engagement and evaluation activities to inform the Commission's FSP strategy and its ongoing efforts to evaluate and report on FSPs.
- Commission partner [Third Sector Capital](#) delivered a report on its technical assistance and listening sessions with counties and FSP providers.
- Commission partner [Healthy Brains Global Initiative](#) delivered [a report on the prospect of using outcomes-based contracting](#) to improve results for FSP programs.
- The Commission conducted several site visits to illuminate the state of FSPs, including a youth FSP site in Butte County and Napa State Hospital.
- The Commission hosted a panel on FSPs, including recent efforts to drive improvements in service delivery and partner outcomes, at its May 2024 meeting.

WHAT'S NEXT

- By the end of 2024, the Commission will deliver its second report to the Legislature on the state of FSPs as required by SB 465.
- The Commission will consider investing \$20 million in Mental Health Wellness Act funding. The funding will focus on four areas to drive transformational change in FSP service delivery and outcomes: sustainable funding, workforce and capabilities, accountability, and infrastructure.
- The Commission will conduct several site visits to FSP programs: a child FSP site, an adult FSP site in Nevada County, and an adult FSP site in Los Angeles County.

- The Commission, with its partner Third Sector Capital, is developing a service provider toolkit to share best practices and identify areas of support for FSP providers.
- The Commission, with its partner Healthy Brains Global Initiative, is supporting training around performance management in Sacramento and Nevada counties.
- The Commission will develop a plan and timeline and secure partners to invest the \$20 million in Mental Health Wellness Act funding set aside in four focus areas to drive transformational change in FSP service delivery and outcomes: sustainable funding, workforce and capabilities, accountability, and infrastructure.
- The Commission will analyze the impact of Proposition 1 on FSP spending.
- As implementation of the Behavioral Health Services Act begins, the Commission looks forward to working with community, state, county, and local partners on supporting FSPs, and monitoring how early intervention and accountability impact FSPs.

IMPACTS OF FIREARM VIOLENCE

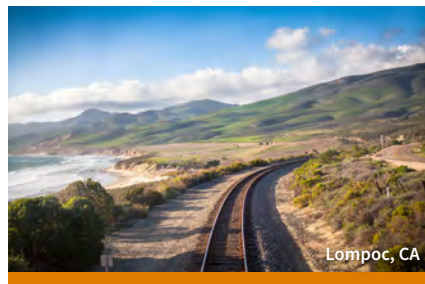
More than 3,400 people die from firearm violence in California each year; about half of these are homicides, and just under half are suicides. In addition to the detrimental physical health problems that follow firearm violence – including emergency department visits, hospitalizations, and death – firearm violence also can cause trauma and lead to immediate and ongoing mental health challenges for individuals, families, and communities. This initiative aims to identify opportunities to save lives, reduce trauma, and address the mental health challenges that result from firearm violence.

OUR PROGRESS

- The IFV project wrapped up its initial community engagement phase and began working on synthesizing the project’s overall findings and recommendations for a final report.

WHAT’S NEXT

- The IFV final report is scheduled to go to the full Commission for consideration before the end of the year.



INNOVATION

The Mental Health Services Act (MHSA) includes a rare and explicit commitment to fostering innovation in providing services and support. The Incubator model the Commission followed made it easier to engage in innovation through flexible State-sponsored support, external expertise, and relationship-building across multiple counties, agencies, and departments. With \$5 million in one-time funding (completed as of 2023), the Commission brought together county behavioral health agencies, subject matter experts, and other partners to drive innovations that improve mental health outcomes for individuals and communities.

OUR PROGRESS

- In partnership with the University of the Pacific’s McGeorge School of Law and other partners, the Commission launched its Transformational Change Partnership, supporting county behavioral health agencies in multi-county collaborative learning cohorts as they explore ways to transform their operations and build durable capacity. Nevada and Placer counties piloted the program in late 2023 and early 2024, pursuing projects to implement payment reform. A second cohort began in May 2024; Placer and Yolo counties focused on improving coordination among behavioral health and criminal justice agencies.
- The Commission attended a site visit at the University of California, Berkeley. This site visit included a tour of the CRISPR lab as well as a visit to UC Berkeley’s SkyDeck and Venture Lab incubator programs to support innovation. The Commission has been invited back to UC Berkeley this fall for a roundtable to continue the conversation with incoming chancellor Rich Lyons and other UC representatives.

WHAT’S NEXT

- Commission staff will continue to provide technical assistance and support to counties as they plan for the reforms associated with the BHSA.
- The Commission will continue to develop plans to invest BHSA innovation funds, including establishing a legal structure and hosting convenings with public, private, and community partners, preparing as the Commission will expand in 2025.
- A third cohort of counties will join the Transformational Change Partnership program in late 2024, focused on school-based mental health.
- The Commission will participate in the United Nations General Assembly Science Summit in September 2024. Events will convene professionals, experts, and community partners across various industries and disciplines to explore science-inspired policy strategies related to brain health, brain economy, and innovation.
- The Commission will attend the Organization for Economic Cooperation and Development’s World Forum on Wellbeing in November 2024. The forum will bring together experts, practitioners, and thought leaders to strengthen approaches for centering multidimensional wellbeing in policy, measurement, and societal action.



