



Mental Health Services  
Oversight & Accountability Commission

# TRANSFORMATIONAL CHANGE REPORT

July – December 2023



STATE OF CALIFORNIA  
Gavin Newsom, Governor

**LETTER FROM THE COMMISSION | JULY - DECEMBER 2023**

**Relentlessly Driving Improvement**

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**Toby Ewing, Ph.D.**  
Executive Director

The report you're about to read covers the latest six months of vital work we are doing at the Commission – work that is gathering momentum as we work with public and private partners to create transformational change. That momentum will continue into this new year and beyond, guided by the Commission's 2024-2027 Strategic Planning process. We've started here – rather than with community engagement as in past reports – because our Strategic Plan was built out of community engagement. Community voices were crucial in helping us identify our North Star and articulate our goals for the next three years.

In **Section 1**, we share reflections on this recent Strategic Planning process and where we are today. We also revisit our original 2020-2023 Strategic Plan – what we accomplished, what we learned from our challenges, and how that informed the Commission's next chapter, with a glimpse to the future.

In **Section 2**, we provide an update on our robust Community Engagement activities and preview the new interactive Community Engagement Map that will be live on our website by the end of January.

**Section 3** is a deeper look at the Commission ourselves – who we are and why we do what we do.

**Section 4** includes updates on all Commission activities occurring from July through December 2023 – our progress and “what's next” for each initiative.

Another notable evolution in this report is **Section 5** – a discussion of the major organizing principles that have informed our work over the last six months. Historically, this report has provided standalone narratives about specific programs launched or supported by the initiatives. This approach gave you insight into the background and workings of each featured program. What it didn't do was demonstrate the broader context, or how the programs work together to help support the Commission's overarching mission. Now you'll discover, for example, how allcove®, the Mental Health Student Services Act, and the Impact of Firearm Violence initiative are more than programs in isolation; they are opportunities to amplify the voices of our youth. This section connects the dots on how the Commission's work ladders up to our mission.

In **Section 6**, we provide a budget update, including where we are allocating funds and grant money.

And, finally, in **Section 7**, we address “What's Next” as we anticipate and plan for a March vote on Proposition 1, the MHSA modernization legislation, on the California state-wide ballot.

Transformational change is only possible with your interest, engagement, and participation in Commission activities. Thank you for taking the time to read the pages that follow. As always, we encourage and welcome your feedback. Together, we can continue building pathways to meet the needs of those we serve, leading to a healthier California.

*-The Commission*



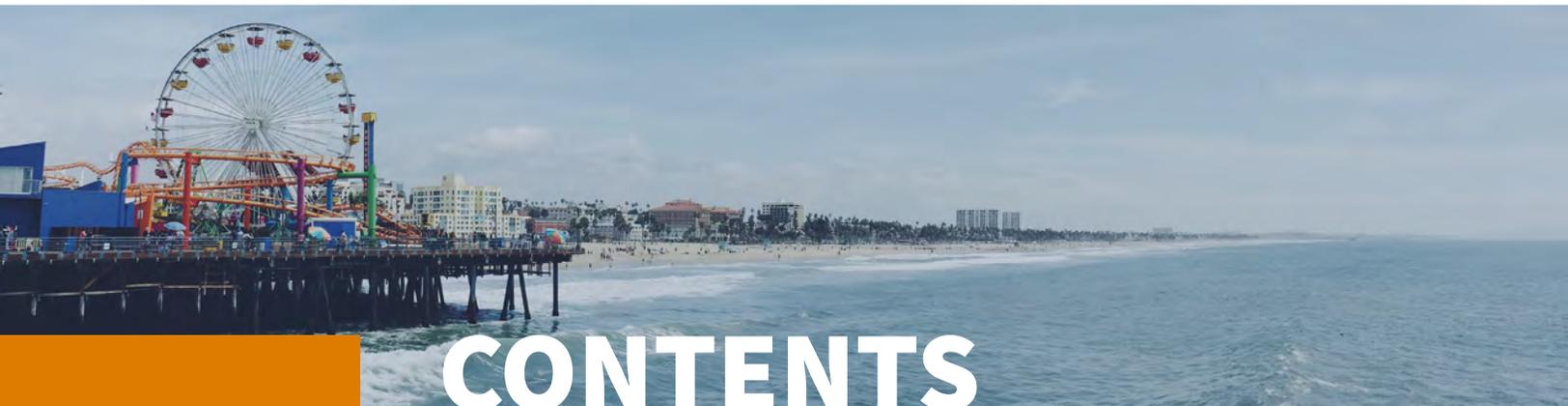
## Remembering Geoff Margolis

It is with heavy hearts that we include this tribute to our colleague and friend Geoff Margolis, Chief Council for the Commission. Geoff passed away suddenly on November 26, 2023, just days after being interviewed for this very report.

Geoff was an esteemed colleague and dedicated advocate for the wellbeing of all Californians. He not only brought a depth of knowledge and experience to his role but also brought joy to every interaction inside and outside of his work.

He joined the Commission after a distinguished career fighting for insurance reform as a member of the California Department of Insurance. From 1999-2022, he progressed from Senior Attorney to Deputy Commissioner and Special Counsel to Senior Litigation Counsel. During a two-year hiatus from his role, Geoff was tapped to work in the State Assembly where he was instrumental in guarding our citizens from unfair practices and fees. During his career, he helped introduce multiple bills protecting vulnerable citizens including our youth, seniors, and veterans. If you are a pet owner, you can also thank Geoff for fighting to improve disclosures in pet insurance. He truly cared about and watched out for all of us.

Although his time at the Commission was short compared to the full breadth of his career in public service, Geoff had an outsized impact on our team. With his legislative and legal experience, he was a generous and enthusiastic mentor to his co-workers within the Commission and to students outside of it. Geoff will be remembered as a great listener and a joyful, lifelong learner who made friends with ease. He had a wonderful sense of humor and loved his family, sports, and movies. He will be dearly missed by both Commissioners and staff.



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01  
**PLANNING  
FOR IMPACT**  
2024-2027

# Looking Back

## 2020-2023 STRATEGIC PLANNING

In 2019 when we were developing the Commission’s first strategic plan, rising rates of depression, suicide, and opioid use magnified and exacerbated the inadequacy of public health systems – and this was all before the onset of a global pandemic. Despite a seemingly prosperous economy, we saw poverty, housing shortages, low wages, high costs, inadequate access to health care, and other risk factors contributing to homelessness, childhood trauma, substance abuse, and many more negative mental health-related outcomes.

The Commission is on the leading edge of the science of transformational change, and in its 2020-2023 Strategic Plan, articulated how its portfolio of work was advancing transformational change to reduce the adverse outcomes of mental health challenges and promote the wellbeing of all Californians. The Strategic Plan provided a definition of transformational change strategies in the mental health field, describing how they have historically been employed by organizations and public systems to produce exponential rather than incremental advances, and articulated a logic model to support the Commission as a catalyst for transformational change. The Commission’s efforts to drive transformational change remain intentional and essential; the Legislature acknowledged the Commission’s role and leadership last year in proposed language for the new Behavioral Health Services Act.

### OUR OBJECTIVES

Within the plan, we identified frameworks, initiatives, and levers that we believed would result in this system-level transformational change. Over the past four years, we worked in deep collaboration with diverse communities to use the Commission’s authorities and responsibilities to evolve the mental health landscape. We formed and funded innovative programs, developed a transparency suite to help inform data-driven decision-making, and helped organizations and communities focus efforts “upstream” – with an emphasis on prevention and early intervention, directing approximately \$442 million to more than 10 initiatives across the continuum of care.



(from left to right) Nicole Elmore, CHANGE SF Coordinator, SF-Human Rights Commission and Opportunities for All; Gladys Mitchell, MHSOAC Commissioner; Stephanie Welch, Deputy Secretary of Behavioral Health, CalHHS.

Examples include our work as a strategic partner, helping lay the foundation for programs such as the California Youth Behavioral Health Initiative. This journey began with the creation of a youth leadership group that orchestrated groundbreaking innovation events. Our dedication to this upstream work continued in the sponsorship of the Ken Burns documentary on the children’s mental health crisis, a powerful narrative that was screened at the White House, in Congress, and across California.

During the pandemic, thanks to the Commission’s innovation mindset and transformational change mission, we were able to quickly pivot. The Commission supported our state’s efforts to ensure that mental health was a primary aspect of federal and state investments, and that resources were made available for frontline workers in the healthcare systems and our schools had resources to support the mental health needs of their communities.

## RESULTS AND LEARNINGS

Thanks to legislation introduced and supported by the Commission, our state is leading the nation’s investment in elevating the voice of diverse community members – from the record numbers of immigrants and refugees who are coming to this state to young people who are experiencing mental health challenges – also in record numbers.

Despite some remarkable progress born of sheer effort during these challenging times, we recognize that we fell short of completing all we set out to achieve in our first

Strategic Plan. For more than a year during the pandemic, we were hindered in our face-to-face engagement with our partners, consumers, and communities, curtailing our ability to understand the needs of those who may lack access to digital communication technology. Our ability to gather clear metrics of success was often stymied – the acute mental and physical health needs of our communities took precedence. The lessons we’ve learned are informing our path forward.

You can read the “Vision for Transformational Change: 2020-2023 Strategic Plan” at [mhsoc.ca.gov/strategic-plan/page-1/](https://mhsoc.ca.gov/strategic-plan/page-1/)

# Looking Forward

## 2024-2027 STRATEGIC PLANNING

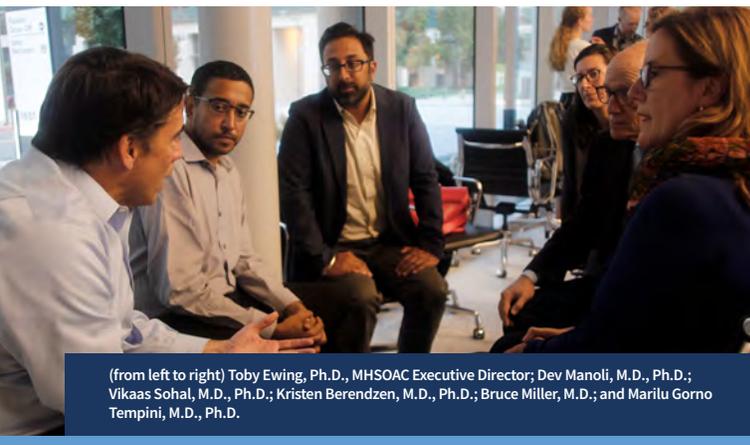
Catalyzing transformational change that advances early, effective, and universally available service remains our ongoing mission and our North Star – and with our unique ability to rapidly respond to changing circumstances in the mental health landscape, we embarked on a new strategic planning process this year. We are now in the final stages of developing the 2024-2027 Strategic Plan.

