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Mental Health Services
Oversight & Accountability Commission

Commission Teleconference Meeting February 23, 2023 Presentations and Handouts

<u>Miscellaneous:</u>	•Handout	Vision for Transformational Change
	•Handout	2023 Commission Meeting Dates (Tentative)
<u>Agenda Item 6:</u>	•Presentation:	Working Well: Supporting Mental Health at Work in California
<u>Agenda Item 7:</u>	•Presentation:	Innovation Incubator Evaluation
<u>Agenda Item 8:</u>	•Presentation:	Well and Thriving: Advancing Prevention and Early Intervention

VISION FOR TRANSFORMATIONAL CHANGE

MHSOAC 2020-2023 Strategic Plan Scorecard

February 15, 2023

Purpose: The Commission's 2020-2023 Strategic Plan establishes the imperative to deploy the Mental Health Service Act in ways that transform care and services to improve population level mental health. The plan articulated three high level goals and numerous specific objectives that reflect the Commission's emerging model for catalyzing transformational change and the specific initiatives and projects designed to improve elements of the mental health system and, over time, public outcomes. This scorecard provides a highly simplified means for tracking and characterizing progress toward each objective.

Limitations and additional details: The initiatives and projects associated with these objectives involve numerous activities and many of the projects incur challenges that must be addressed to maintain progress. Those details are not reflected in this scorecard and will be incorporated into a more comprehensive status report in early spring 2023 that is intended to help the Commission and the public understand the progress and the challenges in more detail. The Commission also has initiated projects since the Strategic Plan was adopted and are not reflected in this scorecard. That status report will include all of the Commission's projects and will detail accomplishments, short-comings and learnings, which can inform the Commission's deliberations in developing the 2024-2027 strategic plan.

Definitions

- **Green** means overall the project is progressing as expected toward the anticipated output. It does not mean that a project is complete. Green also does not mean that the Commission – nor the public mental health system – has achieved the needed improvement in services and population-level mental health.
- **Yellow** means that the project faces challenges that have stalled progress and have not been adequately resolved. Yellow indicates a need to modify project plans to restore progress toward the anticipated output.
- **Red** means the project faces challenges that have stalled progress. Those challenges require a significant restructuring of the project, including a reconsideration of the anticipated output.

Strategic Plan Scorecard		
Goal / Objective	Progress	Status
<p><u>Advance a Shared Vision</u> Strategic goal 1: The Commission will advance a shared vision for reducing the consequences of mental health needs and improving wellbeing – and promote the strategies, capacities and commitment required to realize that vision.</p>		
<p>1a. Promote school mental health as a prime opportunity to reach and serve at-risk children, families and neighborhoods.</p>		
Implement the Mental Health Student Services Act, including working with grantees to capture learnings, improve efforts and achieve system-scale sustainability.	Commission has allocated nearly \$300 million to 57 counties. Commission has been funded and is initiating an evaluation of MHSSA.	
Advance the principles and recommendations in the Commission’s school mental health report by guiding legislation, future state investments and community partnerships	Commission is developing a technical assistance strategy for county-school partners.	
<p>1b. Develop and advance a strategy for aligning public and private resources and actions toward the prevention and early intervention of mental health needs.</p>		
As directed in SB 1004, distill and disseminate knowledge on how mental health issues can be prevented, detected early and addressed at population scale.	Draft Prevention and Early Intervention report has been approved by the study subcommittee and will be considered for adoption by the Commission at its February meeting.	
Integrate a robust monitoring strategy for prevention and early intervention spending into the Commission’s review of county reporting documents and the Commission’s Transparency Suite.	A draft implementation plan for the Prevention and Early Intervention report outlines potential opportunities for monitoring PEI funding, including technical assistance strategies to enhance county data collection and reporting.	
Improve technical assistance and related activities to more effectively build capacity at the community level to coordinate resources and services to improve outcomes.	To reduce disparities in mental health risk, services, and outcomes, the Commission promoted strategies to strengthen community participation, increase economic opportunity and health equity, and promote mental health awareness, routine screening, and care integration. Best practices for PEI funds were clarified and promoted.	

Communicate the potential to prevent mental health issues to public and private sector decisionmakers.	Partnered with Ken Burns to produce and promote: <i>Hiding in Plain Sight</i>	
1c. Establish and promote the adoption of voluntary standards for the workplace to reduce stigma, increase awareness, and guide strategies to support mental health and wellness.		
As directed by SB 1113, and in consultation with employers, employees and other stakeholders, develop voluntary standards for adoption by private and public sector employers.	Draft workplace mental health report was publicly released in December. More than 300 people and 85 employers participated in the process.	
Develop and propose an implementation strategy, including ways to promote, support and evaluate programs to document costs, benefits and opportunities for improvement.	The Commission will consider Implementation Opportunities at its February 2023 meeting.	
<u>Advance Data, Analytics and Opportunities to Improve Results</u> Strategic goal 2: The Commission will advance data and analysis that will better describe desired outcomes; how resources and programs are attempting to improve those outcomes; and, elevate opportunities to transform and connect programs to improve results.		
2a. Further develop the Transparency Suite at MHSOAC.CA.GOV to capture more detailed information that is easier to find and interpret.		
Work with state and county agencies to capture accurate and consistent fiscal, program and outcome data from revenue and expenditure reports, three-year plans, annual updates, annual and three-year PEI evaluation reports, and innovation plans and final reports.	Analyzed county plans and determined the quality of data does not allow for meaningful understanding of programs, outcomes and impacts across race and ethnicity. Established an evaluation plan for completed innovation projects to capture learning and inform the Innovation Implementation Plan. Published Fiscal Transparency Suite on a quarterly basis to track spending of counties. Published dashboards related to FSP, CSI, innovation, and other MHSOAC elements.	
Deploy the technology so information can be efficiently integrated into the system and easily found by stakeholders who want the information to design, manage or evaluate policies and programs.	User forums were conducted to understand what information would be most helpful to peers, family members, program managers and advocates at community and stat levels. Dashboards have been created, per above. The value of the dashboards is limited by the quality of data available.	

2b. Refine the Commission’s management of county-level information to better inform decision-making by state and county policymakers and administrators.		
Better manage county-level data – including the county reports listed above, as well as Full Service Partnership and client service information – to accelerate the transfer of knowledge and strengthen the capacity of counties to design, build and manage more accessible and cost-effective services.	Fiscal information updated annually, which informed legislation on reversion. Leveraged spending data on INN plans to encourage participation in INN-focused learning collaboratives. Initiated Full Service Partnership reporting, per SB 465. Data mapping project to understand data sources, barriers, opportunities.	
2c. Further develop the Commission’s capacity to aggregate and integrate cross-system data, including data regarding health and mental health, education, employment and criminal justice to assess system performance and identify opportunities for improvement.		
Acquire and curate data from all relevant state agencies, including the departments of Education, Employment Development, Justice, Social Services and State Hospitals, and the Office of Statewide Health Planning and Development.	Matched DOJ and CSI data to assess impact of FSPs on reducing criminal justice involvement, increasing focus on improving FSPs. Have secured data use agreements with: DOJ, DHCS, CDE. HCAI (formerly OSHPD), CDPH, and EDD. Have used linked dataset to explore data for suicide prevention initiative. Exploring linked dataset for MHSSA evaluation.	
Collaborate with other state-level efforts to integrate and deploy data to improve state policies, resource allocation, and access to services and outcomes, including the Governor’s proposed Center for Data Insights and Innovation.	Contract with WestEd for MHSSA evaluation has explicit deliverable around alignment with other statewide efforts. Meet regularly with the Council on Criminal Justice and Behavioral Health to align data efforts.	
<u>Catalyze Improvement in Policy and Practice</u> Strategic goal 3: The Commission will catalyze improvement in state policy and community practice by (1) providing information and expertise; (2) facilitating networks and collaboratives; and, (3) identifying additional opportunities for continuous improvement and transformational change.		
3a. Support and evaluate multi-county collaboratives striving to improve data analysis, the transfer of knowledge, and the management capacity required to improve results.		
Support the Full Service Partnership pilot to identify ways to improve this significant investment in addressing serious mental illness.	Pilot completed and new legislation directed the Commission to evaluate and promote improvements in FSPs as comprehensive approach to reduce homelessness and other negative outcomes.	