MENTAL HEALTH WELLNESS ACT

California’s Mental Health Wellness Act (MHWA) 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.

OUR PROGRESS

- Following an analysis of the Commission’s programs along a lifespan of potential care opportunities, the Commission identified opportunities being missed in early childhood (ages zero to five) and older adulthood. The Commission identified priorities and expanded potential use of MHWA funding, leading to funding for EmPATH programs, PEARLS and Age Wise for older adults, children ages zero to five, Substance Use Disorder (SUD) pilot program, and FSPs.
- The Commission authorized grants to expand the number of EmPATH crisis stabilization units near hospital emergency rooms, expand mobile support services for older adults experiencing depression and other serious mental illnesses, and conduct a SUD pilot to increase access to medication-assisted treatment. The Commission has identified children ages zero to five as a focus of MHWA program funding.

WHAT’S NEXT

- The Commission will receive a proposal for investing \$20 million in MHWA funding to strengthen strategies to support the needs of children ages zero to five and their caregivers.
- The BHSA allows for MHWA funds to support innovation and to incentivize the adoption of best practices in response to crises. The Commission looks forward to engaging state, county, local, and community partners to explore how to best use MHWA funding as the BHSA is implemented.



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 (PEI) in mental health. The Commission’s findings and recommendations were published in the [2023 report “Well and Thriving.”](#)

OUR PROGRESS

- The Commission heard a presentation on the evaluation findings for Phase II of the [California Reducing Disparities Project](#) at its January 2024 meeting.
- The Legislature requested the Commission, in consultation with DHCS, submit a report to the Legislature on universal mental health screenings of children in public schools. The Commission has completed community engagement for this report, visiting schools engaged in mental health screenings and conducting listening sessions. For more information on this project, see [page 29](#).
- As part of its community engagement efforts for the universal screening report, the Commission conducted three site visits to schools across the state to learn how universal screening has been implemented to support the unmet needs of children and youth. These site visits highlighted the opportunities for early intervention for young people.
- The Commission administered Round 5 of the CYBHI grants in support of programs that operate early intervention services. For more on this project, see [page 22](#).
- Through its support for Mental Health Student Services Act (MHSSA) programs, including through grants and technical assistance, the Commission invests in behavioral health programs in schools, working to reach youth where they are, as early as possible. For more information on this project, see [page 28](#).

WHAT’S NEXT

- The Commission will consider the report to the Legislature on universal mental health screening in the fall of 2024.
- The Commission is supporting the Breaking Barriers Integrated Care Symposium in November 2024. The Symposium focuses on highlighting best practices to integrate child-serving systems and programs for the benefit of children, youth, and families.
- The Commission looks forward to engaging state, county, local, and community partners as California prepares to implement the BHSA, which shifts responsibility for prevention and early intervention from the counties alone to a shared responsibility between the state and counties.



SCHOOL MENTAL HEALTH

The Commission is engaged in 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’s 2020 report [“Every Young Heart and Mind: Schools as Centers of Wellness”](#) lays out a plan, providing insight into the mental health needs of children and youth and explaining the essential role of schools as both the venue and means for responding to these needs. Through Mental Health Student Services Act (MHSSA) funding, the Commission is supporting school-county partnerships through grants to expand and better integrate mental health services in schools. Looking forward to new strategies, the Universal Mental Health Screening (UMHS) project explores how routine screenings in schools could help detect the risks and strengths of children’s mental health, helping lead to earlier interventions and better outcomes.

MHSSA

OUR PROGRESS

- On behalf of the Commission, staff attended a “Best Practices in Student Information Sharing” Cross-System Convening in San Diego in May 2024.
- The Commission held MHSSA Quarterly Collaboration Meetings in March and June 2024. The March meeting focused on peer-to-peer mental wellness support in schools and included presentations by student peers. The June meeting focused on implementing the CYBHI multi-payer school-linked fee schedule.
- The Commission released RFA_004 for \$25 million in funding in four areas: marginalized and vulnerable student populations, universal screening, sustainability, and other priorities.
- The Commission finalized contracts with the four Technical Assistance (TA) Technical Coaching Teams (TCTs).
- The Commission approved funding for a TA Statewide Coordinator to structure the TCT teams and develop technical assistance and coaching strategies, and to create and support a learning collaborative of MHSSA grantees.

WHAT’S NEXT

- The Commission will select a TA Statewide Coordinator to work with TCTs.
- TCTs will begin the implementation of TA to MHSSA grantees.
- The Commission will hold MHSSA Quarterly Collaboration Meetings in September and December 2024.