### OUR PROCESS

The planning process for the 2024-2027 Strategic Plan reflects our Commission’s core commitment to the inclusive vision that puts consumers of mental health services and their families at the center of decision-making. It is perhaps some of the most collaborative strategic planning conducted by a state agency. We

interviewed more than 40 individuals, conducted six public input sessions, held a focus group, and deployed two surveys to get input and feedback from peer and community-based organizations, community partners, California associations, and representatives from counties, the state, and academic institutions. We gathered additional input after sharing our updates and progress during three public Commission meetings.

Most importantly, throughout the process, we strove to capture the voices of our diverse populations – involving behavioral health clients and consumers, LGBTQ+ groups, veterans, diverse racial and ethnic communities, families, parents, and caregivers. We accounted for the lifespan of behavioral health consumers, from early childhood to older adults. The themes from this engagement informed a draft plan, which we then shared for public comment – and we received hundreds of replies.



(from left to right) Toby Ewing, Ph.D., MHSOAC Executive Director; Dev Manoli, M.D., Ph.D.; Vikaas Sohal, M.D., Ph.D.; Kristen Berendzen, M.D., Ph.D.; Bruce Miller, M.D.; and Marilu Gorno Tempini, M.D., Ph.D.

**OUR COMMITMENT**

During the entire planning process, we reflected on how our work fits into the context of an evolving mental health landscape – ideating and evaluating fresh opportunities to catalyze transformational change. Delivering on our commitment to transformational change, we are steering our efforts to drive outcomes. The draft plan holds us accountable to four goals:

- 1 CHAMPION VISION TO ACTION**  
 The Commission will engage with communities, analyze data, and confer with experts and partners to advance the evolution of policies necessary to provide an early, effective and universally available system of behavioral health services and supports.
- 2 ADVANCE BEST PRACTICE MODELS**  
 The Commission will engage communities, experts, and public and nongovernmental service providers to accelerate the effective implementation of best practice models that together provide universal access to quality services and supports.
- 3 INSPIRE INNOVATION AND LEARNING**  
 The Commission will develop strategies and partnerships to catalyze innovation and disseminate learnings to accelerate the development of new models and practices that further improve behavioral health and wellbeing.
- 4 RELENTLESSLY DRIVE IMPROVEMENT**  
 The Commission will work with communities and partners to increase understanding, empathy, and empowerment as a way to bolster public ownership, expectations, and accountability for improvement of the public behavioral health system.

To fulfill these goals, we aim to build our internal capabilities and secure the professional tools that will help us drive policy, practice, and the transformational change we seek. We know we must attract, retain, develop, support, and manage the best possible workforce right here at the Commission.

We look forward to introducing our final plan, and the operational appendices outlining the ways we’ll empower our staff, at our January Commission meeting, where the plan will be voted on for adoption.

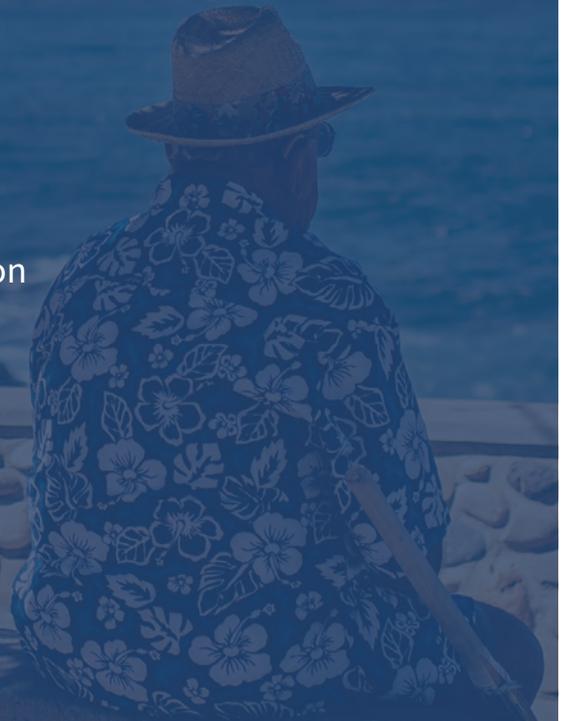
The outcome is a draft of the plan that we share with you on our website at [mhsaac.ca.gov/strategic-plan/make-your-voice-heard/](https://mhsaac.ca.gov/strategic-plan/make-your-voice-heard/)



Virginia Sturm, Ph.D., during a tour of the UCSF Sandler Neurosciences Center.

# 02 COMMUNITY ENGAGEMENT

The Commission's policy projects incorporate robust community engagement components, with over \$6 million allocated annually across nine different components, including youth, veterans, racial disparity reduction, and more. The goal is to empower community members to influence policy and practice decisions at the state and county levels.



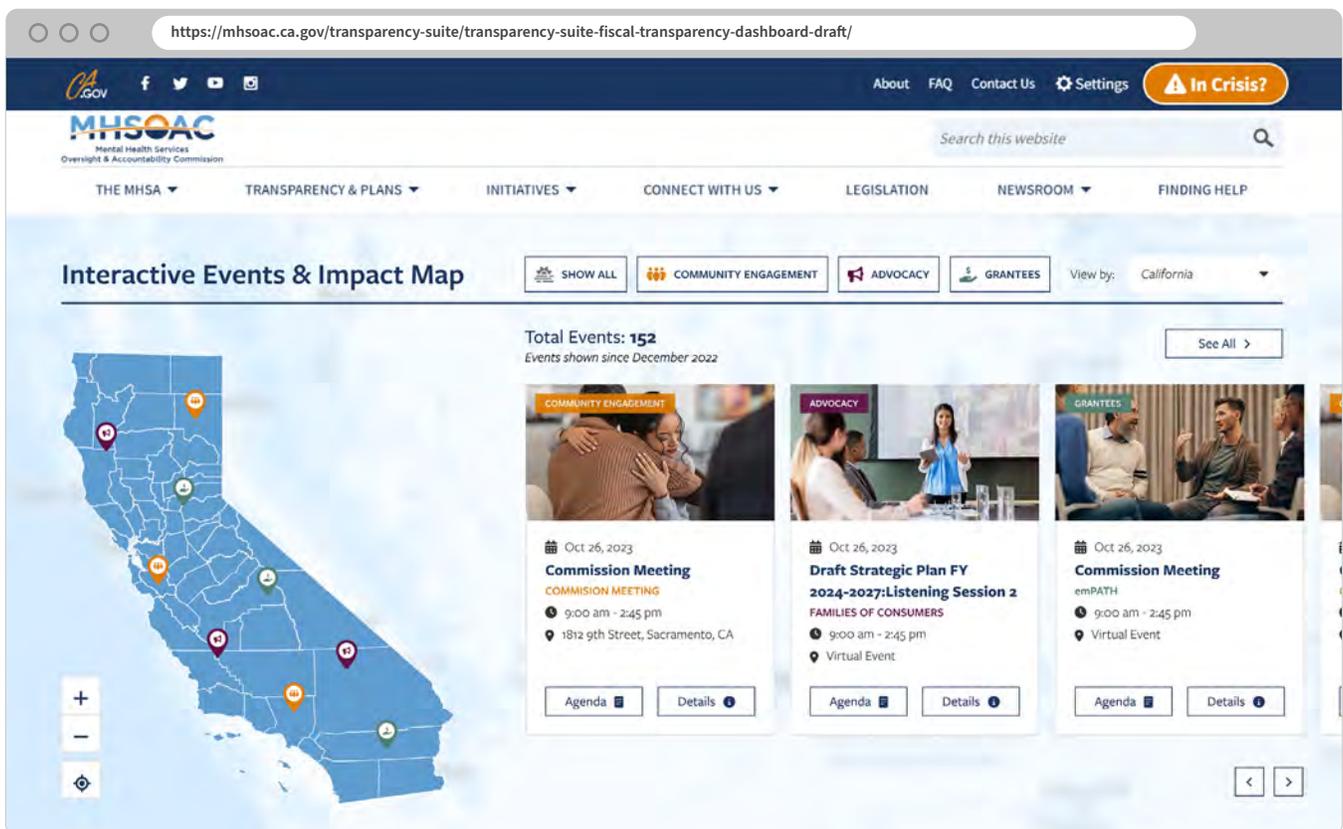
# Introducing the Community Engagement Map

The Community Engagement Map is a new interactive tool the Commission will roll out on our website by the end of January 2024 to provide a visual way to see where we've been in our state, and where we haven't. It will serve as a vital compass, meticulously charting the work we undertake and revealing the areas where we need to expand our outreach.

The map will include Commission grants, audiences, and activities, and then filter across multiple subsets. We'll be able to view past and upcoming virtual and physical events. We will see consumers served by group, including

diverse racial and ethnic communities, immigrants and refugees, K-12 students, LGBTQ+ communities, parents and caregivers, transition-age youth, and veteran communities. We'll see grantees by category and community. All of these different views will help us cast our net wider, so we can take a more proactive approach to ensuring every voice is heard.

The Community Engagement Map will be ready to use by the end of January 2024, and it will continue to evolve in features and functionality over time. We look forward to your feedback!



# Commission Events

These are the in-person and virtual events that were held by the Commission from June-December of 2023.

## IN-PERSON EVENTS IN CALIFORNIA



### Los Angeles County

- SB 326/AB 531 Signing Ceremony
- Steinberg Institute Leadership and Proactive Public Policy in California Addressing Mental Health

### San Diego County

- Feaster Charter School Site Visit [Chula Vista, CA]

### Sacramento County

- California Conference of Local Health Officers (CCLHO) Board of Directors Meeting
- Health Policy Education Institute’s “ABCs of California Health Care/Alphabet Soup Session”
- Health Policy Education Institute’s “Utilizing Policy to Decrease Injury & Mortality”
- Joint Assembly Health/Assembly Housing Informational Hearing on Modernization
- Legislative Health Policy Academy
- Listening Session with Residents at the Sacramento Youth Detention Facility
- MHSA Reform Convening
- Senate Health Informational Hearing on Modernization
- VETART Popup Café

### San Francisco County

- IFV Panel at the October 2023 Commission Meeting
- Jewish Family and Children Services’ Children and Youth Advisory Council
- Jewish Family Partnership, Pupil Services Coalition meeting

### Sonoma County

- Felton Institute’s Crossroads to Hope (C2H) Open House [Santa Rosa, CA]

### Yolo County

- Student Well-being Leadership Summit [Davis, CA]

## IN-PERSON EVENTS OUTSIDE CALIFORNIA

### Alamo, NV

- Site Visit and Focus Groups at the 2023 National 4-H Shooting Sports Teen Leadership Institute

### Chicago, IL

- Research Society for the Prevention of Firearm-Related Harms

### Denver, CO

- National Association of County Health Officials (NACCHO) Annual Conference

### Houston, TX

- Rice University’s Baker Institute for Public Policy – Colloquium on Brain Capitol