Support the Early Psychosis pilot to advance the transfer of knowledge and capacity building for more effective detection and response to early experiences with mental health issues.	Secured funding. Expanded the number of providers offering evidence-based care. Established multi-partner learning collaborative. Secured eligibility of CSC in EDP/CDEP funding.	
Complete and oversee the projects of the Innovation Incubator and document the value of efforts to form and support collaborations to address specific issues.	More than 20 counties participated in learning collaboratives to improve data and FSPs, crisis management, and PADs. Assessed and improved Commission's support for quality Innovation plans	
3b. Support implementation of Striving for Zero, the State's suicide prevention plan for 2020-		
Work with the Governor, the Legislature and community leaders to establish an Office of Suicide Prevention, expand training resources, better integrate suicide prevention services into health care setting, and encourage the renewal of community prevention plans.	Worked to establish Office of Suicide Prevention in the Department of Public Health. Delivered 26 virtual training sessions on suicide risk to 1,400 school personnel. Provided technical assistance to 35 counties. Partnered on Words to Deeds convening on 988. Worked to establish Suicide Prevention Tax Check-off.	
3c. Support youth-led efforts to advance and expand practices for consumer-led and consumer-centric services and expand access to youth-focused services.		
Support the Youth Innovation Committee in developing practices that engage youth in the design, delivery and evaluation of services; encourage counties to adopt practices.	Involved youth in INN improvement project. Recruited youth to testify. Provided scholarships for youth to participate in community forums. Supported Anti-bullying Advisory Committee.	
Distribute funds to expand Youth Drop-In centers to improve access to care for young people	Provided Covid 19 relief funding. Developed alcove Drop-in Center pilot program.	



2023 Commission Meeting Dates (Tentative)

At its January meeting the Commission identified four priorities: Data/Metrics, Full-Service Partnerships, the Impact of Firearm Violence, and Strategic Planning. The draft calendar below reflects efforts to align the meetings scheduled with Commission priorities.

Dates	Locations	Priority*
January 25-26th	Riverside	2020-2023 Strategic Plan Review and 2023 Priorities
February 23rd	Sacramento	Report Adoption: <ul style="list-style-type: none"> • Workplace Mental Health • Prevention and Early Intervention
March 22-23rd	San Diego/Imperial	3/22 -MHSSA Site Visit 3/23 -MHSSA Update and Technical Assistance Plan
April 26-27th	Sacramento	4/26 -Full-Service Partnership (FSP) Site Visit 4/27 -FSP Presentation and Panel Data Discussion
May 24-25th	Los Angeles	5/24 -Firearm Violence Site Visit 5/25 -Firearm Violence Project Panel
June	(no meeting)	
July 27th	TBD	Strategic Planning
August 24th	TBD	Pending
September 28th	TBD	Strategic Planning
October 26th	TBD	Data Discussion Firearm Violence
November 16th	TBD	Strategic Planning
December	(no meeting)	

*NOTE: The Priorities listed are not the only agenda items for a given month.



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Working Well

Supporting Mental Health at Work in California

February 2023

Commission's Mission Statement

The Commission works through partnerships to catalyze transformational changes across service systems so that everyone who needs mental health care has access to and receives effective and culturally competent care.

The logo for the Mental Health Services Oversight & Accountability Commission (MHSOAC). It features the acronym "MHSOAC" in a bold, white, sans-serif font. A white horizontal line runs through the middle of the letters "O" and "A".

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Senate Bill 1113

Senate Bill 1113 (Monning) directed the Commission to establish a framework and voluntary standard for mental health in the workplace to:

- Reduce mental health stigma
- Increase public, employee, and employer awareness of the significance of mental health
- Create avenues to treatment, support, and recovery.

The logo for the Mental Health Services Oversight & Accountability Commission (MHSOAC). It features the acronym 'MHSOAC' in a bold, white, sans-serif font. A stylized white sun with rays is positioned behind the letter 'O'. A horizontal white line runs through the middle of the letters.

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Why Focus on Mental Health at Work?

- Nearly 1 in 5 Californians face an unmet mental health need.
- Opportunity to promote wellbeing and mental health in the settings where Californians *live, learn, work, and play*.
- Burnout, depression, and anxiety are on the rise
- Employees increasingly report work environment has a negative impact on their mental health.



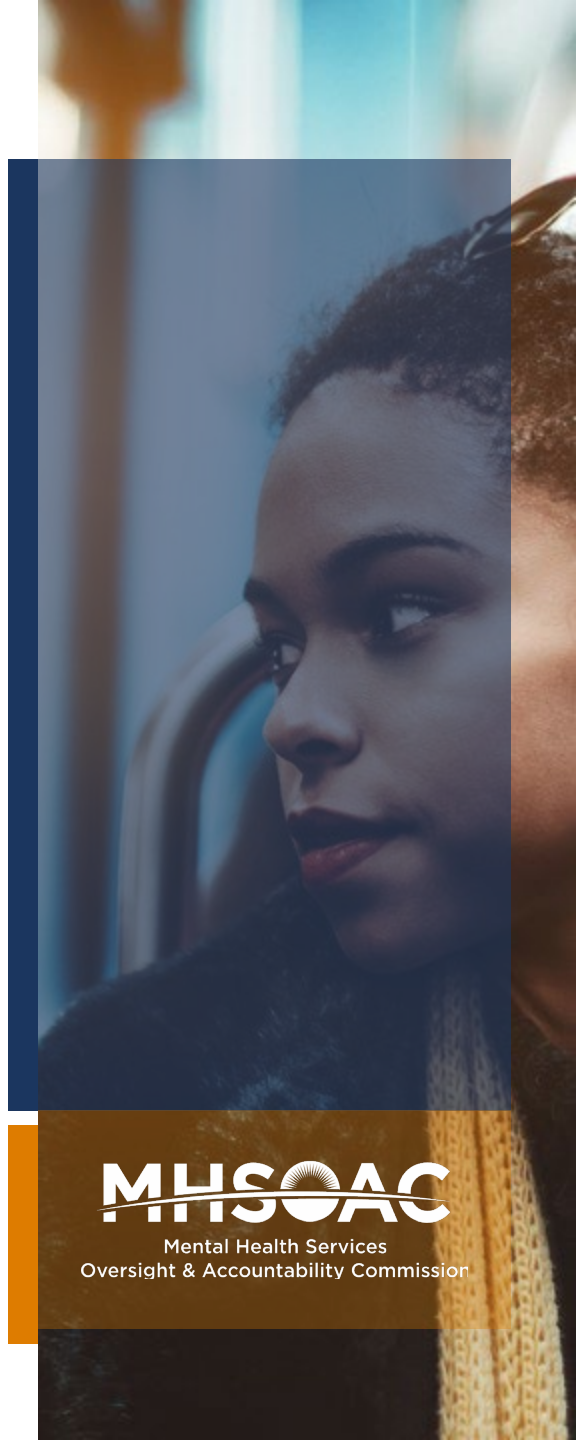
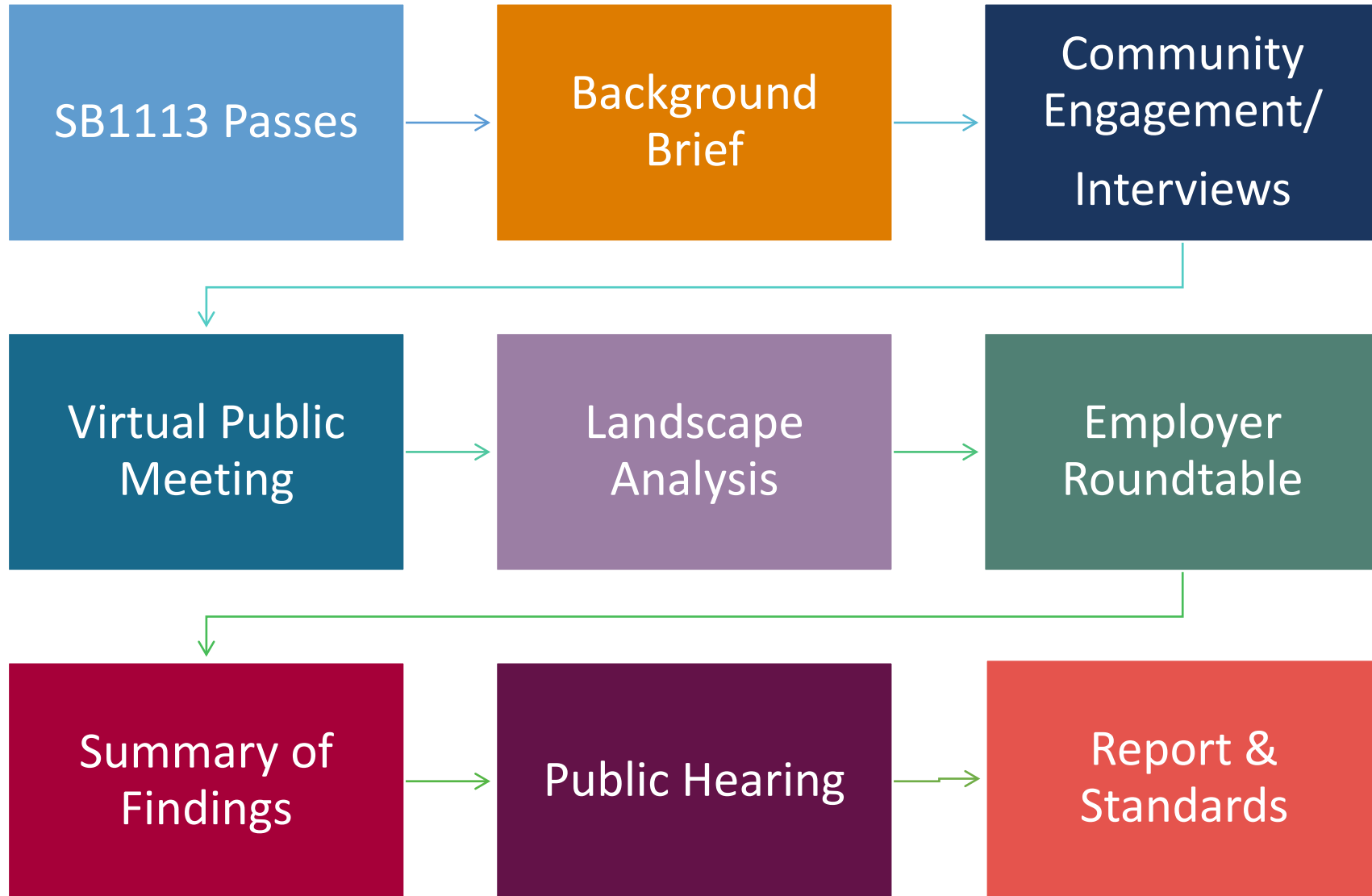
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Why Focus on Mental Health at Work?