MHSSA Evaluation

OUR PROGRESS

- The Commission established a 16-member youth advisory group to guide the evaluation in February 2024.
- The Commission held an MHSSA Evaluation Workgroup meeting in February 2024 to receive public comment on the MHSSA Evaluation Framework.
- The Commission collected information from 50 MHSSA grantees who work closely with data reporting during a listening session on February 28, 2024, to inform the metrics plan development.

WHAT’S NEXT

- In the summer of 2024, the Commission will convene with state agencies to build consensus around key statewide school mental health metrics.
- The Commission will hold an MHSSA Evaluation Workgroup meeting in September 2024 to enable the public to contribute to evaluation planning.
- Throughout the MHSSA evaluation planning process, diverse community partners will continue listening sessions.
- Evaluation partner WestEd will develop recommendations for school mental health metrics. It will produce a Final Evaluation Plan for MHSSA in Fall 2024 in consultation with community partners.

Universal Mental Health Screening

OUR PROGRESS

- The Commission approved the [Phase 1 Universal Mental Health Screening Literature Review Report](#) in February and submitted it to the Legislature in March.
- In April, the Commission launched a statewide school survey in partnership with the University of California, San Francisco (UCSF), to learn from schools directly about their mental health screening practices and, from schools not screening, about their barriers, challenges, and concerns. As of early May, it has received more than 250 survey responses, and the UCSF contractor will provide a report summarizing the survey and engagement findings.
- The policy research team conducted a series of listening sessions to gather input from students and parents about UMHS in schools. It held three youth listening sessions and two parent/guardian listening sessions.
- The Commission conducted three site visits to learn about examples of universal screening practices in California schools. During each site visit, Commissioners, legislative staff, and other partners learned about screening practices and procedures and gained insights from those involved, including teachers, administrators, providers, students, and family members.
- **Sonoma County Site Visit - Post-Disaster Universal Mental Health Screening:** On February 6, the Commission visited Sonoma Valley High School to learn about the County’s “stepped triage to care” model — a post-disaster universal screening tool used to identify the risks of post-traumatic stress and other mental health needs so schools can help students get the care they need.

- **Elkhorn Village Elementary Site Visit - Lessons from Universal Literacy Screening:** On March 22, the Commission visited West Sacramento’s Elkhorn Village Elementary School to learn about Multitudes, a neuroscience-based universal screener used to identify the risk of dyslexia among early readers.
- **Riverside County Site Visit - Whole Person Health Score:** On May 30, the Commission visited Hemet Unified School District in Riverside County to learn about the Whole Person Health Score, a universal screening tool administered to high school students to identify and respond to areas of risk and strengths across six domains of physical, emotional, behavioral, and socioeconomic health.

WHAT’S NEXT

- The Commission will develop a Phase 2 UMHS Report, including a landscape analysis and recommendations for school-based UMHS.
- The Commission will consider the report to the Legislature in the fall of 2024.



Dr. Geoffrey Leung, Public Health Officer for Riverside University Health System, discusses universal screening of high school students in the Hemet Unified School District during a Commission site visit in May 2024.

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.

Commission Projects

OUR PROGRESS

- The Commission joined hundreds of middle and high school-age filmmakers at the annual Directing Change film festival in May 2024. The film festival's mission is to educate young people about critical health topics through film and promote social justice by changing conversations; one film category this year was suicide prevention.
- The Commission attended a commemoration ceremony on June 15 to honor the completion of the Golden Gate Bridge Suicide Deterrent System. The "net" is intended to deter individuals and reduce suicides.
- In July 2024, the Commission participated in a roundtable discussion at the Morongo Band of Mission Indians Tribal Council Chambers, hosted by Assemblymember James Ramos as Chair of the California Native American Legislative Caucus. Discussion centered around California's "Striving for Zero" suicide prevention plan implementation and opportunities to improve focus on Native American youth.
- The Commission met with veterans' organizations on opportunities to strengthen behavioral health strategies under behavioral health reforms with the BHSa.

WHAT'S NEXT

- The Commission will work with Assemblymember Ramos to develop a strategic initiative to reduce suicide risk in the Native American community.
- The Commission will continue to partner with the California Department of Public Health on implementing California's strategic suicide prevention plan, recognizing that the Commission-drafted plan expires at the end of 2025. The Commission anticipates opportunities to update and strengthen efforts under the leadership of the Office of Suicide Prevention.
- The Commission looks forward to engaging state, county, local, and community partners as California prepares to implement the BHSa, which holds numerous opportunities to transform prevention and early intervention programs to prevent suicide.
- In approving Proposition 1, California voters set aside a percentage of funding explicitly to address the state's well-documented behavioral health workforce shortage. The Commission recognizes and is eager to pursue opportunities to partner with California's Department of Health Care Access and Information to target specific challenges like suicide prevention by increasing the workforce and supporting a workforce that is reflective of the communities it serves, with an emphasis on correcting disparities.