### New York, NY

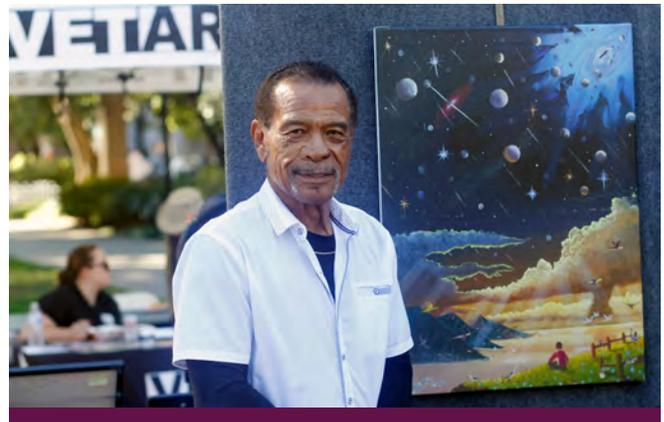
- Science Summit at the 78th United Nations General Assembly

### New Orleans, LA

- National Center for School Mental Health’s 2023 Annual Conference on Advancing School Mental Health

## Virtual Events

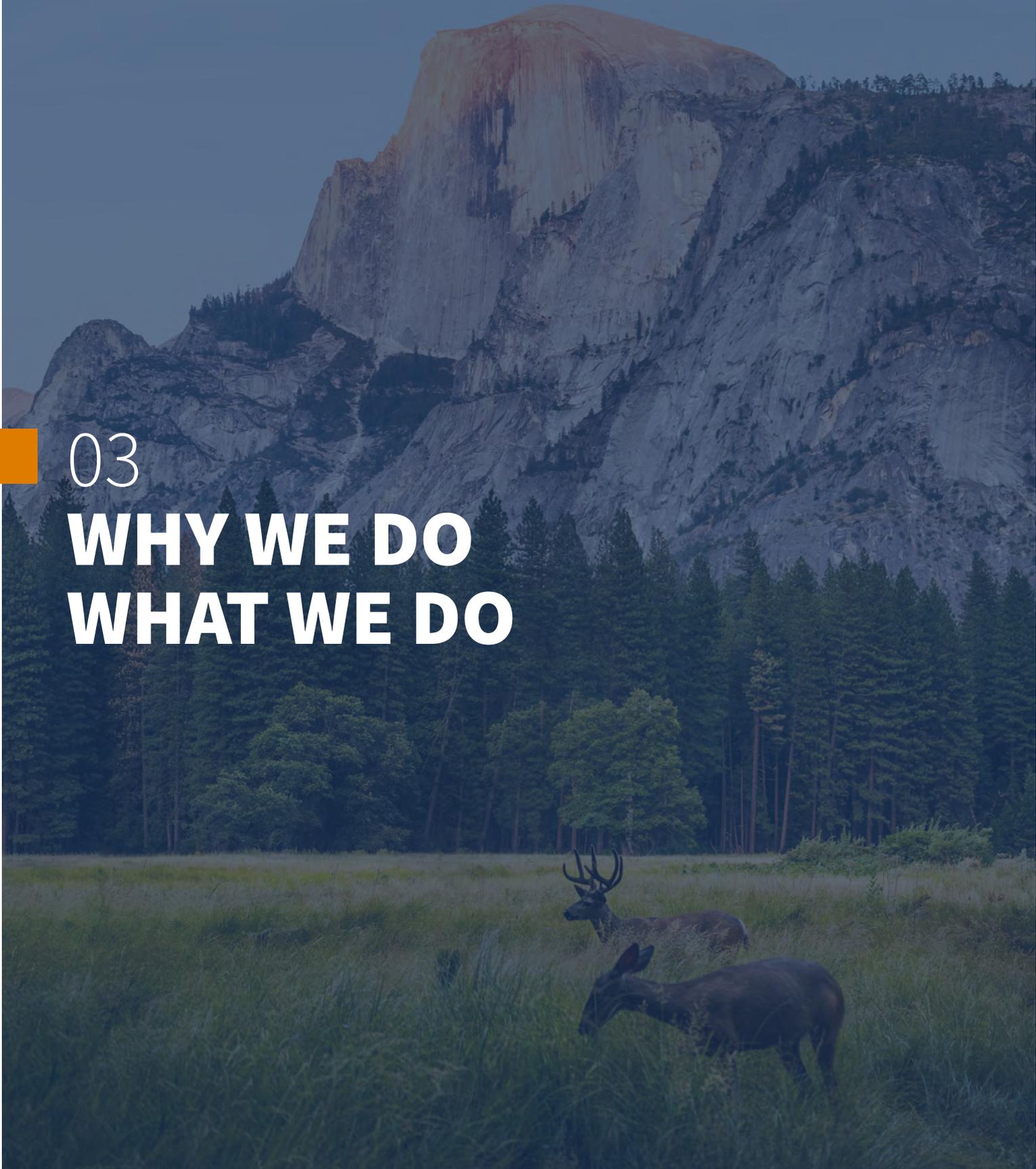
- Engagement with Mental Health Service Providers at the Los Angeles Psychological Service Development Committee Meeting
- IFV Panel at the October 2023 Commission Meeting (hybrid event)
- MHSSA Workgroup Meeting – Panel
- Rice University’s Baker Institute for Public Policy – Colloquium on Brain Capital (hybrid event)
- Striving for Zero Learning Collaborative Online Module #11: Understanding LGBTQ+ Youth and Suicide Prevention
- Training on Suicide Risk Screening in Schools



Artists from around California gathered to showcase their work during a VETART Pop-up Café event in front of the State Capitol in October 2023. VETART is an advocacy grantee of the Commission that champions the wellbeing of California veterans.

03

**WHY WE DO  
WHAT WE DO**



## Why We Do What We Do

The role of the Commission is to guide initiatives and oversee the Mental Health Services Act in a way that stays true to what the voters envisioned when they gave it the green light back in 2004. At the heart of our Commission is a simple yet powerful idea: to ensure that the oversight of the Act truly reflects the diverse voices and needs of Californians. That's no small task in a state that is home to 40 million people, which is why our Commissioners come from a variety of backgrounds and represent different sectors of our population. Each Commissioner's unique perspective and expertise are invaluable, and they work with one another and the Commission staff to stay on track with the Act's goals, making sure our actions and decisions resonate with and serve the varied communities that make up California.

Our makeup includes policymakers, educators, law enforcement officers, family members, people with lived experience, nonprofit leaders, and representatives from the healthcare and business sectors. The motivation for our involvement in part stems from our continual exposure to the shortcomings of our current system – in our roles, we witness firsthand the fragmentation and gaps that fail to address the needs of individuals and families seeking help. It's a desire to remedy these issues and make a positive impact that drives us to volunteer as Commissioners and offer our support.

The Act's vision and aspirations resonate strongly with all of us. When we see the vast resources and opportunities in our state, juxtaposed with the profound pain, suffering, and growing demand for services, we're driven to contribute as much time as we can to help reorganize and transform our system. Each one of us seeks to enhance the Commission's effectiveness in caring for individuals in need. This purpose has been our guiding force, and as long as we believe that our involvement can make a significant impact, we're here to participate.



### **Mara Madrigal-Weiss**

Commission Chair, Executive Director of Student Wellness and School Culture, Student Services and Programs Division, San Diego County Office of Education

# Our People

We have 16 Commissioners and a staff of more than 68\* who are tasked with overseeing and implementing the Act. You can read more about every Commissioner on our About page, [here](#).

Our staff supports the vision and direction of the Commissioners. They are the experts in the given seats they represent according to the language of the Act, and whose main job it is to ensure that the Commission’s research and strategy is not only brought to life but shared with and evaluated by the Californians we serve.

In the past six months, we’ve added two new Communications leads. Their roles are to tell the stories of Californians impacted by the services and initiatives, to teach and inspire government leaders, educators, healthcare decision-makers, service providers, and other organizations who may also wish to adopt similar services for those with mental health needs in their communities.

In the past six months, we’ve also added two new Chiefs to our staff, Riann Kopchak and Jigna Shah.

Riann is the new Chief of Community Engagement and Grants at the Commission. She comes to us from the Department of State Hospitals, where she managed the Forensic Services Division at Napa State Hospital. In this role, she acted as the liaison between the courts and patients who have been certified as Incompetent to Stand Trial. Riann is currently pursuing her license in marriage and family therapy. She will lead the Community Engagement and Grants team, which oversees all grants, program contracts, and community engagement efforts by the Commission.

Jigna is the new Chief of Program Operations. She comes to the Commission with a background in child development, economic development, adolescent SUD, and whole family, whole community approaches to wellness. She has also served as the lead staff to county-level commissions and advisory groups. Jigna will lead the Innovation and Program Operations teams at the Commission. Her team provides technical assistance to county behavioral health departments and oversees Prevention and Early Intervention and Innovation.

As an independent entity tasked with effectively implementing the Act, navigating the intricate landscape of California’s state and government bodies is a formidable and humbling endeavor. We take very seriously our role and responsibility to drive innovation and introduce legislation that can effect transformational change.



**Riann Kopchak**  
Chief of Community Engagement and Grants

**Jigna Shah**  
Chief of Program Operations

\*Count includes current vacancies, UC Researchers, and retired annuitants.

04

# 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

- Stanford successfully hosted and facilitated Financial Sustainability Link meetings involving allcove® centers and external partners.
- We released the Children and Youth Behavioral Health Initiative (CYBHI) youth-driven program request for applications (RFA) Round 4. This RFA will help establish allcove® youth drop-in centers and non-allcove® youth drop-in centers statewide.
- The Department of Health Care Services (DHCS) awarded \$50 million in grants to 69 organizations to support youth driven programs that provide services to improve the mental health and wellness of children, youth, and young adults, with allcove® featured as an exemplar grantee in the [Governor’s announcement](#).

### WHAT’S NEXT

- We will launch an allcove® youth drop-in center in the Peninsula Health Care District – San Mateo in January 2024.
- We will establish allcove® youth drop-in centers in Sacramento and Orange County.
- Stanford University, the implementation support contractor, continues to conduct ongoing learning collaboration meetings with all allcove® youth drop-in centers.
- CYBHI Round 4 will establish six new allcove® centers and four extensions.

## CRIMINAL JUSTICE PREVENTION

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

### OUR PROGRESS

- We met with the Council on Criminal Justice and Behavioral Health (CCJBH) staff to determine collaborative efforts for juvenile justice-involved youth.
- The Commission gave a presentation to CCJBH on juvenile justice-involved youth in November.

### WHAT’S NEXT

- The Commission is scheduling a site visit to Napa State Hospital, focusing on the population deemed “incompetent to stand trial.” In conjunction with the site visit, the Commission will hear from a panel to provide insight into where prevention and early intervention strategies could help divert individuals from the criminal justice system.

## 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, the Commission is expanding the provision of high-quality Coordinated Specialty Care in California, focusing on early detection and intervention to improve the lives of adolescents and young adults, significantly reducing the impact of mental health challenges. The Early Psychosis Intervention Plus Committee (EPI+) supports this work.