- 49% of Californians have employer-sponsored health care plans
- Yet, access to high-quality, comprehensive, culturally-appropriate mental health care is difficult
- Key prevention and early intervention opportunity

The Workplace Mental Health Project



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Finding and Recommendation 1

The workplace is a strategic setting to promote the mental health and well-being of working-age adults and their dependents through stigma reduction, improved awareness of mental health needs, and better access to care.



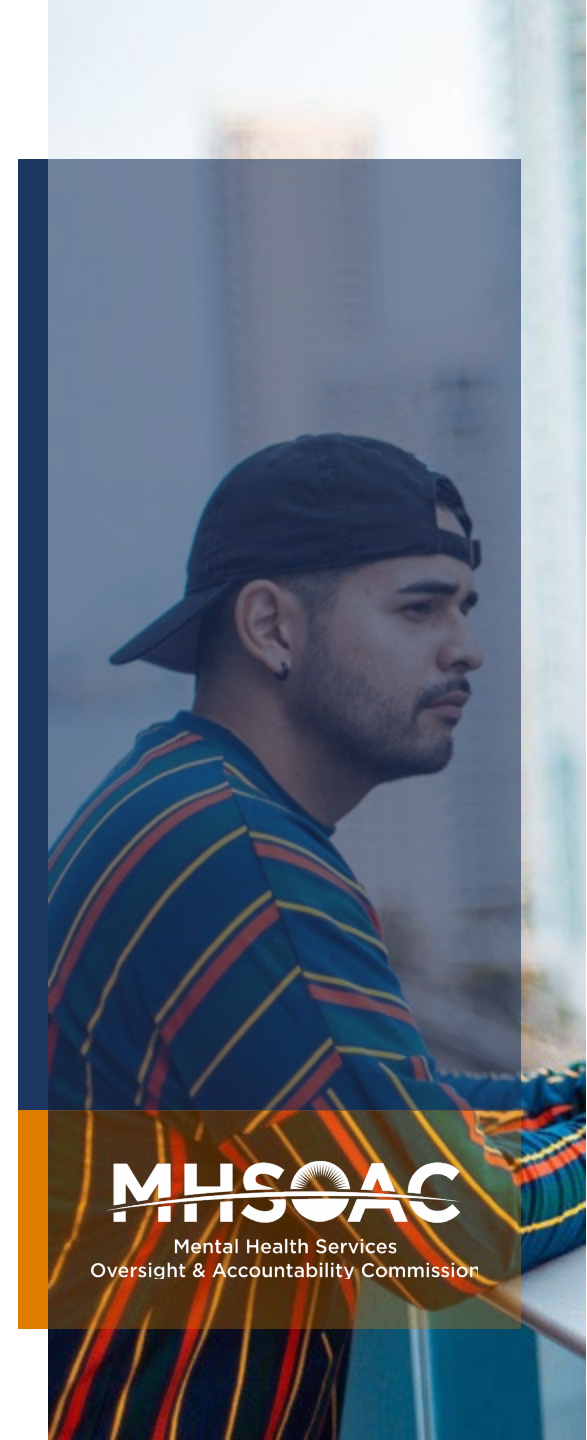
In partnership with the private sector, the Governor and Legislature should launch a Center of Excellence on Workplace Mental Health that can fully leverage the capacity of employers to address stigma, improve mental health literacy, and ensure access to comprehensive mental health care.

Finding and Recommendation 2

California can improve access to mental health care for working adults and their family members by leveraging employer-sponsored mental health coverage to promote access to high-quality, outcome-driven care.



The State should work with large health-care purchasers, beginning with CalPERS, to leverage the purchasing power of public sector employers toward improved access to care, quality of care, and comprehensive coverage.

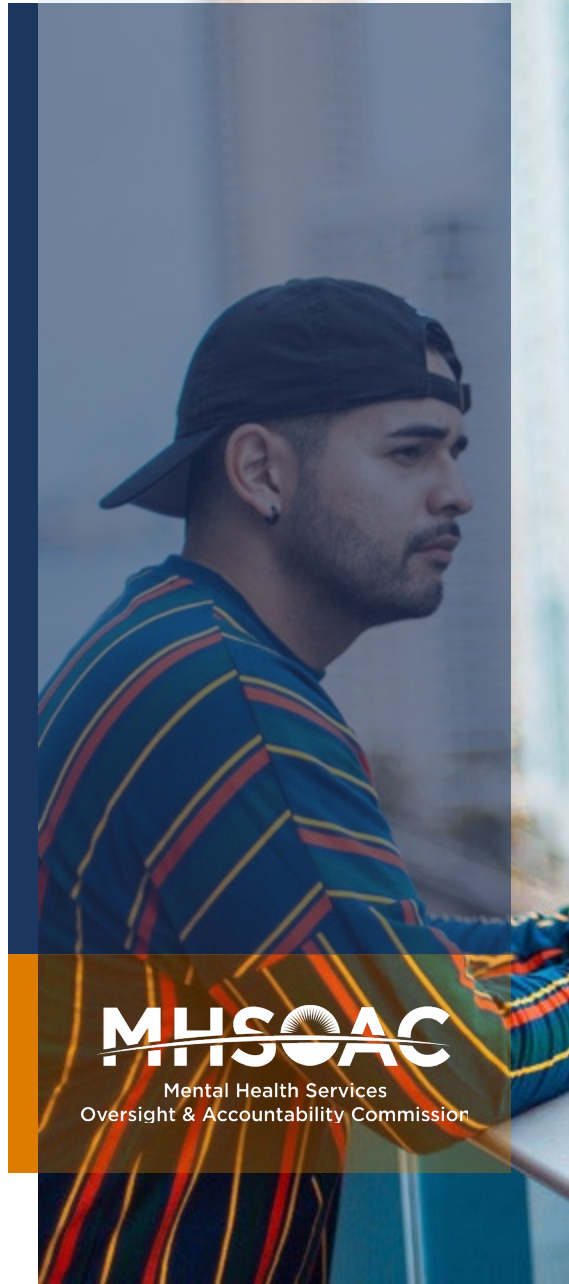


Finding and Recommendation 3

California lacks adequate data about workplace mental health, including information about mental health status, work-related mental health risk factors, workplace intervention strategies, insurance coverage, and access to services.