Suicide Prevention Learning Collaborative

OUR PROGRESS

- The [Striving for Zero Learning Collaborative](#) was formed in 2021 to support counties in developing and implementing local suicide prevention strategic plans that support the state’s broader strategic goals defined in the Commission’s report “Striving for Zero.”
- On February 28, the Commission sponsored a convening in Carlsbad to bring counties together and mark the end of a three-year local strategic planning process. Commission Chair Mara Madrigal-Weiss presented opening remarks and Commission staff presented updates about the Commission’s portfolio of suicide prevention initiatives. Other guest speakers included national experts and representatives from California’s Office of Suicide Prevention.

WHAT’S NEXT

- The Commission’s Learning Collaborative Contractor will provide a final report that includes:
 - 1) Common lessons distilled from the participating counties
 - 2) Learning Collaborative outcomes
 - 3) How the project has advanced local planning and implementation aligned with the strategic aims, goals, and objectives outlined in California’s Strategic Plan for Suicide Prevention

WORKPLACE MENTAL HEALTH (WPMH)

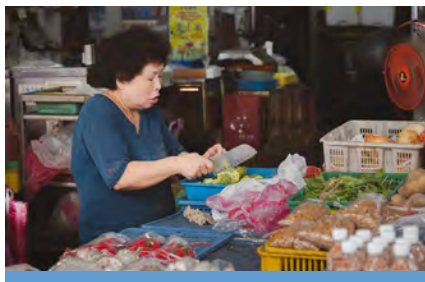
Nearly one in five Americans live with a mental health condition, yet there are no well-established and agreed-upon standards in the U.S. to guide public and private employers about how to increase mental health awareness in the workplace, support prevention, and respond to needs with recovery strategies.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

OUR PROGRESS

- The Commission is working on a contract with the University of California, Berkeley Haas School of Business to host a convening around WPMH.
- The Commission connected with the University of California, Los Angeles, and the Healthy Campus Initiative to explore opportunities for alignment around the WPMH strategy.

WHAT’S NEXT

- In the next six months, the Commission will be working to establish a Center of Excellence for Workplace Mental Health with the aim of partnering with UC Berkeley and UCLA as co-leads.



YOUTH & PEER EMPOWERMENT

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

Youth Innovation Committee

The Youth Innovation Committee formed in February 2019 to identify unmet mental health needs of California youth and identify opportunities for innovation.

OUR PROGRESS

- The Commission’s Youth Innovation Committee developed and published the Youth-Led Innovation Toolkit in February 2024. This toolkit is a resource for organizations looking to include youth leaders in their work.

WHAT’S NEXT

- The Commission will continue to share the toolkit as a resource for other organizations.

Advocacy Grants

Through MHSOAC funding, the Commission awards grants to local and state-level organizations to provide advocacy, training, education, and outreach on behalf of nine specific populations, including K-12 students. For more on advocacy grants, see [page 35](#).

OUR PROGRESS

- In partnership with PRO Youth and Families and 26 K-12 student advocacy grantees, the Commission held four in-person youth convenings.

WHAT’S NEXT

- The Commission and PRO Youth Families will publish a report on the findings of working with more than 200 K-12 students.

Anti-Bullying Peer Social Network

In July 2021, the Asian Pacific Islander (API) Equity Budget authorized the Commission to allocate \$5 million to create and support a peer social media network project for children and youth, with an emphasis on students in kindergarten and grades 1 to 12 who have experienced bullying, or who are at risk of bullying based on race, ethnicity, language, country of origin, perceived race, or ethnicity.

The Commission contracted with Media Cause, a marketing firm with demonstrated experience with similar social media campaigns and strategies, skills, and professional services, and their mission to “help those doing good do more.” Over the last 12 months, Media Cause worked with subcontractors and cultural organizations that asked to participate in the campaign.

OUR PROGRESS

- The “[Right Our Story](#)” campaign launched in February 2023, supported by its youth advisory committee. To date, the campaign has generated 338 million impressions across California, both online and offline (46% increase since December 2023), 207,000 social engagements, including discussions and reactions, and 4,016 submissions of heartbreaking bullying experiences (114% increase since December 2023).

- As current funding draws to a close, Right Our Story has shifted focus from advertising to deepening engagement with community members through monthly digital activations to help youth build leadership and resilience skills to fight race-based bullying in their schools and communities. Monthly themes included how to be a peer advocate, embracing heritage and community to build resilience, and planning an anti-race-based bullying campaign in your community.
- The Right Our Story campaign continued to be recognized by the marketing and communications industry, winning a prestigious Bronze Anthem Award and Silver Muse Award. Design company Canva showcased the campaign for its innovation.

WHAT'S NEXT

- With no further funding available from the state, Media Cause concluded the campaign while allowing the Right Our Story website and evergreen resources to be available for youth in California. However, the Right Our Story community and social media channels were sunsetted in late June 2024.