### OUR PROGRESS

- The Commission released the Request for Applications (RFA) and is in the process of awarding the CYBHI Initiative Round 4 grants to expand youth-driven programs across the state. Those eligible for the grants include recipients seeking solutions for early psychosis detection and intervention.
- We extended Round 5 RFA’s submission deadline to November 17, 2023.

### WHAT’S NEXT

- We will select several awardees from Rounds 4 and 5 of the CYBHI Initiative’s RFA to participate in our programs to expand EPI+ and Prevention and Early Intervention services to youth and young adults.



## FULL SERVICE PARTNERSHIPS

Full Service Partnership (FSP) programs serve people with severe and persistent mental health needs in the community – rather than in locked facilities or hospitals. These programs, required under California’s Mental Health Services Act, apply a “whatever it takes” approach to partnering with individuals on their path to wellness and recovery. 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 the spring of 2023, the Commission partnered with Healthy Brains Global Initiative (HBGI) to conduct an evaluation of contract design and performance management practices among FSPs in California. HBGI conducted numerous engagement activities with behavioral health staff in Nevada, Sacramento, San Francisco, San Diego, Orange, Los Angeles, and Santa Barbara counties. Based on their initial findings, HBGI then conducted a deep-dive analysis of practices in Nevada, Orange, and San Francisco counties. HBGI submitted their final report on the potential to leverage performance-based contracting to drive improvements in FSP performance in December 2023.
- The Commission also partnered with Third Sector to conduct a series of community forums, targeted outreach, and to field a state-wide survey to improve our knowledge of the FSP service delivery system and identify ways to improve outcomes for FSP partners. Between October and December, Third Sector conducted interviews and focus groups with individuals from numerous state-wide organizations and agencies, including seven county behavioral health departments. Third Sector also conducted the first of three community forums. The forum included 65 attendees from 35 different organizations.
- We are currently in the process of evaluating innovation projects serving FSP-aligned populations. This analysis includes a review of county innovation reports to illuminate commonalities and variation in populations served, stated targets and goals, and program sustainability.

### WHAT’S NEXT

- Third Sector will field a statewide survey to identify capacity building opportunities, and ways to improve the FSP service delivery system and outcomes for FSP partners. Third Sector will create a final report of findings by May 2024.
- The Commission will leverage the comprehensive data available in the Commission’s data warehouse to identify characteristics of individuals accessing FSPs, trends in service utilization, and outcomes for FSP partners. These results will be included in our report to the legislature in November of 2024.
- We will summarize our findings on FSP-related innovation projects in January 2024.



## 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

- We wrapped up the community engagement portion of the project with several site visits, listening sessions, and further interviews with experts, youth, and people with lived experience.
- The subcommittee hosted a panel at the October Commission meeting exploring gaps, barriers, and opportunities in firearm violence prevention and recovery from a public health perspective.
- We also strengthened our partnerships with CDPH, California’s Office of Gun Violence Prevention, and other State and local community partners. For example, we worked with CDPH on data relevant to firearm violence, provided feedback on the department’s firearm injury dashboard, and furthered discussions with CDPH’s Office of Suicide Prevention about an ownership transfer of our Lethal Means Safety website.

### WHAT’S NEXT

- We are moving into the final project phase – synthesizing what we have learned and formulating our recommendations. We will publish the final report in Spring 2024.



MHSOAC Commissioners Itai Danovitch, M.D. (left) and Gladys Mitchell (right).

## 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

- The Commission continues to use Innovation to help catalyze new approaches to our work. Both Early Psychosis Intervention Plus (EPI+) and allcove® had their genesis as pilot innovation projects which were then tested in multi-county collaboratives to establish what it would take to bring them to scale. Most recently the Commission has invested more staff resources into a Full Service Partnership (FSP) project.

### WHAT’S NEXT

- The MHSA Modernization proposal to be considered by California voters on the March 5, 2024, primary election ballot eliminates innovation as a funding mandate. Instead, the legislation reflects a proposed, ongoing \$20 million annual investment for innovation. If this legislation is passed, the Commission would implement an innovation strategy through an Innovation Partnership Fund rather than approving county innovation plans.

## MENTAL HEALTH WELLNESS ACT

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

### OUR PROGRESS

- The Commission contacted community organizations to set up interviews around maternal mental health and the mental health of children ages 0 to 5 and will be creating an outline for funding that will support children and their families. We will hold a listening session to gather more information on the mental health and wellness needs of parents and children ages 0 to 5.
- The Commission approved Mental Health Wellness Act funding on September 22, 2022, to establish Emergency Psychiatric Assessment, Treatment, and Healing (EmPATH) units, which deliver acute behavioral healthcare to patients in crisis in a calm, therapeutic setting. We will allocate additional funding to build out 11 EmPATH units throughout California with the overall goal of reducing the need for psychiatric hospitalization, justice system involvement, and reducing homelessness.

### WHAT’S NEXT

- Commission staff have started engaging experts and organization leaders in the fields of children ages 0 to 5 and maternal mental health to identify opportunities to advance best practices.



(from left) UCSF’s Dev Manoli, M.D., Ph.D., and Vikaas Sohal, M.D., Ph.D. during presentations at the UCSF Weill Institute for Neurosciences.

## PREVENTION & EARLY INTERVENTION (PEI)

Everyone should have the opportunity to be well and thrive, yet one in four people worldwide will experience a significant disruption to their mental wellbeing at some point in their lifetime. Guided by the Governor and Senate Bill 1004, the Commission launched a policy research project to explore opportunities for prevention and early intervention in mental health. The Commission’s findings and recommendations were published in the 2023 report [“Well and Thriving.”](#)

### OUR PROGRESS

- The Commission released the Request for Applications (RFA) and is in the process of awarding the CYBHI Initiative Round 4 grants to expand youth-driven programs across the state. We also extended Round 5 RFA’s submission deadline to November 17, 2023. Those eligible for the grants include recipients seeking opportunities and presenting solutions for prevention and early intervention.
- The PEI report recommends the state guarantee universal behavioral health screening for all Californians. The Commission’s Universal Screening Project supports the implementation of this recommendation.

### WHAT’S NEXT

- We will select several awardees from both rounds to participate in our programs to expand Early Psychosis Intervention Plus (EPI+) and Prevention and Early Intervention services to youth and young adults.
- By March 2024, The Commission will complete the Universal Screening project and present a report to the Legislature with recommendations for implementing universal behavioral health screening in schools.

## SCHOOL MENTAL HEALTH

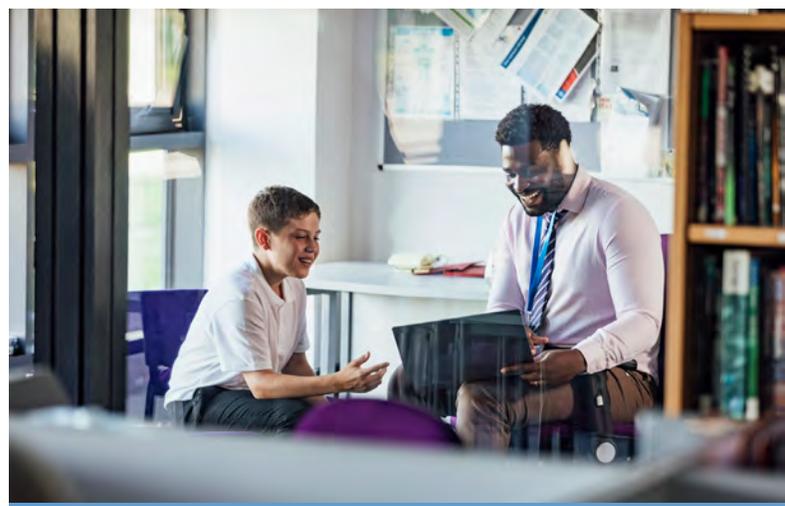
The Schools and Mental Health Project is a multi-year effort to guide funding and policy decisions supporting the provision of mental health services to promote the academic and social success of young people. The Commission has funded school-county partnerships through grants to expand and better integrate mental health services in schools. In 2020, the Commission published the report, [“Every Young Heart and Mind: Schools as Centers of Wellness”](#) to provide insight into the mental health needs of children and youth and to explain the essential role of schools as both the venue and means for responding to these needs.

### OUR PROGRESS

- We conducted a site visit in San Benito County in September 2023.
- We collected grantee data in August 2023 (the fourth collection overall).
- In October, we held our Mental Health Student Services Act (MHSSA) evaluation project kick-off meeting with WestEd. The Commission partnered with WestEd to develop a plan for evaluating the MHSSA currently operating in 57 California counties. Community engagement and partnership are at the center of this effort.
- WestEd held three listening sessions with youth to learn about what matters to them and how that can inform the development of research questions for the MHSSA evaluation.
- WestEd also held six listening sessions with MHSSA grant partners from education and county mental health departments to learn about how partnerships operate and their barriers and challenges.
- We announced MHSSA Technical Assistance (TA) and Technical Coaching Teams (TCTs) awardees in October 2023.
- In November, we held the MHSSA TCT TA introductory meeting.
- We held MHSSA Quarterly Collaboration Meetings in September and December 2023.
- On December 5, Commission staff, along with Commission Chair Mara Madrigal-Weiss and the WestEd team, presented on the MHSSA at the annual Advancing School Mental Health Conference in New Orleans, LA.

### WHAT’S NEXT

- We will finalize the contract with TCT TA contractors.
- We will hold MHSSA Quarterly Collaboration Meetings in March and June 2024.
- We will present MHSSA’s additional funding grant recommendations at the January Commission meeting.
- In partnership with the Commission, WestEd will broaden its community outreach and form a youth advisory group to center youth voices in the MHSSA evaluation planning process. Through an iterative process of engagement and developing a shared understanding with community partners, WestEd will draft an evaluation framework, research questions, and school mental health metrics to guide the evaluation of the MHSSA.



## 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.

### OUR PROGRESS

#### Strategic Planning Learning Collaborative Contract

- The Contractor continues to work with county suicide prevention coalitions to advance local strategic planning and implementation in alignment with strategic aims, goals, and objectives outlined in California’s Strategic Plan for Suicide Prevention, [“Striving for Zero.”](#)
- Technical Assistance (TA) team members facilitated a total of 84 meetings with county teams.
- TA team members facilitated one learning module on Sept. 13, 2023: “Populations at Disproportionate Risk of Suicide: Understanding LGBTQ+ Youth and Suicide.” A total of 36 people representing 14 of the county teams attended.
- San Joaquin County adopted its Strategic Plan for Suicide Prevention in early September.
- The TA team conducted in-depth interviews with 24 county teams to assess progress toward Learning Collaborative objectives and to inform TA priorities.

#### Training on Suicide Risk Screening

- The Commission is working with a contractor to provide free trainings to school staff on best practices in school-based screening for suicide risk and how to respond effectively to keep students safe.
- Between September and December, the contractor conducted eight online training sessions for designated school staff across the state.