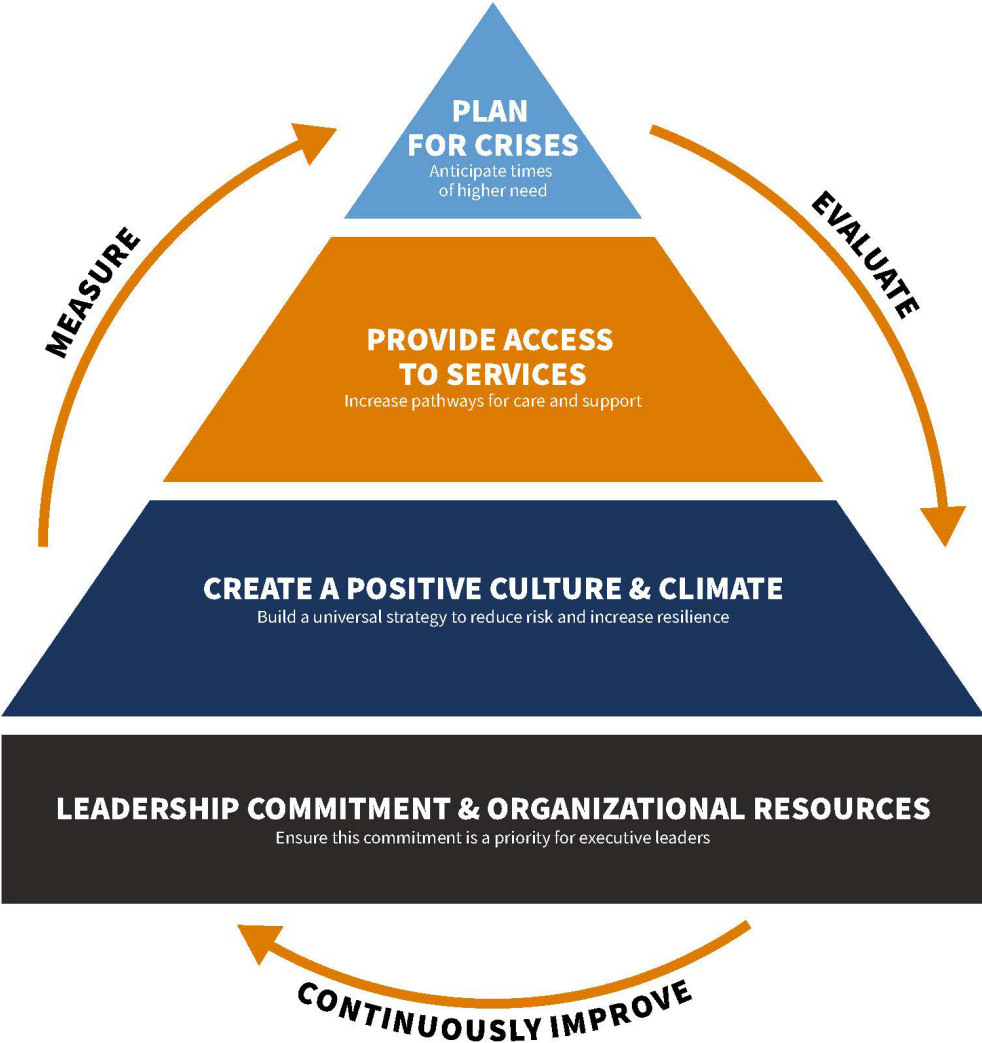
A new state Center of Excellence – called for above – should establish and implement a research agenda to identify workplace mental health indicators and measure and monitor progress on workplace mental health practices and policy.



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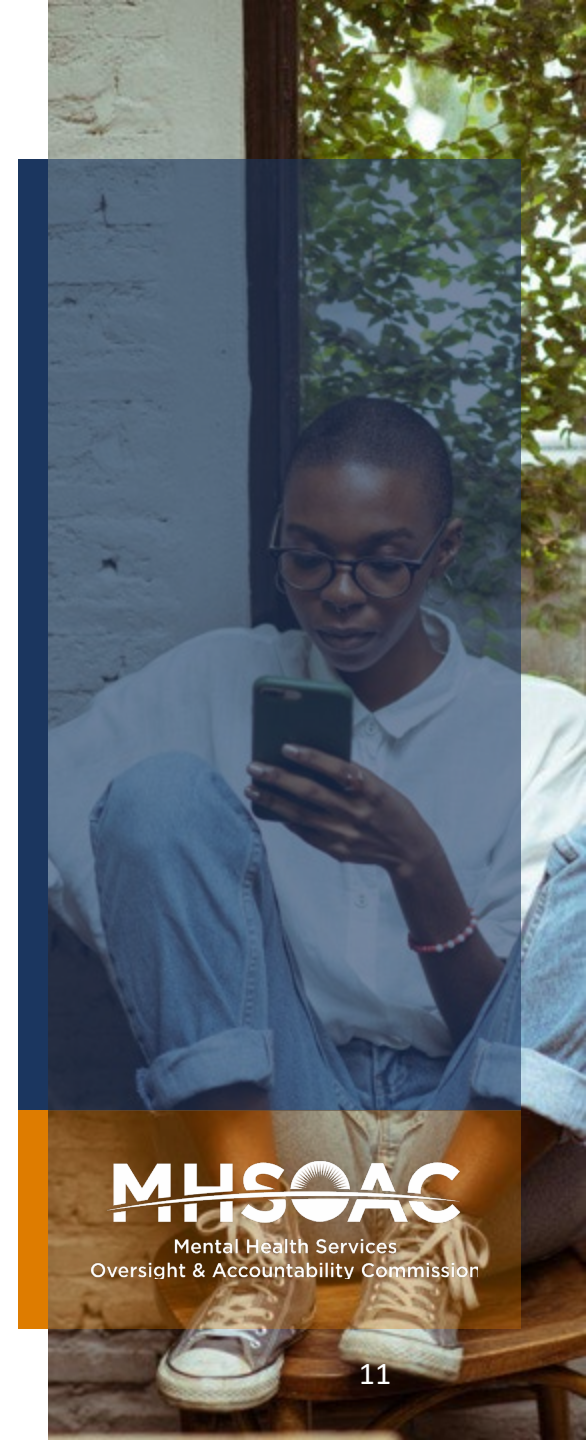
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WORKPLACE MENTAL HEALTH FRAMEWORK



Standards for Mental Health in the Workplace

- 1. Leadership and Organizational Commitment:** Workplace mental health initiatives are driven by senior leaders and supported by organizational resources.
- 2. Positive Workplace Culture and Climate:** Practices that promote wellbeing and prioritize mental health are embedded into everyday aspects of the work culture.
- 3. Access to Services:** Employees have access to mental health supports and care and know how to navigate these services.



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Standards for Mental Health in the Workplace

4. Crisis Preparation, Response, and Recovery:

Organizations are prepared to respond to workplace crises and support employees in high-need circumstances.

5. Measurement, Evaluation, and Continuous Quality

Improvement: Organizations measure, track progress, and make changes based on performance metrics related to workplace mental health.

Key Opportunities Ahead

- Engage Governor and legislature to establish Center of Excellence
- Encourage State departments to lead in this effort
- Explore financial incentives to implement the Standards in local public agencies

Proposed Motion

- The Commission adopts Working Well: Supporting Mental Health in California report and workplace mental standards.



Thank You

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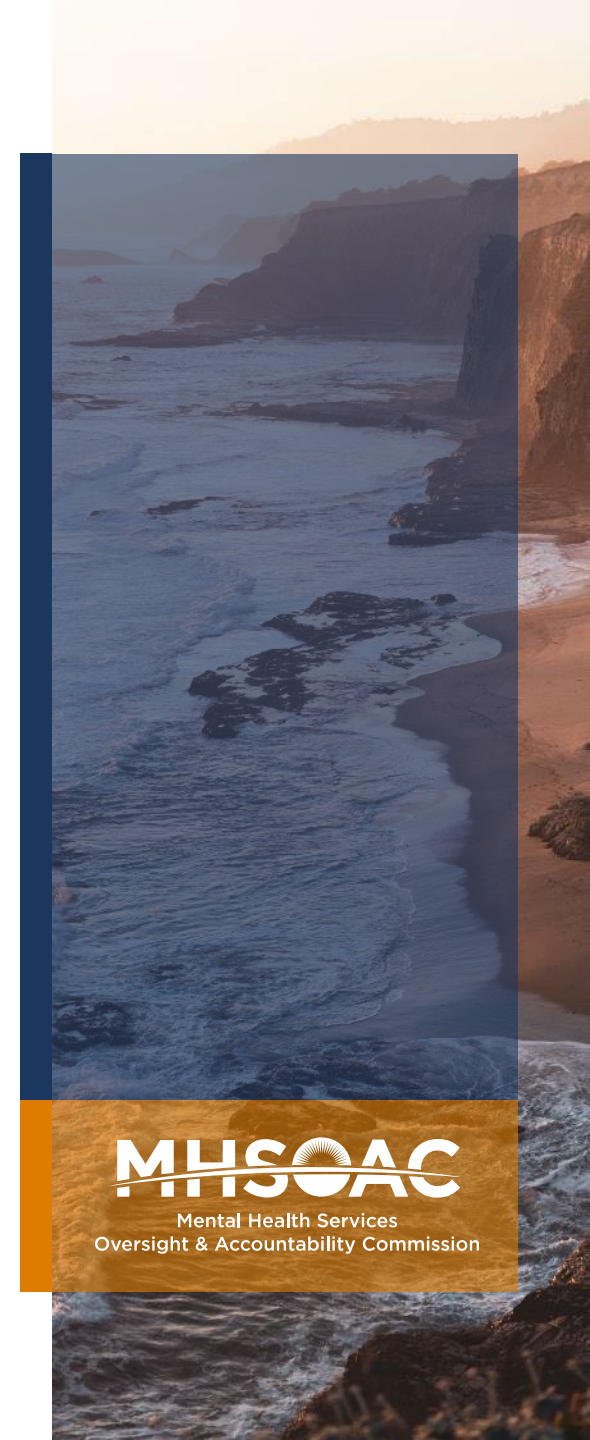
A person is seen from behind, climbing a rope structure. The person's hair is blowing in the wind. The background is a sunset over the ocean, with the sun low on the horizon, creating a bright glow and lens flare. The sky is filled with soft, golden light and some clouds. The person is wearing a dark, long-sleeved shirt. The rope structure consists of a horizontal bar at the top and two diagonal ropes that the person is holding onto. The overall mood is one of challenge and achievement.