Foundational Work Updates

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.

ADMINISTRATION

The Commission’s administrative work encompasses strategic planning, contracts and budgeting, and human resources. Additionally, the Commission’s administrative team leads racial equity and internal workplace mental health initiatives. These efforts are highlighted in particular by the newly adopted 2024-2027 Strategic Plan.

OUR PROGRESS

- The Commission adopted the 2024-2027 Strategic Plan at the January 25 Commission meeting.
- The Commission reviewed a strategic implementation plan — with metrics for tracking and reporting progress against the Strategic Plan’s goals and objectives — at the May 23 Commission meeting.
- In May 2024, members of the Commission’s Human Resources team led a workshop at St. John’s Program for Real Change, the largest residential program in the Sacramento region for women and children experiencing homelessness. During this workshop, attendees were guided through the process of creating a CalCareers account and given helpful insights on how to maximize their potential of gaining employment with the State of California.

WHAT’S NEXT

- Administration staff will work with a developer to create an intranet to serve as a central hub for staff policies, calendars, trainings, and other resources.
- Budget staff will continue to monitor the Governor’s budget and prepare to advise counties on changes.
- The administration staff is working with the research and evaluation team to develop a survey supporting staff returning to the office for a hybrid work schedule.



In May, Kelsey Wood, left, and Brittany Scangarello, right, of the Commission’s Human Resources Department led a two-day seminar on how to apply for a state job at Saint John’s Program for Real Change. Saint John’s started as an emergency shelter in 1985 and is now the largest residential program dedicated to unhoused women and children in the Sacramento region.

ADVOCACY GRANTS

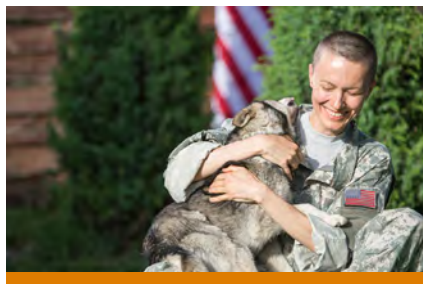
Through MHSA funding, the Commission awards grants to local and state-level organizations to provide advocacy, training, education, and outreach on behalf of nine specific populations: clients and consumers, diverse racial and ethnic communities, families, K-12 students, LGBTQ+, parents and caregivers, transition-age youth, veterans, and immigrants and refugees.

OUR PROGRESS

- In partnership with PRO Youth and Families and the 26 K-12 student advocacy grantees, the Commission successfully held four in-person youth convenings in early 2024. More than 180 students from 14 counties had the opportunity to connect, build their mental health literacy, and learn about local and state advocacy. Individual students also participated in one-on-one interviews to share their experiences and insights.
- In April, the Commission began advocacy work with six statewide partners. The six organizations will conduct local and statewide activities and events to advocate for the needs of the underserved communities identified by the Commission. Commission staff completed kick-off meetings with these partners in early April.

WHAT'S NEXT

- The Commission and PRO Youth and Families are preparing a report that shares the findings from working with more than 200 K-12 students over the six months of the K-12 advocacy grant. A professionally produced video will accompany the report and showcase the in-person convenings and individual interviews, providing an inside look into how today's youth think about school-related mental health.
- The advocacy grantees are preparing to hold their activities and events across the state. There will be a focus on rural communities among the six populations, which is new for the advocacy grants.



COMMUNICATIONS

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.

OUR PROGRESS

→ In June 2024, Commissioners and staff attended [Voices With Impact](#)'s short film festival premiere, the first in-person celebration since the COVID-19 pandemic. This year's short films focused on two themes: "cliques and echo chambers" and "serious mental illness."



Attendees watch a scene from the film "ALL MEAT DIET" during the 2024 Voices With Impact Film Festival at the San Francisco LGBT Center in June.

→ In January 2024, the Communications team launched the Commission's community engagement map, a brand-new tool to show areas of the state where the Commission has actively engaged and areas that require broader outreach efforts. The map shows activities back to 2019 and is updated weekly with community engagement, grantee, and advocacy events.

→ As part of its anti-stigma work, the Commission supported "Hiding In Plain Sight: Youth Mental Illness," a documentary that premiered on PBS in 2022. The Commission is now supporting "Hiding In Plain Sight: Adult Mental Illness," set to premiere on PBS within three years. Production is underway; the production team has begun to edit interviews and create preview reels.

→ Communications staff has worked to create a library of high-quality photos taken at Commission events. These original images help the Commission share its story through vivid visuals – like the photos of the Napa State Hospital visit on [pages 6-8](#). These photos take readers behind closed doors into the long and storied history of California's state hospital system, as revealed through a moving art display, symbolic of both the past and future transformational changes needed in California's mental health care system.