### WHAT’S NEXT

- The Commission’s suicide prevention contracts will end in early 2024.
- The Contractor is coordinating an in-person meeting from Wednesday, February 28 through Friday, March 1, 2024, in Carlsbad, CA to recognize and celebrate the learning collaborative’s work over the past few years in developing and implementing local strategic plans for suicide prevention. Chair Madrigal-Weiss will provide opening remarks for the event. All Commissioners are invited and encouraged to attend.
- Commission staff will work with the Department of Public Health to deploy a strategy transitioning the Commission’s suicide prevention resources to the state’s Office of Suicide Prevention.



## WORKPLACE MENTAL HEALTH

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

### OUR PROGRESS

- At the November 2023 Commission meeting, the Commission voted to pursue legislation to establish the Center of Excellence for Workplace Mental Health, per the policy recommendation in [“Working Well: Supporting Workplace Mental Health for California”](#).
- Staff are inquiring with universities to find a host for the Center of Excellence.
- Staff are working with various associations and organizations to pilot implementation of the Standards and to develop stigma reduction strategies for workplaces.
- Staff are talking to CalPERS to expand behavioral health coverage for state employees.

### WHAT’S NEXT

- Staff will continue to seek legislative sponsors to establish the Center of Excellence for Workplace Mental Health and work with the legislature to secure support for the Center.
- Staff will support one or more pilot projects to implement the Standards.



## YOUTH & PEER EMPOWERMENT

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

### OUR PROGRESS

- We scheduled a listening session for January 9, 2024, to hear from students, parents, school personnel, and other partners on the mental health needs of students and the impact of school-based programs. The session will inform the Commission on priorities for future funding.

### WHAT'S NEXT

- We will enter Phase 4 of MHSSA discussions to determine the next funding focus.

## 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 campaign launched in mid-February 2023, with paid media going live at the end of March, and as of October 15, 2023, the campaign has generated:
  - **232M impressions** across California, both online and offline.
  - **8.4M clicks** on paid social and programmatic ads.
  - **602K unique visitors** to the website.
  - **166K social engagements**, including discussions and reactions.
  - **9,111 members** following us across social media channels and/or becoming members of the Youth Community.
  - **1,804 submissions** of heartbreaking bullying experiences shared through the story submission form (1,092) and bullying incident reporting tool (712).
- The [Right Our Story campaign](#), which encourages participants to safely and anonymously share their stories and experiences of bullying, partnered with the San Diego Padres. Ads and stadium takeovers occurred at the last 27 Padres home games. This partnership also resulted in three community events including two on-site activations with a campaign booth and direct interactions with educators, parents, and kids.
- In October, the Right Our Story campaign won the Platinum Marcom Award in Integrated Marketing. It was also named a finalist for the Shorty Awards, one of the most prestigious digital campaign awards.
- During Bullying Prevention Month in October, the Right Our Story campaign unveiled a Mad Libs story capture activation and a series of community activities to engage with youth, help them to become better friends, and share coping strategies.

**WHAT'S NEXT**

- The Commission submitted a budget proposal to the API Caucus and Assemblymember Ting's office to be considered in the January budget review to extend the campaign past June 2024.
- Media Cause will begin outreach to potential third-party campaign investors, focusing on the tech industry, mental health industry, and foundations.
- For the first half of 2024, Media Cause will focus its partnership strategy on connecting with schools and educators, as well as gaming companies to address race-based cyberbullying.



# 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.

## 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: 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

- Six advocacy organizations concluded their contracts with the Commission in September. Since July 2020, these six organizations have partnered with 71 local-level entities, held 124 events in 43 counties, and engaged 473 state and local decision-makers.
- Commission staff held six virtual listening sessions and received 406 survey responses to inform the next cycle of six advocacy requests for proposals (RFPs). The Commission approved the RFPs in September; they are currently in the procurement process.
- K-12 Student Advocacy grants kicked off with 20 community-based organizations and six county offices of education. Four Youth Advocacy Initiative virtual meetings have been held so far, with 130-150 students participating in each meeting.
- The Youth Advocacy Initiative project under the K-12 Student Advocacy grants continued to engage students virtually through December.
- We received and scored RFP submissions for all six contracts in December.

### WHAT'S NEXT

- The Commission aims to begin working with awarded organizations in January 2024.
- The Transition Age Youth (TAY) and Immigrant and Refugee advocacy partners continue to hold advocacy, training, and outreach activities.
- The Youth Advocacy Initiative project will hold four in-person convenings with students in four counties in January and February 2024.



## 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. Per the 2020-2023 Strategic Plan, we have significantly improved the quality and quantity of communications to meet these goals and improve results.

### OUR PROGRESS

- We're a longtime supporter of [Art With Impact](#), which for the past 12 years has opened the door to critical mental health conversations through short film. The Communications team is now helping to spearhead the packaging and promotion of this extensive library of public domain films – ensuring that our audiences know that these films are both free and easily accessible. The library will include themed packages such as Mental Health Education for First Responders, Substance Use Disorder, and Peer Support Training. Our goal is to reach more people with lived experience, as well as educators, mental health workers, and other essential workers, supporting their efforts to start deep and meaningful conversations about critical mental health issues with their clients. See the work in progress at [watch.eventive.org/filmswithimpact](https://watch.eventive.org/filmswithimpact).
- In September, we launched the [Striving for Safety](#) website, which was an important recommendation within the Commission's landmark 2020 report to the Legislature on suicide prevention – "Striving for Zero." The new website, in [English](#) and [Spanish](#), is designed to support suicide prevention by helping limit a person's access to means by which they may cause themselves harm. Ownership and ongoing management of the site will soon transition to the Office of Suicide Prevention.
- As part of the 2024-2027 Strategic Plan work, the Communications team partnered with the planning committee and the Commissioners to provide input and expertise on initiative nomenclature, structure, and ordering. During the process of the Strategic Plan creation, we developed infographics and other wayfinding content to help readers better understand the vision of the Commission.
- We developed and distributed a suite of materials around mental health challenges in California to help reduce stigma, empower the public, build empathy, and drive people to action. A core communications piece from this period is our "Path to Transformational Change" deck. This vibrant presentation can be viewed and shared by anyone affiliated with our work, including Commissioners, staff, partners, and policymakers. It explains the vision, potential, and impact of California's behavioral health initiatives, and serves as both education and inspiration to help others eager to learn from our discoveries.
- We developed and designed all of the elements of the Community Engagement Map introduced in [Section 02](#) of this report. This work included developing the creative brief, determining the technical specs, gathering data, conducting user testing, and validating all related elements for the interactive digital tool. We worked closely with the developers to ensure this map can be updated and accessible in real time, showing varying layers of community engagement categories related to the Commission's work.



#### WHAT'S NEXT

- We're developing additional content, including a podcast, to further reach those who are in positions to learn about and help the Commission in our quest for transformational change in behavioral health.
- We're continuing the development of our 2024-2027 Strategic Plan tracking tools to ensure the plan stays on track and all progress is communicated clearly to our audiences.
- We'll respond to any legislation that impacts the Commission with clear communications about the Commission's next steps.
- We will develop and deliver reports based on the Commission's work. This will include the vital "Impacts of Firearms Violence Report," which will include actionable and cohesive summaries and recommendations based on site visits and panel discussions that have taken place since the end of 2022.



## LEGISLATION

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

### OUR PROGRESS

→ The Commission supported five bills during the 2023 legislative session, two of which lawmakers signed:

- **AB 1282 (Lowenthal)** would require the Commission to report to the relevant policy committees of the Legislature a statewide strategy to understand, communicate, and mitigate mental health risks associated with the use of social media by children and youth. *2-year bill.*
- **AB 599 (Ward)** would require the California Department of Education (CDE) to establish a public health framework for identifying and referring youth with substance use needs to community-based services. *2-year bill.*
- **SB 10 (Cortese)** will require school safety plans to include a protocol for responding to a student’s opioid overdose. It will also require the CDE and the California Health and Human Services Agency to establish the State Working Group on Fentanyl Education in Schools. *Signed into law as Chapter 856, Statutes of 2023.*
- **SB 326 (Eggman)** revises and recasts the Mental Health Services Act (MHSA) as the Behavioral Health Services Act (BHSA) if voters approve amendments to the MHSA at the March 5, 2024 statewide primary election. This bill clarifies that county behavioral health programs are permitted to use BHSA funds to treat primary substance use disorder conditions and restructures current MHSA funding buckets. In addition, this bill enhances the current process for local planning of various services funded by the BHSA, and for oversight, accountability, and reporting of BHSA funds. *Signed into law as 790, Statutes of 2023.*

- **SB 509 (Portantino)** would require a portion of school employees to receive training on youth behavioral health and requires instruction in mental health for students in grades one to six. *Vetoed.*

→ The Commission also prepared to implement other bills signed into law in 2023:

- **AB 10 (Lowenthal)** would require the CDE in consultation with relevant stakeholders, including the Commission, to develop and post on its website a model policy and resources about body shaming.
- **SB 544 (Laird)** aims to change the existing law, the Bagley-Keene Open Meeting Act, to allow state bodies to hold public meetings through teleconferencing.



Steve Carnevale, MHSOAC Commissioner (standing) introduces Marilu Gorno Tempini, M.D., Ph.D. (left) during presentations at the UCSF Weill Institute for Neurosciences.

- The Commission identified 2024 legislative priorities by reviewing carryover legislation from 2023, previously sponsored legislation that was unsuccessful, and recommendations from the Commission’s policy reports that have yet to be implemented. We identified three proposals for the Commission to pursue legislatively in 2024:
  - The recommendation from the Commission’s 2020 report, [“Every Young Heart and Mind: Schools as Centers of Wellness”](#), that the Governor and the Legislature should establish a leadership structure dedicated to the development of schools as centers for wellness and healing.
  - The recommendation from the Commission’s 2023 report, [“Working Well: Supporting Mental Health at Work in California,”](#) that the Governor and Legislature should launch a center of excellence on workplace mental health that can fully leverage the capacity of employers to address stigma, improve mental health literacy, and ensure access to comprehensive mental health care.
  - A reintroduction of the Commission’s 2021 sponsored bill, **AB573 (Carrillo)**. It 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.

**WHAT’S NEXT**

- We will launch the 2024 legislative session.



MHSOAC Executive Director Toby Ewing, Ph.D, far left, chats with (left to right) Dev Manoli, M.D., Ph.D; Vikaas Sohal, M.D., Ph.D; Kristen Berendzen, M.D., Ph.D; Bruce Miller, M.D.; and Marilu Gorno Tempini, M.D., Ph.D; after presentations at the UCSF Weill Institute for Neurosciences.



MHSOAC Commissioner Rayshell Chambers (second from right) speaks during presentations at the UCSF Weill Institute for Neurosciences.