Innovation Incubator Evaluation

February 2023

Context: MHSA Innovation

- Innovation accounts for 5% of MHSA funds counties receive
- Aims to explore and develop new strategies and approaches in mental health
- Includes:
 - Local Innovation projects
 - Innovation Incubator



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Innovation Incubator

Established in 2018 with a \$5 million investment

Goals:

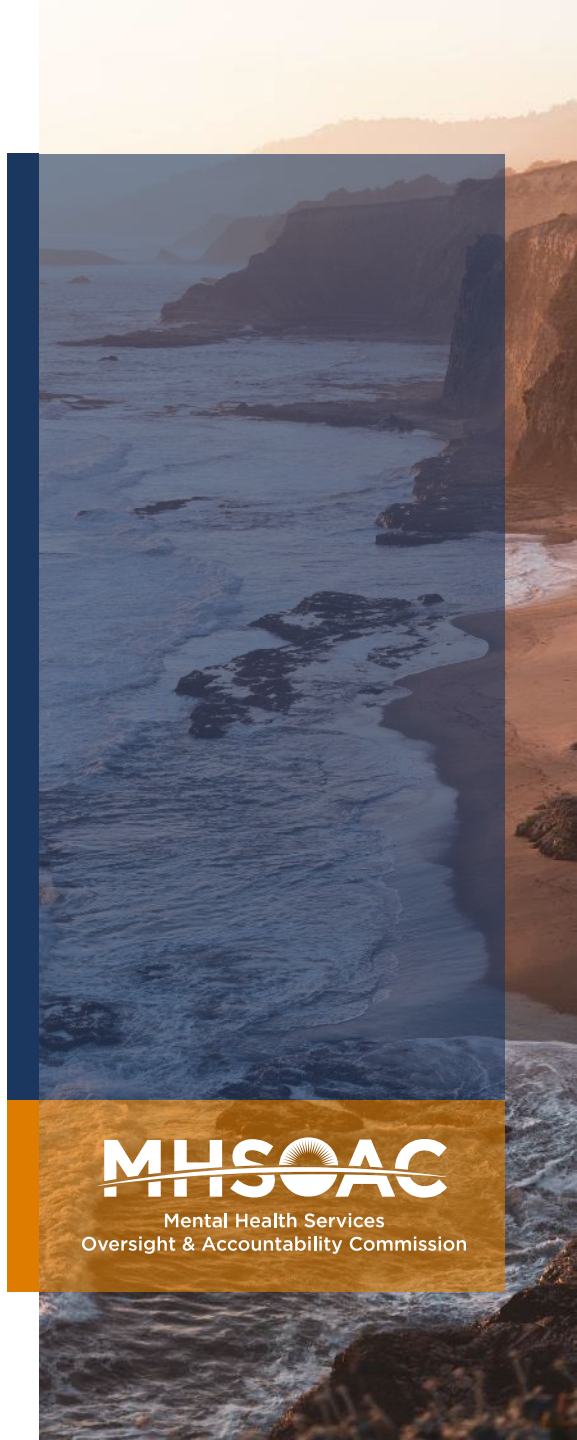
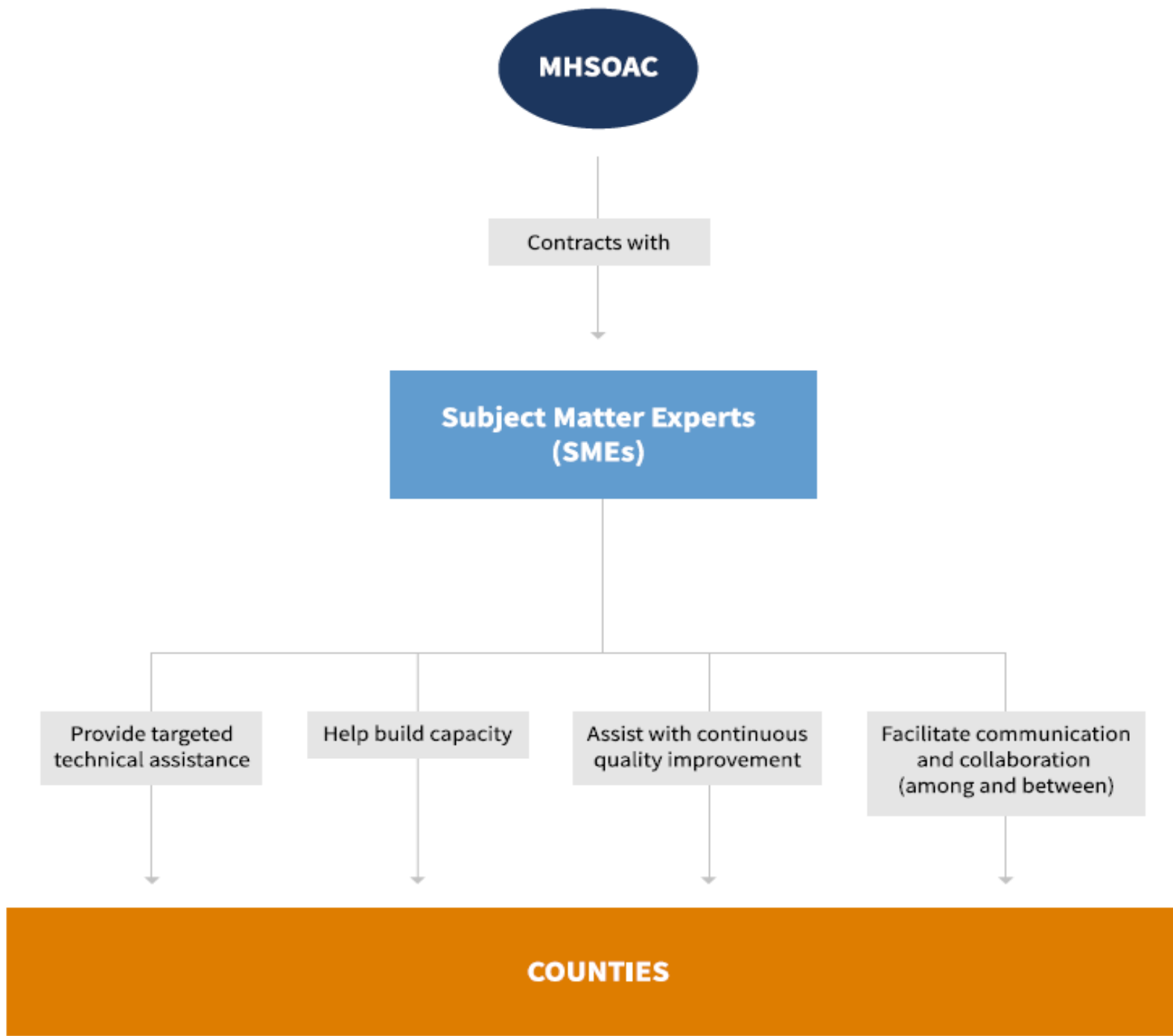
- Reduce criminal justice involvement
- Build capacity for innovation