→ The Communications team set benchmarks for its social media engagement. These benchmarks will provide a baseline as the Communications staff implements efforts to grow Commission reach and engagement on social media. Since the beginning of the year, the Commission has seen exponential growth in multiple metrics. This includes a 267% increase in LinkedIn followers, as well as a 744% increase in engagement on Instagram.

→ The Communications staff monitors news outlets and creates a weekly "Media Monitor" email to help keep Commissioners and staff up-to-date on how public narratives about issues impacting the Commission's work are portrayed in the media. During the first half of 2024, the reach of the Media Monitor tool expanded to include some strategic partners.

→ The Communications team supported work around the Commission's 2024-2027 strategic plan, including publishing it to the website and producing a designed version for print release. Additionally, the Communications team created plans to implement the new strategic plan in its work areas and supported implementation planning with other divisions.

WHAT’S NEXT

- As the Commission’s research and policy teams prepare to publish reports on MHSSA implementation, Universal Mental Health Screening, Full Service Partnerships, and the Impacts of Firearm Violence in the second half of 2024, the Communications team will provide design and strategic communication support around each report’s publication.
- To prepare for Proposition 1 implementation in 2025, the Communications team will create plans to update the Commission’s website to reflect changes in the Commission’s statutory requirements, including implementing a rebrand. This plan will also reflect the increased workload in support of the Commission’s new reporting requirements and additional Commissioners.

DATA ANALYSIS, MANAGEMENT, AND WAREHOUSE

The Commission’s data team coordinates and maintains a broad data warehouse to help inform research, policy, and evaluations. Our data warehouse includes state and federal data, allowing the Commission to cross-reference and clean data to draw accurate conclusions to help improve wellbeing for all Californians.

OUR PROGRESS

- The Commission drafted a business use case proposal for MediCal data, submitted it to the Department of Health Care Services, and received feedback to address.
- A California Department of Education data memorandum of understanding (MOU) amendment is in progress to add special education and post-secondary data.
- Staff is working on a data dashboard showcasing CDE mental health client-linked data.
- Data refreshes (i.e., seed list submissions, and in term, data receipts) have occurred or are in progress for several state department data with which the Commission has established MOUs.

WHAT’S NEXT

- The data team will continue to make progress with the California Department of Social Services to receive social welfare data.
- The Commission and the Council on Criminal Justice and Behavioral Health (CCJBH), along with other departments, will draft a joint letter to the Department of Justice.
- The Commission will discuss the use case for obtaining Department of State Hospital Data for Criminal Justice relevant data.

LEGISLATION

As the Commission itself was created and is guided by legislation, the Commission constantly monitors California legislation that impacts its work. Periodically, consistent with the Commission's policy projects and publicly adopted priorities, the Commission will sponsor or support selective legislation.

OUR PROGRESS

→ The Commission sponsored one bill this spring:

- **AB 2411 (Carrillo and Cortese)** would require each community mental health service to have a local youth advisory board to provide youth with a platform to better advocate for effective and quality mental health programs. *Held in the Assembly Appropriations Committee.*

→ The Commission supported five bills this spring:

- **AB 2161 (Arambula)** would require the Commission to work with the Department of Health Care Services (DHCS) to develop a strategic plan to improve California's response to early psychosis. The bill would also require the DHCS to seek to partner with the University of California to develop a plan to establish a Center for Practice Innovations to promote the widespread availability of evidence-based practices, including early psychosis intervention, to improve behavioral health services. *Held in the Senate Appropriations Committee.*
- **AB 2352 (Irwin)** seeks to build out a legal framework for Psychiatric Advance Directives (PADs) in California, which will work in tandem with a pilot project already underway in seven counties across the state to expand the use of PADs and ensure access to first responders and health care professionals. *Held in the Senate Judiciary Committee.*
- **AB 2711 (Ramos)** would revise school suspension and expulsion policies for drug-related infractions by requiring local education agencies to create policies using a public health approach. *Awaiting action by Governor Newsom.*

- **SB 1318 (Wahab)** would require local educational agencies (LEA) to adopt a youth suicide crisis intervention protocol that prioritizes mental health professionals first and limits involvement and notification to law enforcement. *Awaiting action by Governor Newsom.*
- **AB 1472 (Limon)** would require the California Department of Justice to develop and launch a system to allow a California resident to voluntarily add their name to the California Do Not Sell List, preventing a person on that list from being sold or transferred a firearm. *Held in the Senate Appropriations Committee.*
- **AB 1282 (Lowenthal)** would require the Commission to consult with the California Department of Public Health on a statewide strategy to address mental health risks associated with the use of social media by children and youth. *Awaiting action by Governor Newsom.*

WHAT'S NEXT

- The Commission will continue the 2024 legislative session.

TRANSPARENCY SUITE

The MHSOAC 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.

OUR PROGRESS

- The Commission updated the Fiscal Transparency Tool (FTT) with the most recent county data via DHCS. It also has been building new dashboards linking California Department of Education data with FSP data to explore educational outcomes for youth receiving FSP services.