## 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

- We updated the Fiscal Reporting Tool based on the FY 2021-22 County Annual Revenue and Expenditure Reports from 57 mental health plans. We shared the draft site with counties and the County Behavioral Health Directors Association of California (CBHDA). We will make the site available to the public shortly.
- In the latest draft of the site, we created a new tab, “Encumbrance.” Here, counties can track their approved innovation projects as well as their unspent, encumbered innovation funds.
- We held a meeting with the CBHDA in early October. After the meeting, we published a draft with minor revisions and shared it with them.

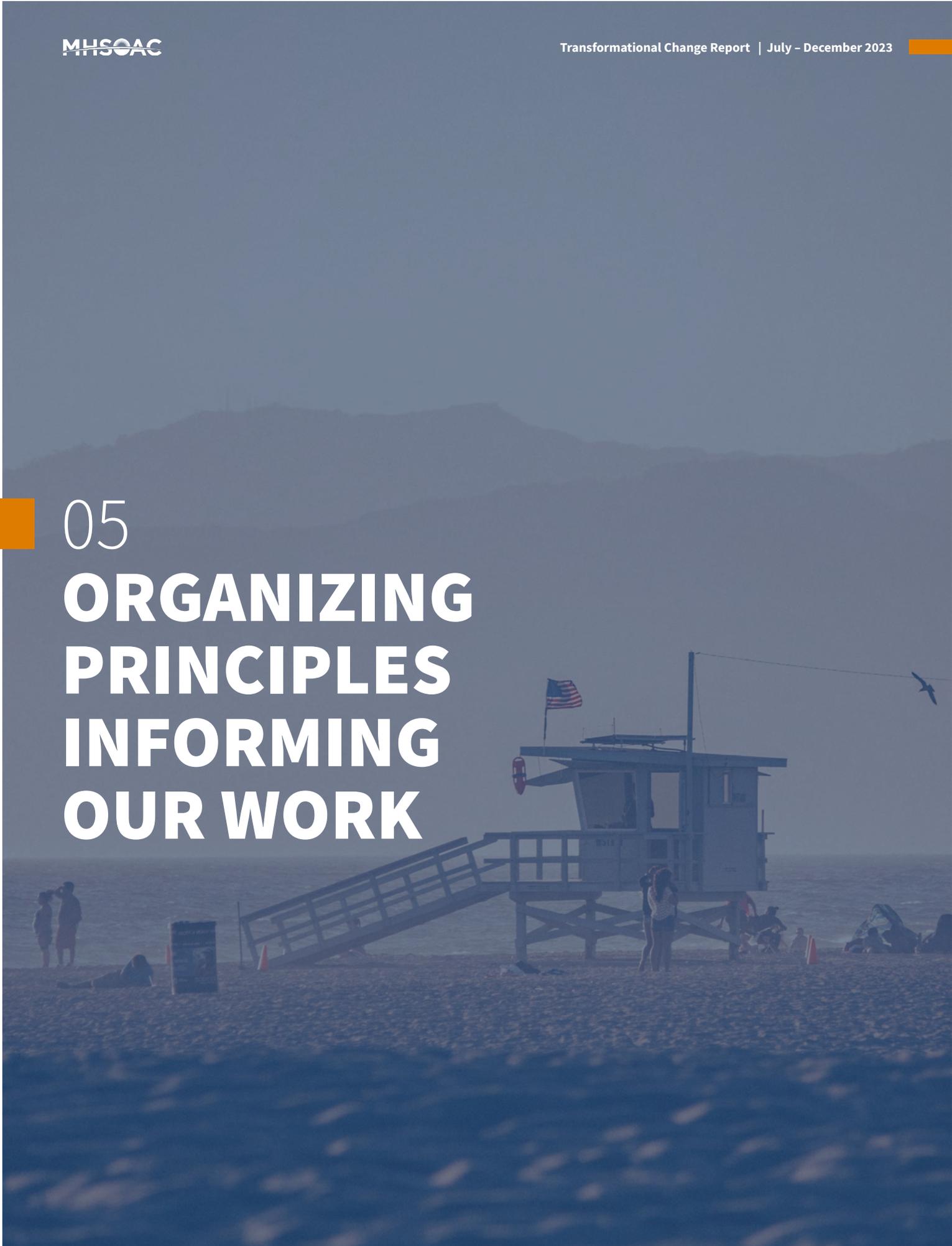
### WHAT’S NEXT

- Staff are developing dashboards to support the Commission’s priorities around Full Service Partnerships, school mental health, and prevention and early intervention.



05

**ORGANIZING  
PRINCIPLES  
INFORMING  
OUR WORK**



## Organizing Principles Informing Our Work

The Commission’s strategic approach is shaped by this understanding: Mental health needs occur during all life stages, but when we serve and support individuals with “upstream” interventions, the long-term impact is even greater. This knowledge shapes the four fundamental organizing principles that guide our mission and shape our initiatives.



On the pages that follow see how these themes serve as our compass to navigate the landscape of the Commission’s work.

EARLY INTERVENTION

YOUTH EMPOWERMENT

ELEVATING COMMUNITY ENGAGEMENT

DATA-INFORMED DECISION-MAKING

# Early Intervention

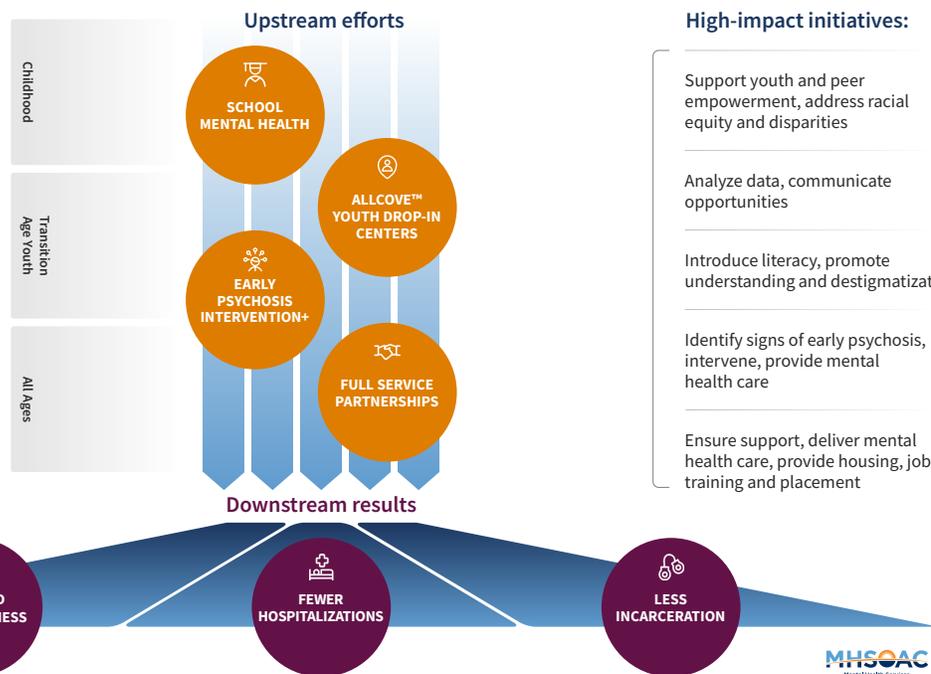
Preventing crises before they occur is the key to effecting lasting change, and we know that early intervention results in lower rates of incarceration, hospitalization, and homelessness. Preventing these negative outcomes drives the Commission’s strategy – leading the Commission to call for a more focused approach to early intervention within the governor’s MHS modernization legislation to be voted on by Californians in March 2024.

The Commission’s early intervention strategy revolves around four key “upstream” opportunities – full-service partnerships, early psychosis intervention, allcove® drop-in centers, and school mental health. With each opportunity, we move further up the continuum from adulthood to our school-age youth. When we identify and support individuals early – through initiatives and activities that include mental health screenings and stigma reduction – we can help ensure that every Californian can immediately get the services they require when the need arises.

## FOCUSING EFFORTS UPSTREAM

The earlier we reach Californians at risk, the better. By working upstream – focusing on prevention and early intervention (PEI) efforts – we will reduce the need for Full Service Partnerships (FSPs) and mitigate other negative outcomes.

This will save money, resources, and most importantly, human lives.



A PATH TO TRANSFORMATIONAL CHANGE

EXAMPLE 1

**School Mental Health: Universal Screening**

At least one in every three California teenagers reports significant mental health challenges and almost half of adolescents have had a mental health disorder at some point in their lives. These needs often remain unnoticed and unsupported, leading to potential lifelong consequences, including a shortened life expectancy and more immediate risks such as school failure, substance abuse, and suicide.

Because early identification and support can greatly reduce negative outcomes for youth grappling with mental health challenges, this School Mental Health screening research project aims to explore how we can best implement universal mental health screening in schools. The goals of this initiative:

- Analyze the landscape of youth mental health screening policies and practices in California, pinpointing strengths, challenges, and barriers to scaling.
- Identify the legal, fiscal, and capacity requirements essential for implementing universal mental health screening in California schools.



Through March 2024, the Commission will embark on a series of research activities, including conducting a comprehensive literature review, presenting an overview of existing screening policies and practices in California, and delving into in-depth case studies of successful screening programs. We’ll also perform outreach and engagement with a diverse cohort that includes parents and students, school and community partners, and state agency and legislative partners. We’ll also conduct a statewide school survey and arrange site visits to jurisdictions with established screening programs.

“*There’s no lack of tools available for schools to implement screening for their students, but there is a lack of awareness that they exist, and trust in what ‘universal screening’ even means. If our research can uncover the opportunity for better outreach and consistency – in our goals, and in our terminology – we might help schools understand what the potential is, and overcome some of the mistrust and reluctance.*”

– **Kali Patterson**  
Research Scientist Supervisor,  
MHSOAC

EXAMPLE 2

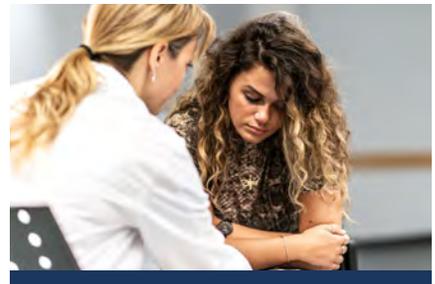
### SUD Initiative Build-up Work

The introduction of Senate Bill 184 in 2022 marked a pivotal moment for mental health services in California, bringing much-needed flexibility to the Mental Health Wellness Act. This amendment expanded the scope of eligible Medi-Cal recipients and allowed for a broader use of funding, encompassing crisis response, early intervention, prevention, and more.

With these changes, the Commission placed a new focus on Substance Use Disorder (SUD) – a field previously less explored by the Commission, but an important way for the Commission to participate in early intervention for those who are experiencing substance use disorders. The Commission recently voted on a proposal to allocate an additional \$20 million toward supporting substance use care, specifically expanding the number of prescribers to increase access to Medication Assisted Treatment

(MAT). This funding also aims to increase the number of integrated programs combining health, mental health, and substance use disorder services under one roof, adhering to state standards of care.