5 Multi-county Collaboratives

3 Statewide Projects

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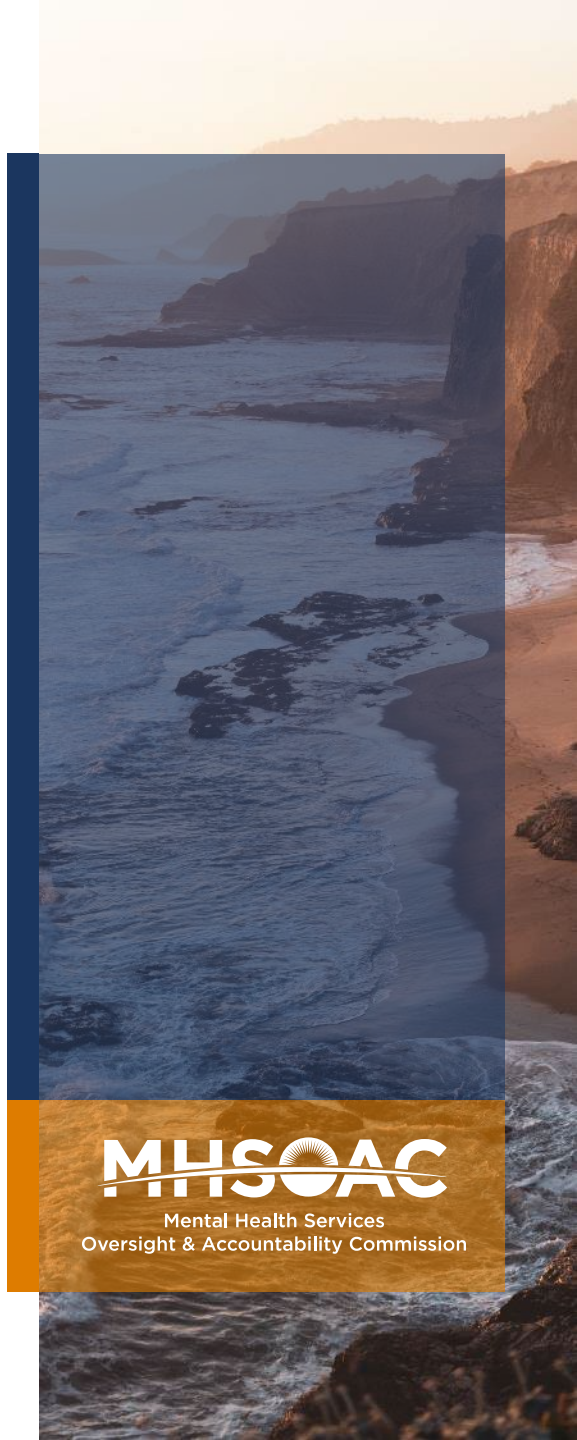


Evaluation Questions

1. Did the Innovation Incubator Model help counties **enhance their capacity** for designing and implementing innovative practices?
2. How can the Innovation Incubator Model be improved upon to **build further capacity** for innovation?

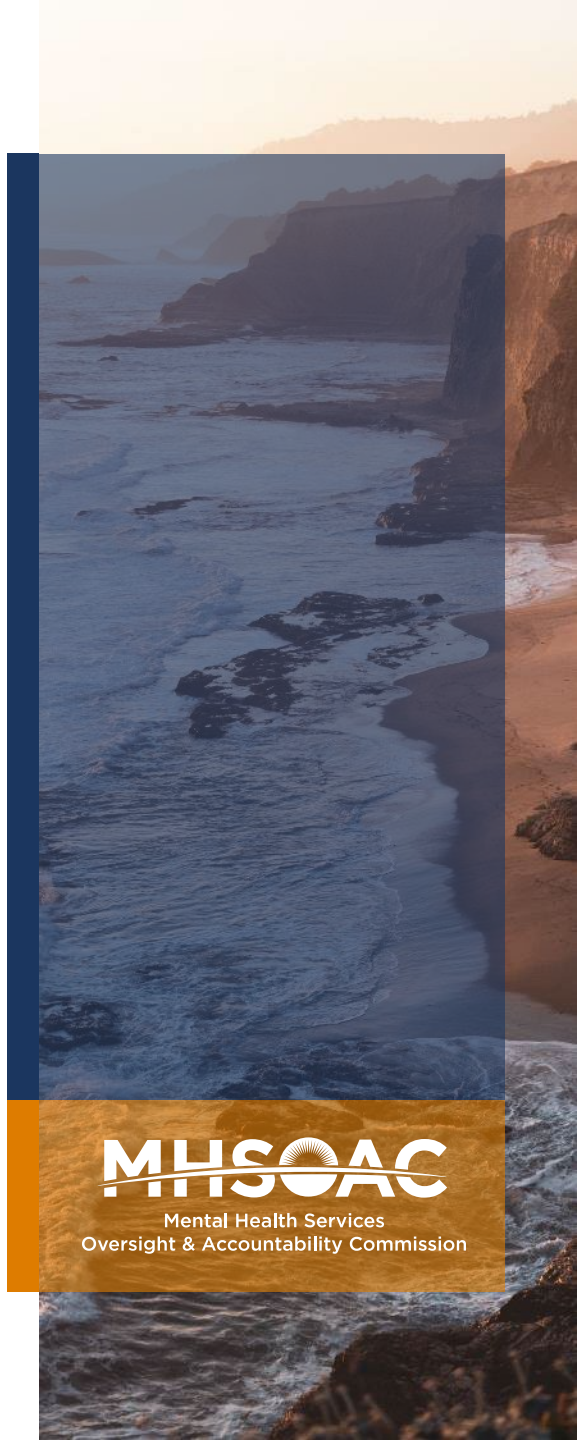
Evaluation Activities

- August 2021: Convening
- October 2021: Roundtable
- October 2021: County Survey
- December 2021: Stakeholder Collaboration Meeting
- December 2021 – March 2022: County Exit Interviews
- January 2022 – March 2022: Lived Experience Interviews



Main Insights

1. The model is effective and has room for improvement.
2. Stronger relationships within and between counties is both a driver of success and an outcome.
3. Counties often have resource and capacity challenges that impede their ability to engage in available opportunities for innovation.
4. Counties want more opportunities for collaboration and shared learning.
5. It's vital to include those with lived experience in planning and implementation.



Key Takeaways

- Evaluating our internal processes and demonstration projects is useful and models a continuous quality improvement framework.
- The findings of the Innovation Incubator model has implications for the broader portfolio of the Commission and lessons learned can be applied to our technical assistance, capacity building, fiscal incentive, and community engagement transformational change levers.
- Specifically, the Commission would be responsive to county feedback by providing more opportunities to learn from each other (e.g. learning collaboratives) and from more reporting out on innovation project successes and learnings by Commission staff.



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Well and Thriving

*Advancing Prevention and
Early Intervention*

Commission Meeting
February 23, 2023
Sacramento, California

Prevention and Early Intervention under the Mental Health Services Act

Current Law – 19% of MHSA revenue earmarked for local prevention and early intervention programs and services

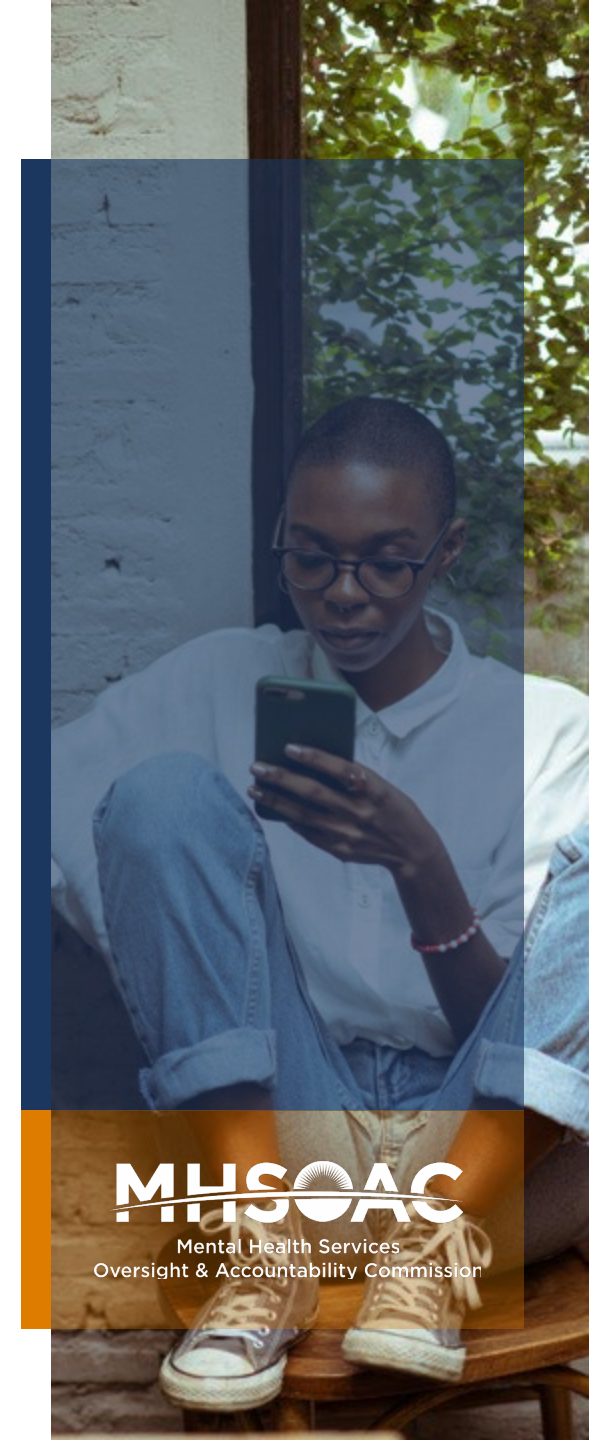
- Regulatory role granted to the Commission