WHAT'S NEXT

- The Commission will continue to update the FTT and work on new dashboards around SUD and homelessness that align with the modernization of the MSHA.



04

**BUDGET
UPDATE**

Budget Update

The table below illustrates the budget for Fiscal Year 2024-2025, 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 23-24 BUDGET	ADJUSTMENT	ADJUSTED FY 23-24 BUDGET	YTD EXPENSES	ENCUMBERED	EARMARKED	POTENTIALLY AVAILABLE
Operations	Personnel	\$8,968,000	-\$1,500,000	\$7,468,000	\$6,405,256	\$0	\$596,104	\$466,640
	Core Operations	\$1,869,913	\$550,000	\$2,419,913	\$1,802,093	\$435,740	\$605,940	-\$423,860
Commission Priorities	Communications	\$599,418	\$104,726	\$704,144	\$286,114	\$384,700	\$104,726	-\$71,396
	Innovation	\$500,000		\$500,000	\$0	\$0	\$500,000	\$0
	Research	\$1,075,669	\$650,000	\$1,725,669	\$651,907	\$604,544	\$491,300	-\$22,082
Budget Directed	Universal mental health screening study	\$200,000	-\$40,000	\$160,000	\$0	\$160,000	\$0	\$0
	Evaluation of FSP Outcomes (SB 465)	\$400,000		\$400,000	\$0	\$250,000	\$150,000	\$0
	EPI+ reappropriation	\$1,674,726	-\$64,726	\$1,610,000	\$0	\$1,610,000	\$0	\$0
	Children and Youth Behavioral Health Initiative	\$15,000,000		\$15,000,000	\$107,775	\$5,042,225	\$5,000,000	\$4,850,000
Local Assistance	Mental Health Wellness Act	\$20,000,000		\$20,000,000	\$0	\$1,500,000	\$18,500,000	\$0
	Mental Health Student Services Act (MHSSA)	\$7,606,000		\$7,606,000	\$0	\$0	\$7,606,000	\$0
	Community Advocacy	\$6,700,000	\$300,000	\$7,000,000	\$562,500	\$5,467,500	\$970,000	\$0
Money Held For Reserve		\$250,000		\$250,000				
Total		\$64,843,726	\$0	\$64,843,726	\$9,815,645	\$15,454,709	\$34,524,070	\$4,799,302

05
WHAT'S NEXT?

California's Behavioral Health Services Act: A Transformative Approach to Mental Health Care

Proposition 1 reflects a historic moment – California is transforming its behavioral health system, establishing the Behavioral Health Services Act (BHSA) on the foundation of the state's landmark Mental Health Services Act (MHSA) with key components intended to drive transformational change and improve outcomes for all Californians.

Prevention

The MHSA was pioneering in its emphasis on prevention. The BHSA continues that focus and transitions the responsibility from being primarily county-led to a shared responsibility between the state and counties. This shift includes a dedicated funding stream managed by the California Department of Public Health (CDPH), positioning California's lead with the most expansive and aggressive statewide behavioral health prevention strategy in the nation. California has the opportunity to elevate and escalate behavioral health prevention to become on par with much more established prevention strategies that have reframed how we think about health care and the impacts of prevention. The Commission looks forward to working with CDPH, local partners, and community members across the state to realize the prevention goals of the BHSA.

Early intervention

Early intervention remains a critical component under the BHSA, with new mandates for the state to provide more consistent guidance and framing to support the

early intervention efforts of local behavioral health agencies. New state responsibilities include the development of scalable standards of practice and enhanced technical assistance. The Commission is collaborating with state partners to leverage research and analysis to identify the best opportunities and programs for early intervention. These collaborative efforts are intended to support the ability of local partners to tailor care to meet community needs, reduce disparities, and ensure a more consistent set of behavioral health programs and practices across the state.

Community engagement

Engagement remains a cornerstone of the BHSA. The Commission recognizes the need for robust and consistent community-driven decision-making as the state and counties manage the transitions called for under the newly enacted reforms. While the Commission has made progress in elevating the voices of diverse communities, we have more work to do. We are working to further enhance our ability to understand and share how we are elevating community voices and to receive guidance on opportunities to be more effective in this key aspect of behavioral health planning, oversight, and accountability with an emphasis on reducing disparities.

Innovation

Innovation continues as a key focus under the BHSA. When it passed, the MHSA's mandate for innovation was groundbreaking – providing an explicit recognition that California's behavioral health system must improve, and all aspects of that system should be challenged through an innovation lens to better support communities, improve effectiveness, extend the reach of limited funding, and enhance outcomes. Under the BHSA,



Photo: Mojave Desert, CA

responsibility for fostering behavioral health innovation has shifted from the counties to the Commission, with \$100 million in seed funding to explore models from around the world. The BHSa challenges the Commission to leverage the expertise and experiences of behavioral health partners and to develop new opportunities through public-private partnerships. These efforts aim to create effective, innovative solutions that can address the many challenges impeding our ability to ensure all Californians have access to prevention, early intervention, and effective services and supports.