Focusing on comprehensive, integrated, and accessible substance use care will continue to be a core early intervention opportunity, as we know that substance use and associated mental health disorders are often a precursor to – or associated with – hospitalization, incarceration, and homelessness. When we provide access and treatment quickly and holistically, we can help avoid these negative downstream effects.



EARLY INTERVENTION

YOUTH EMPOWERMENT

ELEVATING COMMUNITY  
ENGAGEMENT

DATA-INFORMED  
DECISION-MAKING

## Youth Empowerment

Youth empowerment is not merely a goal but the very heart of our mission, as our youth hold the potential to help shape the future of behavioral health services and support. To advance this mission, we find, encourage, and champion young voices to speak out in diverse forums. We commit an annual budget of \$670,000 to grants and to supporting organizations like those that empower transition-age youth through advocacy, education, training, and community engagement.

With an additional annual allocation of \$670,000, we provide scholarships to bring young individuals and their families to policy conferences and budget conversations, enabling them to actively participate and influence health policies. We have lobbied for the appointment of young people to influential positions and sponsored legislation to establish youth mental health boards across the state. In addition, we have actively partnered with small community organizations, enhancing their understanding of the behavioral health system and fostering their engagement.



EXAMPLE 1

**allcove®**

The development of allcove® – places for youth to access a range of emotional, physical, and social support services – has been a journey of intentional inclusivity. Young mental health consumers are not just consulted but deeply involved in every aspect of each allcove® center’s creation – from engaging in discussions with architects to participating in design development. Youth feedback has shaped even the most minute elements, such as the check-in process, ensuring that allcove® is not just a space but a welcoming, inclusive community where participants feel comfortable discussing any topic. Bringing youth along goes beyond mere consultation; it is a profound exercise in shared decision-making and transparency.

Moreover, the youth’s involvement transcends the physical aspects of the center. They actively contribute to outreach strategies, ensuring that diverse communities gain access to these essential services. Their insights are not only about identifying community needs but also about elevating community-driven solutions.

This model of youth empowerment now serves as a blueprint for other organizations aiming to implement similar initiatives. The focus is not just on soliciting feedback but on genuinely integrating that feedback into practice while navigating the realities of law, confidentiality, and operational logistics.



This focus on youth empowerment improves the allcove® centers and the communities where they operate. It also impacts the lives of the youth who become involved. For example, two young allcove® leaders – Laura and Mack – have become adept advocates and public speakers for mental health, participating in advocacy engagements such as Mental Health America, the School-Based Health Alliance conference, the Wellness Together conference, and the American Psychiatric Association.

“The uplift of the advocacy... [is] we have these young people who are going out into the world talking about allcove® and getting visibility and ownership of the positive outcomes.”

– **Ana Lilia Soto, M.A.**  
 Youth Development Manager, Center for Youth Mental Health and Wellbeing, Department of Psychiatry and Behavioral Sciences | Stanford University School of Medicine

EXAMPLE 2

**K-12 Advocacy**

The Commission’s original grant for the Mental Health Student Services Act (MHSSA) was a \$300+ million investment to bring services to school campuses where they’re easily accessible. Our grantees tell us – time and again – that bringing these services to schools has been wildly successful, and Commissioners see the impact of this investment during our site visits. But the Commission knew something was missing: we lacked the voices of K-12 students during planning and implementation.

With the key phrase “nothing about us without us” guiding our actions, we introduced a grant for K-12 advocacy. With this grant, the Commission aims to tap directly into the wisdom of students to ask: “What would work for you? What are your most significant mental health and behavioral health needs?”

During our one-year pilot, we awarded six county offices of education \$40,000 each, and 20 organizations \$20,000 each, for a total of \$670,000. This includes 20 youth-led organizations in various regions of the state. The directive for each grant was to provide stipends directly to young people within those organizations to lend their voice to advocacy, training and education, and community outreach and engagement. There were no administrative costs – all work was to be performed by students.



Two Feathers youth employees on a site visit.

The youth are now convening in ways that work for them – in-person and virtually – and getting trained in advocacy from their peers and from experts who share how to be most successful when advocating at a community and a state level. And we’re seeing promise for great learnings, as these grants are indeed empowering a diverse cohort of K-12 students to advocate for themselves and guide their own behavioral health journeys. Our hope is that, in the future, this program can evolve into a statewide advocacy coalition made up of K-12 students who were inspired by this initial core group.

“Organizations such as Youth Alive in Oakland and Two Feathers Family Services in Humboldt County really know their youth advocates – they know them by name. They’re already working with youth in their own counties, and creating youth-led efforts in their communities across the state. They can help guide best practices, giving us an opportunity to learn how to bring more K-12 voices together to advocate for a common goal.”

– Tom Orrock  
MHSOAC Deputy Director, Operations

EARLY INTERVENTION

YOUTH EMPOWERMENT

ELEVATING COMMUNITY ENGAGEMENT

DATA-INFORMED DECISION-MAKING

## Elevating Community Engagement

Every facet of our policy projects includes a robust community engagement component, backed by an annual budget of over \$6 million spread across nine distinct components, including consumers of mental health services, their families, diverse racial and ethnic communities, immigrants and refugees, K-12 students, LGBTQ+ communities, parents and caregivers, transition-age youth, and veteran communities.

At the core of our community engagement strategy lies the allocation of advocacy funds. These funds underpin initiatives and best practices that amplify community voices, enabling us to promote influential multi-county learning collaboratives. Our ultimate goal is to bolster the influence of community members in shaping policies and practices, both at the state and county levels.

Our team has sought a mix of approaches to engage communities – including site visits, focus groups, and surveys, which are all avenues we will continue to explore. In addition, our commitment extends to a broader vision of diversity, equity, and inclusion. We consciously ensure accessibility for those who are often the least likely to participate in traditional community mental health forums and acknowledge that though we are still learning in this journey, we are determined to identify and uphold best practices.



## EXAMPLE 1

**Impacts of Firearm Violence**

We know that exposure to firearm violence – whether direct or indirect – can cause a toxic stress response, which often leads to the development of short- and long-term mental health challenges.

The Impacts of Firearm Violence (IFV) project engages the communities most affected to identify opportunities to save lives, reduce trauma, and address the mental health challenges that result from exposure.

To discover the best ways to address firearm violence, we engaged the most impacted communities, conducting more than 100 interviews with people doing community violence intervention work, trauma specialists, school resource officers, and anyone close to or adjacent to mental health or firearm violence, including families, police and sheriff's departments, school staff, school psychologists, researchers, and academics.

Through our interviews, we discovered the issue is not primarily “access to a firearm” but rather about the person wielding the firearm and their mental state, character, background, and skills. It's about understanding what leads people to use firearms in violent ways, rather than focusing on keeping people away from firearms at the moment of crisis. This

important discovery is influencing the Commission's approach to addressing firearm violence, moving from focusing on the overlap of mental illness and firearm violence to a more holistic view of a person's wellbeing. The community voices shifted the perspective to preventing firearm violence rather than just mitigating its harmful outcomes.

This important discovery is pushing the Commission to focus efforts on spaces that bring together the communities – including law enforcement and civilians with access to guns – who can influence one another to make better decisions during moments of crisis. The Watts Empowerment Center is one shining example. As the most active community center in Los Angeles, this Center is an attractive “third space” where law enforcement officers come and participate in activities, building relationships and trust with youth who may someday turn to the officers to prevent gun violence.

The Commission is creating actionable findings in a report featuring community-based and community-driven solutions. The goal? Decision-makers can easily understand and apply these solutions, with best practices and a menu of options that counties and communities could choose from based on their specific needs.

**“**One lightbulb discovery is helping us bridge the emotional gap between law enforcement and gang members, and that is their shared identical fears when they leave home: ‘Will I make it back to my family?’ Although these two groups are pitted against each other, they have a lot of the same struggles and challenges. Introducing this conversation, and highlighting the shared challenges, helps them see the humanity in one another.”

– Courtney E. Ackerman, M.A.  
Research Scientist II

EXAMPLE 2

**MHSA Technical Assistance Approach Grant**

A significant element of our community engagement efforts includes acting as a catalyst to help peer communities engage with and support one another.

Because school-based mental health programs learn best from other school-based mental health programs, we are using the allocated \$10 million per year to fund the creation of a peer-to-peer hub – a Technical Assistance Center (TAC). In coordination with other state agencies like the Department of Education, Department of Health Care Services, and the Department of Public Health, we’re finding entities who have “been there” and can provide coaching. Our TAC will include representatives from our existing grantees, consultants with expertise in school-based mental health, and students and parents.

Here’s a model of how it can work: If you are operating a school-based program in County A, and you have a question about how to launch a wellness center, you can tap into the TAC and find a grantee from County B that has expertise in doing exactly what you’re aiming to do because they built several wellness centers.



Each grantee has a particular area of expertise: sustainability, partnership development, program development, and data collection. Today, we’re piloting the program with three experienced counties that are serving as technical coaches to the rest of the state – they make up our initial core county group.

Although the grant program is in its early stages, we are encouraged to see grantees preparing office hours to provide support on areas of expertise such as positive behavioral interventions, how to build a student collaborative, ways to offer multi-tiered systems of support, and general program building to support student mental health.

EARLY INTERVENTION

YOUTH EMPOWERMENT

ELEVATING COMMUNITY  
ENGAGEMENTDATA-INFORMED  
DECISION-MAKING

## Data-Informed Decision-Making

As a Commission, we're increasingly focused on accountability and transparency. This focus starts with how we run our organization and extends to our mission to improve mental health outcomes.

Data-informed decision-making is the backbone of this mission, and our process involves identifying needs, applying evidence-based strategies, and ensuring transparency and accountability to improve mental health outcomes. During our Strategic Planning process, we determined the Commission needs to strengthen this capacity to provide meaningful, compelling, valid, and reliable information for making decisions about where to place our investments and energy in mental health services.

We also use data to assess the impact of mental health programs on various social issues, like criminal justice involvement, hospitalizations, and teen suicide. The goal is to elevate high-quality information to shape public understanding and facilitate a broad public understanding of what works, what is available, and where improvements are needed.

Today, our approach involves scrutinizing global best practices and adapting them to local needs, which led us to the adoption of early psychosis intervention and other globally recognized mental health practices that are not yet widely available in California. We're using data not just in the form of raw numbers but as actionable evidence to inform strategies and policies.

**“** *What we're trying to figure out is, how can our small yet mighty Commission team optimize our efficiency and effectiveness to strategically target our efforts? How can we maximize our potential to drive transformative change?”*

— **Anna Naify**  
Consulting Psychologist

## EXAMPLE 1

**Suicide and Medical Record Data**

Over the past six months, the Commission has dived into some groundbreaking analytics, exploring the critical intersection between suicide data and medical records. We've been focusing on understanding the types of healthcare services accessed immediately before a suicide is completed. This deep dive aims to shed light on the patient's journey – identifying what kind of help they sought, what interventions proved effective, and, importantly, what didn't work. This is not just number-crunching; it's a sophisticated, data-driven approach to understanding and ultimately improving mental health interventions.