Senate Bill 1004 (Weiner, 2018) – Established priorities for local MHSA PEI

- County discretion

Commission directives:

- Develop data monitoring, evaluation, TA strategies
- Authority to establish new priorities



Prevention and Early Intervention Project



Public engagement

- ✓ **50+ hours**, reaching over **800 Californians**
- ✓ **10** listening sessions
- ✓ **Three** data and TA forums
- ✓ **Two** Commission hearings
- ✓ **Five** Subcommittee meetings
- ✓ Other Commission events



Research and data analysis

- ✓ **Dozens** of interviews
- ✓ **Hundreds** of articles and publications
- ✓ **850** program descriptions
- ✓ **59** MHSAs program and expenditure reports



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Opportunities Across the Continuum



School Mental Health



Youth Innovation



allcove™



Early Psychosis Intervention Plus



Empath



FSP



Workplace Mental Health



Firearm Violence



Peer Providers



Triage



Suicide Prevention

Primary

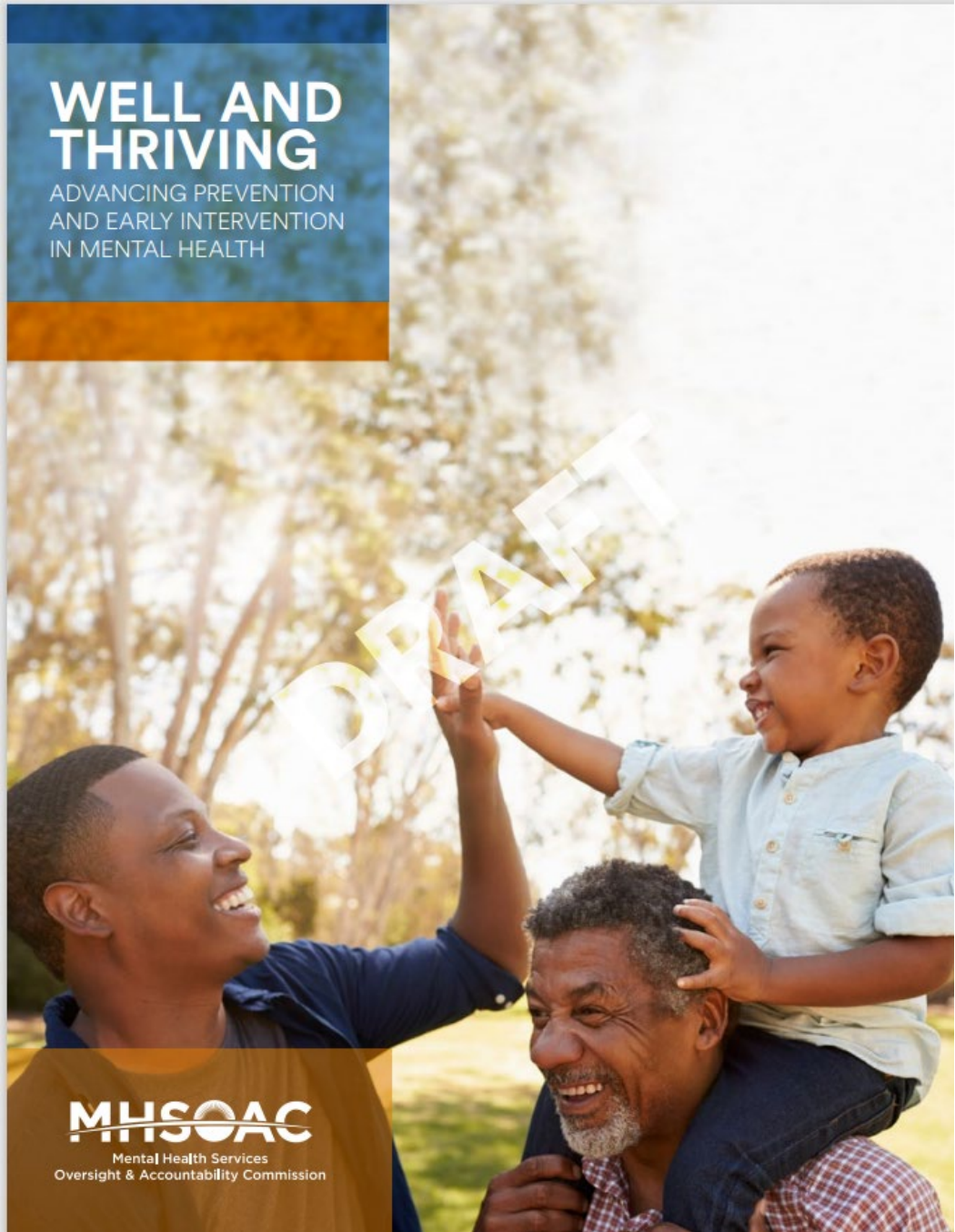
Secondary

Tertiary

Prevention and Early Intervention

WELL AND THRIVING

ADVANCING PREVENTION AND EARLY INTERVENTION IN MENTAL HEALTH



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Report Overview

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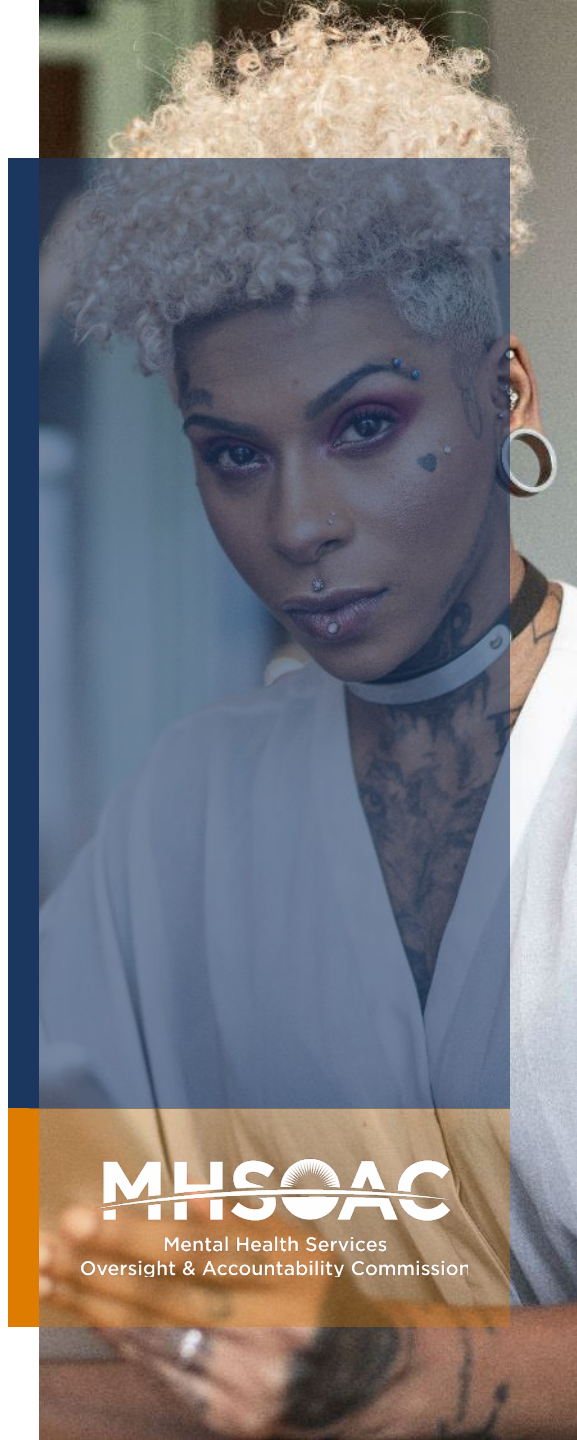
Finding and Recommendation One



California does not have a strategic approach in place to address the socioeconomic and structural conditions that underpin mental health inequities or to advance statewide prevention and early intervention.



The Governor and Legislature should establish a state leader for prevention and early intervention, charged with establishing a statewide strategic plan for prevention and early intervention with clear and compelling goals tied to global standards of wellbeing that are centered in equity, diversity, and inclusion.