Accountability

Accountability is built into the Commission’s name and remains a core component of the BHSa. The Act calls for a more robust approach to transparency and accountability, including a focus on resource allocation, service delivery, and outcome measurement. The BHSa reinforces the need for robust data systems and elevates the role of the California Health and Human Services Agency to fortify existing accountability and transparency efforts. The Commission also recognizes the need to strengthen financial tools to ensure sustainability in today’s systems, and we look forward to working with state and local leaders to make that happen.

Research

The BHSa recognizes the growing need for a robust behavioral health research agenda. By leveraging the fields of neuroscience, health care research, technology, evaluation, community engagement, and social science, in partnership with institutions like the University of



Photo: Chino Hills, CA

California and the California Institute for Regenerative Medicine, the state has the opportunity to deepen the understanding of the drivers of mental health needs. These opportunities include their environmental, biological, and other drivers of mental health needs, and identifying new avenues for prevention, early intervention, services, and supports. Collaborative opportunities can support more tailored approaches to meeting community needs, reducing disparities, and ensuring a consistent approach across the state.

Full Service Partnerships

Full Service Partnerships (FSPs) are a California innovation that grew out of the recognition that recovery is possible, people with mental health needs must be in charge of their care, and strategies for services and supports must be tailored to the unique needs of the individuals. The MHSa elevated the role of FSPs across California and the BHSa reinforces their significance. Despite strong conceptual foundations, many FSP programs are struggling to address homelessness, hospitalizations, and criminal justice involvement for the clients they serve. The Commission is partnering with state, local, and community leaders to enhance the impacts of these essential programs. *[For more on FSPs, read our report to the Legislature [here.](#)]*

Workforce

Ensuring that California has an adequate workforce reflects that the demographics and geographic distributions of people with behavioral health needs is essential to improving behavioral health outcomes.



Photo: Bonny Doon, Santa Cruz County, CA

It is also crucial for meeting the wellbeing goals of Proposition 1 and the host of related reforms supported by the Governor and Legislature. We are excited to work with the California Department of Health Care Access and Information to ensure the newly established funding opportunities result in the workforce and behavioral health outcomes expected by voters.

Housing

Since the passage of the MHSA, behavioral health advocates have highlighted the importance of stable, affordable, and supportive housing as a core element of a recovery-focused behavioral health system. The MHSA calls out reducing homelessness as a prevention and early intervention goal. Building upon that recognition, the BHSO further elevates housing as a mandatory area of spending, to reshape incentives to do more to ensure that unmet mental behavioral needs do not continue to be a driver of California’s unhoused population. The Commission has partnered with the California Department of Housing and Community Development to support the implementation of the No Place Like Home grant program. We look forward to supporting the state’s strategy to sever the links between unmet behavioral health needs and housing instability.

Substance Use Disorder

Prop 1 emphasizes the need to integrate traditional mental health services and substance use disorder (SUD) services to ensure clients are treated with a unified approach as a whole person. The Commission looks forward to working with community members, the Governor’s Office, the Legislature, and our colleagues at state and local agencies to support this effort.

POISED FOR GROWTH

When California voters created the Commission, they envisioned people from diverse backgrounds – clients, family members, care providers, business leaders, law enforcement, legislators, and more – working together with their community to improve wellbeing for all Californians. Now, our Commission is set to grow from 16 to 27, expanding our membership to include youth, people with lived experience in SUD, a veteran, and more.

We look forward to working with our new colleagues when they join us at the beginning of next year, and as always, we are eager to leverage our experience in innovation, partnerships, and community engagement to support the Governor’s Office, state services, organizations, and individual counties to create a more effective and equitable behavioral health system for all Californians.

Apply to Become a Commissioner

With modernization comes 11 new Governor-appointed Commissioners; those interested should learn more and apply through the Governor’s Appointments Unit. New members of the Commission will represent the following:

- 1 A peer youth
- 2 Two people with substance use disorders (SUD)
- 3 A family member of an adult or older adult with SUD
- 4 A family member of a child or youth with SUD
- 5 A professional with expertise in housing and homelessness
- 6 A representative of an aging or disability organization
- 7 A person with knowledge and experience in community-defined evidence practices and reducing behavioral health disparities
- 8 A representative of a children and youth organization
- 9 A veteran or a representative of a veterans’ organization
- 10 A current or former county behavioral health director

Link to more info and how to apply:


[Appointments | Governor of California](#)

Photo: Joshua Tree National Park

06 STAY IN TOUCH

 <https://mhsoac.ca.gov/>

 <https://www.facebook.com/mhsoac>

 <https://www.linkedin.com/company/california-mental-health-services-oversight-and-accountability-commission/>

 <https://www.youtube.com/mhsoac>

 <https://www.instagram.com/mhsoac>