## EXAMPLE 2

**Early Psychosis Intervention Data**

In partnership with Kaiser Permanente, we've been delving into Early Psychosis Intervention data to evaluate the return on investment when implementing a coordinated specialty care model in the context of private insurance, and the findings are more than promising. The research insights highlight the cost-effectiveness of this approach, showing tangible benefits like reduced hospital stays, fewer crisis interventions, and even a positive impact on the management of psychotropic medications.

These results aren't just numbers on a spreadsheet; they represent a significant stride in mental healthcare. Seeing this model work effectively with Kaiser Permanente opens the door for other major insurance players to follow suit, potentially broadening the reach of coordinated specialty care. This is not just a win for healthcare providers but a beacon of hope for patients who stand to benefit from more integrated, effective care.

**“** *We take seriously our responsibility, as a publicly appointed and funded entity, to actively pursue behavioral health programs that impact the broadest, most diverse communities in our state, and provide clear communication about finances, service availability, and program outcomes. Our Strategic Plan (see Section 01 for more information!) includes clear goals associated with these themes, and we remain committed to communicating with utter transparency about the progress of transformational change.”*

– **Toby Ewing**  
Executive Director

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**BUDGET  
UPDATE**



# Budget Update

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

EXPENSE TYPE	ITEM	FY 23-24 BUDGET	YTD EXPENSES	ENCUMBERED	EARMARKED	POTENTIALLY AVAILABLE
Operations	Personnel	\$8,968,000	\$3,501,621	\$300	\$4,031,404	\$1,434,675
	Core Operations	\$1,869,913	\$561,731	\$462,507	\$392,442	\$453,233
Commission Priorities	Communications	\$599,418	\$90,750	\$79,650	\$407,000	\$22,018
	Innovation	\$500,000	\$0	\$0	\$500,000	\$0
	Research	\$1,075,669	\$106,400	\$205,660	\$473,016	\$290,593
Budget Directed	Universal mental health screening study	\$200,000	\$0	\$160,000	\$40,000	\$0
	Evaluation of FSP Outcomes (SB 465)	\$400,000	\$0	\$0	\$400,000	\$0
	EPI+ reappropriation	\$1,675,000	\$0	\$0	\$1,675,000	\$0
	Children and Youth Behavioral Health Initiative	\$15,000,000	\$0	\$0	\$10,000,000	\$5,000,000
Local Assistance	Mental Health Wellness Act	\$20,000,000	\$0	\$0	\$20,000,000	\$0
	Mental Health Student Services Act (MHSSA)	\$7,606,000	\$0	\$0	\$7,606,000	\$0
	Community Advocacy	\$6,700,000	\$33,330	\$1,976,670	\$4,690,000	\$0
Money Held For Reserve		\$250,000				-\$250,000
<b>Total</b>		<b>\$64,844,000</b>	<b>\$4,293,832</b>	<b>\$2,884,787</b>	<b>\$50,214,862</b>	<b>\$6,950,519</b>

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# WHAT'S NEXT?

As we move into 2024, the Commission will continue to advance prevention, early intervention, youth and community engagement, and data-informed decision-making. The new year will require us to implement behavioral health reforms, respond to California's emerging budget crisis, and implement a newly adopted strategic plan.

# What's Next?

## SENATE BILL 326 (EGGMAN)/ PROPOSITION 1

### Behavioral Health Reform

In 2024, the Commission will be paying close attention to changes in California’s mental health policy landscape. SB 326 and other bills established a range of policy changes. Proposition 1, if adopted by the voters in March, will bring about new reforms. Among other goals, these policy reforms intend to strengthen the integration of traditional mental health services with substance use disorder services, enhance housing supports for mental health clients experiencing homelessness, fortify prevention and early intervention strategies, and strengthen state-level oversight and public accountability.

If Proposition 1 passes, it would modify our authorities and operations, primarily our role in approving innovation spending and our regulatory role over prevention and early intervention. Yet the Commission’s fundamental role as an oversight agency and catalyst for reform would continue. Our formal role as an advisory body would be expanded, as would our membership, increasing our size from 16 to 27 seats to reflect a broader array of perspectives on the Commission.

Many of the reforms underway reflect the Commission’s current portfolio, including expanding support for substance use disorder services, strengthening early intervention, and supporting population-level prevention strategies. Reforms also call for improved fiscal reporting and outcome-based accountability systems. If California voters adopt Proposition 1, we will work closely with the California Health and Human Services Agency, the Department of Health Care Services, and others to support transition planning. Among other opportunities the Commission is exploring is how counties might use remaining MHSA innovation funds to support their transition from existing fiscal and programmatic requirements to new requirements that must be implemented in 2025 and 2026.

## CALIFORNIA’S FISCAL CRISIS

While behavioral health reforms will impact Commission operations, the state is also working to address a fiscal crisis; the Governor’s 2024 budget, proposed January 10, projects a \$38 billion deficit. Despite the deficit, no cuts are proposed to behavioral health services, which means the most vulnerable Californians will continue to receive uninterrupted care. In early December, the Governor called for restrictions on spending and alerted all departments on the need to plan for significant budget reductions in the upcoming budget process.

With a core budget of approximately \$65 million, the Commission has limited ability to reduce its spending in ways that would substantially impact the deficit. Nonetheless, we are working with our budget team to propose operational reforms with two goals: 1. reduce non-essential spending and 2. support early interventions that can reduce long-term costs. The Commission’s goal is to support the state to emerge from this fiscal crisis with a stronger internal fiscal strategy and a better understanding of behavioral health cost drivers. One area of particular concern is inadequate access to early psychosis services. We continue to explore how improving early intervention for persons experiencing psychosis can reduce long-term costs through reduced homelessness, justice involvement, and hospitalization while also enhancing recovery, empowerment, employment, and housing opportunities.

The Commission is working closely with the Department of Finance to align its spending with the state’s fiscal realities.



(from right) MHSOAC Commissioners Gladys Mitchell, Rayshell Chambers, and Chair Mara Madrigal-Weiss.

## 2024-27 STRATEGIC PLAN

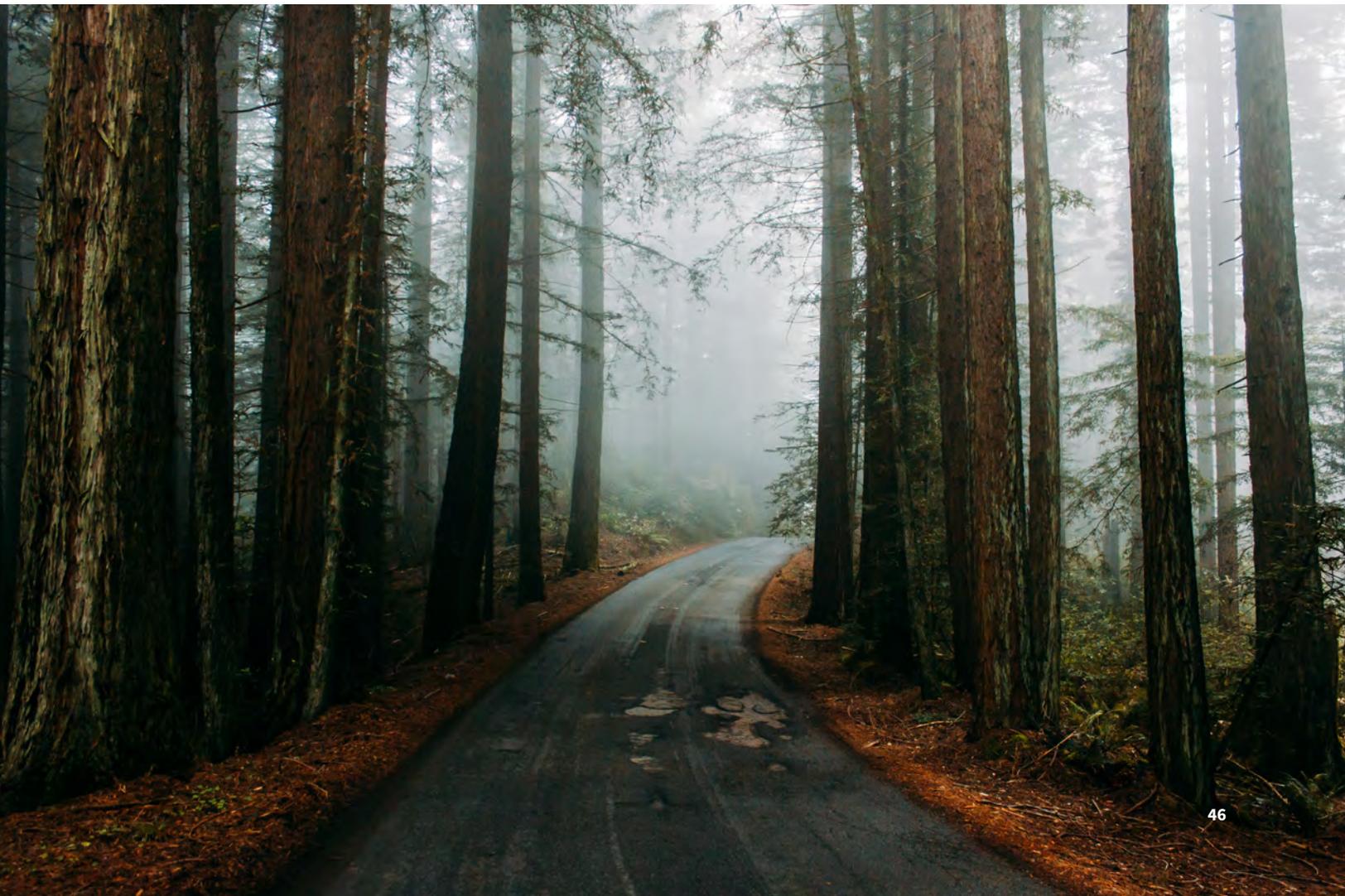
In 2024, the Commission will consider adopting a new four-year strategic plan. Over the last 12 months, we have held numerous community engagement meetings, subject matter interviews, and formal discussions of priorities for the next four years. At its January meeting, to be held in Santa Barbara, the Commission will discuss a draft strategic plan that has been out for public comment for several months. In its deliberations, we have called for improved public reporting on its operations, stronger alignment across its research portfolio, incentive grants, community engagement, and data reporting, and more emphasis on strategic opportunities to improve outcomes.

In 2023, the Commission engaged in several new initiatives that could shape future opportunities, including co-sponsoring a United Nations-supported convening

on Brain Capital, exploring opportunities for brain-based research with colleagues from UCSF, and considering public-private partnerships to enhance innovations that can improve behavioral health outcomes.

The new year represents new opportunities for California's Mental Health Commission, bolstered by newly adopted reforms with the potential for more evolving fiscal constraints and priorities that will require greater assessments of the impacts of spending and a new strategic plan.

We look forward to the coming year and the opportunities it represents.





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