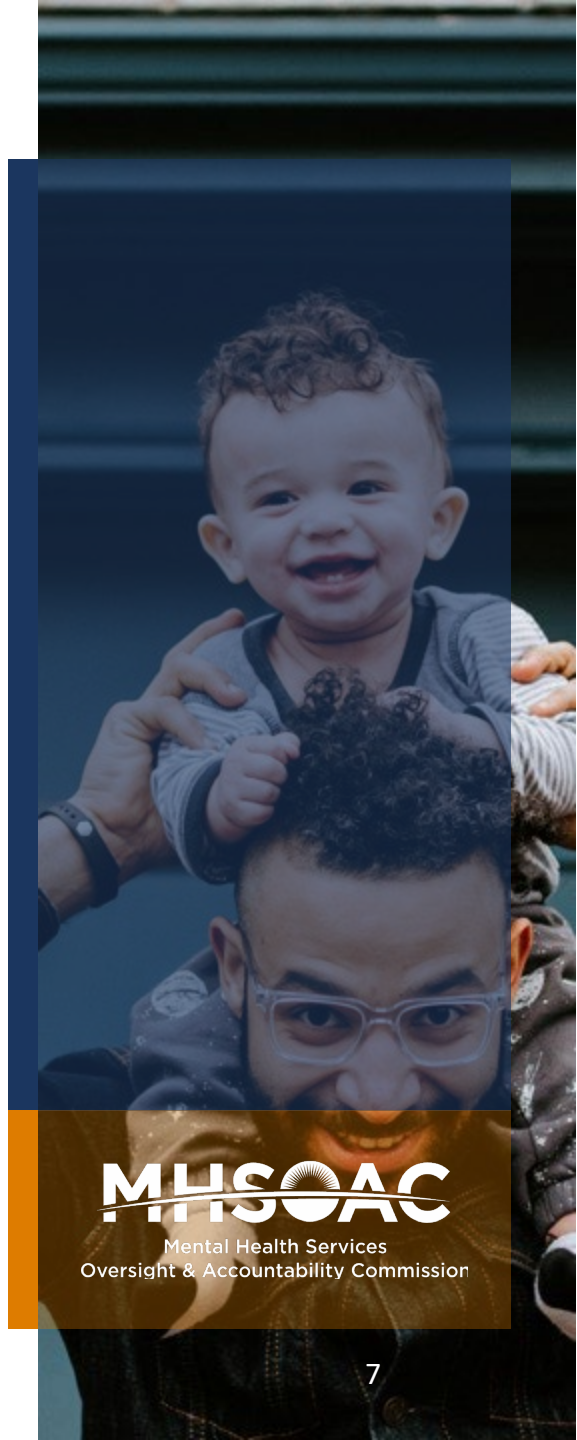
Finding and Recommendation Two



Unmet basic human needs and trauma exposure drive mental health risks. These factors will continue to disrupt statewide prevention and early intervention efforts and outcomes unless they are addressed.



The State's strategic approach to prevention and early intervention must address risk factors – with particular attention on trauma – and enhance resiliency, by addressing basic needs and bolstering the role of environments, cultures, and caregivers in promoting and protecting mental health and wellbeing across the lifespan for individuals, families, and society at large.



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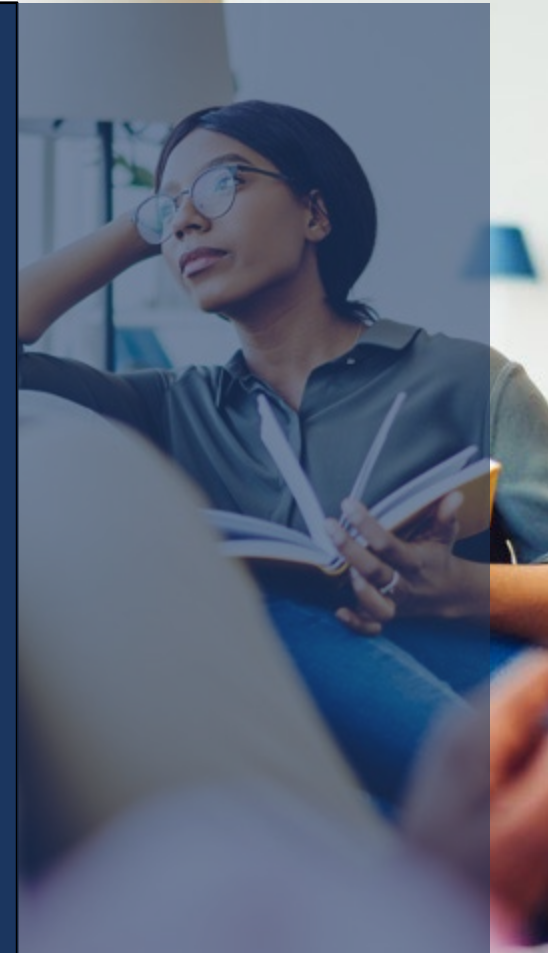
Finding and Recommendation Three



Strategies to increase public awareness and knowledge of mental health often are small and sporadic, while harmful misconceptions surrounding mental health challenges persist. Mass media and social media reinforce these misconceptions.



The State's strategic approach to prevention and early intervention must promote mental health awareness and combat stigma by ensuring all people have access to information and resources necessary to understand and support their own or another person's mental health needs.



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Finding and Recommendation Four



Strategies that increase early identification and effective care for people with mental health challenges can enhance outcomes. Yet few Californians benefit from such strategies. Too often, the result is suicide, homelessness, incarceration, or other preventable crises.



As part of its approach to prevention and early intervention, the State must guarantee all residents have access to behavioral health screening and an adjacent system of care that respects and responds to Californians' diverse mental health needs.

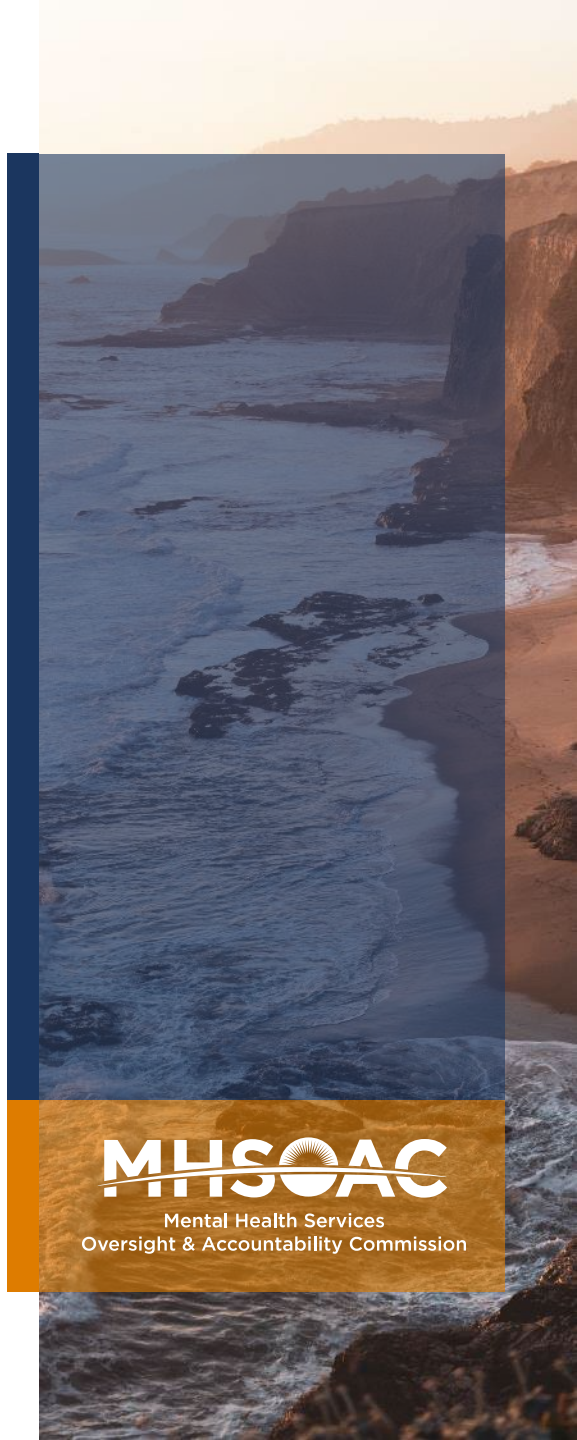
Next Steps

Implementation Opportunities

- Promote awareness
- Technical assistance
- Data monitoring and evaluation

Process for establishing priorities

- Future commission meetings



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Resources

Prevention and Early Intervention Commission initiative page

<https://mhsoac.ca.gov/initiatives/prevention-early-intervention/>

- [Listening Session Summaries](#)
- [PEI Forum Summaries](#)
- [Draft PEI Report](#)
- [PEI Implementation Opportunities](#)

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Thank You

“

*With these actions
we can shift the
course and promote
opportunities for all
Californians to be
well and thriving.*

—Well and Thriving report

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